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Muslim Americans' Experience of the Pandemic at the Intersection of History, Culture, and Gender

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Abstract: The purpose of this study was to explore the experiences of Muslims in the U. S during the COVID-19 pandemic. Religion has been playing an important role in individuals' experiences of the pandemic. Many studies were essays on how to utilize a theological approach to respond to and cope with the pandemic. There is limited research on the impact of how Muslim communities in the U. S responded to the pandemic, particularly from the lens of Islamic history, religious beliefs, and attitudes, and being minoritized in a predominantly Christian country. Using an oral history approach, individual virtual interviews were conducted. The study revealed several main themes, such as the functions of religion, the influence of the pandemic on religious beliefs and traditions, and immigrant and refugee experiences. The implication of the interaction of history, culture, and gender in Muslim communities and their responses to the pandemic is discussed.
Keywords: Muslim, immigrant and refugee experiences, COVID-19, pandemic, Imam, religion.

Since the outbreak of COVID-19, religion has been playing a pivotal role in individuals' experiences during the pandemic. Religious beliefs, practices, or (sense of) community influence the ways individuals and societies deal with the pandemic in various ways (Al-Gorany, 2021; Kowalczyk et al., 2020). It also shapes the way individuals and communities act during the pandemic and vice versa. The most salient aspects of this mutual relationship include: (a) religious beliefs and practices are utilized as coping strategies, particularly regarding mental well-being (Thomas & Barbato, 2020), (b) the pandemic has led to the restructuring and reinterpreting of religious practices (Piwko, 2021), and (c) in a religious minority group, the pandemic has further implications concerning blame game, social equity, and justice (Elias et al., 2021).

There were studies on religious practice during the pandemic in the U.S. from the medical perspective (Knight et al., 2021), as a health promotion strategy (DeRossett et al., 2021), and mainly from other countries in the world (Algahtani et al., 2021; Said & Santosa, 2021). For instance, according to Piwko (2021), restrictions on Islamic religious practice had sparked heated political discussions, especially among clergy, on appropriate health and social protection. However, Piwko only obtained database from Iran, East Asian and ISIS to investigate the social phenomena of COVID-19 pandemic, reasoned that those countries and groups had the significant impact on Muslims internationally (Piwko, 2021).

However, there is limited research on the impact of COVID-19 on the Muslim communities in the U. S., particularly how Islamic history, religious beliefs and attitudes, and being minoritized influence an individual's responses to the pandemic. According to Alsoofy and Coplen (n.d.), although American Muslims make up only about 1% of the population, majority of them were the frontline workers risking their health and that of their families in the

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fight against COVID-19. Alsoofy and Coplen reported that during the midst of pandemic in 2021, Black Americans are dying from COVID-19 in a higher rate that other races. National Black Muslim Covid Coalition (2020) had projected that there were approximately more than 200 thousand Black Muslims who either lived or worked in the major "hotspot" or epicenter of the deadly COVID-19 disease. Moreover, the COVID pandemic had impacted Black Muslims in experiencing food insecurity, health disparity, political disenfranchisement, poverty, incarceration, and elderly populations (National Black Muslim Covid Coalition, 2020). Despite the devastating conditions, there is no scholarly research detailing the experience of Muslim Americans during the pandemic.

There is also limited research on the impact of COVID-19 on the mental health of Muslims in the U.S. Muslims in the U.S. have had to deal with mental health issues due to being discriminated against since the 9/11 terrorist attack. The discrimination has only increased during the Trump administration. About 50% of Muslim American adults had reported experiencing some forms of discrimination and harassment, ranging from being physically threatened or attacked, or being suspected as terrorists (Mohamed, 2021). The anti-Muslims sentiments and the Islamophobia in the U.S. has led to the mental health crisis and negative health outcomes (Kathawall & Syed, 2021). Furthermore, the frontline professionals such as physicians revealed that they experienced religious discrimination due to the struggles to maintain religious practices and observances due to unaccommodating organizational structures to maintain and observe religious practices, which in turn, has impacted their psychological well-being (Padela et al., 2023).

This study explored how the COVID-19 pandemic has influenced and been experienced by the Muslim community in the Midwest region of the U.S. We investigated the role of religion as a source of guidance and mental well-being and examined the intersection between the pandemic and how it affected religious beliefs, conceptions, and practices within Islamic tradition. We aimed to provide a comprehensive picture including the participants' reflections on Islamic history in dealing with catastrophes, how the Muslim community utilizes and interprets them, and how the Muslim community as a minority experiences the pandemic. We also discussed how Muslims' experiences of the pandemic intersect with the conditions and experiences of being a minority in the United States. Lastly, we discussed the limitations of this oral history project.

Literature Review

Since the outbreak of the COVID-19 pandemic, scholars have addressed it from a variety of perspectives across the disciplines of medicine, religion, education, economics, psychology, and more (Kabeer et al., 2021; Kowalczyk et al., 2020; Reymond et al., 2021). Religion is one of the major areas of investigation concerning a wide range of issues from ethics to mental health, from measures to conspiracy theories. Religion has been referred to both in shaping and debunking public beliefs and attitudes during the pandemic, and it has influenced our experience of the pandemic as individuals and communities.

