Changes in Spirituality and the Impact on Mental Health of Canadian Muslim Women in Ottawa

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Abstract

As the population of Muslim women in Canada grows, there is an increasing need for mental health providers who are familiar with the religious and spiritual aspects of Muslim women. Yet psychological research or literature discussing Muslim women clients or their experiences remains scant. The purpose of this research study is to identify the experiences of Canadian Muslim women after occurrences of change in their spirituality, and to observe the impacts on their mental health. This thesis provides some foundational information that mental health providers may consider to work effectively with Muslim women clients. The research illustrates how clinicians can effectively explore and incorporate aspects of Islam in their practice in order to increase their cultural competency when working with Muslim women clients.

Keywords: cultural competency, Canadian mental health providers, psychotherapy, changes in spirituality.

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Chapter One: Introduction

Research highlights the importance of gaining knowledge about providing mental health services for Muslim women due to the growth of the Muslim community throughout Canada (Islam et al., 2018). According to Saleem & Martin (2018), "Muslim women have been stereotyped and often portrayed in the media as subjugated, veiled, and oppressed women who are uneducated, unintelligent, at the mercy of patriarchal men ..." (p. 160). Muslim women are currently portrayed as powerless in their roles, but they are in fact influential decision makers, and are a source of guidance in many areas of life (Saleem & Martin, 2018). Muslim women in Canada may face discrimination, even more than Muslim men, because of the public and visible expression of their religious identity by the practice of wearing the hijab (Droogsma, 2007; Hunt, et al., 2020; Rassool, 2015). The hijab can be a marker of difference, which can make Muslim women feel threatened (Droogsma, 2007; Rassool, 2015). However, there are many other reasons to be concerned with the mental health issues caused by faith-based discrimination of Muslim women in Canada. For example, Muslim women who do not wear a hijab can still face discrimination from Canadian society and the Muslim community (Syed, 2013). This can put a lot of pressure on Canadian Muslim women, which highlights how discrimination can go hand in hand with mental health difficulties (Hunt, et al., 2020). Under these conditions, many Muslim women may question their faith or feel the need to abandon some aspects of their religion to blend more into Canadian society. Muslim women who go through such struggles may benefit from a culturally competent mental health clinician that can help them process their emotions and consequently prevent more serious mental health complications (Hunt, et al., 2020). There is also extensive research showing that Muslim Canadians are less likely to access mental health services due to mistrust and lack of familiarity with the mental health system (Ekanayake et al.,

2012; Shakya et al., 2010). A study by Abu-Ras et al. (2008) found that there is a lack of experienced mental health clinicians familiar with Islamic culture, and this has led to some Muslims seeking mental health care from primary care physicians or spiritual leaders rather than from mental health clinicians. Thus, it is imperative that mental health clinicians be culturally sensitive and understand the culture and faith of these women without judging them.

The study used a basic interpretive qualitative research design to explore the relationship between the change in one's spirituality and mental health (Merriam, 2002). One-on-one online interviews were conducted with six Muslim women from the University of Ottawa and Carleton University. The inclusion criteria required the female participants (n=3) to be currently practicing Islam and identify as Canadian. Participants were asked to describe a time when they felt closer to their religion after experiencing a difficult situation within the past two years that triggered references to God. Moreover, the second group (n=3) were female participants who reported being less or no longer religious after experiencing a difficult situation within the past two years that triggered references to God. This group included females who are either no longer practicing Islam or have become atheists. As part of the exclusion criteria, the recruited participants could not be converts to Islam. The exclusion criteria allowed for control of possible changes in spirituality and religion that were not related to the objective of this study. Thematic analysis was used to analyze patterns in the data (Braun & Clarke, 2006).

This study is intended to expand on existing resources to help mental health clinicians to provide culturally appropriate mental health services to Muslim women clients in Canada. It will also explore ways to be more culturally informed in working with this population in a therapeutic setting.

Research Interest

In my training as a student-therapist, I was frequently challenged to re-evaluate what I know about integrating psychotherapy and spirituality to support my clients who are open to spirituality to achieve their goals in therapy. My training at Saint Paul University emphasized the importance of empowering the students to be culturally sensitive and culturally competent therapists. I was always encouraged to explore my own culture and develop awareness of how my values and beliefs shape who I am as a therapist. Thus, this study was inspired by my desire to learn more about the dynamics of working with Muslim women in a therapeutic setting and how to be more culturally informed. Since research on this growing service-seeking population is limited, my hope is that the results of this study will contribute to the expansion of the current literature.

Definition of Terms

Change in spirituality: a fundamental change in a person's spiritual life, such as becoming more religious than before or becoming less religious or no longer practicing their religion (O'Rourke, et al., 2008; Pargament & Exline, 2022).

Hadith: the collected sayings and practices of Prophet Muhammad gathered after his death (Burton, 2022).

Hijab: a scarf or clothing worn by Muslim women to cover their hair in order to maintain modesty and privacy from unrelated males either at home or in public (Byng, 2010).

Quran: the holy book of the religion of Islam and is understood to be the Word of God revealed to the Prophet Muhammad (Hodge, 2005).

Religious Coping: the use of religious practices, such as daily prayers, dua's-supplications, recitation of the Quran, reading of the hadiths, utilization of hope, patience, and other resources

encouraged by religious teachings. In addition, the use of Muslim community support by attending the mosque and different events (Berzengi et al., 2017).

Spirituality (Ruhhaniyyat): the presence of a relationship with God that affects the individual's self-worth, connectedness with others, and sense of meaning (Nasr, 2013).

Chapter Two: Literature Review

Rationale

Canadian mental health clinicians are increasingly challenged to find ways to meet the varying needs of a multiracial, multicultural, and multi-religious population (Lambert, 2008; Qasqas & Jerry, 2014). Some minority-group clients who seek psychotherapeutic services may receive unresponsive treatment to their situation, which highlights the need for a mental health delivery system that strives to provide culturally sensitive services for these clients (Sue & Chu, 2003). Unresponsive treatment can occur when the interventions used in therapy are not customized based on the client's needs and lack cultural sensitivity (Sue & Chu, 2003). Furthermore, the landscape of mental health and the focus on disparity research has vastly improved in recent years; however, Muslims, especially women, continue to be a commonly overlooked group within the scope of research. There is a gap in knowledge for mental health clinicians treating Muslim women clients who need help due to higher levels of mental health issues (Saleem & Martin, 2018). In the field of mental health, there is a need for more research to understand people's cultural background and their relevant experiences to address in therapy (Edge & Newbold, 2013).

This study aims to demonstrate its relevance to current discussions in mental health and looks into how changes in one's spiritual and religious perspectives influenced the mental health of Canadian Muslim women. In this light, changes in belief and practice of Islam can be

understood as the degree to which one considers themselves more, or less, or no longer spiritual and religious. Islam *et al*. (2018) suggest that further research is needed to understand how immigrant populations in Canada use informal and non-mainstream mental health care such as spirituality-based services. They recommend that future qualitative studies can assist in providing an in-depth understanding of these associations (Islam et al., 2018).

Social Determinants of Mental Health

The examination of the social determinants of mental health is important in order to understand how mental health clinicians can best serve the mental health needs of Canada's Muslim populations (Islam et al., 2018). Currently, Canada has a particular interest in initiatives that can improve the mental health of the immigrant population that urgently needs to develop service responses to meet the needs of this population (McKenzie et al., 2016). A holistic perspective on psychological health must be multi-dimensional to consider one's overall health and well-being (Hodge et al., 2015). Muslim women may be at imminent high risk for mental health issues because they are at high risk of experiencing psychological distress due to the stressors associated with migration, ethnic and/or religious forms (Douki et al., 2007). There is a need for more research on the mental health needs of Muslim women to ensure that interventions are culturally relevant (Karasz et al., 2016). An understanding of the complex ways that Muslim women shape their own identities is important for mental health clinicians, along with differences due to ethnicity, race, and the migration story. Indeed, providing mental health services to Muslim clients requires awareness of the implications of their faith, which may involve needs for modesty, privacy, and the importance of spiritual integration into clinical practice (Rassool, 2015). Research supports that individuals with higher levels of religiosity and

spiritual well-being experience a reduction in mental and emotional illness (Marashian & Esmaili, 2012).

Spirituality and Religion: From Historical to Contemporary Perspectives

Religious beliefs have long been thought to have a pathological origin, and the field of mental health over a century has understood them in this light (Verghese, 2008). Religion was considered a symptom of mental illness. Sigmund Freud and Jean Charcot linked spirituality and religion with neurosis (Verghese, 2008). For example, Freud hypothesized that religion derived from one's need to make their helplessness tolerable and built up from material memories of their own childhood (Freud, 1933). According to this perspective, one's helplessness remains and along with it the longing for the father figure, and God (Freud, 1933).

Moreover, the Diagnostic and Statistical Manual of Mental Disorders, third edition (DSM-3) viewed spiritual and religious experiences as examples of psychopathology (Allmon, 2013; American Psychiatric Association, 1980; Richardson, 1993; Sharma et al., 2009; Verghese, 2008). Lukoff et al. (1992) suggested that spiritual and religious problems be incorporated in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-4), which was accepted. The DSM-4 included three categories, including normal spiritual and religious experiences, spiritual and religious problems leading to mental disturbances, and mental disturbances with a spiritual and religious context (American Psychiatric Association, 1994; Verghese, 2008). However, the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) defined religion and spirituality as part of culture (Allmon, 2013; American Psychiatric Association, 2013; Harris et al., 2017; Prusak, 2016). This definition of religion as a cultural derivative only acknowledges the human aspect of religion, but not a client's perception of the divine possibly beyond the human experience (Harris et al., 2017).

Even though Freud considered religion as an illusion and neurosis, Carl Jung considered the psyche as a carrier of truth, powerfully rooted in the unconscious mind (Verghese, 2008). Jung considered that the self suffers as it is separated from its transpersonal and spiritual unconscious that contains archetypal, instinctual desires, and spiritual energies (Jung, 1959). Psychological health depends upon getting in touch with and expressing these archetypes. According to this perspective, if an individual's expression of an archetype is alienated, there is a higher likelihood that they may suffer psychologically (Jung, 1959).

Furthermore, the emergence of humanism as a movement in psychology shifted the perspective of spirituality from an exclusive focus on pathology toward positive mental health, higher values, and self-realization (Sharma et al., 2009). Modern mental health clinicians have stopped pathologizing spiritual experiences and approach them with increasing empathy and sensitivity (Sharma et al., 2009; Vieten & Scammell, 2015; Yossef, 2022). Many mental health clinicians now consider that religion and spirituality are important aspects in the lives of their clients. They are directly and indirectly related to the etiology, diagnosis, symptomatology, treatment, and prognosis of psychological disturbances (Koenig, 2010).

A Holistic Approach: Importance of the Spiritual Dimension in Mental Health

Research shows that many Muslim women are hesitant to seek help from mental health clinicians in Western countries due to the clinician's lack of understanding of Islamic values in their treatment modalities (Schlosser et al., 2009). Consequently, Muslim women might feel uncomfortable in seeking professional mental health help (Rosenberg, 2000).

A holistic approach of mental health practice should validate spiritual and religious dimensions, valuing bio-psycho-social–spiritual integration which is needed to enhance the client's empowerment (Xu, 2016). A client-centered approach is instrumental in a spiritually sensitive mental health practice, facilitating spiritual and religious clients' discovery and appreciation of their own

spiritual truths (Xu, 2016). This involves respecting the clients' self-determination, including each client's self-defined spiritual strengths, resources and aspirations, and should be the focus of attention in mental health practice. Thus, mental health clinicians should be able to address their clients' spiritual issues, take clients' perceived spiritual realities and truths seriously and non-judgmentally, and take care not to impose personal spiritual and religious interests and values on clients (Canda & Furman, 2010).

Moreover, spiritually sensitive mental health work can be a practice that is attuned to the highest goals and deepest meanings of clients, seeking to nurture their full potential through relationships based on empathy, respect, knowledge and skillful regard for their spiritual perspectives, whether religious or nonreligious (Canda &Furman, 2010). In fact, it is important to highlight that the client's inner resources are assets instead of problems and deficits. Mental health clinicians may need to help clients explore their spirituality as a potential source of meaning, growth, empowerment and transformation (Pargament, 2007; Pargament & Exline, 2022).

