

The Islamic perspective in social work education and practice: A personal and professional journey

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Summary: This conceptual paper considers aspects of a highly neglected topic: that of Islamic perspectives in social work education and practice. The paper seeks to illuminate both religiously informed values, together with those of practice; in addition to considering types of professional intervention that complement the generalised characteristics of Muslim families. The scale of problems that impact upon Muslim communities in Britain are closely considered, specifically in relation to deprivation, social alienation and domestic violence. In addition, health issues are reviewed in terms of mental health and disability.

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Introduction

Although there is an increasing research focus on social work practice with Black and minority ethnic (BME) groups, Islamic perspectives in social work remains a highly neglected area. The origins of this conceptual paper have their roots in both practice, research and personal experience in relation to social work with Muslim populations in the UK and internationally (Ashencaen Crabtree *et al.*, 2008, Ashencaen Crabtree, 2008; Crabtree 2006),

The rather venerable cliché of a journey, as used in the title of this paper, nevertheless aptly describes the circuitous and sometimes tortuous routes that led the author to a greater understanding and appreciation of Islamic perspectives in welfare. This useful motif encompasses both the personal and the professional pilgrimage, in which one has underpinned and informed the other in a form of praxis.

The personal aspects of this developing interest in Islamic perspectives derived in part from a partially Spanish family heritage. For however much disdain itinerant, migrating manual workers from North Africa experience in Spain today, the past glories of Moorish Spain retain a poignant resonance in the mind of modern Spaniards. In this regard although semi-skilled Maghrebians struggle on the margins of Spanish society, the discreet Muslim professional in Spain, equipped with bi-cultural fluency, holds a respected place in society. However, this decidedly romantic legacy was admittedly an unlikely foundation for a developing professional focus on Muslim service users and their families.

The professional journey

Early in my professional practice career I was confronted by several, pivotal dilemmas involving service users from minority ethnic groups. Not having a shared ethnic heritage the one area they held in common was their religious identity: Islam. Arguably, although each case was different, the issue of faith did frame in particular ways the context of the concern surrounding these individuals. Equally, and in relation to spirituality in social work, a more developed appreciation and

knowledge of Islam would have served me to better in identifying the more appropriate forms of intervention, without the lengthy trial-and-error process that ensued.

In this regard anti-racist discourses, and their successors, were not particularly helpful sources of information in insufficiently differentiating between ethnic groups or faith-groups. On the contrary, there has been a tendency to subsume categories like 'South Asian' or 'Muslim' under broader classifications, such as 'Black'. This fails to highlight the specific cultural and faith aspects that are unique to these particular groups, or indeed the particular concerns that may relate to them. Consequently, what social work professionals appear to have needed for some time in this respect has been a greater understanding of Islam and the context of the Muslim presence in Europe, together with a critical examination of those issues that impact upon Muslims in contemporary British society.

In reference to my own learning process, the demands of a busy international career enabled my knowledge of Islam and the lives of Muslims to develop exponentially. For example, I discovered the actual diversity of religious practices and perceptions among different Muslim populations in Southeast Asia and the Middle East. In addition to how these influenced national welfare paradigms and the associated education of social work personnel in each cultural setting. Here too the differences were sufficiently wide to excite further research exploration and discussion, such as a developing anthropological interest in the great diversity of the Muslim *ummah* (the community of the faithful) in terms of family morphology, lineage and authority: whether patriarchal and patrilineal or matriarchal and matrilineal (Ashenaen Crabtree *et al.*, 2008; 2006). Associated with these points were interesting variations to uncover in relation to gender roles, sexuality, marriage and attitudes towards children, particularly female children. Yet, despite the contrast in beliefs and the contested theological debates that are also a feature of Islam, the gilded thread that runs through this manifold diversity is that of the seamless holism of Islam in daily life, thought and practice. Above all, practicing Muslims hold a great reverence towards the Prophet Mohammed (pbuh) and the Holy Qur'an.