Furthermore, the extant studies largely focused on the role of religion as a guide and draw on scriptural perspectives (Z. Ahmad & Ahad, 2021; Ashraf et al., 2020; Atique & Itumalla, 2020). A line of research has explored the issue of disasters in Islam with a focus on the theological approach with references to plagues and measures (Z. Ahmad & Ahad, 2021). The article of Ashraf and others highlights the tendencies and traditions within the Islamic world, and they argued that religious faith has provided strength during the COVID pandemic. Ashraf et al. (2020) stated, "During this difficult timing of COVID-19 pandemic, when there is a lot of stress, fear and confusion, Islamic teachings can be very helpful in mitigating these conditions" (p. 4). They also emphasized that, "The teaching from the Qur'an and the Hadith

provides excellent guidance for the holistic management of pandemics" (p. 4). The authors also addressed religious gatherings as places with a high risk of spreading the virus as well as Islam's encouragement of scientific development, the pursuit of knowledge, and attention to personal hygiene. Focusing more on the spiritual aspect, M. F. Ahmad (2020) discussed ways that Islam provides spiritual support to face and accept the pandemic. It investigates Islamic theology and tradition to connect how practices in Islamic tradition can be applied to the contemporary situation.

Without exception, Muslim communities have been highly impacted by the COVID-19 pandemic in terms of their mental health. Individuals experienced loneliness, anxiety, sleep disturbance, helplessness, and apprehension of safety protocols. Factors such as being female, student, unemployed/part-timer, single, or young adult, were at risk of experiencing poor psychological well-being (Cheikh Ismail et al., 2021; Das et al., 2021). In the early twentieth-first century, Douki et al. (2007) asserted that Muslim women had a high chance of developing mental illnesses such as depression, anxiety, eating disorder, or somatoform disorders. They also experienced higher stigmatization with less social support and were least likely to have access to mental health care. Several cultural factors have been found to have a strong link to Muslim women's mental health and it has been urged that mental health professionals should address the intersectionality of culture and mental health conditions when providing mental health services. The cultural factors that have been identified are education, work, sexuality, marriage, infertility, postpartum depression, stigma against mental illness and medications, unique cultural beliefs, effect of discrimination, and emphasis on modesty played a significant role in Muslim women's mental health (Douki et al., 2007; Saherwala et al., 2021). Aside from mental health issues, Muslim women were threatened in terms of their identity during the COVID-19 pandemic, especially Muslim women that had higher education attainment. Safdar and Yasmin (2020) revealed that educated Muslim women in Pakistan had been disempowered and had to retreat to their traditional spousal and motherly responsibilities due to the Islamic religio-culturally defined patriarchal social value toward women during the pandemic.

Saleem et al. (2021) found that Muslim religiosity is a strong mediator between the perceived severity of the COVID-19 pandemic and the mental health impact. They concluded that Islamic religiosity can be an effective coping mechanism for Muslims against anxiety or depression during the pandemic. Similarly, Thomas and Barbato (2020) suggested that positive religious coping strategies such as prayers, seeking support from clergy, or acceptance of adversity as the will of God can be useful in reducing psychological symptoms such as depression and anxiety during the pandemic. In addition, when facing pandemic-induced anxiety, religious coping strategies can be used effectively to reduce health anxiety (Mahmood et al., 2021). Since Islamic religiosity views mental health as "the presence of virtues" and it connects with the inner spiritual disposition of guidance or *fitrah*, worship, doing good deeds, and following religious practice would lead to positive well-being (Haque, 2004, p.49). This is aligned with Mahamid and Bdier's study (2021) which suggested that Qurʾānic coping theory such as developing a deeper connection with God and regarding challenges as 'tests' of faith could have a positive relationship with life satisfaction. For instance, reciting Al-Quran has been found to be helpful in restoring resilience and mental health among COVID-19 patients who were in quarantine (Rahman et al., 2020), or Muslim women during the pandemic (Callender et al., 2022).

On the other hand, there were some challenges in maintaining appropriate safety and social distancing measures in the Somalian community. Many Somalians continued to attend the communal worship at the Mosque because cultural collectivism and faith was an important source of comfort and support. Bentley et al. (2020) pointed out that Muslim communities that are vulnerable to healthcare access, sociopolitical instability, and collective trauma would be

benefitted from an adjusted social connectedness focusing on faith so the community can support each other.

Muslim religious leaders worldwide faced a dilemma and had to make the difficult decision between maintaining communal worship in the mosque or closing the mosque during the lockdown to keep their fellow worshippers from contracting COVID-19. Although there were opponents of mosque closure, citing that the value of religion should be prioritized that the value of life, Al-Astewani (2020) documented that the Muslim religious leaders of the British Muslim community had collaborated with the British Islamic Medical Association to issue religious guidance regarding the closure. It was emphasized that this collaboration was significant because although both organizations were different and with opposing theological affiliations, in times of crisis, religious leaders in the Muslim community embraced and considered the broader benefit of overall community welfare (Al-Astewani, 2020). On the other hand, although the majority of Muslim religious leaders had established a consensus on ways to reduce the risk of COVID-19 and adopted virtual worship, there were disparities in funeral procedures and burial rites. Nurhayati and Purnama (2021) reported there was a conflict between some religious leaders and the families of the deceased regarding their religious and cultural values.

Although religious values and beliefs played an important role in mitigating mental health issues for people in the community, and the worship was adopted into a virtual format, Muslims in the community experienced the loss of the spiritual connection space with others with the closure of mosques. Furthermore, they also lost spaces for practical, social, and emotional support (COVID-19 pandemic has impacted family relationships and social interactions, the two significant sources of social support for community members, particularly the marginalized elderly members and women (Hassan et al., 2021; Piela & Krotofil, 2021). Muslim women in the U.S and the U.K had mixed responses to the pandemic. Some women embraced the safety measure in social distancing and adjusted well to the virtual worshipping, while others experienced psychological distress with a significant sense of loss of social support and community connection. Moreover, some women continued to be isolated even before the pandemic, due to feelings of gender inequality and marginalization (Piela & Krotofil, 2021; Safdar & Yasmin, 2020). While women in Qatar experienced higher psychological distress and lower resilience, the elderly adapted well to quarantine and social distancing during the pandemic due to higher resilience and positive religiosity coping strategies (Quanes et al., 2021; Sadang et al., 2021). However, there were elderly expressed feeling isolated and struggling with the separation due to the social distancing restrictions. The requirement of social isolation has implied changes in normative interactions in the community. People felt distressed when they were not able to host those in need at their own homes and greet others with physical touch such as hand kissing or shaking, head kissing, and hugging which symbolizes closeness within the community (Hassan et al., 2021).

