

Intolerance or Ignorance: where to draw the line?

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When I first came across the term 'intolerant secularisation' as being the theme of the meeting in which I was asked to speak, I must admit that I was unsure to what the phrase specifically referred. Is secularisation simply the name given to the process of becoming secular and how does it relate, whether tolerant or intolerant, to health, particularly mental health? I was more used to thinking in terms of the association between religiosity or spirituality and health, particularly mental health.

So I did some research into secularisation, its ideology and history and would just like to share a couple of points that struck me. Firstly, the term 'secularisation' was coined by Max Weber in 1910. That came as a surprise to me as I was familiar with Weber in relation to the concept of '*verstehen*' or 'meaningful understanding'. This as you know is associated with the interpretative approach towards social science rather than the positivist approach. His phrase 'disenchantment of the world' symbolises the heart of secularisation theory: the decline in importance of things mystical and supernatural and the supremacy of rationalisation. Ironically it was Weber who described the worldly significance of religion in modern sociology.

Thus classic secularisation theory posited that with the rise of modernity, the shackles of religion would be thrown off and society would become increasingly secular. But things did not turn out as expected and it soon became clear that religion was not going away. In fact more orthodox religiosity was growing, with fundamentalisms proliferating throughout the world, even in countries like the United States.

The secularisation theory therefore needed revision. It was clear that even in western societies, religious traditions played an important role in public life. Modernity did not necessarily lead to secularisation. Attempts were then made to limit the definition of secularisation to the decline of religious authority, but not individual belief.

If we consider the case of Europe, there are a multitude of religious beliefs and traditions co-existing in society. Europeans now have to re-evaluate the role of religion and see it as having a visible public face.

This brings us to the myth of secular tolerance, which as stated by John Coffey in 2003 as the idea that tolerance comes naturally to the secular person, while intolerance comes naturally to the religious believer. He defines tolerance as a policy of patient forbearance towards that which is not approved (not approval or indifference). Intolerance he defines as an active attempt to suppress or silence the disapproved practice or belief.

Earlier this year in March, when I was thinking of what to write in my abstract, I was listening to the nine o'clock news; one news item was that Google was shutting down its search engine in China due to Chinese censorship, and

redirecting to its Hong Kong search engine. Chinese officials were saying that Google was flouting Chinese laws to which it had agreed at the outset. The very next news was that the Afghan government was trying to shut down a Taliban website because it encouraged violence and terrorism. It was showing images of deformed babies, alleging usage of depleted uranium and also images of suicide bombers.

This brought home to me the issue of intolerance. What does it mean? How does it vary in different contexts? In one instance official censorship is criticised as being against freedom of expression. In another official censorship is promoted as necessary to curtail Taliban propaganda. All behaviour is a means to an end, but to whose end? And does the end justify the means?

Coming back to our part of the world and to the point about Europeans having to see the public face of religion, it is obvious that many don't like what they see. We are all aware of the recent campaigns to ban the burqa, ban the niqab, ban the minarets! (Five years ago most Europeans would not even have known what the words burqa and niqab meant! In case somebody still does not know, the burqa is a long, concealing over-garment that some Muslim women wear and the niqab refers to a face veil which just reveals the eyes). Which country can claim to be more secular than Switzerland or more freedom-loving than France? But does this 'freedom' only extend to those who have beliefs similar to those of the majority, or to put it differently, whose beliefs are not too unpalatable to the majority?

I would like to go back to the definition of tolerance given by Coffey, tolerance supposedly being the hallmark of secular societies - a policy of patient forbearance towards that which is not approved. Whether I approve of face-covering or not, whether I even view it as an Islamic practice or not, is beside the point. The point is that when I claim to uphold freedom of expression as a basic human right, I uphold it for all human beings, unless it causes harm or suffering to others.

So why is there a rise in intolerance in secular societies? Why is this intolerance making its way into the legal apparatus of secular states? Is it simply fear of the Other? Is it fear of the Unknown? Does this intolerance stem from ignorance?

Keeping to the Islamic symbolism, many non-Muslims argue that the headscarf and the face-veil are symbols of the oppression and suppression of Muslim women and that they are forced to wear them, by their fathers or husbands, or pressurised by the Muslim community at large. They claim that in a secular country women should be free of such oppressive practices and that legal prohibition is one way forward. Hence the recent ruling of the Conseil Constitutionnel - the guardian of the French constitution - in favour of the anti-burqa law, stating that there was a need to uphold constitutional principles such as women's rights and public order!

