Religious and spiritual perspectives of social work among the Palestinians

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Religion and spirituality

This chapter will examine religiosity and spirituality in the context of social work. Religiosity has been roughly defined by Hill and Hood (1999: 5) as ‘phenomena that include some relevance to traditional institutionalized searches to acknowledge and maintain some relationship with the transcendent’, while spirituality is defined as ‘that most human of experiences that seeks to transcend self and find meaning and purpose through connection with others, nature, and/or a Supreme Being, which may or may not involve religious structures or traditions’ (Buck 2006: 289).

Research in Europe and North America has shown that religiosity and religious identity are both positively correlated with psychological wellbeing (e.g. Francis and Katz 2002; Hackney and Sanders 2003; Lewis et al. 2005). Abu-Rayya and Abu-Rayya (2009a) presented a similar case examining the Muslim population, where they found a positive relation between religious identity and psychological wellbeing. Abu-Rayya and Abu-Rayya (2009b) found the same connection among Palestinians, and expounded that ethnic identification is not the only factor relevant here, but that religious identification is also important for the wellbeing of minority populations. Defining oneself as religious was related to higher levels of positive affect and social relations, as well as higher self-esteem levels.

Religion and spirituality are also used as mechanisms to help cope with difficulties such as trauma and bereavement. Religious coping refers to the act of using religious activities, such as additional praying or attending additional religious services, in response to a stressful event, thus using the religious/spiritual activities and beliefs to cope with the stress (Abeles et al. 1999). Ano and Vasconcelles (2005) examined religious coping strategies and discovered that there is a positive relationship between using religion to cope with psychosocial difficulties and having good psychological adjustments and positive outcomes to stressful events. Religious coping strategies, such as benevolent religious reappraisals, collaborative religious coping and seeking spiritual support act as adaptive functions.

Religious coping strategies also help those coping with the loss of a loved one, and are associated with better adjustment to adverse events (Mattlin et al. 1990). For example, mothers who lost a twin cited a better ability to cope when they believed there was a higher purpose to...
the loss (Swanson et al. 2002) and recently bereaved parents who reported perceived spiritual support had lower depression scores (Maton 1989). In the case of Islam, Muslims are told to focus on religious beliefs and religious practices when they experience a loss; the Qur’an states that even in these circumstances, the main focus should always be God. Muslims believe that by renewing their acceptance of the will of God, the bereaved will be able to cope with their loss by drawing strength from the link to God and their religion. In addition, Islam has specific mourning rituals and behaviours that are meant to help the bereaved (Rubin and Yasien-Esmael 2004).

**Islam**

Islam is a monotheistic religion believing in one God, Allah, and in the Prophet Mohammad, the messenger of Allah. Islam has two main streams: Sunni and Shiite. Sunnis comprise approximately 90 per cent of Muslims worldwide, with Shiites making up the remaining 10 per cent. Sunni Islam privileges an unmediated relationship between the worshipper and God, whereas in Shiite Islam a hierarchical interpretive structure is salient (Hodge 2005).

The Qur’an, the canonical text of Islam, is understood to be the word of God (Allah) as revealed to the Prophet Mohammad. ‘Qur’an’ in Arabic means ‘recitation’. The Qur’an is the primary source of Islamic Law (shari’a) that comprehensively regulates life for pious Muslims (Al-Krenawi 2012). Observant Muslims may believe in the existence of angels and the devil as well (Al-Krenawi 2012; Hodge 2005). Nonetheless, generalisations are out of place in that individuals who identify as Muslim express all behaviours and beliefs.

Islamic law stipulates that five ‘pillars’ must be observed by its devotees. The first pillar of Islam is the recitation of ‘Shahadah’, which affirms a belief in one God, whose final prophet was Mohammad. This affirmation can be understood not only as a declaration of faith, but also as a socio-political statement implying that a single deity governs the world. The second pillar of Islam is the prayer referred to as ‘Salah’. It is incumbent upon male Muslims to recite these prayers five times per day, and to prostrate in the direction of their holy city of Mecca. The prayers may be recited individually or congregationally, either in a mosque or anywhere else. The third pillar is ‘Zakah’, which means ‘charity’. This pillar is multi-ethnic, in that the money is intended for the needy among Muslims and non-Muslims alike. ‘Zakah’ is construed as a corrective to social inequalities. The fourth pillar is ‘Siyam’, or the month-long fasting of Ramadan, where Muslims refrain from eating, drinking and sexual relations during daylight hours while continuing with their daily activities. The goal of the fast is to establish an emotional tie with the poor. Ramadan concludes with a three-day festival referred to as the feast of ‘Eid Al-Fitr’. The fifth pillar is the pilgrimage to Mecca, the ‘Hijj,’ to be undertaken at least once in one’s lifetime, providing one has the financial, emotional and physical abilities necessary to undertake the journey (Al-Krenawi 2012).