If spirituality is related to mental health and if religious beliefs are important in the life of Muslim women clients, it is important that mental health clinicians can explore with Muslim women clients their spiritual and religious needs (Rassool, 2015). For example, if a client says that prayer helps them to cope better, then it should be encouraged. Mental health clinicians should also be able to identify aspects of their lives that provide them with hope, meaning, purpose and value (Ali et al., 2008). At the same time, mental health clinicians should be able to challenge the beliefs that can negatively affect the mental health of the Muslim women clients, which has to be done very carefully. For example, some religious conflicts and frustrations may be contributing to the Muslim woman presenting mental health problems. It is important that the mental health clinician provides a safe space to discuss spirituality or religion without

pathologizing, dismissing or ignoring the spiritual or religious experiences of Muslim women clients (Ali et al., 2008).

The client's history should include information about the client's spiritual and religious background and experiences in the past, and what role religion plays in their mental health (Bartoli, 2007). When mental health clinicians take down the client's history, they usually ask about the different denominations the client belongs to, but they do not usually explore how the client experiences spirituality or religion (Bartoli, 2007; Hinterkopf, 2014; Walker et al., 2010). For example, mental health clinicians should be able to identify if some spiritual and religious beliefs can conflict with the proposed treatment. Discussions with the Muslim woman client regarding spiritual matters and her religious experiences will strengthen the therapeutic alliance (Bartoli, 2007). Mental health clinicians should respect and support Muslim women clients' spiritual and religious beliefs if these help them to cope better or do not adversely affect their mental health. Moreover, it is a useful area to consider partnership between a mental health clinician and a religious worker when needed (Bartoli, 2007). For this partnership to be effective, the mental health clinician should be spiritually oriented, and the religious worker should be better informed about mental health.

Spirituality & Religion from an Islamic Perspective

The religion of Islam can be defined as a monotheistic religion based on revelations to the Prophet Muhammad, which were recorded in the sacred Quran (Sabry & Vohra, 2013). The word Islam in Arabic means *submission,* which is the submission to the will of God (Sabry & Vohra, 2013). In Islam, spirituality involves one's awareness of the origin of the universe, worshiping God, and seeking the satisfaction of God (Sabry & Vohra, 2013). In this sense, an

individual's relationship with God is the focal point of Islamic spirituality (Renard, 2020). Part of the individual's spirituality is to show humility, submission, and trust in God. According to Islamic teachings, spirituality is one of the dimensions of health (Renard, 2020).

Islam is not only a religion, but also a way of life (Olson, 2002). This includes the relationship between a human being and God, as well as the relationships among human beings themselves (Olson, 2002). In other words, Islam prescribes values and actions within every realm of the individual's life, such as financial and business practices, political affairs and policy, and the promotion of social justice (Kobeisy, 2004). Dwairy (2006) explained that mental health clinicians should avoid any confrontation with Islam and try to help their clients find new answers and ways to change within Islamic teachings.

Religion is a crucial and influential factor in the lives of many Muslim women, so it is necessary for mental health clinicians to consider spirituality and religion as a potential source of empowerment (Ali et al., 2008). The lack of knowledge about the Islamic values of Muslim women clients may lead to misunderstanding, resulting in the provision of mental health services with methods that impose Western values. In this context, Islamic values reflect more collectivist values, which means that relationships with other members of the group and the interconnectedness between them play a central role in each person's identity (Cukur et al., 2004). On the other hand, western values are more individualistic, prioritizing individuals over the entire group (Heinke & Louis, 2009). What further complicates the situation is diversity within the Muslim population (Hamdan, 2007). The diversity within the Muslim community can lead to a great deal of confusion in terms of distinguishing religious variables from other cultural variables, posing challenges for the mental health clinicians who aim to provide culturally appropriate services (Hamdan, 2007).

Spiritually Integrated Psychotherapeutic Approach

If a spiritually sensitive mental health clinician is constricted by their own understanding of spirituality, they may misread or misunderstand the spiritual and religious behavior of Muslim women clients. Pargament's (1997) "religious constructivism" can be adopted by mental health clinicians to avoid misunderstanding the client's religious behavior (p. 368). Pargament (1997) described religious constructivists as those who challenge the assumption that there is an absolute reality that is discoverable. Religious constructivism can provide mental health clinicians, including the most secular ones, with a framework to support clients with different religious backgrounds. Mental health clinicians with a religious constructivist approach are willing to explore different worlds, are able to assist clients in comprehending their problematic situations in light of their personal orienting systems, and are interested in aligning solutions with both methods to help with such orienting systems (Pargament, 1997).

A religious constructivist perspective will help mental health clinicians feel comfortable to talk about any religious topic with the client regardless of whether they share the person's religious perspective or not (Pargament, 1997). Thus, a religious constructivist approach would facilitate engagement with religious clients. The acknowledgement of multiple perceived religious realities may facilitate genuine, empathic, respectful, and non-judgmental engagement with the religious world of the client (Pargament, 1997). This kind of mindset would be indeed favourable when exploring religious topics with clients, and would contribute to building a collaborative and spiritually harmonious therapist–client relationship. For example, it can encourage clients to verbalize their issues and help the mental health clinician to walk in the clients' shoes, gaining an understanding of their perceived religious realities. In this sense, the

mental health clinician may need to determine to what extent and in what context the client relies on religion (Keshavarzi & Haque, 2013).

Furthermore, the mental health clinician may need to explore what religion means to the client and how religious values and practices have influenced the client's thinking, feeling, and behaviour (Keshavarzi & Haque, 2013). Moreover, the availability and accessibility of the client's religious resources, such as spiritual and religious support can be evaluated (Keshavarzi & Haque, 2013). Tools such as a spiritual timeline, spiritual genogram, spiritual life map, ecomap, and ecogram are useful for such evaluations (Bullis, 1996; Hodge, 2003). The mental health clinician may further explore which of the client's particular religious coping strategies are beneficial, assess whether there is any spiritual crisis, and consider if the client may need to be referred to a religious professional (Keshavarzi & Haque, 2013).

Spiritual Struggles

Spiritual struggles happen all the time, regardless of what one's religion is (Kaplan *et al.*, 1994; Pargament & Exline, 2022). Spiritual and religious struggle refers to conflicts over spiritual and religious matters with God within oneself, such as questioning one's beliefs, especially in relation to tension within one's faith community (McConnell et al., 2006; Pargament & Exline, 2022). These conflicts usually generate distressing emotions and specific questions about one's spirituality and religious orientation, which often impacts mental well-being (McConnell et al., 2006). For example, one may wonder where God is in a painful situation. Why is God not taking away their pain? Could God have prevented all of this from happening? These questions are usually accompanied by anxiety, fear, and shame (McConnell et al., 2006). Some clients may have developed negative religious coping skills by thinking that God has abandoned them in times of crisis, raising doubt about God's love and care, or

perceiving that their illness was due to an act of the devil (Pargament et al., 2001). Spirituality and religion can help to meet human needs for meaning, comfort, and attachment. However, these benefits do not eliminate the possibility of strain and difficulty in religious and spiritual life (McConnell et al., 2006).

Through the Islamic perspective, all life events are a result of God's will; the suffering that may follow is understood in the context of God's will (Hamid, 2013). Distance from one's faith may sometimes be seen as the cause for mental illness (Hamid, 2013). Also, psychological symptoms can contain religious content and mental health issues can impact spirituality and religion (Moreira-Almeida et al., 2006). For example, a loss of interest in religious activities may be a symptom of depression; and distorted religious practices are common in schizophrenia (Moreira-Almeida et al., 2006). Therefore, it is important to have a deeper understanding the bi-directional relationship between changes in spirituality and mental health.

Spiritual and Religious Coping

Spiritual and religious coping varies within different branches of Islam (Khan & Watson, 2006). Mental health clinicians should not assume that clients from the same religious tradition will adopt similar religious coping approaches (Pargament et al., 2000). It is important to understand what religious coping approaches Muslim women clients use and how. Research shows that a collaborative approach to religious coping, such as the client collaborating with God in coping with stress, is associated with the greatest improvement in mental health (Pargament et al., 2000). Studying religion from a coping perspective highlights how particular people use religion concretely in specific life situations and contexts (Pargament et al., 2000). Pargament (2011) states that people with stronger religious orientation are more likely to use greater religious coping and to benefit more from it. Religious coping involves different functions: discovering meaning, having control, acquiring

comfort by virtue of closeness to God, achieving closeness with others and to transform life (Pargament et al., 2000).

Moreover, religion usually functions as a conservational force in the coping process, helping the individual to maintain feelings of meaning and spiritual connection during crises **(**Pargament & Raiya, 2007). Nevertheless, the conservation force sometimes may lose its viability when the significance it has sustained is challenged or threatened (Pargament et al., 2000). People under these circumstances can employ transformational religious coping methods such as religious conversion to find a new meaning and purpose (Pargament, 1997). Many Muslims believe that prayer is valued for managing mental health difficulties and some find it to be more helpful than medical treatment (Hamid, 2013).

Research shows that engaging in spiritual practices helps with the reduction of anxiety symptoms (Michalsen et al., 2005). One study found that women suffering from anxiety disorders who participated in Yoga had significant improvements in perceived stress, fatigue, anxiety and depression (Michalsen et al., 2005). Furthermore, religious coping is a mediator that accounts for the relationship between mental health and spirituality in times of stress (Pargament et al., 2000). Some of the common styles of religious coping among individuals include deferring, self-directing, and collaborative styles out of which the collaborative approach has been found to be most beneficial for mental health (Pargament et al., 2000; Pargament et al., 2004). In the collaborative style, the individual considers they are partners with God in problem-solving and the solution is perceived by the individual to be a shared process (Fabricatore et al., 2004). Moreover, research shows that spirituality and religion help people in dealing with the aftermath of trauma, such as religious openness, positive religious coping, religious participation, readiness to face existential questions, and intrinsic religiousness are correlated with improved

post-traumatic recovery (Shaw et al., 2005). If one meditates, focusing on a mantra or a word with spiritual significance, it has shown to be effective in significantly reducing symptoms of anxiety, stress, and anger and in improving the quality of life and spiritual well-being in war survivors (Bormann et al., 2005). Furthermore, spiritual orientation helps people with schizophrenia in processes of reconstructing a sense of self (Romano et al., 2010). Indeed, research shows that people with schizophrenia find meaning, hope, and comfort in spiritual beliefs and practices (Romano et al., 2010).

It is important for mental health clinicians to explore diversity and gain culturally competency. In other words, what one knows about psychotherapy cannot necessarily be equated to working with clients from minority groups. There is a scarcity of literature focusing on the intersect between the Muslim women population in Canada and the field of mental health (Islam et al., 2018). To understand the concerns important to Muslim women, it is important to gain a better understanding of religious identities that serve as a point of unity for this diverse group (Mahmood, 2013). It is also important to ensure that Muslim women have a voice and are primarily involved in formulating consensus on their own issues.

One of the key limitations in the literature is that it relies almost exclusively on quantitative measures, which may not fully assess the meaning spiritual activity has for the client (Islam et al., 2018). Kidd (2002) stated that the ability of qualitative methods to explore personal experience, cultural diversity, contextual factors, and the exploration of a topic in depth are not possible in quantitative approaches. Quantitative research tends to try and isolate the impact of one activity, such as mosque attendance, upon another, such as level of depression, which may not always capture the rich and complex interactions of other factors on any association found (Islam et al., 2018).

This project attempts to explore why some Muslim women in the study turn to spirituality and religion to help them cope in a crisis, while others turn away. The conceptual aim of the study is to build a bridge between different worlds of thought and the practice of spirituality/religion and psychology by interweaving scientific research and first-hand accounts to provide clinical insight.

Despite increasing awareness of the importance of spirituality in mental health contexts, a gap still exists in the difference in the value placed on spirituality and religion by mental health clinicians compared to clients (Milner et al., 2020). There is also a gap in the literature exploring how spiritual struggles in people with mental illness are addressed in the context of psychotherapy (Milner et al., 2020). This may be due to a lack of understanding about the complex ways clients connect with spirituality within contemporary society and mental health contexts, and can result in people's spiritual needs being pathologized, dismissed or neglected within the clinical practice (Milner et al., 2020). Furthermore, educational knowledge about the population of Muslim women is limited and the results of the current study hope to contribute to the scant research available about this growing service-seeking population (Mahmood, 2013). This study will be conducted with the hope that mental health clinicians acknowledge diversity among Muslim women and improve services to this population.