But for the vast majority of Muslim women, particularly those living in western societies, their outer garments are a matter of personal conviction and choice.

For many Muslim women it is a struggle to be able to wear the head scarf in opposition to the wishes of family members (one such example stands before you!)

I think intolerance is often a result of ignorance, misinformation and misperception that extends over generations and even centuries. But this is not the occasion to examine the roots of intolerance. Suffice it to say that knowledge about what the head scarf or face-veil symbolises for Muslim women and their reasons for wearing it may lead to greater tolerance for the practice and it may come to be accepted as one among many practices of believing communities living in a secular society. (By the way, just 1900 out of 1.5 million women in France wear a face covering).

But is tolerance of different practices what we should aim for? Should our attitude and behaviour towards those with different beliefs and practices merely be one of 'patient forbearance'? Can tolerance remove ignorance? Or can we aim higher? Can we aim for deeper understanding? Can we aim for active engagement?

This is what is proposed by advocates of pluralism. By pluralism I don't mean moral relativism or an 'anything goes' approach. Nor is it the same as diversity. The American scholar, Diana Eck, has explained the concept in a comprehensive manner in four points, comparing it to what it is not.

1. Pluralism is not diversity alone but the energetic engagement with diversity. (Religious diversity is a given but pluralism is not. It is an achievement)
2. Pluralism is not just tolerance but the active seeking of understanding across lines of difference'. Tolerance does not require Christians and Muslims, Hindus and Jews to know anything about each other. It does not remove ignorance
3. Pluralism is not relativism, but the encounter of commitments
4. Pluralism is based on dialogue, which means both speaking and listening, which will reveal commonalities and differences (Diana Eck, 2006, The Pluralism Project).

Thus the aim of pluralism is not just 'tolerance' of the other but an active attempt at understanding and engagement.

It is this understanding based on knowledge that is referred to in the Qur'an in sura 49, verse 13:

'People, We created you from a male and a female, and made you into races and tribes so that you may know one another. In God's eyes, the most honoured of you are the ones most mindful of Him: God is all knowing, all aware.'

There are four main points in this verse. Firstly it is addressed to all people, not just Muslims. Secondly it mentions that the creation of humanity into distinct groups comes from God and is a positive value. Thirdly it encourages people to know and learn from one another. Finally it states that the best people are those who are aware of God. It does not say that Muslims are better than others as is a popular misconception.

This pluralism needs to be actively promoted at an early age. I remember around the start of the war in Iraq my son coming home from primary school one day fuming because in an RE lesson one of his classmates had stated 'All Muslims are evil because Saddam Hussain is evil and he is a Muslim'. At this my son had retorted 'All Christians must be evil too then because George Bush is a Christian and he is evil.' The teacher, instead of making the most of this opportunity to facilitate discussion and understanding in the class told both boys to keep quiet.

As you all know, increased intolerance is manifested in greater discrimination. Many studies show that hostility towards Muslims and other minority groups is increasing in Europe. The EU Fundamental Rights Agency report of last year found that minorities commonly face discrimination while looking for a job, shopping or visiting the doctor. The report labelled as 'shocking' the racist and Islamophobic experiences of minorities. An earlier study in 2004 in France found that a standard resumé with a Muslim name was five times less likely to elicit an interview than the same resume with a non-Muslim name.

A report published in December 2009 by the Open Society Institute surveyed Muslims in eleven European cities and found that 55% of respondents believed that religious discrimination had risen in the past five years. But it said that most Muslims still wanted to live in communities that were ethnically and religiously mixed rather than segregated areas.

Although a lot of academic research has addressed racism, religious discrimination has received limited attention. A study by Sheridan on British Muslims in Leicester in 2006 suggests that post-September 11th, 2001, religious affiliation may be a more meaningful predictor of prejudice than race or ethnicity. Respondents indicated that following 9/11 levels of implicit or indirect discrimination rose by 82.6% and experiences of overt discrimination by 76.3%.

We know that religious discrimination is not limited to that against Muslims. I am sure you are aware of the case in summer this year in which a committed Christian was sacked from his council job after suggesting to a terminally ill woman that she 'put her faith in God'. He was sacked for gross misconduct and a subsequent employment tribunal ruled that it was reasonable for the council to dismiss him and that he had not been discriminated against on the basis of his religion. Again, earlier this year a Christian nurse was banned from working in a hospital ward after she refused to remove her crucifix.