Summary of the values, principles and characteristics of Islam

The six pillars of faith include the belief in God (Allah) as the One Creator and Sustainer of all beings, and belief in all the revealed scriptures of God, which include the Torah and the Bible, as well as the belief in human free will and God's omnipotence. The five pillars of ritual practice include a declaration of faith, five daily prayers, the practice of *zakat* (of which more will be said), fasting during Ramadan and the pilgrimage to Mecca.

Furthermore, however diversified is the population of the *ummah* (the community of the faithful) in terms of ethnicity, geography and tradition, there are certain religious values that are viewed as the overarching pillars of the faith, which are held in common across communities. Islam, for instance, emphasizes both the responsibilities of the collective, as well as those of the individual. Thus, the well-being and welfare of the community are prioritised in particular ways. This has interesting resonances for social work in that although the origins of the profession have their roots in Christian charitable obligation, this has long been eclipsed by a secular and rights-based model. In Islamic societies (to use a term that is problematicised in connection to the strict adherence or otherwise to *Shari'a* law) the welfare of the whole falls under the principle and practice of *zakat*. This is in effect an alms tax imposed on the affluent to assist the needy in society, in which even the amount payable and forms of distribution are defined in the Holy Qur'an.

The difference between the Christian notion of charity and that of the Islamic *zakat* is notably that the latter is designed specifically to serve the cause of social justice. Christian concepts of charity are largely based on notions of atonement, in which the recipient has no actual rights to alms, apart from that of representing a passive vehicle of grace for the donor. The old English ballad of Lazarus and Dives, for example, traditionally serves to signify a Manichean dichotomy, where the meek and good finally overcome the dynamic and evil in the Christian schema, although not, however, in the physical world.

In Islam by contrast the needy most certainly do have the right to claim alms from wealthier sectors in society and by doing so redistribute wealth across society to the well being of the whole. Thus the principle

of *zakat* offers a unique model of a healthy society, and lays clear guidelines of what is expected from citizens to create a thriving, more egalitarian community.

We additionally learn that in Islam all Muslims are regarded as equal. Although it cannot be denied that this really refers primarily to the spiritual condition, where all Muslim souls are equal in the eyes of God; rather than material and social equality between people, regardless of gender or ethnicity (Mernissi, 2001). Nonetheless, in considering the issues of community and citizenship a tension is noted between individual freedom and the community's obligations to the individual. Just as in the Judaeo-Christian legacy, the individual's conscience is the sophisticated, although fallible tool for guiding the individual to greater observance of their duties and responsibilities, as recognised by wider society.

Furthermore, it should be noted that in many Muslim societies the importance of the collective good supersedes that of the individual. That this can result in the abuse of vulnerable adults and children who may be held hostage to the tyranny of family *izzat* (honour) is a lamentable fact, that we will return to later in this paper (Ashencaen Crabtree, *et al.*, 2008).

Finally, consultation and mediation is a strong value in Islam, where informal processes can in turn give way to more formalised strategies of conflict resolution. Faith and festival, for example, combine to oblige even the worst of enemies to behave cordially towards one another during important in-mosque celebrations.

Apart from the principles of Islam and ritual observance it is helpful to review some of the characteristics that are said to be typical of Muslim families; although clearly there is an inherent danger of applying stereotypes to any such description (Barise, 2003). Nevertheless these broad characteristics, qualified though they may be by the dangers of wholesale over-generalisation, are linked in Table 1 to recognisable forms of social work intervention to form a complementary dyad (Dorfman, 1996).

As this table demonstrates, useful comparisons can be drawn in the classroom setting between social work values and those of Islam, underpinned by suggested complementary forms of intervention. Nonetheless, this in itself does not close the gap between intended learning outcomes in the curriculum and practice outcomes with marginalised minority ethnic and minority faith groups in the country.

