Muslim women and mental health care: Reflections from the series *Ethos*

Mulheres muçulmanas e cuidado em saúde mental: Reflexões a partir da série *8 em Istambul*

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Abstract

Despite the growing interest in the dimension of religiosity in the health area, Muslims have been neglected in the psychology field. Mental health professionals know little about this religion and its followers. However, the Muslim population is growing, both through reversions and immigration/refuge, leading them to seek psychological care services. To address this divergence, this article aims to present points that should be considered about Muslim women's mental health. To this end, we considered the Turkish series *Ethos*, which depicts the psychotherapeutic process of a Muslim woman who wears the hijab, the Islamic veil. The analysis of the corpus led to three axes, pointing to (a) the need for psychoeducation of the Muslim community in the face of tensions and stigmas; (b) ethnocentrism and Islamophobia as obstacles to the psychotherapeutic process; and (c) the importance of sensitive listening for a psychological practice open to cultural-religious diversity. The study, in confluence with ethnographic research conducted in the Brazilian Islamic field, allows us to highlight possibilities, challenges, and ethical aspects of the relationship between religion and mental health care.

Keywords: Muslim Women; Mental Health; Psychotherapy; TV Series; Türkiye.

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Resumo

Apesar do crescente interesse pela dimensão da religiosidade na área da saúde, muçulmanos têm sido negligenciados pelo campo psi. Por um lado, profissionais pouco conhecem essa religião e seus seguidores; por outro, a população muçulmana cresce tanto pelas reversões quanto por imigração/refúgio, e adentra nas clínicas psicológicas. Para suprir tal descompasso, este artigo tem como objetivo apresentar pontos de atenção a serem considerados quando se trata da saúde mental de mulheres muçulmanas e das especificidades do cuidado direcionado a elas. Para tanto, tomou-se como disparador a série turca *8 em Istambul*, que expõe os meandros de um atendimento psicológico a uma mulher muçulmana que usa hijab, o véu islâmico. A análise do *corpus* fez emergir três eixos reflexivos, que apontam: (1) a necessidade de psicoeducação da comunidade muçulmana diante das tensões e dos estigmas cristalizados; (2) o etnocentrismo e a islamofobia como obstáculos ao processo psicoterapêutico; e (3) a importância da escuta sensível para uma prática psicológica aberta à diversidade cultural-religiosa. Este estudo, em confluência com pesquisas etnográficas conduzidas em campo islâmico brasileiro, permite destacar possibilidades, desafios e aspectos éticos da relação entre religião e cuidado em saúde mental.
Palavras-chave: Mulheres Muçulmanas; Saúde Mental; Psicoterapia; Série Televisiva; Turquia.

Introduction

Religion is one of the instances to which people turn to make sense of life's phenomena, including processes related to health, illness, and suffering. Although there has been growing interest in recent decades in the themes of spirituality and religiosity, studies involving religion are still less valued in the psychological field and, even among them, certain beliefs find more validation than others (Scorsolini-Comin, 2018). In the case of Islam, there is little literature on this religion and its followers in the country's psychological research landscape (Paiva; Barbosa, 2021), which is partly explained by the fact that it is a minority religion in Brazil, still very much surrounded by stereotypes and distortions.

Curiously, television productions have worked to disseminate information about Islam and Muslims to the general public. Among them, the pioneering *O Clone* stands out: the soap opera, written by Glória Perez and originally broadcast between 2001 and 2002 by Rede Globo, centered on a group of Moroccan Muslims. Two decades later, Muslims and their religion continue to be visible to Brazilians, now through the so-called "Turkish fever" (Matias, 2021), an expression that alludes to the surprising popularization of soap operas and sitcoms produced in that country: this boom, monitored by Pasqualin (2018), began in 2015 with the broadcast of *Binbir Gece* (One Thousand and One Nights) by Rede Bandeirantes. Türkiye—a secular, non-Arab country with an overwhelming Muslim majority (approximately 97% of its population) – has become a "soap opera factory" in the last decade and is already considered the world's second largest exporter of TV fiction, behind only the United States (Mourenza, 2020).