With reference to the health sector, research has consistently shown disparities in the health experiences of ethnic minority groups. For example a

study in 2001 into maternal deaths showed ethnic minority women had the highest mortality rates. It cited social exclusion, ethnicity, lack of English and late or irregular access to ante-natal care as significant risk factors. Although religion was not examined in the study, a large proportion of those who died had origins in countries such as Pakistan and Bangladesh. A subsequent report by Maternity Alliance in 2004 highlighted the need for maternity services to be informed and shaped by the diverse needs of the communities they serve. It stated that poor maternity care was putting many Muslim women at risk, the most common issues being about the lack of privacy and treatment by male doctors. While many problems were caused by a lack of understanding about the Muslim faith, some were also due to discrimination. The most negative perceptions were of health care assistants and nurses on post natal wards, who were reported as being 'unsympathetic' and treating Muslim women 'differently'. Other issues raised were about difficulty in getting halal food and access to prayer rooms. One woman described how she had requested that only women be in the room during the birth, and although she was 'okay' with the male doctor who came to examine her in the last half of the labour because there were concerns that the baby might be in distress, she felt very uncomfortable about other men unrelated to her case coming in and out just to speak to a colleague.

Moving on to the area of mental health, both language barriers and a lack of community based services have been highlighted as reasons for the low uptake in the number of Muslims accessing mental health services. A recent survey in 2007 by Rethink, the mental health charity, revealed that Muslims with mental health problems face more discrimination than their non-Muslim counterparts. 29% of respondents said that they would not be happy living next door to a person with mental health problems and the figure rose to 47% if the person happened to be a Muslim. 89% of people were more suspicious of Muslims than ten years ago.

Incidentally, another research by Rethink on the Pakistani community in Birmingham found that two thirds of respondents felt that the portrayal of Muslims in the media and society's perception of them were affecting their mental health.

In the last two decades there has been a surge of interest in the role of religion and spirituality in mental health and the bulk of the evidence points towards a positive correlation. The majority of studies have found religion to be a protective factor in relation to mental illness. But I am sure you all know more about this than I do so I will limit this talk to my own experiences.

In my own qualitative research on social support and depression in Pakistani women, many women perceived religion to be a specific source of support in relation to their condition. While some expressed this in terms of God being a source of support for them, others found comfort, peace and reassurance in specific religious activities such as the daily prayers or reciting the Qur'an. I would like to read out a few quotes from them. These are all from women who had been diagnosed as depressed.

'My greatest support is from my God.... Yes, definitely ... In my view religion brings [one] towards realities. A human being perceives the truth, the existence of God.... I am friends with God. By offering prayers, I feel very satisfied. I have read the Qur'an with translation many times' (Rida).

When asked what she had derived most support from in her condition, another woman said 'I think from religion'. When asked in what way she explained:

'Meaning whatever the problem is, to compromise with it. Meaning at one time I read it written somewhere 'One who forgives is forgiven by God'. So I greatly acknowledged this thing and tried that I too - and I say, alright, I have forgiven [him]. (Aayesha)

'I feel happy [after praying]. It is as if a person has become very light, and one feels better when one prays to God. (Saeeda)

Another woman felt that it was her faith that was preventing her from taking her own life:

'Even now I don't want to live. I think that the amount of suffering that I am bearing here, there may not be so much suffering there. And people say it is haraam [meaning prohibited], suicide is haraam... Then what is He [God] watching? Trial upon trial! Trial upon trial! For how long? After all for how long can a person bear it...? Now it seems like how long do I have to live? How much more punishment do I have to bear?' (Sabra)

For many Muslims with serious mental health problems who have suicidal feelings, it is often their belief that suicide is a major sin that prevents them from carrying it out.

In my own clinical work in this country people have often expressed the feeling that their religious beliefs were a source of comfort and hope for them and helped them to cope with stressful situations. I remember an Eritrean couple who were devout Christians, who wanted me to pray with them at the start of each session. The prayer basically comprised the wife asking God to help that session to go well and to facilitate progress in therapy as a whole and help the family to achieve their goals. I was a bit taken back the first time as I had not done anything like that before but I later realised that it not only helped the couple derive strength from the prayer, it helped them focus and also created an alliance between us; although we belonged to different faiths yet we believed in the same God.