The COVID-19 pandemic has disrupted life beyond health, economic, mental health, and relationships. There were Sinophobia, Black Live Matter, and Islamophobia that only got little attention. Research on social medial platforms has revealed anti-Muslim rhetoric around COVID-19 in India (Chandra et al., 2021; Rajan & Venkatraman, 2021).

Overall, existent research has mainly aimed to show how teachings and traditions can be a source for dealing with the pandemic regarding health, social life, and mental well-being. They seek to demonstrate the guidance religious beliefs can provide during times of crisis. Building on the relationships among religion, health, and social contexts, this study brings firsthand experiences and the voices of diverse aspects of Muslims' experience during the pandemic in U.S. society.

The purpose of this study was to explore the experiences of Muslims living in the Midwest region in the U.S. during the COVID-19 pandemic, including the perspectives of leaders such as Imams. It aimed to provide insights into how the pandemic has shaped the Muslim community's experience, familial relations and social connections, gender-related dynamics, and minority-related issues within the context of U.S. society. Considering the lack of knowledge on Muslims' experience in the U.S. during the pandemic, we employed an oral history approach to archive the lived experience of the community. Oral history is an appropriate approach to recording the community's narratives and allowing us to gain insights from the collection of their responses to the pandemic (Kelly, 2020). This research is part of a broader and ongoing oral history project concentrating on the intersections of disability and mental health with religion, culture, and immigration experience among the Muslim community in the U.S.

Researchers

We used Hunt's (2011) guideline in conducting this qualitative research, which emphasized "researcher-as instrument" (p. 2); thus, the researchers bear the responsibility to provide context for this study. Both authors are first-generation immigrants from different Muslim countries. The first author is from Palestine and is an associate professor of Arabic at the local private university. She is the founder of the Arab and Muslim Women's Research and Resource Institute (AMWRRI) and serves as the President of AMWRRI Board of Directors. Dr. Othman conducted a few oral history projects, including this COVID-19 project. The interviews that we obtained from the COVID-19 project have been archived digitally and the transcripts are available at the AMWRRI website. She is also the editor-in-chief of the Journal of Gender, Ethnic, and Cross-Cultural Studies. Her research focuses on women's identities, gender power relations, body politics, and gendered disability in the contexts of cultural and religion encounter. The second author is from Malaysia. Her research interests are rehabilitation counseling issues, multicultural counseling, refugees/immigrants with disabilities, and curriculum evaluation.

Methodology

Design

We utilized the oral history approach for this study as it is a process of collection of firsthand memories from participants using individual interviews (Sommer & Quinland, 2020). Oral history approach is appropriate to use when researchers want to learn insightful and personalized past experience about members of a community. Researchers utilized individual interviews as a tool to help participants to reveal personal, social, economic, or cultural factors that impacted their experiences, perspective, and identity (Sommer & Quinland, 2020).

Measures

The semi-structured questionnaire included questions exploring (a) demographic information, (b) their personal experience regarding access to healthcare and their strategies in handling the pandemic, and (c) their international and transnational ties with their homelands during the pandemic. Using Roberts (2020) guidelines, the research team collaborated with a team of local Muslim community leaders, coupled with a thorough literature review, the interview questions were drafted, discussed, pilot tested using role play, and finalized.

The questions were designed to capture comprehensive perspectives on the social, psychological, health, and cultural aspects of their experience. With those three main focuses in the questionnaire, we aimed to shed some light on personal well-being, mental and physical health, family relations, extended family connections, socialization, technology utilization, healthcare utilization experiences, change in financial situation, religious-based coping strategies, religious beliefs and traditions practices, collective culture, religiosity and spirituality, gender dynamics within family and society, social justice issues, festivities, and the blessing and challenges of being a minoritized Muslim American during this pandemic.

Data Collection Procedure

A purposive sampling was employed to select appropriate participants for this study (House, 2019). We recruited participants through the website of the Arab and Muslim Women's Research and Resource Institute (AMWRRI), a non-profit organization, by posting the study recruitment e-flyer. A multigenerational snowball strategy was utilized by sending out an online survey link to a sample of Muslims with diverse demographic characteristics in ethnic backgrounds, age ranges, nativity and immigration status, gender, etc. Imams were particularly interviewed to document the roles the Mosques assumed during this period and their undertakings to influence/shape community behavior based on Islamic doctrine and for the improvement of public health. However, due to purposive sampling, it is not a representative sample.

The focus groups were conducted with Muslim women to gain insight into their experience with mental health and prayers. The focus group allowed the research team to take on an anthropological lens, to observe, to understand their perspective, and to empower the participants to engage in the group discussion (Potnis & Gala, 2020).

The study was approved by the Institutional Review Board (IRB) of the university (HR-4067). Due to the small Muslim community in the Midwest region, the reports of the demographic characteristics were kept in general to protect the participants' privacy. The participants identified as having national backgrounds in South Asia, Asia, Europe, Arab, Palestine and the Mediterranean region. We explained the purpose and the research design of the study before collecting data on demographic characteristics and conducting interviews. We informed the participants about the limits of confidentiality and the voluntary nature of participation. The participants were informed that we would keep anonymity by using pseudonyms or code names. All the names that we used in this study are pseudonyms. For participants that did not provide pseudonyms, we used codes to record their responses. Here are some of the pseudonyms or codes that we used when we reported their narratives: Par, P1, P2, P3, KN2, SW1, Imam Amin, Imam Ahmed, Hayat, Rania, Hadid, Maryam, Fiza, Khalid, Sarah, Celina, Adil, Sariah, Ihsan, Rreze, and Aisha.

