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

Arab and Muslim Women's Research and Resource Institute (AMWRRI)

Interviewer/Number of Interview: LB1

Date: 6/28/2021

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

Year of Birth:

Gender: M

Country of Origin:

Year of Immigration:

Current State in which respondent resides: Wisconsin

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 place of employment are omitted or made more general.

Abstract:

The respondent is a psychologist with a Ph.D. in Counseling Psychology who has been working in this profession for about 25 years. He has not observed discrimination based on differences in ability, but rather, it would be the stigma attached to the Muslim faith, Muslim practices. The Muslim communities he has worked with range from those who have been in the U.S. for quite a while to recent immigrants from the Middle East, Africa, and Southeast Asia (including immigrants from Myanmar). He discussed the suffering experienced by these groups and made observations of similarities and differences among the groups. With regard to people with ability differences, he discussed how we can overcome the perceived differences in ability and turn that into an advantage, interpersonally. He explained the importance of providers' role in making sure that person is living to their optimal level. He discussed some of the biggest challenges for providers:

1) Language. Getting someone who is fluent in Arabic and making sure that the client has somebody who understands their dialect, their conversation; getting people who can translate properly for us.

2) Transportation. Many of our clients, including those with ability differences, need transportation so they can have access to medical services.

In terms of additional support or changes in attitude that are needed, the respondent replied that he would start with **education**.

> "…if folks who have been educating, formulating the brains of new providers in the field, firing up the engine of excitement to serve, and really seeing that those who come to serve — whether they are journalists or social workers, doctors, nurses, translators, whatever profession that person is bringing to the table — they are bringing up the motivation to serve the person regardless of their background. Regardless of the prejudices that may be there. And most importantly for the provider to understand their own biases and make sure they are not a part, and do not linger in service delivery."

Secondly, **creating opportunity**. "Creating opportunity for those that may be disadvantaged but deserve the chance to be heard, to express themselves, as we know that folks who have differences in abilities end up having barriers to access. Access to care, but also access to having a chance in life."

Key Themes:

- Faith-based discrimination against Muslims in Wisconsin and the U.S.
- Torture, trauma, PTSD
- Language barriers to accessing proper and adequate care
- Need for high quality translators who are culturally sensitive
- The necessity of culturally-sensitive psychological services and providers
- Strength in community bonds and partner programs as a refuge against prejudice

I: I'd like to begin by giving you a full overview of the Arab and Muslim Woman's Research and Resource Institute. We're partnering with other groups in the Greater Milwaukee area to understand their perspectives and the experiences of U.S Muslims who have differences in ability, or caregivers of U.S Muslims who have differences in ability. So here's where you come in as a health care provider; I have a list of about 10 questions that we can go through chronologically. You can stop me anytime and I can clarify them for you, but I'll just lay out our

definition of “difference in ability.” Our definition of difference in ability is a chronic health condition, or difference of ability, that affects an individual’s ability to do everyday tasks related to mobility, communication, work, etc. So conditions could include mental health, intellectual differences in ability like Down syndrome, fetal alcohol syndrome, etc. And of course, physical differences in ability. So again, thank you for your agreement to be interviewed.

R: I think I did send it [the consent form] to you.

I: I think I did get that, yes. That’s great, yeah, so my first question would be what services do you provide to Muslims with ability differences or their caregivers in the community? What is your role in this population?

R: [The respondent is a psychologist in a family therapy clinic in Wisconsin.] In that role I provide services, and also guide and educate our staff to care for a range of clients, including our clients from the Muslim communities. And as such, we are connected to a network of providers that reaches out to refugee agencies, refugee serving agencies, and also communities that are providing services to communities from the Middle East. [The respondent discussed how the clinic where he works has formed strong relationships with several organizations located in Wisconsin that provide services to Muslims and immigrants.] And of course, there are the various mosques we work with. So in a sense, we are reaching out. The communities range from the Middle East, to folks from Africa, folks from Southeast Asia, formerly Burma, of the Muslim faith.

I: And how long have you been working with this population?

R: Too long. A very long time of learning and sharing, definitely over twenty years. About twenty five years. And we have learning to do and develop those relationships and lasting collaborations to some of these communities.

I: And with whom do you work — Muslims with ability differences, their caregivers, or both?

R: Both. So we serve their children, as well as grade three all the way through college, and then will have tapped a lifespan for a person looking for mental care services, dealing with PTSD, anxiety, depression, other injuries, family functioning training, issues with immigration, some who may be coming through that are applying for studentship. There is a bona fide pathway of getting a medical waiver that we do quite regularly both with USCIS and their agencies that are servicing those applying for citizenship. [The U.S. Citizenship and Immigration Services is an agency in the U.S. Department of Homeland Security.] Approaching self care takers, who have folks who have needs, we're comfortable with that service model.