Chapter Three: Methodology

Research Question

What are the experiences of Canadian Muslim women in Ottawa, Canada after changes in their spirituality? What are the impacts on their mental health?

The research design is qualitative research using a phenomenological approach, which allows exploring an in-depth description of reality from individuals' stories of their experiences and feelings. Phenomenological research design provides a profound, detailed understanding of a phenomenon (Groenewald, 2004). This approach requires first describing the lived experiences

objectively and then to reflect on the description with references to the existing theories about the phenomenon (Groenewald, 2004). This allowed the researcher to study the lived experiences of Canadian Muslim women living in Ottawa and to gain a deeper insight into those experiences. Moreover, the primary data collection was carried out through semi-structured online interviews. These interviews were conducted individually with a total sample of six women (n = 6) comprising two groups of three participants. One group is engaged with their religion and spirituality. The second group is either less engaged or no longer engaged with their religion and spirituality. The sample of 6 participants is deemed sufficient because it is recommended that a qualitative study recruit a minimum sample size of at least 6 participants to reach data saturation (Creswell & Creswell, 2017).

Participants

Participants for both groups were recruited from the University of Ottawa and Carleton University, resulting in a random diverse sample of adult Muslim women between the ages of 18-25 who could consent. University students were also articulate and capable of giving detailed information. The study used accidental sampling by asking for volunteers via posters and emails sent to students that are part of the University of Ottawa Muslim Students Association (UOMSA) and Carleton University Muslim Students Association (CUMSA). Participants were asked about six to eight open-ended questions to collect in-depth information. The first group (n=3) consisted of Muslim women who self-identify as connected to their spirituality and religion. The second group (n=3) were Muslim women who self-identify as less or no longer connected to their spirituality and religion. The inclusion criteria required three Islam practicing female participants (n = 3) to have experienced a difficult event within the past two years that strengthened their faith and brought them closer to God. Moreover, the second group (n=3) were female participants who are less or no longer religious after experiencing a difficult situation within the past two years that triggered references to God. This group

included females who are either no longer practicing Islam or became atheists. As part of the exclusion criteria, the recruited participants should not be converts to Islam. Converts to Islam are non-Muslims who take on the religion of Islam and learns to live as a Muslim (Galonnier, 2015). The exclusion criteria allowed for control of possible changes in spirituality and religion that are not related to the objective of this study.

Measures

Thematic Analysis

Once the interviews were conducted, the themes related to change in spirituality and mental health experienced by Muslim women were assessed using Thematic Analysis. Thematic Analysis is a method for identifying, analyzing, and reporting patterns or themes within data (Braun & Clarke, 2006). Transcripts were transcribed verbatim and then were subjected to a thematic analysis that described the data set in rich detail and organized it concisely (Braun and Clarke, 2006). Thematic analysis can be deductive or inductive, that is, theory-driven or data-driven (Braun & Clarke, 2006). For the purpose of this thesis, inductive thematic analysis was used, where the data was analyzed without trying to fit it into the researcher's analytic preconceptions or a pre-existing coding frame (Braun & Clarke, 2006). The data was analyzed on an explicit level of analysis as opposed to an interpretive level. An inductive approach involves allowing the data to determine the themes. A deductive approach involves coming to the data with some preconceived themes the researcher expected to find, based on theory or existing knowledge (Braun & Clarke, 2006). The transcribed text was read for semantic meanings, and it was coded at face value instead of for underlying meanings (Patton, 2002).

Procedure

The study was approved by the Ethics Research Committee of Saint Paul University. Participants who met the criteria were interviewed one-on-one using in-depth, semi-structured online

interviews that allowed for rich qualitative data collection. The interviews were audio recorded, transcribed verbatim, and analyzed using the Thematic Analysis method to identify key themes. Ethical guidelines of the University of Ottawa and Carleton University were implemented and maintained throughout the entire process of the study. This included items such as outlining informed consent, as well as the risks and benefits of participating in the study and maintaining the confidentiality of participants. The participants were guaranteed confidentiality. They were informed in writing and orally that participation is voluntary and that they were free to withdraw at any time. After the study, debriefing took place with all the participants. After each interview, participants were given the opportunity to discuss and give their opinion on the content of the interview.

Interviews

In total, six participants were interviewed in this study. Individual, in-depth interviews were used to generate data. An interview guide was used, which consisted of a series of open-ended questions (See Appendix D). Following the recruitment of participants, each participant chose to be interviewed on a specific day that worked for them using a zoom link. Prior to the interview, participants signed the consent form, indicating that they were informed of the study's purpose and their rights as research participants. The interviews were audio-recorded and transcribed verbatim. The interviews ranged from 30-60 minutes, with the majority of interviews being around 50 minutes in length, which allowed for rapport to be built with participants and to understand the unique experience of each one of them. After the interview, the participants were verbally debriefed by giving them the opportunity to discuss if they had any questions or comments about their interview experience. Participants were also thanked for their participation in the study, and they were asked whether they would like to be informed of the results of the study or not.

Data Analysis

This analysis aimed to identify the experiences of Canadian Muslim women in Ottawa, Canada after having experienced change in their spirituality and its impact on their mental health. Thematic analysis was used to analyze the collected data. It provided specific guidelines for conducting theoretically rich and methodologically sound qualitative analysis, which involves constantly moving forward and backward between the data, coded extracts, and produced material as outlined by Braun & Clarke (2006). Braun & Clarke (2006) outlined the step-by-step process to uncover the themes participants discussed throughout the interview process.

Six Steps of Thematic Analysis

In phase one, the researcher read through all transcribed interviews several times to gain familiarity with the themes and came up with possible codes, which are a brief description and not interpretation of what is being said in the interview, assessing in a meaningful way regarding the phenomenon (Braun & Clarke, 2006). Thus, in phase one, the researcher started identifying codes that could describe the interview content and organize the data into meaningful groups.

The second phase involved generating initial codes by putting together a list of ideas present in the data. These included coding for as many potential themes as possible. The code name depended on what was said in the interview and the purpose of the research. Coding also depends on whether the themes are data-driven or theory-driven (Braun & Clarke, 2006). In this research, the coding was data-driven, and the entire data set was coded manually to capture every detail within the transcripts. The researcher created a codebook to keep track of all the codes.

During phase three, the researcher searched for themes, and the coded data were grouped to identify potential themes. A theme captures important information about the data in relation to the research question (Braun & Clarke, 2006). At the end of this phase, the researcher had a collection of themes, subthemes, and the transcript extracts related to each theme.

In the fourth phase, the researcher reviewed, evaluated, and refined themes to ensure internal homogeneity and external heterogeneity. In other words, themes must fit together meaningfully, but there must also be a clear distinction between them (Braun & Clarke, 2006). The researcher reread all the coded information to understand how they fit together and what they revealed about the collected data. In the process, the researcher ensured that the formulated themes come together into a narrative.

In phase five, the researcher defined and named themes. This included the meaning of each theme and the meaning of the themes taken as a whole (Braun & Clarke, 2006). Again, the researcher focused on using descriptive names for the themes.

In phase six, the researcher produced the report, which aims to tell the story of the data coherently to show the merit and validity of the analysis. In addition, the analysis provided a concise and non-repetitive account of the data and themes (Braun & Clarke, 2006).

Establishing the Quality of the Research

The concept of validity and reliability can be assessed in qualitative research by using trustworthiness and establishing credibility, transferability and dependability (Gunawan, 2015).

Trustworthiness

Trustworthiness points to criteria that help readers determine if the research results are believable and how one can persuade readers that findings of an inquiry are worth paying

attention to (Curtin & Fossey, 2007). The following describes the methods used in this study in order to enhance the quality and ensure the trustworthiness of the research results.

Credibility

Credibility is about the confidence in the truth of the research. A study is considered credible when the descriptions and interpretations of findings resonate with the participant's reports about the phenomenon (Liao & Hitchcock, 2018). It requires an external check to ensure the accuracy of findings, such as member checking and peer debriefing.

To increase the credibility of this study, the researcher used member checking (Shenton, 2004). Member checking or participant validation is a technique that allows participants to confirm the credibility of results (Quick & Hall, 2015). In other words, the results are returned to participants to check for the accuracy of the interview transcripts.

Furthermore, the researcher employed peer debriefing to ensure the credibility of the findings. The researcher met with a Ph.D. student conducting their research using a qualitative approach. The bi-monthly meetings were facilitated by the researcher's supervisor, Dr. Andrzej Jastrzebski. Peer debriefing meetings helped the researcher recognize personal bias, refine methods, and better understand and strengthen arguments (Quick & Hall, 2015). In addition, these meetings were valuable in providing an opportunity to discuss different ideas and gain some valuable feedback.

Transferability

Transferability is the degree to which qualitative research findings can be generalized or applied to other situations (Shenton, 2004). The findings of this study are specific to a small number of individuals, and it is impossible to assume that the findings apply to other populations. To ensure transferability of this research, the researcher represented the data in such

a way that it allows for comparisons to be made by readers. For example, providing descriptions of the participants' accounts ensure transferability by testing the degree of fit between the generated descriptions' contexts and the contexts in which they can be next applied (Finfgeld-Connett, 2010). The result and discussion sections are presented with direct quotations from participant transcripts to help understand how conclusions were formulated. However, transferability may be limited due to the exploratory nature of this study. It is also important to be mindful that Muslim women are a diverse group, and the findings should not be used to generalize all Muslim women. This study is meant to broaden the understanding of mental health professionals interested in working with this population.

In qualitative research, confirmability and dependability are needed to achieve trustworthiness (Anney, 2014). Confirmability ensures that findings are the result of the participant's experiences rather than the perspective or ideas of the researcher (Anney, 2014). Dependability is about presenting details regarding the research design. An audit trail method is used in the present study to obtain confirmability and dependability criteria, which helps the readers trace the research course by knowing the decisions made throughout the process and the procedures used. It also allows similar conclusions to be made regarding the study results that maximizes confirmability, and it discusses the procedural aspect of the study that maximizes dependability (Shenton, 2004).

The researcher kept an audit trail in the form of journaling, which involved how data were collected and analyzed. Journaling helped keep track of the ideas and provided a trail of decisions relevant to the study. The audit trail also helped to understand the research process and the conclusions made. Furthermore, it challenged the researcher to recognize how their perceptions and experiences may influence the study (Shenton, 2004).

Ethical Considerations

The study did not involve deception, and there was no harm to the participants. In accordance with the Saint Paul University research requirements, the ethics application was submitted to the Research Ethics Board (REB) for approval. Ethical approval was received on October 8, 2021.

Informed Consent

Prior to the interviews, the informed consent was obtained from all participants with a written consent form and verbal consent script (See Appendix B and C). The informed consent indicated that participation was voluntary, and participants had the right to refuse to answer any questions or withdraw from the study. Furthermore, the participants were told that they will have access to the study's results if they were interested.

Confidentiality

All information obtained from the participants remained confidential. Confidentiality means that identifiable information about participants collected during the research process will not be disclosed and that the identity of research participants will be protected. The ethical duty of confidentiality and the use of appropriate measures to safeguard information is necessary. All data from the study (MP3 recordings) will be kept in an encrypted USB key, and the USB will be stored at the researcher's office at home in a locked cabinet. The files will use password protected, and the direct identifiers will be removed from the information and replaced with a code. Moreover, the researcher will use technical safeguards, including computer passwords and anti-virus software, to protect data from unauthorized access, loss, or modification.

Chapter Four: Results

The purpose of this research study was to identify the experiences of Canadian Muslim women in Ottawa, Canada after changes in their spirituality and their impact on their mental health.

This chapter presents the results of the analysis of the interviews conducted with 6 Muslim females from Ottawa. The researcher utilized thematic analysis to uncover the themes that participants discussed throughout the interview process. The themes and sub-themes presented are supported through the use of the participants' own words (Braun & Clarke, 2006). The excerpts were edited to provide a more coherent read and the information that may have identified the participants was altered.