The first data is collected through individual and focus group interviews with Muslim women to elucidate the relationship between mental health and prayer, a major component of the Islamic faith. The second data is obtained through virtual individual interviews using semi-structured questionnaires, which specifically addressed the relationship between the pandemic and religion. The participants included a total of 26 men and women Muslim community members and Imams in the Midwest region in the U.S.

The first dataset included the edited transcriptions that we obtained from 2 focus groups and 2 individual interviews with a total of 7 Muslim women. The sample for the second set of data included the edited transcription from virtual individual interviews with 17 community participants (13 women, 4 men), and 2 Imams. Women participants included nine first-generation immigrants ranging from 17 to 61 years old; three second-generation immigrant women at the ages of 20 to 28, and one with no identified information. Two of the women were

healthcare professionals. Four men aged between 38-62 were interviewed, and one of the men was a healthcare professional. The demographic characteristics of the participants is presented in the Table 1.

Table 1
Participants' Demographic Characteristics (N = 26)

	n	age
Number of participants in data		
First set	7	
Second set	19	
Gender		
Woman	20	
Man	6	28 - 62
Immigration Status		
First generation immigrant	9	17 - 61
Second generation (U.S born)	3	20 - 28
No report	12	
Occupation		
Healthcare professional		
Woman	2	
Man	1	
Imam	2	
No report	21	

Data Analysis Process

The study aims to further enrich the literature on this topic, especially regarding Muslims' experience in the U.S. In terms of its qualitative data analysis, the study has adopted a humanities approach in its analysis. The humanities data analysis approach enhances and expands upon the traditional social science analysis of social phenomena by placing such phenomena within their theological, historical, social, political and economic contexts (Mezmir, 2020). By viewing and analyzing such social phenomena from a variety of perspectives, the humanities approach helps to shed new light and bring fresh perspectives to bear on the nature and function of such phenomena.

To familiarize with the qualitative data, the analysis started with a careful reading of the transcribed interviews. During the familiarization stage, notes were made, the ranges of responses were recorded, and frequent themes were identified (Mezmir, 2020). Furthermore, the suggested data analysis method in oral history was followed by employing stages of analysis included: (a) Data gathering through interviews with the oral witness and first-level coding; (b) Second-level coding and determining the sub-categories; (c) Third-level coding and determining the main categories; (d) Connecting the main categories to each other and writing the narrative (Firouzkouhi & Zargham-Boroujeni, 2015, p.162).

Based on the analysis, three overarching themes emerged: (1) the functions of religion in the pandemic, (2) the influence of the pandemic on religious beliefs and traditions, and (3) the immigrant and refugee experience.

Results and Discussion

Participants' General Experiences During the COVID Pandemic

Based on the demographic data, the majority of the participants noted that the most adverse effects of the pandemic were on their social and mental life. Only a few participants confirmed that they experienced some health issues and those were individuals who or whose family members got infected with the disease at some point. As to the financial aspect, most of the participants reported only a minor decrease in their income while two participants experienced significant economic hardship; one due to the loss of her father's job during the pandemic, and the other said that her husband could not run their restaurant during the first months of lockdown. The infographic of their experience is presented in the Table 2 below.

Table 2
Participants' Experiences During the COVID-19 Pandemic
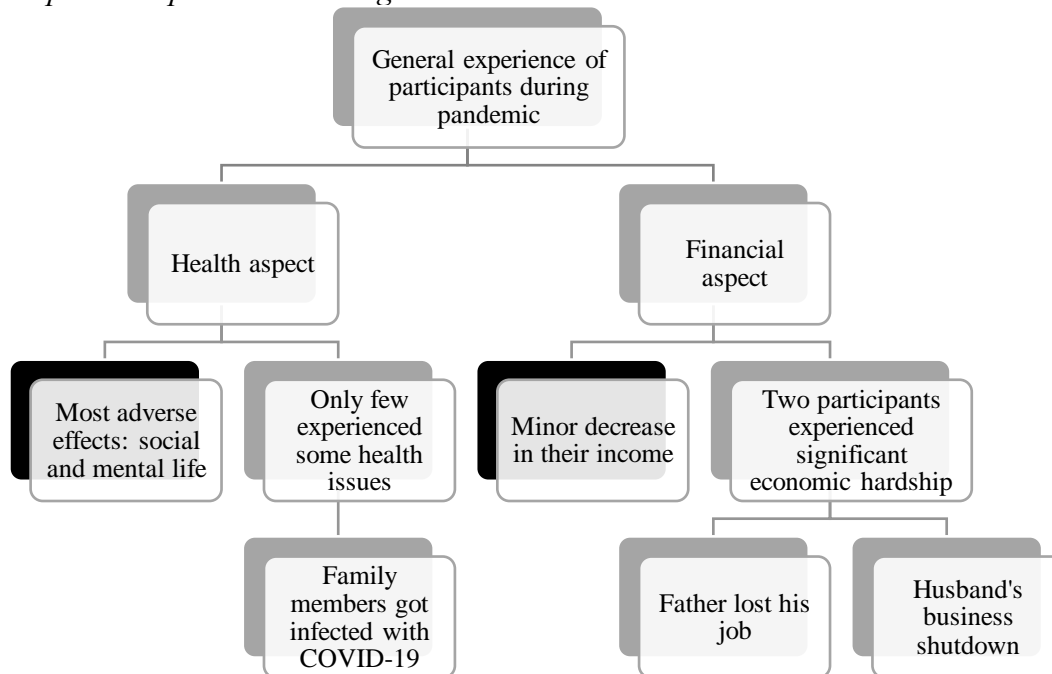
Note: ■ Majority of participants' experiences