Table 1

Attributes Muslim families	Commensurate SW intervention
Flexibility	Emancipatory
Optimistic outlook	Strengths-perspective
Resilience	Capacity building
Family orientation	Networking
Responsibility towards vulnerable family	Advocate
Neighbourhood & community ties	Broker
Consultation & mediation traditions	Mediator

(Ashencaen Crabtree *et al.*, 2008)

While greater recruitment of Muslim social workers is a desirable achievement, there is a broader need for social workers to address more fully the spiritual dimension in the lives of service users. This is a key component of personal identity, and one that colours all other aspects of the lived experience.

The secular base of social work in Britain, coupled with the fraught target-driven agendas of under-resourced social service departments tends to militate against a reflective review of the spiritual domain in both assessment and intervention, except at a superficial level, however important this may be to the service users we actually encounter. The danger for insufficiently prepared social workers is to approach this sensitive, multifaceted state of being with a tick box mentality.

Muslim communities and social exclusion

The scale of problems that impact upon Muslim communities in the UK are underestimated in terms of poverty factors, social exclusion and crime. In addition to this are other concerns relating to the family, and finally in relation to health. The challenge for the profession lies in being able to address such problems, given the general lack of understanding and knowledge of Muslim communities, coupled with the escalated rates of Islamophobic prejudice that abounds in contemporary society.

The plight of British Muslims can be more clearly defined in relation to claims that despite an increase in Islamophobic attitudes following the 9/11 and Gulf conflicts American Muslims are said to be more assimilated into society than Muslims in the UK and Europe (McAskill, 2007). The reasons for this are apparently due to the higher levels of religious adherence in American society in general, in which certain faith groups are not particularly noticeable for their devout religious observance. Furthermore, Muslim Americans apparently enjoy a higher standard of living than their counterparts in Britain (McAskill, 2007). That said, one hypothesis could be that such tolerance may be more readily found in the urbanised, multicultural communities where American Muslim families are more likely to reside, rather than the more mono-cultural areas of Middle America.

To put matters into greater context, Muslims for instance are the most deprived out of all other faith groups in the UK. Family morphology is characterised as having high rates of marriage, followed by large families with a significantly young age structure, leading to a high number of dependent children to support in each family unit. Over 42% of British Muslim children live in overcrowded homes, and 35% of them grow up in households without a single adult in employment. In terms of education and job opportunities, a third of Muslim adults have no qualifications and 17.5% of young adults are unemployed (Ashencaen Crabtree *et al.*, 2008; Choudhury, 2005).

In terms of crime, a Home Office survey established that Pakistanis and Bangladeshis (who are usually Muslims) are significantly more likely than White people to be the victims of household crime. They are also significantly more likely to be the victims of racially motivated attacks than Indians, Black or White people (Clancy *et al.*, 2001: 2). Moreover, in the wake of 9/11 religion has been found to be of greater significance than ethnicity in terms of indicating discrimination and victimisation (Weller *et al.*, 2001). These authors go on to claim that following 9/11 it has been found that religion is more important than ethnicity in indicating experience of racism and discrimination. Thus British White Muslims have also reported a rise in religious discrimination, adding further evidence that Islamophobia is a currently an endemic feature of contemporary British society (Sheridan *et al.*, 2003).

The effects of social marginalisation have given rise to some speculation regarding the impact of this pernicious situation upon British Muslim communities. This has been particularly the case in

relation to the perceived rise of extremism among British Asian youth, as typified by the London bombers. Notoriously universities have not been immune to the largely political and media driven fears of extremist insurgence, where they are viewed as a potential site for the security surveillance of suspect students. Although the potential for terrorist activity at home should not be trivialised, such rhetorical stances tend to obscure the real picture of material and social deprivation that is likely to impact heavily upon the well-being of impoverished Muslim families.

Focusing on the family

One of the more pressing concerns affecting many Muslim families in Britain relates to the issue of traditional marriages, particularly in relation to those of daughters. An important distinction must be made, however, between marriages that are arranged by parents with the agreement of the young couple, and those that are enforced. In the latter case the young women in question are frequently kept in a state of ignorance of the plans afoot until close to the conclusion. It is this situation that is considered here, and which Southall Black Sisters pronounce to be a form of domestic violence (Ashencaen Crabtree *et al.*, 2008).

