Chief Editor’s Introduction

The first article of Volume 11, Issue 2 of the Journal of Muslim Mental Health features a study of happiness. The majority of mental health research, including Muslim mental health (MMH), focuses on psychopathology, and relatively few scholars conduct positive psychology or resiliency research. Several tensions underlie the religion and mental health discourse. First, religiosity and spirituality are two distinct constructs that are often conflated but may have distinct associations with happiness, well-being, emotional health, and/or resilience. Second, ideology sometimes drives the research question and leads to bias or interpretative leaps. Believers and/or religious apologists (of any religious tradition) may be invested in demonstrating an association between religiosity and well-being and may bias the research methods or over-interpret marginal (or spurious) findings. Conversely, some social scientists and clinical researchers relegate religion as an institution that manipulates, leverages, and even profits off of promoting guilt and shame; consequently, religiosity is sometimes pathologized. Mustafa Tekke, Leslie Francis, and Mandy Robbins in “Religious Affect and Personal Happiness: A Replication Among Sunni students in Malaysia” explore the role of personality traits, attitude toward Islam, and happiness in a group of Muslim students attending the International Islamic University in Malaysia. The findings were consistent to similar studies they have published in other faith traditions, demonstrating an positive association between religious attitude and happiness. The two major limitations of the study are the sample bias of students who attend an “Islamic” university as well as the limited number of potentially confounding variables explored such as social economic status and stressful life exposures. However, the study further contributes to the important work in happiness study that will hopefully lead to further research and clinical work that promotes well-being and/or perhaps even prevent mental illness.

The second article, “The Role of Language and Cultural Orientation in Guilt and Shame Experienced by Bilingual Female Speakers” explores how bilingual (Arabic and English) Saudi Arabian women emotionally process affectively laden words in Arabic versus English. Seasoned therapists will immediately recognize how powerful the nuances of language informs framing (and reframing) of emotional experiences. For those who work cross-culturally, this
study demonstrates how communicating the same ideas or emotions are processed differently when using English (which in this case was the participants’ second language) versus one’s native language. The authors argue, and demonstrate through their study, that the use of English tended to draw attention to oneself while Arabic tended to promote attention to others. Interestingly, the authors expected since Arabic is the native language of all the participants of the study, it would be more associated with more emotionally stronger expression; however, English tended to be associated with stronger expressions of anger and arousal. From a clinical perspective, therapists may need to spend more time and effort contextualizing expressions of bilingual clients since how the clients experience emotionally laden terminology may subtly differ from the therapist.

The third article “Constructing Mental Health, Illness, and Depression by Muslim Leaders with those found in Consumer Health Materials” explored how Canadian Muslim religious leaders processed mental health information pamphlets and conceptualized mental illness. A lot of work is being done to train Imams, Islamic chaplains, and other religious/community leaders in mental health. This study is the first to explore how religious leaders conceptualize mental illness and will help inform future training programs and outreach efforts. Most Muslim religious leaders have minimal training in mental health and counseling but are seen (and see themselves) as playing an important role in emotionally supporting Muslims within their community. One of the major findings of the study is that while the lay literature tends to focus on the individual and self-care, religious leaders tend to be more interested in community level mental health screenings and interventions. Opportunities to further understand the perspective of imams and other religious leaders may lead to improved community level interventions and collaborations between religious leadership and mental health providers.

The final two articles are sections that we would like to promote more. The Cultural Formulation provides an opportunity of therapists and counselors to share their clinical experiencing in addressing cultural, spiritual, and religious needs of Muslim clients. The article by Shireen Musleh describes how she integrated Islamic principles to address an eating disorder in a religiously observant young Muslim American woman. As more books on MMH is published, we invite authors to offer their book reviews. Charles Chear reviews the publication Islamic Reference Guide for the Gottman Method by Menahal Begawala and David Prenner.