The Functions of Religion in the Pandemic

Religious interpretation of plague regards it either as a punishment or as a test. Regarding the former, it ('adhab) is thought to be caused due to the immoral acts of the inhabitants of a certain place. It implies not only punishment but also a warning to turn to the "righteous" path. However, the interpretation of disasters as tests is more common in Islamic belief. The ways to cope with those trials/disasters are also suggested in Muslim scriptural sources. For instance, Hayat responded with sighs and said, "Ma Sha' Allah wa Ma Qadr" – this is the will of God, God knows better. God takes care of everybody; we believe in that." Similarly, Maryam shared the following,

> *So, by the Muslim people, there has always been some sort of strife*
> *experienced by some part of like the Muslim world. Um, and this is just*
> *another one of those trials and strife's- examples of those strife's that*
> *we have to kind of like, kind of just understand that everything comes*

> *from Allah and that this is one of those things. It's not out of the hands*
> *of Allah so we do turn to prayer and we do ask Allah for help.*

These sources are continuously used by Islamic scholars, Imams, and leaders to deal with certain major issues. For example, to discredit the misinformation spread during the pandemic, Muslim scholars noted that the guidelines provided by World Health Organization are obligatory as much as other religious duties (Z. Ahmad & Ahad, 2021). Scholars also continuously drew on the teachings of the Prophet about the necessity of avoiding traveling during times of diseases, and other means of taking precautions to prevent the spread of diseases (Musa et al., 2020). Imam Amin focused on providing mental health resources for people that sought guidance:

> *I am a big proponent of resources for mental health, and I'm happy that*
> *we were able to cover some ground and find some resources and be*
> *able to point people in the direction that they need to and kind of follow*
> *up with them.*

Studies further have shown that faith in God assists in dealing with depression, loneliness, and other psychological challenges. The concept of rukhsah (concession) helps to adapt in the first encounter with hardship. The reactions of Muslims in this community support the theological scholarship in acknowledging the role of religious beliefs to accommodate the pandemic conditions. The participants' narratives show that religious beliefs help quickly adjust to the new conditions. One participant (P1) revealed that,

> *One big thing in particular is was that I took this one [online] course*
> *through my mosque which was like an organized course on with the*
> *historical biography of the Prophet of the Prophet Muhammad (peace*
> *be upon him), so that was like a big thing that I do [during the*
> *pandemic].*

Similarly, Hayat adjusted to the new pandemic situation, "Ramadan and the Eid, they continue, but from home. Friday prayer, it's gonna be just a prayer at the house, nobody goes to the mosque." Participants' narration showed that, first of all, *acceptance* develops in a strikingly rapid pace and transforms the shock into a state of mind characterized with calmness, reliance (on Allah), and resilience. This is induced by the belief that everything has a good aspect no matter how they seem harmful as well as everything is from and under the control of God. Sarah, a 49-year-old Muslim Palestinian American, said "it [is] our belief that anything that happens to us is good for us, whether that be good or bad." Another immigrant woman, Hayat, said "this is a will of God, God knows better. God takes care of everybody; we believe in that." This shows how a negative and destructive global event can be adapted through acceptance and patience. Unfortunately, acceptance and patience can be interpreted as being passive and resigned, at times. However, in Islamic theology and theory, a strong belief in predestination is a contested issue, where it does not exist as inactivity; however, adapted variably in practice (Ashraf et al., 2020).

Indeed, such belief in God's control and possession of everything is not just advice to be taken; rather, they consider it as the *one* way to view the ongoing events, which must be agreed as a sign of acknowledgment of God's omnipotence. Renee shared that,

I think if anything, it kind of maybe helped build my faith even stronger because it's very clear to me that, you know, we as human beings are so dependent on God sometimes we forget, and so this pandemic if anything is a wakeup call for those who may not have the faith.

Another participant (SW1) offered the same thought,

Because in Islam we have the belief that everything is from God, whether it was the benefit or any harm, or if God wills something nobody can stop it. So they said we need to rely on Allah, on God.... If God, for example, puts on earth a certain disease, God also will bring down the cure for it.

Also, based on the scriptural warnings, there indeed must even be an initial preparedness and acceptance, as explained by Rania – another immigrant woman- as follows:

It is mentioned [in Islamic sources] that we should never run away from a virus or outbreaks because it is taught to us that there will be outbreaks. It doesn't specifically say COVID but there are verses where it does say there is going to be a time when there are outbreaks or wars or stuff like this. We do not really look into it until it happens.

This approach is indeed one of the ways of interpreting that control of God does not suggest passivity; on the contrary, there must be dynamic and active measures to future and present disasters by looking into the past and Islamic teachings. As research has shown, the pandemic has intensified mental health issues (Czeisler et al., 2020; Son et al., 2020). Despite the suggestion that such calamities were indicated in the script and are predestined, immediate influences on mental health are inevitable for Muslims as well. Mental health outcomes were experienced in different ways and due to various reasons. Those infected by COVID-19 experienced more anxiety due to the disease and stricter isolation. Participants who had financial difficulties also had further challenges in their psychological well-being. For example, Hayat, a first-generation immigrant at the age of 59, said that they had a significant monetary loss and were forced to postpone their work for an indefinite time. These difficulties were accompanied by the loss of sleep and anxiety which she was still trying to cope with.