The exact number of enforced marriages of British citizens remains unknown; however, there is evidence that the numbers may be relatively high. A Bradford city council survey revealed that of 1000 Bangladeshi and Pakistani schoolgirls tracked from primary school to secondary only 860 schoolgirls were present on schools rolls in secondary school at the time of investigation. The missing girls had apparently been removed from Britain and returned to their family's country of origin for the purposes of marriage (Ashencaen Crabtree *et al.*, 2008).

Additionally, the Forced Marriage Unit, which operates under the Foreign & Commonwealth Office (FCO), deals with 250 reported cases a year. It is perfectly plausible that this represents merely a fraction of the actual cases of enforced marriage of British female nationals, who often come under intense pressure from their families to submit to nuptial arrangements. In fact, although the FCO provide useful guidelines for social services in relation to the risk of enforced marriage, there has nonetheless been concern expressed about the low uptake of such

information resources by relevant departments.

Enforced marriage is a practice that is not condoned under Islam, although arranged marriages are well established in many Muslim societies. It is possible that the domestic violence aspect of coercion may in part be a reaction to the tensions experienced within certain Asian communities between perceived encroaching values of the dominant British society, and those traditional, cultural values that are therefore regarded as under threat.

Such attitudes are at the basis of other forms of domestic violence, in which the victim may be regarded as having committed a transgression against the family honour (*izzat*). In the worst cases this has resulted in the murder of young women, which are either carried out by family members themselves or otherwise initiated by them. The misnomer of the term 'honour killing', as commonly applied to such murders, tends to both relegate these crimes to exotic aberrations of alien and incomprehensible cultures, while to some extent exonerating the extent of culpability. Neither attitude does justice to the victims of these crimes nor does it help to protect other vulnerable women. It is therefore worrying to learn that accordingly 1 in 10 young Asians in Britain believe that honour murders of family members can be justified (BBC, 2006).

Health concerns

Poverty has long been linked to both mental health problems and abuse issues. In relation to Muslim communities in Britain, it remains unknown what the impact of deprivation, combined with Islamophobia, may have on individual and family well-being. Yet, it is unlikely that there will be no associated repercussions on such communities. Instead, it is more probable that the impact of social exclusion at such levels may result in higher levels of anxiety, social isolation and social disengagement from greater participation in wider society in general. There is some research evidence that shows that social capital, as measured by community participation, is apparently weak within Pakistani communities in Britain (Campbell and McLean, 2003). An interesting aspect of this finding is that despite this it does not negatively affect an otherwise strong and proud cultural identification as a member

of a minority ethnic community. However, the more negative view is that an inward looking collective perspective is liable to make it more difficult for minority ethnic families to break out of generational cycles of deprivation or the 'ghettoization' effect that some minority ethnic communities in Britain are evidently experiencing (Ashencaen Crabtree, *et al.*, 2008)

In relation to mental health, there is an interesting discrepancy that cuts across gender lines with regards to South Asians, where as a group they have the same or indeed a lower incidence of anxiety and depression than the general population. However, the figures for depression are estimated to be twice as high for 'Asian and oriental' women as they are for White women (Burr and Chapman, 2004). This discrepancy is explained under the hypothesis of somatisation of depressive symptoms in self-referral to GPs, where it would seem perhaps more excusable culturally for patients to complain of physical symptoms than those that touch upon the psychological.

Additionally, Fenton and Sadiq (1996) discuss mental health problems among the Asian female participants of their study. They conclude that relationship problems within the family context are a primary source of stress for South Asian women. A later study focuses upon the psychological benefit to mothers and children in extended Hindu and Muslim families where a grandmother is resident (Sonuga-Barke and Mistry, 2000). The results are suggestive: while children and grandmothers appear to fare well by the living arrangements, the mental health of mothers suffer in consequence; particularly that of the comparatively younger Pakistani Muslim mothers, who experienced higher rates of depression and anxiety than the Hindu mothers (Sonuga-Barke and Mistry, 2000).