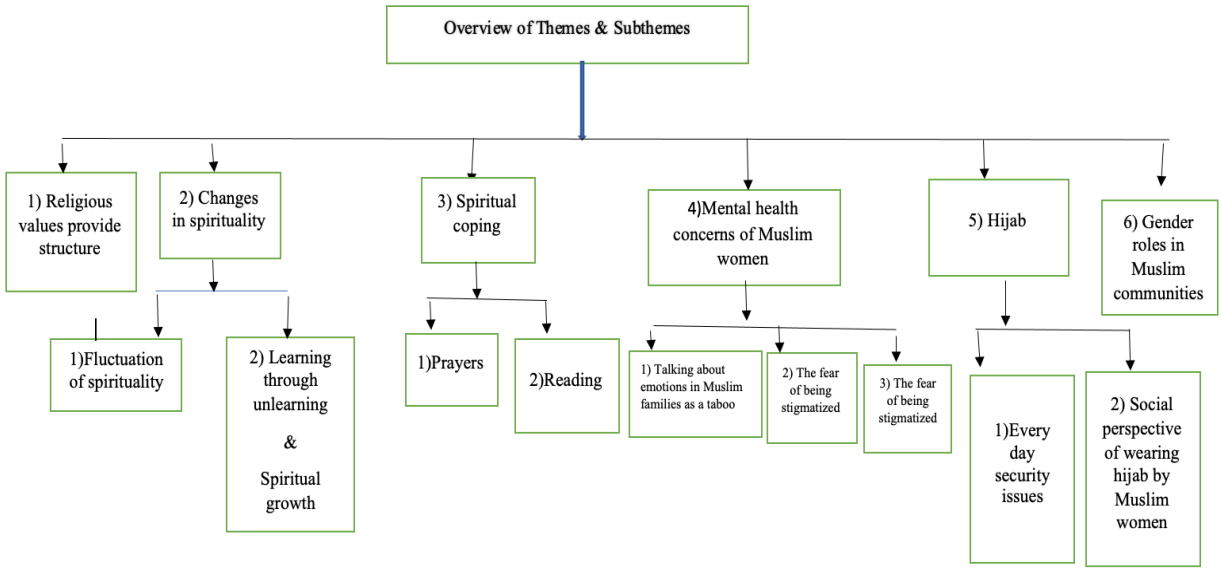
Participants

Qualitative research takes into consideration the participants' ideas, insights, and experiences (Tuffour, 2017). The participants were supportive, and they expressed that this kind of research is much needed. They also expressed that raising awareness about mental health issues was extremely important in the Muslim community. Qualitative interviews were conducted with six female Muslims. The researcher randomly gave the participants the pseudonyms of Megan, Ann, Holly, Jean, Emma, and Laura.

Data analysis

Themes

Figure 1: Overview of Themes and Subthemes



Note: the figure demonstrates the elements of the themes and subthemes

Religious Values: Provide Muslim Women with Structure

All participants expressed that religion and spirituality often share similar characteristics for them as Muslims. They highlighted that spirituality encompasses everything including their religion, thoughts, feelings, and actions. Indeed, religious values help guide Muslims throughout their lifetime and influence their subjective well-being (Peek, 2005). Muslim women's spirituality plays a significant role in their lives even when they did not consider themselves religious. Religious values provide Muslim women with structure, which helps them to maintain social solidarity and a sense of belonging through shared rituals and beliefs. Religion encourages people to lead healthier lifestyles (Peek, 2005). Thus, spirituality and religion give a sense of meaning to living a life with a certain structure and lifestyle. Ann said "Spirituality and religion is everything in my life since a young age. My family is religious, which shaped my beliefs

about religion. Religion created a base or ground for me to live my life." Like Ann, Holly explained,

> Religion is everything for me. All my decisions are influenced by it and it provides me with guidance. If I have to make a decision of any kind, I have to reflect on how this decision will impact my spirituality and religion. If I have to do something that will negatively impact my spirituality and religion, or harm my relationship with God, I will not do it. I will usually find alternatives. So, religion is a base from which I make my decisions.

Holly continued, "My whole day is organized around my prayers. For example, at university, I would plan my breaks around my prayer time to ensure that all my five prayers are done. If I miss a prayer, I will feel bad." According to Emma, "Religion is a big part of my life. One of the most important things, if not the most important thing. It guides my morals, life choices, and family life." Finally, Laura stated, "Religion feels like home. It feels like a foundation, and it is stable. When you are religious, it is the meaning of your life. For example, how I make sense of death and life. Religion is the structure of how I make sense of the world." Indeed, religion influences morals and values through multiple pathways. It shapes the way people think about and respond to the world.

Changes in Spirituality of Muslim Women

Fluctuations in spirituality

Change is an inevitable part of life. It happens whether people are ready or not (Levine, 2005). Holly reported, "The connection I have with God fluctuates because we are human, and many things happen in life. When something happens, and this connection fluctuates, I feel

down. So, my connection with God can be based on my emotional state." Moreover, Jean explained,

> Spirituality fluctuates for everyone. No one has a perfect relationship with God. God is close to us. He is closer to us than the jugular vein. Even if we feel distant, God is still close. I went through many struggles, but I stayed strong with my religion. I have been struggling with my spirituality for the past six months. I still believed in God and in destiny. My spiritual connection fluctuates, but in the process, I get closer to God.

Similarly, Laura stated,

> there was so much change in the last two years of my life, such as the death of a family member, COVID-19, and moving cities. Throughout all these difficulties, my belief never wavered. I never experienced doubts in my beliefs, even in the hardest moments. I became more religious through these difficult experiences. Even when I deviate from my religious practices, I never question the religion. I know somehow, I will come back.

> Furthermore, Ann stated, "My past self would only turn to God during difficult times, but now it is more of a daily routine. Now, I rely on my spirituality even when things feel great. I thank God even when things are going great. Thus, I experienced spiritual growth. I noticed this shift for the past year and a half."

Learning through unlearning and spiritual growth

All participants agreed that they are in a phase where they are re-discovering spirituality and trying to make a separation from what they have been taught as opposed to what it means for

them personally. Participants expressed feeling as if they were not supposed to follow the religion blindly just because it was passed on to them. The misuse of religion by the mainstream public seems to be the concern for the participants. All participants highlighted the problem in which Muslim communities confuse culture with religion. This got the participants to a point where they were not enjoying practicing the religion anymore. For some of them, it meant avoiding it all together. Emma reported,

> The community is very harsh and very judgmental. They take the role of God sometimes because they judge people and tell them what they are doing is wrong. In Islam, you are advised to help and guide others, but our community oversteps majorly, pushing people away from the religion. Only a small number of people in this world should give definitive religious advice, and most people who are doing it are not them. So, this is one of the major issues that we have in our Muslim community. There is nothing wrong with the religion itself, and it is how our community is betraying it.

Both Megan and Ann said, “Even praying did not make sense to me anymore when I did not deeply understand the religion”. They both slowly started realizing it was not so much the religion but the culture! Megan said,

> I feel like I have to fight my cultural values every day, especially when I have an old-fashioned family. I hear things like women should not be leaders. When I ask why? They say this because women are too emotional. I hear these things from educated people, so I can only imagine what non-educated people can say. When I try to voice my opinions, it is always like, how dare you? As if I am supposed to be a robot, or I will live a miserable life because God won’t be happy. So, they would always blame you and then say that God will punish you. Religion is not like that, but

> people are using religion in the wrong way. They are using religion to scare people and gaslight them. To make them obey and manipulate them even in family settings.

Megan continued, “I was never a religious person. My parents are. I grew up with these beliefs, but I never questioned these beliefs when I was younger. I just followed what my parents told me: " This is how we do it, and this is how it is supposed to be.” Furthermore, Ann reported,

> I was in an auto-pilot mood for some time because I did not study the religion myself to actually understand what I was doing. When I started learning about Islam, I started practicing the religion with intention. Before, it was just something that I was used to doing in my upbringing. So before, I was not doing it with self-awareness and being wholehearted. Later on, when I started learning about it by myself, I started taking it more seriously. Now spirituality and religion are at the center of my life. Before, I thought I knew everything about religion. So, when I started re-learning it by myself, I felt like I was missing a lot. For example, I have always seen everyone in my family pray, and I would join along, or they would ask me to go to pray, but no one has actually talked to me about why I was supposed to pray. This caused me to stop praying for some time. I stopped practicing everything of my religious beliefs. Learning the meaning behind it was necessary. Now, I pray intentionally and with purpose. I see a big difference in my past self compared to my present self. I pushed myself away from religion because I did not understand the religion. I did not do it knowingly. I felt lost, and it took me a while to understand why I was feeling that way.” Jean says: “I started reading a lot about Islam, which it helped with my spirituality. My spiritual struggle was about not knowing God enough. Many of us are Muslim, but also many of us truly do not know God.

Moreover, Emma said,

I am privileged because I have a supportive family and it lets me have options. However, there are also limits to things. I feel ok with questioning certain things about the religion and then doing my own research. This has helped me become more connected and be able to understand the religion better. I am religious, and I have a good relationship with God that other people may not have. It is mainly based on how I was brought up. I am glad that I am not practicing Islam out of fear or being scared into practicing it. It is something I would like to thank my mother for. Religion is not scary, and I do not look at this side of things. It feels much better when you understand what you are practicing. There was always guidance from my parents rather than pressure. It is important to be given the option to educate yourself about Islam and to be given the resources. Sometimes parents are not able to fully explain. So, they would say, 'you have to, or because we are Muslim, or because God said so.' It can be hard to explain to kids sometimes. So, it is best if you can look into these things yourself and read about them. It is not proper to go into it blindly and just follow because that is what you are supposed to do. For example, to practice Islam only to get into heaven or make your family happy. You can lose that connection. I have seen it happen to other people who lose their faith, and it becomes more of something they have to do for their family or for their culture. However, this is between you and God at the end of the day. I am trying my best to discipline and educate myself about Islam.

Religious Coping

Religious coping can bring a sense of a healing presence and alignment with God by eliciting feelings of gratitude, compassion, and hope, all of which are associated with healing and wellness.

Prayers can help with emotional regulation & radical acceptance

In Islam, prayers can bring you closer to yourself and God (Simon, 2009). Through prayer, many people realize how big the world is and how minor their problems are compared to it. It can be humbling. Laura reported,

> When I have any relationship issues or school stress, my prayers ground me and make me less anxious. Also, the concept of life is not going to last forever. It is only a worldly matter, and all worldly matters will eventually disappoint you because they all end, and nothing lasts. This may sound morbid, but death is also comforting because it puts everything into perspective. For example, I am stressing about two midterms, and I am going to die. It puts things into perspective, and you laugh at yourself a little bit. You also realize it is not that serious! Prayers make you more accepting, reminding you of all these concepts. It is a constant reminder that I am not in control of my life, and I am not in control of my destiny. It makes me feel that my life is in God's control, and I am just doing my best anyways. This takes an immense load off of me.

When one is going through a very emotional phase, prayer can help them believe that there is hope in getting through situations. Although having hope may not mean that things will turn out the way they want them to, trusting God with their problems helps get a burden off their shoulders. While prayer promotes hope in the future, faith keeps a religious person strong and centered. Laura continued "Prayers help me have the strength to overcome both major and trivial worries." Anna stated,

> Prayers make me feel better during the day. It gives me time for peace and quietness away from all the business of life. Prayers give me a one-on-one connection with God. To ask for God's help and to thank God for things. I feel like God is always by my side. People come and go. So, having that sense of safety comes from my religious practice. I always have God by my side.

Thus, prayers help with maintaining a positive outlook on life. Day-to-day issues affect people's stress levels and mood. Daily prayer keeps religious people looking forward to a better tomorrow. By being thankful for everyday and every day to come and praying for changes in one's outlook on life. Anna continued,

> My spirituality has a very positive impact on my mental health. It helped me not to turn to other ways that are not so healthy and not cope in ways that are not good for me. Spirituality helped me to sit with my feelings and reflect. It helped me to be accepting of life and the difficulties that come with it. So, it is helping me with emotional regulation.

We live in a pressure-filled world where people are constantly being rushed to take on responsibilities or to succeed and be at the top of everything. When people reflect on their problems through prayer, it can help relieve the initial stress of the situation by leaving their problems up to God (Pargament et al., 2000). Holly reported,

> Since a young age, God was like my best friend, and I shared my struggles with him. Prayer is one of the key things that I use as a coping mechanism. My spirituality and prayers are my safe space. Prayers are not questionable or debatable for me. Those prayers gave me a break from life when I went through difficult times. It gives me a few minutes of meditation. To disconnect from the busyness of the day and focus on the present is therapeutic for me. It is almost like having a therapy session with myself. It helps me to feel calm and present, especially during exams.

