FAMILY PRIVACY AS PROTECTION:
A QUALITATIVE PILOT STUDY OF MENTAL ILLNESS
IN ARAB-AMERICAN MUSLIM WOMEN

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Abstract

Arab-American Muslim women are a group whose cultural beliefs about mental illness are poorly understood. Moreover, the availability of literature specific to this population is limited. To begin to address the paucity of information available we conducted a qualitative pilot study. The overall aim was to preliminarily explore contexts and meanings about mental illness in Arab-American Muslim women. Interviews with eight women were completed. Data analysis occurred concurrently with data collection using an iterative process. The central theme identified in the narratives was family privacy as protection. The study's primary conclusion is that an in-depth understanding of the meaning of family in Arab-American Muslim women's lives is critical to our ability to effectively address their mental health needs.

Keywords: Arab, Muslim, women, mental health, culture.

Arab-American Muslim women are an underserved group whose cultural beliefs related to mental illness are poorly understood. Although a growing literature addressing Arab and Muslim mental health is emerging, there is a paucity of information specific to Arab-American Muslims, and literature specific to Arab-American Muslim women is virtually non-existent. This is concerning given that by virtue of their gender and ethnic affiliations Arab-American Muslim women are at greater risk for affective disorders than members of the general public (Amer & Hovey, 2007; Greer, 2005; Haddad, 1991; Mazure, Keita, & Blehar, 2002). Moreover, Arab-American Muslims face greater challenges related to identity development and integration into dominant American culture than Arab Christians (Amer & Hovey, 2005, 2007; Chaudhury, 2008; Faragallah, Chum, & Webb, 1997; SAMHSA, 2002).

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Although mental health research focused on American Muslims from other ethnic groups is needed, the specific targeting of Arab Muslims in the United States suggests that this group may be among those with the highest risk for stress-related mental disorders. A quantitative pilot study of depression and anxiety in Arab-American Muslim women reported that this group experiences high levels of post-911 trauma, acculturative stress, and stress related to perceived discrimination. The study also found that levels of depressive and anxiety symptoms were significantly higher in Arab-American Muslim women compared to the general population (Hassouneh & Kulwicki, 2007). These findings and the lack of further research in this area represent a barrier to mental health care for Arab-American Muslim women. To begin to address the need for information and provide a basis for future research we conducted a qualitative pilot study. The overall aim of the study was to preliminarily explore the contexts and meanings related to mental illness in this population.

Review of the Literature

Population Estimates

Arabs comprise approximately 18% of the world’s 1.6 billion Muslims and approximately 30% of the estimated 7 million Muslims in the United States (Bagby, Perle, & Froehle, 2001; IslamCity, 1998). Arab-Americans are a diverse group who trace their ancestry to Southwest Asia and Northern Africa (Kulwicki, 2000; 2008). As noted by Samhan (1997) Arab-Americans have been viewed socially as “not quite white” throughout American history, posing a racial categorization challenge. Over the past 100 years Arab-Americans have been categorized by various ethnic and racial classifications including “Asiatic” “Syrian” and “White” (Samhan, 1997). Currently, the absence of a federally recognized ethnic category for Arab-Americans and placement of this group in the “white racial category,” a categorization that is rejected by a substantial proportion of Arab-American Muslims, has made it difficult to establish accurate population estimates (Shyrock, 2008). Lack of consensus among Arab-Americans regarding desired ethnic and racial labels (e.g., Arab, white, other, or identification with a specific county such as Syrian or Palestinian) further contributes to this difficulty (Shyrock, 2008).