A further factor that impacts upon the mental health of Asian women is linked to racial discrimination (Fenton and Sadiq, 1996; Fenton and Sadiq-Sangster, 1996). Although there is insufficient research data available to cast more light on the current mental health functioning of Muslim women in Britain, this is an area that requires further examination. It is an issue of some importance in view of the highly oppressive nature of Islamophobia in society, which has increased since 9/11, coupled with the potential for domestic violence at home, and particularly in relation to the matter of *izzat*.

An additional stressor for many Muslim women lies in the almost exclusive care-giving role of the young, elderly, sick and infirm that

is assigned to them on the basis of gender norms (Katbamna *et al.*, 2004). This is an additional issue of particular consequence in terms of the higher levels of disability found in Muslim communities in the UK, which has often been linked to the traditional practice of first cousin marriages. This is a common arrangement among many Asian communities, which is regarded as keeping property and wealth within the immediate family circle, and cementing family alliances. In relation to Arab Muslims at least, it is also believed to reduce the risk of maltreatment of brides by their husbands (Dhami and Sheikh, 2000). Although it is equally the case that a family culture of domestic violence can be transmitted across relatives and militates against this traditional safeguard.

Although Islam does not discriminate against people with disabilities *per se*, perceptions towards disability and care of people with disabilities are grounded in culture, as well as knowledge and skills within families. Many will not have the experience of caring for children and adults with disabilities, as mortality rates of such people are considerably lower in Britain than in developing regions of the world.

Social work intervention with these kinds of families, however, is likely to be unsuccessful without a more complete understanding of the family system, especially in relation to the interdependency of family members. In addition to this, practitioners would benefit greatly from exploring in detail family attitudes towards disability, as well as their understanding of it. In addition to developing insights into what would represent a good outcome for the individual with disabilities, in addition to that of the family, which may be a quite separate point.

On occasion, this may create ethical dilemmas for social workers where the concerns and priorities of the family may appear to be out of step with those identified by social work practitioners (Ashencaen Crabtree *et al.*, 2008). This is likely to be particularly the case where there is a perception by professionals that family agendas seek the collective good of the family rather than seeking to benefit the identified service user, for whatever reason. At the same time, although many Asian and Muslim families view the individual's wishes as subordinate to that of the whole, there is a continued expectation that infirm or disabled relatives will continue to be cared for within the bosom of the family. Although as has been seen the burden of care will fall unequally upon some members of the family above others.

In terms of the higher rates of disability among South Asian communities, the common practice of marriage between first cousins has been blamed as a serious risk factor. However, in reality how far consanguinity escalates the risk of congenital disability is uncertain. In consequence, the general social disapproval of consanguineous unions has been challenged by some minority ethnic communities as a racist ploy. Alternatively it has been argued that the rates reflect the effects of deprivation and health care inequities (particularly in relation to ante-natal care), in addition to the reluctance of Muslim families to abort foetuses with congenital abnormalities (Sheikh and Gatrad, 2000).

Conclusion

To attempt to draw specific conclusions on such a vast, multilayered subject as Islam and social work is, of course, a vain enterprise. A more modest but critically important goal is to join in the endeavour to create a space for meaningful dialogue that expands our understanding of not only Muslim communities, but extends that to other faith groups in the UK. To this end, of the many questions that raise themselves to mind, two seem to be particularly apposite: how can we enable practitioners to work effectively with faith diversity, as well as ethnic diversity? In addition: how do we apply non-oppressive practice in situations where certain cultural values and associated conduct present a challenge to our professional and personal values?

This latter question may be applied to both secular and religious social workers just as easily, and becomes a further bone of constructive contention in relation to members of faith groups who contest the principles of equality in diversity with regards to certain sectors in society. How such issues are to be satisfactorily resolved remains an open question, nevertheless these are the ones contemporary society is being forced to address. Within the discipline of social work it is timely to remove them from the outer margins of the social work curriculum and reframe them as key to effective practice in an increasingly complex and intermeshing multi-faith, as well as multicultural society.

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