Laura added, “I pray on time. Just sitting in the mosque is very comforting. For example, I prayed the marriage prayer of *istikhara*, where you ask God if the person is right for you. To ask for signs that would either point towards facilitating the process or experiencing more difficulty. Even with the marriage process, it is very religious.”

Reading the Quran and Hadith as a tool to find direction in one’s life

There is no doubt that every Muslim will go through times in their life where they might feel empty, confused, depressed, and unsure why they exist and yearning to understand what their purpose and place in this life is. In this situation, the Quran and Hadith can be a source of guidance for Muslims. Emma said “I like to read Hadiths. Sometimes I get surprised about how specific Hadiths can be even though they are from a different time. Religion can have the answers. There are things that you can read, and they ease the pain of the issue you are dealing with.” Jean stated,

> Reading is the best part of my day. I put at least an hour per day into reading. I can see the difference in myself when I read and when I do not. When I read, I am constantly thinking about God, and I am more aware of myself. For example, when I read the book *How to Pray a Good Prayer,* I learned to focus on praying a good prayer. Day by day, my spiritual connection with God grows stronger.

Furthermore, Megan said, “Reading about Islam is key. For example, coming with verses from the Quran and looking closely at the interpretation. It is more important to understand what it means rather than reading and not understanding anything just for the sake of reading the Quran.” However, having different interpretations of the Quran can be a double-edged sword. Emma expressed,

> It is important to be mindful of when one is not in the right headspace, which makes it harder to understand the Quran or hadith sometimes. When I read them off the bat or if I read the wrong translation or the wrong kind of explanation and I am not in the right mental state, it can have the opposite effect. I had instances where I read the wrong explanation, which made things a little harder for me. I do not think it is the religion's fault, but having different interpretations is confusing. Even though Arabic is my first language, I cannot interpret the Quran on my own. It is problematic if you get the wrong explanation.

Moreover, with Islamophobia on the rise and many misconceptions about Islam circulating around the world, people should take their self-initiative to find out the truth about Islam and correct the negative impression portrayed about Islam. Thus, reading the Quran and Hadith can help guide and correct some of these misconceptions.

Mental Health Concerns of Muslim Women

Talking about emotions in Muslim families as a taboo

Muslim families play a great role in raising and educating their children (AL Zbon & Smadi, 2017). However, the participants highlighted that emotions are a taboo topic, and they are not usually talked about in Muslim families. Megan explained,

> I have difficulty with expressing emotions. Not everyone talks about feelings in our culture. People who come from this culture must have difficulty expressing emotions. This caused me to struggle with anxiety and panic attacks. My therapist uses emotional-focused therapy. The therapist helps to ground me. The therapist is teaching me how to be more sympathetic towards myself because I am more sympathetic towards others.

Anna stated, “I am the kind of person that a lot can be going on in my life, but no one would know. I am not used to expressing my feelings.” She continued,

> What is holding me back from seeing a therapist is that I feel like I am not ready to share all the details that may affect me with a therapist. Just the fact that someone else would know everything scares me, but I acknowledge that change cannot happen if I do not seek ways to change. So I think therapy is a great step to work on many issues that I do face. What scares me is that the therapist would know all the details. I fear feeling vulnerable because it is not something I am used to.

The fear of being misunderstood by the therapist

Fear of being misunderstood in therapy is painful. It can leave the client feeling more helpless, shameful, and angry (Gaillard et al., 2009). Anna stated,

> Maybe I could not find somebody I can fully trust. Seeing a therapist will be a big step for me. I have been reading about mental health and how past situations can affect your decisions on an unconscious level. Reading more about mental health made me realize that potentially many of my decisions are coming from my past self.

This made me think of seeing a therapist to save my future self. Anna continued

> Talking to a Muslim therapist would make a huge difference for me because I am unsure if a non-Muslim therapist can understand what I am going through. I am worried that a non-Muslim therapist would not fully understand. I am not worried that a non-Muslim therapist may not

> understand what I am saying, but they would not come up with approaches that would work for me. I am worried that they may give me an approach that will not take into consideration my religious background, my cultural background, and my own beliefs. The issue is not to have someone hear you, but it is what is after that.

Holly reported,

> I never had the chance to see a mental health clinician, but I thought about it a lot. My concerns are stress and burnout related. Even though my concerns are not related to spirituality, I have postponed it because I prefer working with a Muslim therapist. So, I would not have to filter my thoughts or try so hard to describe my issue. I prefer a mental health clinician who is ready to understand me rather than trying to explain the concept to them. It will save me time and energy. However, this will not stop me, but it is just holding me back for now.

Emma reported,

> One of my primary concerns is that culture and religion affect every part of my life as a Muslim, including my mental health and my choices. People who live in Canada have access to mental health resources and professionals. However, the major issue is that whoever is dealing with it, may not be culturally sensitive. Ideally, in order for me to feel comfortable, I would like to talk with somebody that has a full understanding of these major parts of my life, including culture and religion. I think it is not easily accessible to have a culturally sensitive therapist. I checked the Psychology Today Website, and I could not find Muslim women mental health clinicians in Ottawa. I think it will be hard for me to sit across from someone who is not part of my culture. I am concerned if the mental health clinician does not fully understand the religion because I will

> always have these religious and cultural variables in making decisions. Maybe being a Muslim is not a requirement if they fully understand what it means to be part of the religion and what are the non-negotiable things.

The fear of being stigmatized

Lack of awareness of mental health issues and fear of being judged by the community as a mentally unstable person, are barriers to seeking help. Emma stated,

> I was diagnosed with Attention Deficit Disorder (ADD). So, sometimes I feel very emotional, and I can easily be distracted by my feelings. I felt there was social pressure, and I had to hide it the whole time. For example, I did not do Student Academic Success Services (SASS) because I did not want people to know that I was less than them. Even though I had people in my friend group who wrote with SASS, I did not. It is not because I did not need it, but because I did not want to have that pressure. There are certain things that I am not ready to talk about to a mental health clinician.

The participant is worried that people will have a preconceived idea of who she is. She continued "For example, sometimes I come off as a happy person, so I am worried people think it is a symptom rather than my personality being like that." The participant does not want her diagnosis with ADD to define her. Emma expressed

> I also feel that no one needs to know. So, people won't judge me or think of me as 'less'. Less intelligent or less responsible, especially as a woman. As a woman, I need to be a reasonable, calm and collected one—the mother figure. So, when people learn about your diagnosis, they can think you are incapable or unstable, especially when you are a woman from a specific culture and

> background. It is stigmatized, and it is taboo in some way. People assume they know when they do not know.

Moreover, Laura stated she needed to see a therapist, but she was worried about whether she would be judged for dating. Even though it was dating with the intention of getting married. Thus, many Muslim women do not want the community to know that they are seeking therapy. Laura reported,

> I saw a therapist for three months because I had anxiety about my relationship back when I was getting to know my husband. I have never been in a relationship before, so if one thing goes wrong, I would shake and want to vomit. I did not know if that was normal or toxic. I was freaking out. I wanted the therapist to tell me if it was normal or if I should leave, and she told me none of that. She just told me that I was having irrational negative thoughts. She just calmed me down, and I saw things a little bit more rationally. But ultimately, I wanted her to tell me what to do, and she did not do that. This is when I learned therapy does not tell you what to do. If I chose a Muslim therapist, it would have saved me a lot of time because I had to re-explain everything and my concepts to her. I picked a woman of color as my therapist, so I thought that would help. At the same time, I did not want to pick a Muslim therapist in case they were going to judge me for dating, but I was dating with the intention of marriage. The therapist responded well. I gave her a lot of information, and she gave me a lot of follow-up questions. I do not think she did a good job linking things very well. However, I really did not like it when I told her about a stressful situation and she responded with her own anecdotal experience of her and her husband, and she giggled when I was in distress, which I did not like. I think she giggled because what I said was irrational, but I wanted someone to comfort me instead. She was trying to communicate that I should be direct and talk to him directly, but this made me question her as a therapist. I

could have changed my therapist, but then I would have had to tell my whole life story again. I think the first session should be just for fit before I tell the therapist about everything.

Fear that the therapist does not understand the dynamics of a Muslim family

The family of a Muslim client is usually the central aspect of the client's psycho-social well-being, and family unity is highly valued (Al-Krenawi & Jackson, 2014). Family dynamics usually contribute to the client's problems. Usually, parents and children are very close. This can be seen as problematic by mental health clinicians. In the Muslim community, such individual-family relations could sometimes be quite normal. Megan said, "In the western world, they treat their kids as adults. Sometimes, my therapist does not get how complex my relationship is with my parents. My therapist is learning from me about my culture. When she tries to give me tools, I know they won't work."

Additionally, some restrictions may be imposed on the activities of Muslim women by parents as a result of different cultural interpretations about the role of women in Islam. Muslim women who challenge these traditional expectations and roles often end up disappointing their parents, leading them to stress, frustration, and depression. Megan said, "I was gaslighted and manipulated by my parents. If you do not do what I tell you, your entire life will be a living hell. You won't succeed... etc. So, I had to set boundaries and keep my personal matters away from them. To keep the peace." Megan continued, "many fights between My parents and I impacted my mental health. For example, they made me feel like I am a bad Muslim. It caused me feelings of sadness. Unfortunately, my parents can be controlling and over-involved in my life to the extent of the desire to make important life decisions for me. I am seeing a therapist to be able to cope with the problems with my parents. It affects my mood."

Hijab is a Muslim Woman's Way of Dressing-up

Everyday life security issues

Many Muslim women choose to wear the hijab. For many of them, it is a religious act or a way of demonstrating their submission to God (Byng, 2010). Anna stated,

> Women who wear hijab do not give themselves enough credit. Wearing the hijab every day is challenging because you are being distinguished in the environment and not knowing the type of people you will come across and how accepting they are of you and your personal choices and beliefs. It can be frightening at times. I am very proud of my hijab, and it is not something that I would think twice about. I am fully aware and happy with my decision, but it does come with some difficulties. Women who wear hijab are a symbol of Islam or a walking talking sign of Islam. So, you have to be aware of your actions because you are almost speaking on behalf of a religion.

Jean expressed,

> I have always had a good relationship with my hijab. It is a practice! The same way as praying. I had to wear my hijab every day until I fell in love with it. However, I know many people who had traumatic events because of their hijab. Some of them remove it. Thus, hijab is a practice, and you have to keep practicing it until you achieve the love of the hijab.

Laura talked about how she wore her hijab in fifth grade. She said,

> I have friends who wore the hijab and took it off. From my perspective, their lives did not change at all. I used to have fantasies that if I remove my hijab, I would be the most popular girl in

> school. I think this is very far from reality.” However, wearing the hijab in Canada has its disadvantages.

Laura explained, "I am aware of the disadvantages, and I accept them. Ottawa is a big city, but it would have been a lot more difficult if I had grown up in a small town. So, I would never go to a small town by myself. I would probably wear a hoodie." Hijab is limiting. Laura stated, "I stopped my swimming lessons just because I felt so many people were staring at me. I would have definitely gone further in some things, but I do not regret it." Anna expressed,

> Muslim women are talked about a lot in the media. Muslim women who wear the hijab can be threatened or put in unsafe situations because some people do not respect other people's decisions and beliefs. So, Muslim women always have to take an extra step to ensure their safety even though it is not their fault that they may end up in life-threatening situations. Other people criticize them or give them nasty comments just because they wear the hijab, which can affect a woman's mental health. Not everyone has a high level of faith. Someone who has shaken ground can make them move away from religion just because society is pressuring them. I know many girls who have removed their hijab.

Social perception of wearing Hijab by Muslim women

Emma stated,

> When you do not wear the hijab, people will associate you with being not religious, not fully believing, more likely to be malleable, or more open to certain things. So, people would perceive someone who is wearing a hijab as more religious.

Laura explained,

> Even though I am married to a Muslim man, I am the only female wearing hijab in his family. So, I am perceived as more religious. Even though I consider myself an average Muslim, this led me to double down on my religion because I felt threatened by how they do not practice the religion. I constantly feel offended by some of the things they say to me. They would be critical of Islam sometimes, and that would upset me. I felt lonelier because my children would not have other people affirming their faith one day. I grew up in an environment that was very affirming of my faith. I am freaking out for my own kids long-term.

Furthermore, Holly reported,

> I do not wear hijab for two reasons: 1) it is helping me to blend in with the Canadian community. 2) It helps me feel welcomed. Women who wear hijab will feel more distant from the Canadian community. I see it every day, and I acknowledge it. I never share anything about my religion in a work environment. Even if the job offer indicates your religion, I will not disclose, and I prefer not to say.