Three foundational values, in addition to the five pillars, are widely affirmed by Muslims globally: family, community and the ultimate rule of God. These notions may be seen as interwoven tenets reflecting an integrated Islamic worldview (Hodge 2005).

**Muslim society**

Societies in the West are usually low-context societies where the individual is prized over the collective. These societies are fast-paced and always in a state of transition (Hall 1976). On the other hand, Muslim societies are high-context societies, where the collective is considered to be of more importance than the individual. Society is slow to accept change, social peace is sought
after and social stability is thought to be one of the highest achievements. Emphasising the collective is another form of social peace, one endorsed in the Qur’an, with the mutually responsive collective following the ways of the Qur’an: ‘Help each other in the acts of goodness and piety and do not extend help to each other in sinful acts or transgression behaviours’ (Qur’an 5: 2). The Prophet Mohammad advised Muslims to help other Muslims in need, whether they are the oppressor or the oppressed. The Hadith adds to this idea and says that each person is a shepherd who is responsible for his flock (Nagati 1993). This sense of collective responsibility is further reinforced by how the Muslim views his or her place within society. Islam, it should be emphasised, is not concerned with the welfare of the individual alone, but rather it seeks to achieve a wider societal wellbeing. While ensuring the individual’s freedom, it places equal stress on mutual responsibility.

Family

The sense of collective responsibility naturally extends to one’s family. The welfare of the family is valued over the welfare of the individual, and thus identity is constructed according to family (Wasfi 1964). In Palestinian society, family is treasured, as are extended family members, because families have an important role according to Islam. Muslims live according to the traditional, patriarchal family structure, which defines the familial roles, status and obligations (Hall 2007). The Qur’an states that one must consider their family in every decision, a concept that serves to enforce the importance of the collective being over an independent, individual one. Religious spiritualism of an individual is not important, but rather the spiritualism of the family, as well as the role of the family in the community as a whole (Hall 2007).

The Palestinian case

Palestinians are a minority group within Israel. Over 700,000 Palestinians are Muslim, roughly 150,000 are Christian and almost 100,000 are Druze, Circassian or other groups. The vast majority reside in all-Arab towns and villages located in three main areas: the Galilee in the north, the ‘Little Triangle’ in the centre and the West Bank (Statistical Abstract of Israel 1998). The West Bank is the largest area of Palestine, and its population is 75 per cent Muslim, 17 per cent Jewish, and 8 per cent Christian (Al-Krenawi et al. 2009). The Palestinian Territories of Gaza, the West Bank, and east Jerusalem consist of approximately 4.6 million people (Halevy 2015). The sociopolitical situation for Palestinians is one full of trauma and bereavement. Due to poor relations with the Israelis, both sides have suffered from poor economic activity, a lack of political rights, social dislocation, as well as a multitude of psychological stress. There were many socioeconomic effects as well, such as the loss of land and orchards, and men losing their jobs due to road closures caused immense poverty. Both the West Bank and Gaza experienced considerable economic decline in both the first and second Intifada, violent Palestinian uprisings against the Israelis (Al-Krenawi et al. 2009).

Many damaging psychosocial effects have also been noted. The Intifada affected the entire Palestinian population, who suffered from anxiety, fear, shock and sadness, and worried that schools would shut down. Palestinians living near Israeli villages were most affected, with many highly apprehensive at the prospect of houses being demolished. In August 2004, the Palestinians Center Bureau of Statistics conducted a psychological health survey of children and youth aged 5–17 years, which reported that 11 per cent of the sample suffered from nervousness, 10 per cent showed a different kind of fear, 9.9 per cent lacked concentration and 5.8 per cent exhibited aggressive behaviour. Additionally, 30.8 per cent of the respondents had been exposed
to violence. In December 2004, a similar study was conducted by Giacaman and colleagues (2004) in the West Bank, which showed that 73 per cent of the population felt insecure and 80 per cent expressed fear of continued Israeli occupation of the West Bank. Both Israelis and Palestinians reported fear and emotional stress over the safety of themselves and family members (Ramon et al. 2006). Support was required in order to cope with physical trauma and with the death of loved ones. In comparison to the first Intifada, the second Intifada caused less of an impact as the violence was already fast becoming an everyday occurrence and there was more support and cohesion among the people.