In such cases, as the studies by Z. Ahmad and Ahad (2021) demonstrated, religion significantly contributes to the morale, acceptance, and relaxation of Muslims during the pandemic and other times of crisis. Protection from the pandemic could stem from scientific and spiritual approaches, and both approaches provide "a hope to live" (Z. Ahmad & Ahad, 2021, p. 39).

Prayer emerges as a major coping strategy. While group prayer is weakened during the pandemic, American Muslims increasingly practiced individual and home prayers, which was also facilitated by the situation of staying at home. Another participant noted that she began praying more during the COVID-19 to handle the stress of the pandemic:

So before I go to sleep, I just made up my own prayer, if that makes sense. I just like dedicated a specific time every single day before I go to sleep where I just pray, and I just ask God for everything that I want. So, it's separate from those five. It's just something I do on my own, that I incorporated during COVID, just to help with stress if that makes sense. (Par)

Also, Islamic beliefs such as there is a cure for any disease, conceptualizing disasters as tests from God, and finding comfort in praying to provide mental strength to Muslims. Ahmed, a 38-year-old Imam said that many community members coming to him for spiritual support because of the different type of difficulties they experienced including financial problems. Resort to religious guidance developed over time too, Sariah said that after the news that a man in the community shot himself, the Mosque increasingly invited young people to the space, and she began attending those.

Guidance through Islamic tradition and belief unfolds in a holistic approach encompassing physical illness and economic hardships (Z. Ahmad & Ahad, 2021; Kabeer et al., 2021; Knight et al., 2021). Aligning with global regulations and institutions such as World Health Organization (WHO), its advised in accordance with the concept of fiqh al-awlawiyyat (the science of priority jurisprudence). To help and inform the Muslim community, Imams and religious organization leaders presented examples from Islamic history as to how to act during plagues, pandemics, crises, etc. Those who attended online activities or prayers mentioned how these teachings shaped their perspectives and attitudes and internalized them. Hayat referred to a Muslim commander called Amr ibn al-As who implemented social distancing during a time of plague. A similar example was mentioned by Fiza—a second-generation Indian American—who said that the Mosque quickly spread a Hadid decreeing that during the illness or plague people should not leave the area they are present not to pass it on. Fiza also personally interpreted this is one of the "trials" that the Muslim community had to bear and go through. Drawing on these examples, they explained the necessity of modifying the behaviors immediately within religious terms. Imam Ahmed also highlighted that the transition to the new normal and conditions was smooth and easy because many people in the community worked in the medical field, and "there's more of easier understanding between Islam and science. The relationship is a lot more harmonious."

In addition, Imam Ahmed said that the sense of belonging to a community has considerably helped community members. This is mostly achieved through the Jamaat prayers in Islam. When it comes to group prayer, the personal experience is accompanied by its communal and social functions especially in case of minority groups. P2 in focus group stated her motive to attend the Mosque as follows: "For me the reason for going is I meet other Muslims. It gives a sense of brotherhood or sisterhood. There are people who regularly come the same time I come and I have formed relationships with them." Similarly, P3 in the same group said that the purpose of Jamaat is "to be connected to the community." In explaining this, the participant referred to the historical functions of the group prayer where people get informed about the community such as the sick and weak.

In this sense, in coping with the pandemic, the closing down of the mosques was a setback influencing the sense of community. The community prayer explained as a form of connection among the Muslim society is transferred to the online setting and accompanied by other online meetings. Yet, participants regarded that covid-19 weakened the community ties through its influence on religious gatherings such as those during Ramadan and the festivals, and the canceled or limited group prayers. P1 highlighted the togetherness and sense of community through prayer:

> *Yeah, the Ja'maat, I really miss the Ja'maat prayer, tremendously. It's been a really long time since I had a Ja'maat. Now I can enter the mosque, I have a key, so I can enter it and go in anytime I want, but it's not the same as a community. That gave me strength as a community.*

A significant issue about which religious leaders, centers, and imams aimed to influence the community was the conspiracy theories and conceptions about the pandemic and vaccine. Imam Amin mentioned the concerns of people about the vaccine ingredients to be haram or whether it would be used for purposes to control human beings. Imam Amin continued,

But we assured our community and the Muslims that this is a necessity and in Islam, Islam requires us as the Prophet said, "For every disease there is a cure." If God, for example, puts on Earth a certain disease, God also will bring down the cure for it. So basically, we told our community members, and we educated them - getting the vaccine is a necessity, and it's a measurement of safety, and as a Muslim you are required to take it. So many people who were resisting this, now say "oh, I got the vaccine." We did issue written statements. And also, we reproduced, the statements of what we call Islamic Councils <Fit'r> councils. This is councils of jurists, Muslim jurists or experts on the field of Islamic Studies who issued the statements from around the world. We reproduce such statements and we issued our own statements and we had virtual programs where we have the religious leaders coming together and address such issues as I said and it was something that the people accepted at the end.

The above quotation illustrates the role of religious doctrines, beliefs, and leaders in shaping social behavior during the pandemic. Religious teaching is used to urge people to follow the measures strictly; the responsibility of infecting a person by not obeying the social distancing rules for no reason is regarded as a sin. Imam Amin explained how they encouraged people to avoid harming other people:

> *We used to give them the example that if you get infected and you know it, and you go and mix with the people, that means you are committing a sin. And if somebody dies because of you this is like a major sin in Islam because you caused you know the sickness or the disease for that person that might lead to his death.*

The Influence of Pandemic on Religious Beliefs and Traditions

COVID created significant changes in people's religious practices. These changes are not only religious but social as well. When asked about the impact of covid on their social life, many respondents answered that they no longer attend the mosque and that they could not get together during Ramadan or Eid. For many people, thus, religious community activities constitute the social aspect of their lives. For example, Sarah said that "the biggest change" in their social life was "last Ramadan, not having anybody over, or us going to anyone to have iftaar together. That was the most drastic change, and also Friday prayers." The sudden end of the religious group activities was defined by Sariah, a 17-year-old immigrant woman, as "a bump for everyone."