For practising Muslims, Islam is a way of life and not just a religion in terms of a private, personal affair. It has a bearing on manners, way of dressing, diet, relationships, social life, and even economic affairs. God is an overarching presence in people's lives, not just at the time of the five daily prayers. Hence everyday expressions and phrases include references to God. Whenever I ask a Muslim patient or their relative how they are, the invariable reply is *Alhamdulillah* (praise be to God or thanks are due to God) or *Allah ka fazal*

hai (it is God's grace). After that they will proceed to explain what the problem is. Whenever they talk in terms of the future, they will say *Inshallah* (God willing). This does not necessarily imply a fatalistic attitude but rather an acceptance that ultimately everything comes from God. This is common to all Muslims irrespective of which culture they belong to.

Similarly, many Muslim patients will use the phrase 'please pray for me' to which I will respond 'yes, of course'. But this is a cultural expression, unique to Muslims originating from the Indo-Pak subcontinent. The patient does not expect me to actually sit and pray to God on his or her behalf. It is an expression of a wish for God to help and my agreement is acknowledgement of that wish.

The discrimination that I have come across in my clinical work has primarily been on the basis of race and culture rather than on the basis of religion. However in one particular case all three were intermingled to form a complex web that could not be untangled. This case involved an eight-year-old boy who had been taken into care about a year ago. We can call him Ahmed. His parents had separated soon after he was born. The father, of Bangladeshi origin was dependent on drugs and in and out of prison. The mother, Caucasian and Welsh, left him in the care of his paternal grandmother, saying she could not cope. He was brought up in the care of his Bangladeshi grandmother who had four of her own daughters living at home, one of whom was only five years older than her grandson. She had come to England about forty years ago from a small village in Bangladesh, declared herself a staunch Muslim and even now could speak only a few words of English. She had a history of involvement with the social services as two of her daughters had been taken into care about six years ago due to allegations of neglect and abuse, but returned to her care after a year.

Ahmed, too, was removed from her care due to allegations of abuse. A teacher at school saw a bruise on his arm and Ahmed himself complained that his grandmother would bathe him in water that was too hot. She denied the allegations but her youngest daughter and Ahmed were taken into care. When his mother found out she applied for him to be put in her care, although she was now divorced from her second husband and had a two-year-old daughter. However on the occasions that Ahmed went to stay with her for extended contact, he kept running away; she could not cope and withdrew her application. He also used to run away from school and go to his grandmother's home. The maternal grandmother, who lived in a rural community in Wales and was estranged from her daughter, appeared on the scene and applied for a residence order in her favour. The Bangladeshi grandmother also had applied for the child to be returned to her care as none of the allegations had been proved and her daughter had already returned to the family home. Basically it was a case of both grandmothers wanting care of the child. A child and family psychiatric assessment was carried out, following which the child psychiatrist recommended that as Ahmed had a close attachment to his paternal grandmother and identified with his paternal family, he should be returned to her care after some therapeutic work had been done. There was a lot of delay in getting this therapeutic work organised,

during which the local authority started regular contact between Ahmed and his Welsh grandmother to the extent of arranging multiple trips for him to go and stay with her in Wales, where he was showered with gifts, taken for football matches and had a great time.

To put it bluntly, the local authority did not get on with the Bangladeshi grandmother. When I was initially contacted I was informed that she was verbally aggressive, intimidating, had communication problems, poor social skills, lacked insight and used to force her religious beliefs on to the boy. The latter comprised making him go to the local mosque to learn to read the Qur'an in Arabic although he did not want to.

This case was a prime example of lack of cultural and religious understanding. The grandmother came from a rural background, her style of talking was loud and she made a lot of gestures while communicating which the social workers perceived as rude and intimidating. Due to her limited knowledge of English, she required an interpreter and was often frustrated at not being able to convey her feelings and wishes. Most Muslims view it as necessary to be able to read the Qur'an in Arabic, the original language in which it was revealed, and most Muslim children are taught to read it while they are still in primary school. But the social services were questioning why he had to do so when he did not understand the language.

The Bangladeshi grandmother felt persecuted by the social services and questioned why the grandson was not returned to her care if she was considered safe enough to care for her daughter. At one point, even I felt as if the social workers involved were on a mission to rescue this child from his inner city Bangladeshi, Muslim origins and send him to into a prosperous Welsh household. In this case issues of race, culture and religion were so intertwined that it was impossible to separate them. Needless to say he went to live with his Welsh grandmother.

Was this a case of intolerance? Was it a case of ignorance? Was it a combination of the two? I leave it to your judgement.

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