Emma stated, “I have it easy because I do not wear a hijab. I am visibly from a minority group, but I may not be easily identified as Muslim. Emma continued,

> I am visibly from a minority group, but I may not be easily identified as Muslim. So, people do not have the chance to treat me in a certain way. I also did wear the hijab for a short term and not for religious reasons, but for cultural reasons. So, I was wearing it for the wrong reasons. When I

> was wearing it, I did not feel like I would have gotten any rewards because my heart was not fully in it. There is a very big noticeable difference between when I had the hijab on and when I did not. People are more likely to talk to me and start conversations with me when I did not have the hijab on. I work with the public and people are nicer to me and more willing to take my opinions and suggestions. People think I am more reliable, which is odd. However, the downside is that some part of me feels like an imposter or an undercover Muslim. Hijab is not something I am ashamed of.

Gender Roles in Muslim Communities

Although there are no elaborate roles for men and women in the Quran, Muslim families can be more protective of their daughters and wives (Fakhr El-Islam, 2008). Megan said,

> Anything her brother does is fine, but if she does it, then she is the most disrespectful human being on earth because a woman always has to be silent and obedient. If a woman shows an opinion or emotion, she is bad. There is an avoidance of the behavior when it comes from a man. It feels like pro-misogyny.

Jean reported,

> If you want to follow culture, yes, there will be a difference between men and women. If you want to follow the religion, then there is absolutely no difference. Women are of a higher rank than men in Islam. Prophet Muhammad rightly said, 'Heaven is under the feet of your mothers,' as mothers play a pivotal role in preparing their children to live a healthy and prosperous life that contributes to the beauty of earth and society." Moreover, Emma reported, "Women can be perceived as the secondary gender (which is not true in Islam), but when it comes to representing

> Islam women are seen as the ones who have to represent it ideally to the extreme and do no wrong. Women are pressured not to shame their religion or their families. Women are put under the magnifying glass or microscope. A lot of the time, Muslim men are not put into that, and they are not given that type of attention. The culture likes to focus on disciplining Muslim women rather than Muslim men, or at least at the same level. This is a cultural thing. Men can get away with many things. The Muslim community feels they need to discipline women more than men.

Emma continued

> I think discrimination against Muslims is usually less about gender and more about how Muslim they perceive you to be, and this will change how they treat you. For example, if you are a woman who wears a hijab, but you have features that make you look white. Or if you are a man, but you are visibly a person of colour. In this case, the woman will have it easier than a man society perceives as a Muslim man (e.g. dangerous, aggressive, and violent). So, there is a lot to it.

Summary

This chapter highlighted the insights shared by six Muslim females. It is reflective of basic interpretive design, which attempts to understand the meaning these participants constructed about the changes in their spirituality in the past two years. Six themes became apparent and ten subthemes. The first theme, *religious values provide Muslim women with structure,* illustrates what spirituality means to Muslim clients whether they consider themselves religious or not. The second theme, *changes in spirituality,* was further divided into two sub-themes. The first sub-theme highlighted fluctuation of spirituality and changes over time. The

second sub-theme highlights learning through unlearning and spiritual growth. Participants are trying to make a separation from what they have been taught religion is as opposed to what it actually means to them. The third theme is *spiritual coping*, where participants explained the importance of spiritual coping and how it helps with their mental health. This was divided into two sub-themes: 1) Prayers can help with emotional regulation & radical acceptance, and 2) Reading the Quran and Hadith as a tool to find direction in one's life. The fourth theme *is mental health concerns of Muslim women.* This theme highlights the challenges Muslim women encounter in utilizing mental health services. Sub-themes: (1) Talking about emotions in Muslim families as a taboo (2) The fear of being misunderstood by the therapist. (3) The fear of being stigmatized. (4) Fear that the therapist does not understand the dynamics of a Muslim family. The fifth theme: *Hijab is a Muslim woman's way of dressing up*. Sub-themes: (1) Everyday life security issues (2) Social perception of wearing Hijab by Muslim women. The sixth theme: *gender roles in Muslim communities*.

Chapter Five: Discussion

This chapter highlights the results and presents the findings integrated with the current literature. The strengths and limitations of the study are addressed, concluding with a discussion of the implications of the findings for counseling and suggestions for further research.

Summary

The purpose of this study is to gain an understanding of changes in the spirituality of Muslim women and the dynamics of working with them in therapy as well as to identify ways of providing culturally sensitive counselling to this population. An interpretive qualitative research design was used in conjunction with open-ended, semi-structured online interviews to gain

insight into the experiences of Muslim women and to pay attention to their needs and concerns in therapy.

Mental health professionals in Canada are more likely to work with Muslim clients, given the growing number of Muslims in Canada. Yet very little research discusses Muslim women clients and their experiences. The general lack of research on women from minority groups reflect the marginalization of their experiences. This study provides some foundational information needed for mental health clinicians to work effectively with Muslim women clients. By incorporating cultural aspects of Islam in their work, mental health clinicians can effectively and competently work with Muslim clients. The present study aimed to address this gap in the literature and provide a level of understanding that has not yet been reached through past research by obtaining insights from Muslim women clients.

Integration of Findings with Current Literature

As presented above, several themes emerged in response to the various areas of inquiry in the interviews regarding changes of women's spirituality. The findings of this study were similar to the literature on working with Muslim clients in therapy. The following section explores the commonalities of the findings of the current study with existing literature concerning changes in spirituality and challenges faced by Muslim women in therapy.

Religious values provide Muslim women with structure

Participants in this study highlighted that while religion is not necessarily a central aspect of the identity of every Muslim woman, Islam is likely to have informed values with which many Muslim women may have been raised. A client's relationship with God is likely to feature for most people from Muslim backgrounds, including those who are struggling to make sense of their identity or are ambivalent about religion (Rahman, 2020). Participants suggested that

therapists could gauge how important Islam might be by getting a client to describe their typical day. Furthermore, many researchers argue that religious identity is learned within family and community contexts (Sebastian et al., 2008). Religious identity formation usually involves beliefs, behavior, and a sense of belonging (King et al., 2013). These beliefs may reveal an individual's understanding of God or the universe, including theological and ethical evaluative claims about daily life experiences of the belief (King et al., 2013). Moreover, an individual's religious behavior may include rites, rituals, holidays, or daily devotional practices (King et al., 2013). For example, many Muslims participate in communal life, such as attending the mosque and fasting during Ramadan (Coşgel & Minkler, 2004). A sense of belonging that affirms an individual's sense of mattering to others may affect their lived experiences (King et al., 2013). Expressions of belonging may include membership in religious communities and other social communities that intersect with gender, racial, ethnic, class and other identities (Lewis Hall & Hill, 2019). The community indeed has been an integral aspect of Muslim life from the onset of Islam, which contributes greatly to shaping one's identity. Thus, religion is also an orienting worldview expressed not only in beliefs but also in actions (Lewis Hall & Hill, 2019). A worldview is the fundamental cognitive orientation of an individual encompassing the individual's knowledge and point of view, including philosophy, values, and ethics (Entwistle, 2021).

Changes in Spirituality

Most people have the religious beliefs their parents raise them to have, but some may lose them along the way due to various factors as they get older (Hand, 2002). In this study, three participants out of six experienced spiritual struggles where they had to stop practicing the religion for some time, including Megan, Anna, and Jean. All participants highlighted that most

people will experience a loss of faith or experience times of spiritual weakness. This study also highlights how people stop believing in the role of religion when it is no longer fulfilling their spiritual needs, or they no longer feel satisfied with the teachings of their religion.

In addition, being in a non-Muslim community can make Muslim women feel like an outcast, and religion acts as an obstacle towards being accepted by the community. Non-religious participants stated that although they did not wear hijab and follow some religious rules, there was still some guilt accompanied with it. They sacrificed spiritual beliefs and practices for social acceptance, which caused repressed feelings of guilt. They were pressured by societal acceptance rather than making an intellectual or spiritual decision. Moreover, research suggests that some people may lose faith because of intellectual doubts. In other words, if they disagree with religious teachings on current matters or because the doctrine lacks strong evidence (Fitchett & Risk, 2009). Other people may become disillusioned following personal trauma or difficult life circumstances; these can include unanswered prayers, conflicts caused by the religion, being hurt by the people who practice the religion, or the questionable morality of religious leaders (Chamberlain, 2018).

Spiritual Coping

All participants used spirituality to resolve challenges or address difficulties in life. They all engaged in positive religious coping by adhering to religious practices and acting on religious beliefs that were perceived as providing a more hopeful perspective and encouraging resilience (Abu-Raiya & Pargament, 2015). Both practicing and non-practicing Muslims get something out of their spirituality. For example, spirituality helps Muslims to reach acceptance when faced with overwhelming situations (Nabolsi & Carson, 2011). Participants believed that if a difficult situation is a test from God, it is part of them being here in this world. Thus, it becomes a coping

mechanism to enable them to continue to progress in their lives. Participants felt that religion could help individuals understand difficulties, and there are parallels between Islamic principles and therapeutic approaches. For example, Islam encourages Muslims to take responsibility for their actions and encourages alternatives to negative thoughts (Nabolsi & Carson, 2011). To turn to God provides Muslims with strength, especially for those individuals who feel isolated (Abu-Raiya & Pargament, 2015). Repentance also helps Muslims focus their attention on more positive elements of their situation, preventing them from falling into despair and suicide (Pargament, 2001).

In this study, most participants described spirituality and religion as the most important source of strength in their lives. Spiritual coping plays an important role in emotional and mental well-being. Mental health clinicians should not avoid religion (Mayers et al., 2007). Instead, it can be useful to invite Muslim clients to engage in a religious conversation. Religion has a crucial role in religious peoples' psychology. If one fails to understand religion and how it affects a religious client's decisions and ideas, one will fail to connect and understand the client. Abu-Raiya & Pargament (2011) emphasized the role of Islam in clients' lives and what it meant to them. They also asked about religious coping methods, such as praying, reading the Quran, and going to a mosque (Abu-Raiya & Pargament, 2011). Thus, it is often helpful to understand how Muslim clients use religious beliefs and practices to cope. Research shows that religious practices can help clients with emotional difficulties (Mayers et al., 2007). The mental health professional can guide the client to identify what Islamic practices and beliefs they find helpful, which will build trust between client and practitioner (Mayers et al., 2007). For example, one client may find reading or listening to the Quran to be calming (Amin et al., 2017). Another client may find prayers to be grounding (Amin et al., 2017). The mental health provider can also

challenge hopeless beliefs by having the client remember how merciful God is. For example, to get through difficult times, one can encourage using the Islamic phrase, “with hardship comes ease” (Amin et al., 2017). Another example is to use a thought record from CBT to examine Islamic beliefs (Amin et al., 2017).

It is also important that mental health professionals are aware of negative religious coping. The client’s behaviour motivated by religious beliefs is seen as a key criterion for whether religious interpretations need to be challenged through reference to more positive or balanced teachings (Carter & Rashidi, 2004). However, these interpretations may often be linked to a culturally biased emphasis on particular aspects of Islam or misinformation about religious teachings (Carter & Rashidi, 2004). Therapists with little knowledge of the difference between cultural practices and scriptural teachings might feel unable to challenge such beliefs (Carter & Rashidi, 2004).

Prayers

Prayer is one of the five pillars of Islam, and required to be performed five times a day (Ali & Bagheri, 2009). Prayers strengthen the spiritual connection with God and provide Muslims with a structure that can be illustrated through a “toolbox” that can be discovered within oneself to enlighten one’s internal resources. The spiritual connection can help Muslims act in accordance with their values and focus on long-term benefits despite the temptation of short-term pleasure (Abu-Raiya & Pargament, 2011). Prayer is a source of direct communication with God, and it also refrains a person from evil deeds and bad habits. Thus, Muslims can experience spirituality through Islamic religious practices. For example, prayers are rooted in the belief that there is a power greater than oneself that can influence one’s life. During difficult times, the idea that God is looking after someone is a big relief. In therapy, prayer can help the

client find the truth within oneself through God (Isgandarova, 2019). It creates a sense of purpose, meaning, and hope (Isgandarova, 2019). This awareness can be so powerful that it becomes transcendent. Spirituality is an important aspect of a Muslim life through which they can heal and grow.