Due to the reasons discussed above, the pandemic also led people to embrace religious faith more strongly. Rania noted that her religious beliefs became stronger during the pandemic. Apart from seeking strength in faith, the time spent at home led to an increase in religious activities. Rania noted that due to staying home too much, she prayed more and fasted the whole month, unlike in earlier years. Fiza, a second-generation Muslim woman, categorized her relation to the Mosque as "pre-COVID" and "COVID." While she scarcely attended the group or Mosque events before covid, now, she became more affiliated with the community in the Mosque.

More attention and time have been paid to individual prayers, which resulted in the strengthening of the connection between prayer and personal space as well as mindfulness. P1, in an individual interview, noted that she enjoyed the solace in the prayer, describing herself as an introverted person. On the other hand, she noted participating in the Mosque was of utmost

importance in order to preserve her Muslim identity and be a part of the community. This was a such crucial function of the Mosque that the participant noted she had overcome her shyness so that her children grew up developing their identity through the Mosque. For her, although COVID-19 precautions have negatively influenced her community and religious identity, it has satisfied her, spiritually. Yet, the participants do not necessarily separate identity and spirituality. There are remarks that connection to God is an integral part of the sense of identity. While communal prayers affirm and create a sense of community belonging, Mosques are simultaneously described as houses of God. One of the participants noted that "they're multi-faceted advantages of the mosque." The layered expectations and outcomes of praying are further explained in the following words:

> *But personally, my personal problems I'd rather have a heart to heart with my creator, you know more private, than anything. But the community is needed for other things for your rights, for unified as a group, and that is where if you have relationships in the mosque can go a long way.*

Imam Amin mentioned the process of closing the mosque and how it received reactions from the Muslim community. He explained that it was not easy for Muslims to accept the closure. This also had to do with the belief that everything is from Allah, and if it is His wills, be it is harmful or beneficial, no one can stop it. This brings us back to the issue of "tawakkul" and the fine line between acceptance and passivity. Amin continued, "So they said we need to rely on Allah, on God, and go to the mosque and everything." Therefore, closing the mosque was a tough decision. However, after consulting the physicians, he said, they decided to close down and begin virtual activities. Reactions from people, however, continued:

> *There was a lot of pressures, we have calls, we have people coming on social media, calling on the administration to open, but as I said, we educated our community for the importance of observing the safety measures and the advice of the physicians and the medical staff in our community and the CDC. Basically, it was a matter of education and people at the end came to accept the fact that we have to close down for a certain time.*

"The main goal of Islamic Sharia is to protect the human life" noted Amin to summarize the precedence of safety over religious practice. The protection of health is explored as a crucial issue for the Muslim individual both himself and other people. Khalid, 62 years old immigrant man referred to an Islamic teaching "'Love for your neighbors what you would love for yourself."

Different activities took place in an online setting. For example, one of the participants said that she attended a memorial service that was held online. There were varying opinions of virtual religious practice. Some considered it "better than nothing" (Hayat) and attended the activities from time to time. Many others viewed it very positively while some of them thought it was "strange" and did not favor it. Ihsan, a 55-year-old immigrant man, thought it cannot replace the in-person gathering for prayer. "It is too awkward, virtually no" said a 25-year-old Albanian American woman, Rreze. Many adjectives are attributed to the practice such as "interesting, strange, fulfilling." Celine, a 28-year-old second-generation Palestinian woman considers virtual prayer more "personal" than the real-life meeting at masjids. Yet, she also notes that she dislikes "not physically being at the mosque." Thus, unlike the majority, the

spatial meaning of the mosque conveys a stronger feeling than the social aspect of group prayers.

The virtual setting for the prayers was a controversial issue not only for community members but also for religious scholars. Imam Amin said that many scholars around the world did not approve that daily prayer could be led virtually. However, Imam Amin explained that "Islam is a practical religion," and "how someone can lead the prayer while others can follow him at their homes." Yet, he also made a distinction that they [the Mosque] did not offer Friday prayer virtually because "they [the Mosque] did not consider it right because its main purpose is to bring people together." Imam Amin shared that, "while virtual lectures provide access to more people, it seems many people find virtual praying either inappropriate or not practical." Imam Amin compared people's attendance at the mosque before and after the pandemic:

> *So, imagine the number we allowed during the pandemic after we reopen the Islamic center, only 400, and before the pandemic, we used to have 2000 people. So, you see how much it affected our religious life and religious practices here at the Islamic Center in this city.*

The impact of the pandemic on Mosque prayers is directly reflected in impacts on the community issues and relations. The communal prayer, Jamaat, is a significant part of Muslim social life in every Muslim community. However, it is more directly related to the sense of community and its issues in the case of diaspora and immigrant communities. This is especially valid for women who are not required to attend communal prayers according to Islamic doctrine. Women in the Muslim society in the U.S., however, get involved in community issues because the Mosque has functioned both as a space for prayer and also as a community organization unlike the tradition in most of their Muslim majority homelands. P1 in the focus group is on the executive committee of the Mosque, and she highlighted that COVID-19 affected her network and community activities even though she continued to attend communal prayers in smaller groups. Muslim women in the U.S and the U.K had mixed responses to the pandemic. Research has concurred with this situation where some women experienced psychological distress with a significant sense of loss of community connection and disempowered by gender inequality and marginalization (Piela & Krotofil, 2021; Safdar & Yasmin, 2020).

