# Interview with Providers:
# Gendered Differences of Abilities and U.S. Muslims

***Arab and Muslim Women's Research and Resource Institute***

Interviewer/Number of Interview: SR28

Date of Interview: 1/24/2020

Name of Interviewee Assigned by Researcher (to protect identity): Respondent

Gender of Respondent: Female

**Note:** In the transcript, *I* refers to Interviewer, and *R* refers to respondent/interviewee. To protect the identity of the interviewee, some responses to questions are not provided. In such cases, this statement will show in the transcript: Information is not being made available. In other responses, specific details that might identify the respondent or other individuals are omitted or made more general. Summarized information is put in brackets.


**Abstract:**

The respondent is a professional counselor in the Greater Milwaukee area. She treats depression, anxiety, trauma, and PTSD, and works with a variety of populations, including the city's Muslim refugee population. In this interview, she discusses the challenges that refugees face when coming to Milwaukee and evaluates the various resources needed to combat the stigma of disability in the refugee community and Milwaukee in general. She emphasizes the importance of initiating dialogue and helping people feel comfortable in seeking help and talking about whatever issues they may have.


**Key Themes:**

Therapy, emotional wellness, mental health, refugees, caregivers, Muslims with disabilities

**Interview Report:**

**I:** What are the kinds of cases that you see the most here? What are the most common issues concerning the refugee population and what they come in to discuss.

**R:** I will start by saying this, I think that, most of the clients who I have seen from either Iraq or Syria – mostly Iraq and Syria – usually come and see me after a few years they have been in the United States. And I've noticed that a lot of people question that, they've been here for a few years and you would assume as soon as they come here they would seek help with mental health, but the reality is that the more I talk to them and the more we have these conversations, they're busy trying to adapt. They're busy getting schooling for their children, getting a roof over their

heads, getting food on the table, getting a job, so they don't have time to sit with themselves and – if you don't mind – go through the trauma they have experienced by losing a home or family members. A lot of them did come here due to war in their countries. So a few years pass by and they're settled down a little bit, and then they start to reflect on the trauma they have experienced. Some of them are having trouble sleeping, they are having trouble adapting to their new environment. They're having flashbacks and missing home, and what used to be their regular day-to-day. A lot of them come in and have PTSD; they may have depression. They're very anxious because they don't know what the future holds. Their whole plan for the future changed in an instant. I would say if I had to talk about a common issue with clients it would be that.

**I:** So do you think that most of the clients you have come in and the issues they need consultation on are caused by the trauma they have experienced? Or do you have clients with many pre-existing psychological disorders?

**R:** Yes, and a lot of them are traumas that they may have experienced in the United States, a lot is trauma from over there but it comes from here too.

**I:** When you talk about trauma in the United States, where do you think that comes from? Is it stigmatization and discrimination based on their refugee status?

**R:** Yes, absolutely yes.

**I:** Is the stigma solely based in that refugee status, or can it stem from people knowing others have mental health issues?

**R:** The Muslim community in Milwaukee – in general – has stigma regarding mental health. So you have to be very cautious in how you address that. The moment you try and get mental help they need to make sure you know that they aren't crazy, and they aren't there for help because they're crazy. **The words we use are emotional wellness,** you're stressed and need an outlet, you need a healthy way of coping with your new life challenges in the United States, and we are here to help and guide you through the resources we have. **Unfortunately the word mental health has a stigma in any population**. I work with the Hispanic population, I work with the African American population, and each group of individuals has their own stereotypes and their own "no we don't want to go there." It would be nice if we could change mental health to emotional wellness or emotional health, but unfortunately that's not happening anytime soon. So what I do is try to educate them when they first come in, that this is what we're doing and that it's ok, the same way you physically take care of your body and get your yearly checkups and your shots, it's like checking up on your emotional health.

**I:** And so do you think that the stigmatization of it prevents or delays people from coming in for help? Have you noticed if people are reluctant to speak out and want to deal with their issues themselves?

**R:** I think it's still an issue and will be an ongoing issue for a long long time, I think that, based on my experience, what I have noticed is that once you have a few clients come in, they refer friends and family and they explain it like I did, and then they are much more comfortable when they know that everything is confidential. That is a big one in the community. We are a very

small community, and maybe part of that community is more like "oh we would rather see [a counselor who doesn't go to the mosque or participate in events]," but I think that the more therapy I do and the more services I provide, the more comfortable they are knowing that it's confidential, and that it's good to come in and find help and resources. They feel better and it helps but we have a long way to go.

**I:** Do you think that, at least right now, one of the best ways to combat that stigma or that reluctance to talk about it is initiating that conversation and bringing people in?

**R:** Absolutely. I think the more [that universities and other institutions] bring in presenters [on mental health], the better. I know that a lot of [Muslim] community centers try to bring that into their programming. I think that community is becoming a little bit more open; if anything, the younger generation is. The younger generation is definitely more open to therapy and talking about mental health. I'm definitely seeing a lot more of the younger generation now that you bring that up.