In addition, spirituality brings self-actualization tendencies that encourage Muslims to strive toward a better life, leading to personal fulfillment (Afrasibi & Fattahi, 2017). This path toward self-actualization requires Muslims to focus on their internal values and work on becoming better individuals every day. Thus, religious practices and morals are included to constitute a structure for one's life. Research associated prayer with a sense of peace, calmness, encouragement, and social support (Amin et al., 2017). Prayer can foster a sense of connection with God and reduce feelings of isolation and anxiety (Amin et al., 2017). It also gives people a sense of control over things that may not be controllable (Amin et al., 2017). Prayers can help Muslim clients to better able to relax and sooth the mind. Therefore, a peaceful body and mind promotes one's optimal harmonization, which enhances psychological, social, spiritual, and physical health status.

Reading about Islam

Participants highlighted the importance of spiritual reading as an important guide for their lives. This guide is usually the Quran, the authentic, preserved, and central religious text of Islam (Amin et al., 2017). Muslims see the Quran as a guide that has the ability to set one's spiritual journey on the right track. Reading and learning the Quran is a very noble act, which most Muslims aspire to do daily (Hasanah, 2021). It is a source of communication with God. Participants emphasized on how it also cleanses their hearts and helps them become a good

human being. People can flourish because of their spirituality, which allows them to feel good about the little things in life and look at the world with empathetic eyes.

Furthermore, participants highlighted how reading about Islam provides people with death awareness. Quranic teachings can help clients work through problems and make sense of big mysteries such as death. Indeed, the spiritual connection fuels a positive spiritual state, which regulates emotional imbalance during difficult times (Koenig, 2009). According to the participants of this study, reading the Quran and building their own understanding also improved their connection to God and faith. Instead of blindly following what their parents and the community told them, once participants read the Quran and its translation, it gave them context to separate culture from religion. It empowered participants to form their own personal understanding without family or institutional pressure; this strengthened their faith. All the positive aspects that religion has on psychology became more personal and potent for them. In therapy, teachings from the Quran and Sunnah can be used to challenge understandings of oppressive ideas and promote alternative ones. For example, by drawing on the biography of the Prophet Muhammad and women close to him, clients can develop new insights regarding particular ideas about gender relationships, as well as supporting assertiveness for women (Carter & Rashidi, 2004). Muslim women clients may appreciate being reminded of how Islam has held women in high esteem, which can increase their confidence and self-worth. For example, the Prophet's wife was an educated businesswoman (Sakai & Fauzia, 2016).

Mental Health Concerns of Muslim Women

This study highlights that many Muslim women consider their religion significant to them even though not all Muslim women practice their religion. Thus, it is important for mental health practitioners to understand how the client relates to their religion by asking about the role

that faith plays in their lives. It is not expected that practitioners know everything about Islam, but it is helpful to have basic knowledge, which can help in avoiding inaccurate assumptions. In this study, the researcher explored if participants preferred a therapist of Muslim background. Some participants favoured a non-Muslim therapist due to fear that their problems would not be confidential. Some Muslim clients may be apprehensive toward developing dual relationships with a Muslim therapist, such as the therapist knowing the client's family or friends, or seeing their therapist at the mosque. Even though mental health clinicians can explain the bounds of confidentiality, some clients may still prefer a therapist outside their community who is not Muslim (Meer & Mir, 2014). Some Muslim clients may also fear judgment from Muslim therapists, mainly if they are not religious or engage in behaviours not traditionally allowed by the religion, such as drinking alcohol or having premarital sex (Meer & Mir, 2014). Thus, Muslim women clients may prefer a therapist from a different background if they feel embarrassed about disclosing low religious observance. Some level of religious and cultural knowledge on the part of the therapist is still necessary to facilitate engagement; such knowledge could support therapists in helping clients find solutions from within their value framework.

Furthermore, Muslim female clients may worry about the stigma of therapy, believing it represents a weakness of faith or personal flaw (Koenig & Al Shohaib, 2019). Some Muslim clients may fear that their decision to come to therapy could reflect negatively on Muslims as a whole because of Islamophobia (Haque et al., 2019). Thus, it is important for mental health providers to support clients to feel comfortable, safe, and welcomed when coming for therapy. It also helps them talk about any apprehensions they may have about being in therapy, which will allow for an open discussion about how to make the therapeutic process more comfortable (Carter & Rashidi, 2004).

Muslim women clients may appreciate therapists who are familiar with their culture and religion. A Muslim therapist is more likely to understand cultural metaphors and references. Participants in this study highlighted that non-Muslim therapists can be challenged to make links even when the concepts are explained to them. Participants recommended that non-Muslim mental health clinicians can ask more open-ended questions to avoid missteps and assumptions. Occasionally, checking for the client's understanding throughout the session is also important. Some participants emphasized their preference for a therapist that is more directive in guiding and structuring the session. A client-centred approach would be considered non-directive.

Participants of this study considered client-therapist match, trust, and empathy as more important for the therapeutic relationship than a therapist's religious background. Therapists working with Muslim women clients are encouraged to demonstrate openness to talking about religion, giving a clear message that it is acceptable and potentially helpful to talk about their beliefs if clients wish (Carter & Rashidi, 2004). Thus, consistent professional practice regarding engagement with the religious identity and social context of Muslim women clients is an important means of challenging stereotypes that can adversely affect mental health. A basic level of knowledge of Islam and cultural issues will facilitate such engagement. A therapist's knowledge of Islam can reduce the risk of incorrect assumptions of religious beliefs being included in therapy, for example, where the distinction between culture and religion is blurred (Rosen, 2002).

Moreover, family is a fundamental Islamic value (Hodge, 2005). Stigma is a great concern for many Muslim families. It is important to be sensitive to the client's concern about fear of embarrassment for receiving mental health services in the community (Amri & Bemak, 2013). Families may have no awareness of mental illness in their relatives or may be so

concerned about the stigma that they are quick to deny the presence of a family member with a mental illness (Amri & Bemak, 2013). Participants pointed out how status in the community is very important, and they may work hard to maintain their status, even if it requires sacrifice. Many fear judgment from the Muslim community as a result of disclosing familial problems or revealing a relative's mental illness (Koenig & Al Shohaib, 2019). This creates a barrier to seeking mental health services because of the unwillingness to share personal problems with others and the stigma associated with mental illness within the Muslim community (Ciftci et al., 2013). However, religious places, including mosques and Islamic centers, recognize the need to overcome stigma by spreading mental health awareness and providing services (Ciftci et al., 2013).

Hijab

Islam encourages modest dress for both men and women, but the Quranic prescriptions have been interpreted in many ways. For example, some believe that women are to cover themselves entirely by wearing niqab or burqa (Karaman & Christian, 2022). Others believe that the meaning of modesty is open to interpretation and can only mean wearing the hijab (Karaman & Christian, 2022). In Canada, some Canadian Muslim women may decide to fully express their religious identity by wearing the hijab, whereas others may choose to wear Western clothing. Moreover, other Muslim women may have decided to stop wearing the hijab because of negative reactions from others (Cole & Ahmadi, 2003; Hopkins & Greenwood, 2013; Karaman & Christian, 2022).

In this study, participants were concerned about the government of Quebec's Bill 21. Bill 21 bans public workers in positions of authority, including teachers, from wearing religious symbols at work. This made religious minorities feel less safe and less welcome in the social

fabric of society (Meunier & Legault-Leclair, 2021). Participants of the study mentioned how hearing about the Quebecois teacher who lost her job because of her hijab made them feel sad and frightened. Thus, the therapist may be asked to assist the Muslim woman in making this decision. For example, a discussion of the pros and cons of wearing the hijab or discontinuing this practice may be helpful in exploring its religious implications.

Gender Roles in Muslim Communities

In Muslim communities, oftentimes the conversation surrounding the role of men and women centres around what each gender should do for the other. Without an accurate understanding of the relationship between men and women in Islam, it can leave room for oppression and misunderstanding (Abu-Lughod, 2015). However, Islam never condones oppression or deems women inferior to men. Historically, the role of women oftentimes centered around fulfilling traditional gender role expectations. There was little room for women in the public sphere and their role was often reduced to serving men. It is true that Muslim women, like women all over the world, have struggled against inequality and restrictive practices in education, work force participation, and family roles. Thus, many of these oppressive practices do not come from Islam itself, but are part of cultural traditions (Wagner et al., 2012). In Islam, God makes it clear that both women and men were created to serve and worship Him (Rahman, 2021). The Quran also explicitly states that men and women are equal in the eyes of God (Rahman, 2021). As a therapist, it is important to challenge some of the misconceptions. For instance, the Quran clearly states that women have equal right to acquire knowledge and be educated to assume the status of the righteous people due to their possession of knowledge, and understanding that leads to the obedience of God in all aspects of life.

Recommendations from Participants

Acculturation Scale

Participants believed that mental health clinicians need to understand the specific culture of the client in order to support them effectively. One of the participants recommended that the mental health clinician could assess the acculturation level of the client before proceeding with psychotherapy. The concept of psychological acculturation describes the psychological changes an individual experiences as a result of coming into contact with a new culture, and this process can lead to either less or more favourable adaptation outcomes (Unger et al., 2002). The mental health clinician is also encouraged to understand many Muslim's perception of practitioners blaming their religion as one of the reasons for not seeking the assistance of a mental health clinician. Mental health clinicians working with Muslim clients could consider the acculturation scale because it helps them develop culturally appropriate interventions (Kang, 2006). Indeed, there are different measures of acculturation that can help better understand the cultural modification of the client if they adapt to or borrow traits from another culture (Unger et al., 2002).

Empowerment Model

It is encouraged to work from a strength-based perspective with Muslim women clients by using an Empowerment Model. The model for empowerment in therapy requires the mental health provider to integrate five elements: collaboration, context, critical consciousness, competence, and community (Ali et al., 2004). Firstly, collaboration is when the therapist and client play an active role in the therapeutic relationship. This includes a collaborative definition of the problem, interventions, and strategies for treatment. Secondly, context is the acknowledgement of the role that larger social factors contribute to the client's problem, such as racism, sexism, classism, and discrimination. Thirdly, critical consciousness is defined by two

processes: power analysis and critical self-reflection. Power analysis examines how the power of privilege is used in a given context. Critical self-reflection leads to increasing awareness of one's privilege, power, biases, and strengths. Fourthly, competence is the therapist's acknowledgement and understanding of a client's resources that can contribute to the therapeutic process. Finally, the community is about ethnicity, place of residence, and organizational affiliation from which the client can acquire support and resources and make contributions to the community (Ali et al., 2004).

Strengths of the Study

This study adds to the growing research in the area of working with Muslim women clients, and its major contribution is bringing forth their voices using qualitative research. The perspective shared by the participants was valuable in further understanding how to provide mental health services to Muslim women clients. Moreover, this study highlights the need to listen to Muslim women regarding their needs and advocate for them. A voice gives one's opinion a platform, and gifts them with the opportunity to have perspective and knowledge on things that matter. In a world that needs to represent democracy and freedom, a voice is a powerful symbol of this. A voice is a tool for possibilities and more solutions. Indeed, voices can be used to create a positive change.

This study provides some valuable guidelines for mental health clinicians interested in advocating for a change in their communities for the benefit of Muslim women. Islam involves rich cultural and religious beliefs that shape the lifestyles and perspectives of Muslim women in every aspect of their lives. This study encourages mental health professionals to familiarize themselves with Islam's fundamental beliefs and practices, and understand the role they might play in their clients' lives.

Furthermore, providing culturally competent therapy for Muslim women poses many challenges to the mental health clinicians. This study encourages that therapists can examine their biases that can compromise their work with Muslim women clients, and encourage them to engage in reflexive and culturally sensitive practice with this population. Unorthodox answers to the research questions, opinions, and beliefs were included in data collection and data analysis in this study. Overall, Islam truly plays a crucial role in shaping the lives of Muslim women and an understanding of this fact is the basis for providing culturally competent therapy for Muslim women clients.

The study highlighted possible strategies to use with Muslim women clients. Mental health clinicians are encouraged to use supportive psychotherapy and empathy to promote an environment where the client will feel comfortable discussing their religious and cultural beliefs when discussing their issues. Once an empathic therapeutic alliance is established, the mental health clinician can ask an open-ended question that will prevent them from making assumptions about the client's views, providing a valuable opportunity to gain a window of insight into the client's beliefs.