Immigrant and Refugee Experience

A significant matter about mental health during the pandemic is noted by Adil, a 38-year-old counselor, as the lack of connection and understanding between Muslim patients who seek "spiritually integrated psychotherapy" and the professionals who are unaware of or unwilling to address the integration of spirituality in psychotherapy. "[M]ost people that come to us because of the Muslim background almost always want some kind of an element of spirituality or religion as part of the therapy," said Adil, and continued "finding those type of providers is very challenging for Muslims." Adil regarded this as a challenge similar to financial and other struggles during the pandemic. Indeed, our research and observation have shown that this was a prevalent and serious issue in mental health that impeded Muslim individuals from seeking professional help.

One of the functions of religious identity for the diasporic communities in general, and during the pandemic in particular, was already addressed above when we discussed the social context it provided. Yet, apart from that in-group function, participants also reflected on their experiences within the larger community, their self-perception, and their perception of the

American community. Aisha observed stereotypical views of Muslims and how she thought the pandemic could challenge it:

> *Because often in the greater distorted American narrative of Muslims and Islam, there was yet another, you know, because you know were "backwards" or "anti-scientific", according to them, obviously; and then it took a pandemic to really show who were the scientifically consistent?*

Aisha's remarks were based on the overall attitude of Muslims during the pandemic, including their acceptance, conforming to the measures, and contribution to the field of medicine. Yet, she also found it noteworthy that Muslims could stay in a good state in terms of their morale and mental well-being by resorting to "spirituality." Addressing people of different faith and religions who were complaining of the restrictions, she made a straightforward comment: "I cannot believe these are the same people that assume that you know the authoritative voice over characterizing my faith, and you know my fellow worshippers as anti-scientific and backward and stuck in the 12th century."

Indeed, the community's and Imams' emphasis on the Islamic interpretation of the pandemic that insists on complying with the scientific facts become a solidifying source for Muslims. In fact, the Imams have followed the teachings of scholars who presented evidence from the Quran. Ashraf et al. (2020) emphasized that "guidelines from different regulatory bodies are very much according to the teaching of our beloved Prophet Muhammad" (PBUH) (p. 5). Similarly, Z. Ahmad and Ahad (2021) also argued that it was Muslims' religious responsibility to adhere to the recommendations of World Health Organization's health precautionary measures, such as isolation, quarantine, vaccinations, face mask-wearing, etc. They further emphasized that the adherence that Muslims demonstrated through the teaching of Islamic scriptures had actually saved the community from experience mental health conditions. Participants proudly indicated that this represented their standpoint and Islam against all the stereotypes and misinformed media coverage. Aisha interpreted this as rewarding not only scientifically but also "socially" thinking that it contested "all of these contrasts you know of East and West, North and South."

Limitations

This study has several limitations. First, the participants of this study do not comprise a representation of Muslims in the U.S. Hence, the results of this study cannot be generalized. Second, Black Muslims experienced the most challenges during the pandemic in general. Yet, the participants in this study are mainly immigrants from the Middle East. Future research on U.S born Black Muslims is necessary due to the health disparity and racial justice issues that they live with. Moreover, this is a short-term study project. A longitudinal study of participants' experiences would be valuable to explore in the future. Lastly, oral history only collects a person's subjective point of view. There are possible false memories or participants' biases.

Implications

This is one of the first studies that explore an in-depth understanding of the Muslim community in the U.S. about their perceptions and experiences of COVID-19 and the pandemic. We have gained key insights regarding how to improve information and communication in the future during a pandemic. This study added an assurance that the Muslim community can rely on religious practice and Quran teaching to minimize risk and to adhere to precautious

measures. Furthermore, this study was conducted using an oral history format. According to the Oral History Association (2023), oral history uses interviews to gather, preserve and interpret the voices, memories, and experiences of a group of people in the communities on a past event. All the data that we obtained was authentic and based on first-hand experience. Since Muslim communities are minoritized communities in the U.S., the study shed light on the uncertainty, challenges, and barriers to health care and social support in Muslim communities during the pandemic. The information can be valuable to inform the public health policy in promoting health and mental health equity and emphasizing collaboration between public health and religious practice.

Conclusion

The purpose of this study was to record and understand the experiences of Muslims in the community during the pandemic. Research has shown that the COVID-19 pandemic has had several impacts on religious activities with its broader definition related to community and spirituality together. Based on the oral history approach that we employed, we shed light on the themes of the pandemic experience in the Muslim community in the U.S.

Imams and religious organization leaders presented Islamic history to provide guidance on how to cope with the pandemic. It was pointed out that the transition went relatively smoothly because many people in the community worked in the medical and healthcare field. The community found a new normal in forming its connection through a virtual platform.

There were mixed perspectives on virtual communal prayers but for those who were not able to participate in Friday's communal prayers due to the lockdown, the participants found a deeper level of personal space that facilitated a stronger spiritual identity by praying virtually. On the other hand, Muslim women have expressed that due to the lockdown, they had lost their social life at the Mosque where they engaged in community issues. The relationship is complicated and layered, and it is not linear; while religious community activities and the sense of identity might be affected negatively, the spiritual aspect of religion and personal experience might be fostered.

Without any exception, the Muslim community also experienced mental health crises during the pandemic. It is important to address the disparity in culturally competent mental health professionals, especially mental health professionals that are responsive to the need for spiritual integration in mental health interventions.

Lastly, because the virtual interviews were conducted between February to June 2021, the perspectives and feelings of the participants may have changed since the lifting of restrictions. Future oral history projects on mental health issues from multigenerational viewpoints are warranted to better understand the impact of COVID-19. Furthermore, the experience and the impact of the COVID-19 pandemic on Black Muslims in the U.S. are particularly worth highlighting in future studies.

Acknowledgments

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