I: As mentioned before, there are different types of differences in abilities, including mental health, intellectual and physical health, so can you explain the different types of differences in abilities that the Muslims in the communities that you work with have?

R: It's a very unique question. I will say that yes, there are some unique challenges. For example, the folks who are coming in from Syria or from Jordan, having experienced intense suffering and torture. And so in that way, that group is very unique. But then you also look at the communities from Burma, and for those of the Muslim faith, their suffering is not dissimilar, as is true for our clients from Sudan, or from different parts of West Africa. This is happening here in the U.S. to members of the Muslim faith, this suffering, what we call material suffering. So, in that sense, I want to say that suffering is the same, yet there are different languages, cultures, faith practices, and stages of history that each of these groups bring to the table, and it is our job to understand that compassionately and without judgment.

I: And our next set of questions focuses on perceptions of people with differences in abilities and experiences of prejudice. So have you observed any prejudice, any negative remarks, or

discrimination directed towards Muslims with differences in abilities?

R: You know I'm thinking through that as you're asking me that question, and I would say no. No, not based on differences in ability, but it would be the stigma attached to the Muslim faith, Muslim practices. The historical turning is that we all have to understand better, but normally that seems to be the first barrier, which I think is also true generally when you're looking at this discrimination that normally blinds us from really understanding the humanity of it. And so we intentionally, and very much a lot, are kind to, speak to, spiritual practices that are leaden with prejudice, which makes it difficult. At the end of the day you will attend to clients best in need. Be it a speech impediment, they have a motor impediment, a neurological condition, any condition that they present with us is not any different from how we serve a U.S child from Iowa, you know.

I: So from your perspective, what are the biggest challenges that are faced?

R: I think language. Language, getting someone who is fluent in Arabic, for that matter, and even with the Middle East, there are different formulations, as you have found out, of Arabic. And making sure that the client has somebody who understands their dialect, their conversation, people who can translate properly for us. So in that sense, that challenge of meeting the sensitivities between languages, is general. So that would be our biggest one. Second would be folks who need transportation and access to medical services. Especially at the clinic, we do a lot of community based work, in-home work, [including] for folks who have differences in abilities. So those barriers to us are not insurmountable. It is a variety of opportunities we have. So, we experience with folks who have differences in abilities, we get a chance to know the person as who they are, hear their story, their vision in life. You see how we can overcome the perceived differences in ability and turn that into an advantage, interpersonally. So that we are making sure

that person is living to their optimal level.

I: So turn that into advantage and interact at the optimal level, what additional support, help, or changes in attitude are needed?

R: Very good question. And indeed, I would start with education, but I know you're not my kid. I would start with education in the sense that if folks who have been educating, formulating the brains of new providers in the field, firing up the engine of excitement to serve, and really seeing that those who come to serve — whether they are journalists or social workers, doctors, nurses, translators, whatever profession that person is bringing to the table — they are bringing up the motivation to serve the person regardless of their background. Regardless of the prejudices that may be there. And most importantly for the provider to understand their own biases and make sure they are not a part, and do not linger in service delivery. Secondly, creating opportunity. Creating opportunity for those that may be disadvantaged but deserve the chance to be heard, to express themselves, as we know that folks who have differences in abilities end up having barriers to access. Access to care, but also access to having a chance in life. And so to me, that is important to even out the playing field. And then of course, I'm recruiting the family members, community members, persons who have identified friends who support them. They become part of the team, of course with their consent. A neutral addition, then, is to expand community awareness. We all need to be as our brothers' and sisters' keeper, and therefore focus on how we can even out the pathway so we can all get what we wish to get in life.

I: And finally, with the time we have left, I wanted to ask you a question about you. What are the biggest challenges that you as a health care provider face? What additional support is needed for you?

R: I think we would need another hour on that. You're going to say so. The question is what do I

need to do my job? Oh my God. After we are done for today you can come an interview me. What do I need? Well, I need more personnel for sure, that are dedicated to serving clients who come with different levels of ability. I need folks that speak the languages of those folks, I need folks who have a heart and mind to attend to those needs, and then a longer life. So I can serve more.

I: Do you have anything else you would like to add?

R: No, just let your professors and leaders know I am so glad this project is going forward and I am glad to hear more that you find. Let us know how we can contribute to continue improving outcomes for the population that you study.

I: Yes, absolutely, I will keep in touch, keep you involved in the process, and let you know how we are progressing.

R: Ok. Good luck.

I: Thank you so much. Thank you, thank you.

R: You're welcome.