The Arabs in Israel also experienced stress stemming from being part of a minority group. Many perceive themselves as suffering from systematic economic, educational and cultural discrimination. Such social inequity has been identified as a risk factor for psychological distress, feelings of worthlessness, helplessness and powerlessness, of being regarded with disdain, as well as sadness and fear (Al-Krenawi 2005). This insecurity was reinforced by the increased rate of domestic violence. Al-Ashhab (2005) reported that 11.3 per cent of Palestinians reported they were victims of household violence, a rate that had doubled since 1996, and 29.5 per cent of the population reported being targets of an aggressive act or assault.

Underutilisation of social work services by Palestinians

Research has shown that help-seeking behaviours differ depending on ethnicity, gender, nationality, religion and socioeconomic status (Al-Krenawi et al. 2004). With regard to Islam and social work, problems arise for Palestinians because Islam’s worldview contradicts some of the main viewpoints and practices of social work. The first contradiction is that Muslims look at Islam as providing complete guidance in all one’s needs in life, with spirituality referred to in all points of life, while social work views Islam as a single component of religion that one must consider while making a treatment plan (Barise 2005). A second inconsistency is found in how one views the concept of helping behaviour. In Islam, one asks for help from God and sees the subsequent help as coming from God. In social work, the social workers provide the help and the help comes from them. A third discrepancy is the nature of human need; Islam believes that spirituality is the most important human need, while social workers believe that needs are only as important as people think they are. The fourth contradiction is that Muslims believe that when faced with a hardship, one needs to respond by turning to religion, to God, and not to a social worker. They believe that suffering makes a person stronger and is necessary in order to have one’s sins be forgiven (Barise 2005). Another reason for the underutilisation of social workers stems from the society’s attitude towards them. When a problem arises in the Arab community, advice is usually sought out from friends and family. A social worker is only turned to as a last resort, as they are perceived as an outsider that the family does not trust (Al-Krenawi and Graham 2000). Finally, Palestinians view the help-seeking services as contradicting their religious values, as the social workers are seen as having discarded religious values.

Mosque

Traditionally, help-seeking services have been provided at the mosque, as the mosque is not only a place of prayer, but also a venue for the provision of educational, welfare and conflict resolution services for Palestinian groups, families, couples and individuals. The congregation can turn to the Imam, the mosque’s clergy analogous to priests and rabbis, who assumed his role within the community by virtue of being knowledgeable with the laws and ways of Islam. The position of Imam is a central role in the spiritual and communal life of Muslims,
and the congregation displays a great deal of respect towards and trust in the Imam (Siddiqui 2004). The Imam’s duties consist of leading prayers and providing advice and assistance to the community.

In all religions, congregants tend to turn to their religious communities when help is needed, regardless of whether clergy are the ones best suited to help. Thus, clergy often serve as the first line of mental health care for members of their communities, particularly in minority communities. A study by Wang and colleagues (2003) discovered that clergy provide more mental health care than psychiatrists, including treating people with serious mental illness. Leavey and colleagues (2007) conducted a study about the functionality of clergy as a resource for mental health. They discovered that Muslim and Jewish clergy reported that in many cases the mosque and synagogue were the first stop for families when a member of the family experienced emotional and psychiatric problems. These studies help illustrate the great importance placed on the function of the mosque within Islam and why it is crucial for social workers to have a greater understanding of the culture and practice of Muslims. Social workers will be able to connect with and assist Muslim clients only once they fully understand their culture, as the social worker’s response has to take into account the wholeness of the client, which in this case includes the culture of the individual Muslim, the group and the community, and how they each relate to the religion of Islam.

**Traditional healers**

Palestinian society has traditionally relied upon the services of traditional healers. In this practice, healer and client share a common worldview that stresses the importance of their joint origin and helps them understand the problem, its sources and the best ways of relating to it. The healer directs, advises, guides, instructs and suggests practical courses of treatment. In addition, the client believes that the healer has supernatural powers (El-Islam 1982), as the healers are meant to be intervening in the spiritual world.