The study highlights that modesty is an important component of Islam. The Islamic faith encourages Muslim women to place an emphasis on modesty in dress and behavior. At times, the Western mental health clinician might interpret the hijab and traditional Islamic views as oppression; however, for Muslim women clients' modesty can be interpreted as a liberating experience that provides them with empowerment regarding the ability to make autonomous decisions. In short, all mental health clinicians should aim to be empowered with the capacity, knowledge, and skills to respond to the special needs of a Muslim client.

Limitations of the Study

The sample size used for this study was small because this research aimed to draw out individual participants' experiences of Muslim women clients. One has to be aware that this sample's results are not representative or generalizable. Nevertheless, the methodology of this research study allowed the voices of female Muslim clients to be empirically reported, which encourages mental health professionals to become more culturally informed and responsive when engaging in therapy with this population.

Furthermore, there is great diversity within the Muslim population, making it challenging to discuss Muslims as a coherent category (Abu-Raiya & Pargament, 2011). Therefore, the purpose of the study was to examine and explore the experiences of Canadian female Muslim clients rather than generalizing the findings to the entire Muslim population. In fact, all participants in this study were female, and the perspective of male clients' needs are to be addressed separately.

Considering all these challenges, the researcher attempted to present an accurate description of the participants' experiences. However, like all researchers, the researcher of this study has her beliefs, opinions, and life experiences that may have influenced the interview process and data analysis. In addition, the researcher attempted to increase the objectivity and accuracy of this research study, explaining how each step of thematic analysis was conducted to analyze the data more explicitly. The researcher cannot free themselves of their theoretical and epistemological commitments, and data are not coded in an epistemological vacuum (Braun & Clarke, 2006).

The data analysis methodology is another area of potential limitation for this study. This is because qualitative methodologies cannot be truly replicated and therefore the researcher

would be unable to verify the results. Moreover, qualitative research is not statistically representative.

Technically, it was difficult to recruit participants due to the intimidating nature of the research. This included fear of judgment and fear of being vulnerable. The COVID-19 pandemic also has affected a variety of researchers, students and academics. As institutions of higher education have limited in-person activities, research has been disrupted and many graduate students have faced new barriers as a result. The COVID-19 pandemic has introduced additional barriers that graduate students must navigate, resulting in increased stress.

Finally, this research study is a master's thesis and there was no funding received. Thus, there were funding constraints. Even though funding may not be essential to good research, it could have helped the researcher to recruit participants and facilitate the overall process.

Implications of the Findings

The findings of this study provide implications for mental health professionals who are preparing to work with Muslim women clients. These implications are discussed in light of recommendations for providing mental health services for Muslim clients in the context of existing literature. Islam is an important aspect of daily life for Muslims, and it is deeply embedded within Muslim's beliefs, thoughts, and behaviors. Therapists are encouraged to explore the client's relationship with religion. In therapy, exclusion of religion from conversations may deprive Muslim clients of valuable and accessible resources that may have significant implications for their overall well-being (Saleem & Martin, 2018). The participants in this study encouraged mental health providers working with Muslim women clients to familiarize themselves with Islamic teachings and values. Therapists could expand their knowledge by reading relevant literature, allowing clients to provide relevant education, and

cooperating with local Imams. In addition, peer consultations could be beneficial in gaining more awareness and knowledge.

The client's Islamic values and religious coping were mentioned and encouraged by the participants in the study. In addition, several studies have reported the positive effects of religious coping on the mental health of Muslims all over the world (Adam & Ward, 2016; Gardner et al., 2014; Thomas & Barbato, 2020). Thus, therapists could encourage religious coping as an additional treatment tool in therapy.

This research aimed to understand the needs and concerns of Muslim clients from the perspective of five female Muslim clients. The participants highlighted the challenges Muslim women face in seeking counselling, their needs and concerns, and the need for psychoeducation regarding mental health and accessible resources. Because only six female Muslim participants were interviewed, several different issues pertaining to working in a therapeutic setting with Muslim women clients may not have surfaced. Further exploration of these themes may bring some additional insight in the future. Interviewing male Muslim clients in addition to female Muslim clients could help gain valuable insight into the dynamics of working therapeutically with Muslim men and women. Research on therapist-client relationships, issues brought to therapeutic sessions, cultural competency and misunderstandings may bring fresh insight on how to improve the utilization of mental health services by Muslim population. Furthermore, it would be interesting to study the mental health professionals' and Imams' perceptions about the Imam-therapist liaison. Another area of future research could involve interviewing mental health professionals working with Muslim clients to understand the therapeutic experience from their point of view. This could help reach a better understanding of their clients' needs and expectations.

Conclusion

The study explored the experiences of Canadian Muslim women in Ottawa after experiencing changes in their spirituality and their impact on their mental health. The study highlighted those changes in spirituality as something inevitable. All participants indicated that they would experience times of spiritual weakness or experience a loss of faith. This study also found that some participants stopped believing in the role of religion when it was no longer fulfilling their spiritual needs, or they no longer felt satisfied with the teachings of their religion. The study also identified some of the participants' concerns in therapy. Within the Muslim community, there is still stigma associated with mental health issues, and the unwillingness to share personal problems with others has created a barrier to seeing a mental health clinician. Lack of trust regarding the effectiveness of Western psychotherapeutic approaches is another barrier to seeking mental health treatment for Muslim women. Thus, a growing population of Muslims in Canada requires that mental health professionals become familiar with this population and their religious beliefs and practices. The findings highlight the importance of building rapport, becoming culturally competent, providing psychoeducation, advocating for clients when appropriate, and providing Imam-therapist liaison when needed. However, there is absence in the data in terms of how the changes in spirituality impacted the participants' mental health. It could have been helpful to ask specific questions related to potential physical and emotional symptoms after changes in their spirituality in order to facilitate collecting this information from participants.

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Appendix A: Invitation to Participate

Recruitment email

Hello,

My name is Ansam Y A Elharan and I am a master's student working under the supervision of Professor Andrzej Jastrzebsk and Professor Aliaa Dakroury in the Human Sciences Department at the University of Saint Paul. I am contacting you because you are a student's part of the University of Ottawa Muslim Students Association (UOMSA) or Carleton University Muslim Students Association (CUMSA). Kindly, I would like to ask if you would be interested in being contacted to participate in my study to explore what are the experiences of Canadian Muslim women in Ottawa after changes in their spirituality and its impact on their mental health?

We are currently inviting people to participate in this study. Participation in this study involves one-one-one online interview that will take approximately 30-40 minutes to complete.

There will be six participants and you will have a chance of winning 30$ as a compensation.

This study has been reviewed and received ethics clearance through a University of Saint Paul Research Ethics Board.

If you are interested in participating, please contact me at Aelha008@uottawa.ca and list your top three choices for when you would like to participate. I will then send a confirmation email indicating that you have been signed up for one of those times. If you have to cancel your appointment, please email me at Aelha008@uottawa.ca**.**

Sincerely,

Ansam Y A Elharan

Appendix B: Written Informed Consent

Consent Form

Consent Form Project Title: Changes in Spirituality and the impact on Mental Health of Canadian Muslim Women in Ottawa.

Student Researcher: Ansam Y A Elharan, aelha008@uottawa.ca; Master's Student at the School of Human Sciences, University of Saint Paul.

Goal of the study: The goal of the study is to better understand how the change in one's spirituality can be linked to mental health outcomes.

Participation: You will receive an email invitation to participate in one-on-one online semi-structured interview. During the study, you will be asked to answer about six to eight questions related to your mental health, spirituality, and religion. The study will last up to 30-40 minutes, including a break when needed. At the end of the study, the researcher will detail the purpose of the study.

Benefits: The expected benefit of this research is to expand on existing resources to help mental health clinicians to provide culturally appropriate mental health services to Muslim women clients in Canada. It will also explore ways to be more culturally informed in working with this population in a therapeutic setting. It is also important to ensure that Muslim women have a voice and are primarily involved in formulating consensus on their own issues.

Possible risks: The questions you will be presented with will vary in emotional content. Some questions may ask about potentially distressing information. However, the risk is minimal. We are aware of the sensitive nature of the subject matter in this study, and we will fully support

your decision if you choose to not answer a question or end your participation at any time during the study.

Confidentiality and Anonymity: The information you share with us will remain strictly confidential and your personal information will never appear in a public document. The ethical duty of confidentiality and the use of appropriate measures to safeguard information is necessary. All data from the study (the MP3 recordings) will be kept in an encrypted USB key and the USB will be stored at the master's student office at home in a locked cabinet. The files will use coded information and the direct identifiers will be removed from the information and replaced with a code. Moreover, the student will use technical safeguards including use of computer passwords and anti-virus software to protect data from unauthorized access, loss, or modification.

Conservation of data: The data will be kept for a period of five years after the project ends. There is a need to keep data for a further five years in case that data will be re-analyzed and published again. After five years from the start of the study, the USB key will be dropped in water to destroy the hardware. Then, the memory chip will be burnt with a blowtorch till it melts. This is an assured way to ensure that the data is lost forever.

Voluntary participation: Your participation in this study is voluntary and you are free to withdraw at any time, and/or refuse to answer certain questions, without any negative consequences. If you choose to withdraw from the study, data collected up to that point will be destroyed.

Compensation: There will be six participants and you will have a chance of winning $30.

Your right to ask questions at any time: For additional information about this study, you may contact the researcher.

Consent to participate: By consenting, you certify that you have read and understood the information above, that the researcher has answered your questions satisfactorily and that you have been advised that you are free to withdraw from this study at any time without any negative consequences.

Acceptance: I, _____, agree to participate in the above research study conducted by Ansam Y A Elharam of the Faculty of Human Sciences, which is under the supervision of Professor Andrzej Jastrzebsk and Professor Aliaa Dakroury. I understand that by accepting to participate I am in no way waiving my right to withdraw from the study.

If I have any questions about the study, I may contact the researcher at the email address: Aelha008@uottawa.ca. If I have any ethical concerns regarding my participation in this study, I may contact the Office of Research and Ethics Services, Saint Paul University, 223 Main Street, Ottawa, ON K1S 1C4, 613-236-1393 or recherche-research@ustpaul.ca.

There are two copies of the consent form, one of which is mine to keep.

Participant's signature: Date:

Researcher's signature: Date:

Note: the research has been approved by the Research Ethics Board (REB).

Appendix C: Informed Verbal Consent

Informed Consent Verbal Script

I am conducting research about the changes in spirituality and the impact on mental health of Canadian Muslim women in Ottawa and I am interested in your experiences as a Canadian Muslim woman. The purpose of the research is to understand how the change in one's spirituality can be linked to mental health outcomes. Your participation will involve one online semi-structured interview session that will last between 30-60 minutes. This research has potential emotional risks. This study is expected to expand on existing resources to help mental health clinicians to provide culturally appropriate mental health services to Muslim women clients in Canada. It will also ensure that Muslim women have a voice and are primarily involved in formulating consensus on their own issues. Please know that I will do everything I can to protect your privacy. Your identity or personal information will not be disclosed in any publication that may result from the study. Notes that are taken during the interview will be stored in a secure location. Would it be all right if I audiotaped our interview?

Appendix D: Interview Guide

Interview Questions and Probes

1. (A)What does spirituality and religion mean to you?
    - (B) Have you had any positive or negative religious experiences?
2. Can you tell me more about how your spirituality changed recently?

If negative religious experiences

- (A) Can you tell me more about what kind of religious struggle you have experienced? Religious struggle with God? with oneself? or with others? (Pargament's theory)
- (B) Are there any traumatic events which turned you away from your religious beliefs and practices?

If positive religious experiences

- (A) In the past, what role did religion play in coping with life challenges?
- (B) What kind of religious coping is helpful for you? (Pargament's theory)

3. How did change in your spirituality impact your mental health?

If negative religious experiences

- (A) Are there any religious conflicts and/or frustrations that may be contributing to your present mental condition? (Possibly looking for cognitive dissonance!)

If positive religious experiences

- (A) How did your spirituality help with your mental health?

4. Have you seen a mental health clinician in your life?

- If yes, how was your experience?
- If no, would you or not consider seeking such help and why?

5. How do you feel about being a Muslim woman in Canada wearing the hijab? Or how do you feel about being a Muslim woman in Canada not wearing the hijab?

6. In your opinion, how is your experience as a Muslim female in Canada compared to other male counterparts?

- Possibly looking for cognitive dissonance! How you want to be vs how you are supposed to be?