**I:** Do you have a lot of the younger generation come in as clients, or is it more spread across the board?

**R:** You know it'd be hard to narrow down, because I don't just have members of [the Muslim] community come into the practice. I would say college students probably, I definitely see a lot of younger adults for sure. I don't need to do as much… convincing, I guess, with the younger generation, they came in knowing what it's about, whereas with the older generation there needed to be more reassurance.

**I:** And are there any different strategies that you have when counselling people of different ages? Or is it mostly just emotional wellness and opening them up to discussion?

**R:** Really it depends on what they bring to the table, the strategy is different for every client. But I don't need to do as much convincing with the younger generation; they come in without that stereotype, whereas the older generation needs more reassurance.

**I:** In terms of the stigma against disabilities, have any of your clients mentioned noticing more of a stigma in their home countries in comparison to the United States?

**R:** We haven't talked about it, but I would assume so. I think that primary doctors here do a good job in asking about mental health and referring patients, whereas I'm not sure if that's going on back home for them.

**I:** How does the Muslim community's perception of disability impact how they react to your profession?

**R:** I don't know if it's just the Muslim community. In general when people hear "Oh you're a therapist" they have their own preconceived ideas of what that means. "Oh you can read my mind you know what I'm thinking, or you're evaluating me right now." There is a general stereotype that is awful, it's 2020 you would think we'd have moved past that.

**I:** Does your faith impact how you interact with your profession?

**R:** [The respondent discussed her personal background and how that has influenced her as a therapist. Because of her experiences in other countries and cultures], I like to think that I bring in a bit more understanding. I try to be more culturally sensitive to [individuals from other races/ethnic groups].

**I:** As a therapist, what do you think the greatest challenge you face is in what you do?

**R:** Honestly I've been very surprised at the demand. Even with the stigma out there, people really do look for this kind of help. It was almost like they were waiting for it. They're still very cautious, and I try to be mindful of that. When we're having a session, I try to make sure we finish in time so that the person leaving doesn't bump into the person coming in; I don't want any discomfort. I want them to know that it's ok. So stigma dictates a lot.

**I:** You said that it seemed like people were waiting, would you say that there's a lack of resources or awareness in the community?

**R:** I think we've come a long way. I have noticed that there are resources out there, but the more the merrier. If we were able to have a resource available, for example if someone wanted a Muslim male doctor or a Muslim female that we could have a directory and say "Here are the top therapists in Milwaukee that you can reach out to."

**I:** Have you noticed any differences between men and women in terms of the way they are treated in regard to their disabilities or mental health issues? Or if they approach the same issues differently?

**R:** I'm sure they do. I've been seeing a lot more males and we have this stereotype of what a man is supposed to be, and being in therapy means you're weak and has all these stereotypes that go along with it. They struggle a lot.

**I:** Do you think that there are any other attitudes that need to be changed in the Muslim community?

**R:** Well I think in every community there is a role of a male and a role of a female, and I think that sometimes we don't understand that the male also struggles with the pressure of being a provider and a protector and the responsibility that comes along with that is heavy. They experience anxiety and they may not know where the next paycheck is going to come from. They do struggle with that, and we have to honor and respect that. They need an outlet where they can go and express that without feeling judged. Sometimes when a male complains about what he's going through, people can emasculate him and say "toughen up." It's nice that they can go to a place that is non-judgmental and process what they're going through.

**I:** Do you think there are any ways that schools or mainstream healthcare providers can combat the stigma more? Particularly concerning the refugee population.

**R:** I think education is the biggest thing. Especially the refugee population. If you could put yourself in their place. you know they're not moving by choice. You can ask many of them "would you go back?" to their homes and they would love to. They were forced out of their homes and put in a country where they don't know what different things are for. They might not

have been exposed to a lot of the things we have here. So be patient and educate them, and don't underestimate their intelligence just because they are unable to communicate their needs. They are intelligent individuals; a lot of them have degrees and had careers and jobs and now they're starting all over again. So just be mindful of that and be kind. I think we need to educate our population on that. To be honest, I think that many primary doctors are mindful of signs and symptoms of depression and anxiety or PTSD, and they are referring out, so that's awesome. We also have communities having presenters come out to talk about mental health and emotional wellness. And schools are offering lots of support, so I think we're heading the right way.

**I:** Have you noticed any reluctance towards using medications?

**R:** Yes I've seen that across the board. I have clients that come in and they say they don't want to take medication because they heard it plays with their brain. I'm all for trying therapy first, but if six months down the line, if you aren't improving, then you might want to visit a psychiatrist. I do have an issue with primary doctors prescribing psych meds. We have a shortage of psychiatrists in Milwaukee. We have plenty of them but that waiting time to get in can be two to three months, so a lot of times the primary doctors are prescribing. Those medications need to be monitored, and I don't think it's fair to prescribe something you aren't going to monitor. A lot of them are trying to avoid psych meds for sure.