Arab healers are called Sheiks or Moalj Bel-Quran in Arabic, and they base their healing on the Qur’an and Hadith (Mohammad’s sayings). One type of healer, Qur’anic healers, have healing clinics among the Palestinians in the Gaza Strip, central Israel, and the West Bank. The healers in these clinics share many similarities with social workers; they both use assessment procedures, implement theory learnt at universities and believe in proper training, consultation and supervision. The traditional healers use the client’s belief in their knowledge and techniques in order to ensure success (Murphy 1973). These healers practice healing that is in accordance with Islamic values and agrees with the concept of a patriarchal society.

Traditional healers tend to have good relationships with the clients and their families, which is important as engaging the client’s family is a large part of the healing and treatment process. The healer tends to rely on the family in order to ensure that the client is following the instructions, as well as to receive reports on the condition of the client. In addition, family is used as a support network (Al-Krenawi and Graham 1997). The healer relies on the dominant person in the client’s family to help bring client change and to mobilise the family and the community.

The role of traditional healer is now being occupied by social workers, though Palestinians are slow to make the switch. For social workers to begin to work with the Muslim community, they need to understand all the religious and cultural details involved. Qur’anic healers have a strong foothold in helping Arab society, so it can be helpful for social workers to learn from them how to help this population. Such knowledge is necessary in order to enable dialogue between the social workers and the healers and Muslim society, as well as to appreciate cultural and religious sensitivities towards Muslim society.
Social work among the Palestinians

Cultural differences and cultural stigma

Many cultural differences can be found between Palestinian society and social workers; consequently it can be difficult for them to work together. The Arab culture prizes building a trusting relationship over solving the initial problem, while the social worker wants a professional relationship maintained with a focus on solving the actual problem. Here, the cultural difference seen is in regard to interpersonal, professional relationships. Miscommunication stemming from cultural differences between the client and social worker can occur as well, though this difficulty is partially attributed to the social worker’s lack of knowledge about Arab culture (Al-Krenawi et al. 1994). An additional problem is likely to arise when clients comprehend the social worker according to their own cultural code, thereby misunderstanding the social worker’s intention.

Another barrier for the Palestinian society regarding help-seeking behaviour is the stigma of shame attached to seeing a social worker. Both Palestinian and Israeli Arabs reported having higher levels of perceived stigma attached to using mental health services than their other national counterparts (with no significant differences between Arab Israelis and Arab Palestinians). Several scholars point to the association between stigma and seeking mental health services (Al-Adawi et al. 2002; Al-Krenawi and Graham 1999, 2000; Savaya 1995).

Implications for social work practice

Social workers working with the Palestinian population are beginning to understand that this population has specific nuances that affect their help-seeking behaviours. As the majority of Palestinians are Muslim, the social worker needs a good understanding of Islamic culture. However, they also need to be able to acknowledge that Palestinians from other religious traditions may have other issues and there is a need to be culturally sensitive to those matters as well. When creating an intervention for the majority Muslim population, the social worker must take into account that Muslim society is characterised by the emphasis on the collective over the individual, the slow pace of societal change and a great sense of social stability (Al-Krenawi and Graham 1996). In accordance with the collective society, all of the family members will be concerned about anything that affects one family member and thus all will wish to intrude on the treatment. Because of the importance of family in the society, when a social worker comes to the community, they are not just speaking to the individual but rather to the entire family.

The social worker must acquire religious knowledge and include spirituality in the treatment plan in order to be able to appropriately help the client. This is one way to help the Palestinian population to embrace social workers; by having the social workers learn about Arab spirituality and the Arab population. This will put the social workers in an advantageous position and enable them to help and be allowed to help the Arab families. While social workers may not share the Palestinian religion and spirituality, it is important to acknowledge their clients’ spirituality, as well as their values and belief systems.

After learning about the importance of the mosque and Imam, it would be beneficial to form a relationship with the Islamic clergy, in order to learn from them. While some Arabs would rather have fellow Islamic social workers, others prefer to speak to someone outside of the community. Someone outside the community is also preferred in the case of a religious problem, so the client can have a neutral space to explore their feelings. Palestinians place great importance on traditional healers and religious leaders, so it is therefore very important for the social worker to consider how religion impacts clients and to use this as a helping tool. The social worker must leave space for religious rituals and ceremonies, as they have a large psychosocial impact on the lives of Palestinians.
The need for clinicians to exercise cultural sensitivity in treating clients of a different ethnic or religious group than their own is a commonplace factor of the helping professions. Clinicians are expected to be familiar with and accept their clients’ cultures and to take the cultures’ norms and values into account. The social worker must develop a culturally appropriate model of intervention, which acknowledges global and local knowledge within spirituality and religion.

References