In addition to Turkish soap operas, series that interface with psychotherapy have been successful in Brazil and around the world, being adapted for different countries – the Brazilian series *Sessão de Terapia* had five seasons directed by Selton Mello. As the name implies, the series follows the daily life of a psychoanalysis clinic and, in addition to the appointments, shows the personal life of the psychotherapist, as well as the dilemmas that

permeate the character's relationships with his patients and his supervisor.

Also notable among recent Turkish productions are dramas that incite debate on emerging psychological topics (Tekingunduz, 2021) by combining reliable information with a sensitive and emotional narrative (Henderson, 2018). An example of this genre is the series *Ethos*, the work on which we are reflecting in this article. Written and directed by Berkun Oya, the series aims to address the "beliefs, desires and fears" of characters with psychological depth who, according to the synopsis, need to "transcend socio-cultural boundaries" in order to resolve their conflicts. Launched on the Netflix1 streaming platform in November 2020, the series consists of eight episodes, each approximately 50 minutes long.

The series uses suffering as the element that connects the characters in a network of affections; however, there are particularities in the plot and in the trauma of each one, which are best expressed by the original title: *Bir Başkadır*, a Turkish expression that is difficult to translate, which highlights how each person is unique, in the same way that the work highlights how singularities reverberate within society, never displacing people from their context. Among the eight main characters are Meryem (played by actress Öykü Karayel), a young Muslim woman who wears the hijab, the Islamic veil; and Peri (Defne Kayalar), a psychotherapist who represents the country's secular elite. After suffering frequent fainting spells for no physiological reason, Meryem is referred for psychotherapy. From this encounter, the series raises a number of relevant points about mental health care for Muslims, a topic usually considered delicate in Islamic contexts because they have different conceptions of health/disease and individual/collective.

Understanding Muslim women's conceptions and experiences of mental health was the aim of the doctoral research carried out by the first author (Paiva, 2022), under the supervision of the third. This is an offshoot of her previous ethnography on sexuality in Islam: on that occasion, Paiva (2018) pointed out that, because Islam is understood as a code of conduct that governs all areas of life, religious prescriptions, whether on sexuality or any other topic, have an effect on the well-being and mental health of Muslims. More than a century ago, psychoanalysis showed us that at the heart of our conflicts, traumas, and psychological suffering lies a series of sexual contents. Even if we try to escape this line of theory, the etymology of the term psychopathology leads in the same direction: *pathos*, passion, connotes an overwhelming emotional inclination, with a strong affective charge. Passion, *pathos*, pathology; sexuality and suffering; illness, disorder, mental health: knots that connect, weaving a mesh of senses and meanings – and in which the main plot of *Ethos* takes place.

We start from the understanding that the material of media and television both reflect and shape subjectivities, which justifies the importance of studying them in psychology (Risk; Santos, 2021). Despite their presumed banality, they reflect social, cultural, and political dynamics–and, not least, the human condition, through a "discourse of feelings and emotion" that is "essential to the psychological universe" (Abu-Lughod, 2003, p. 84; free translation). However, depending on how the issues are portrayed, they can slip into common sense and the repetition of stereotypes, or serve to raise awareness and reflection among viewers – a mobilization that is only possible because "affective identifications" occur with the characters and the issues raised (Almeida, 2013).

The good reception of *Ethos* corroborates the public's interest both in productions involving Muslims and in those that reveal the intimate and affective dimension of the subjects involved in the context of psychotherapy, which we take as an opportunity to debate the implications of this religion in mental health care, since, in Brazil, Muslims are also growing in numbers due to reversals, immigration, and refuge, and are entering psychological clinics.

The aim is therefore to present psychologists, other health professionals, and other interested parties some points of attention that should be considered when it comes to the mental health of Muslim women and the specificities of care for them. We do not intend to make a psychological analysis of the characters, but rather to take some of the narratives that unfold in *Ethos* as triggers

for reflection: although fictional, the series faithfully expresses much of what we have perceived in our work with the community. In this way, we will partially try to fill the gap in academic production and in Brazilian psychology praxis in regards to understanding and meeting the demands of Muslim women, who, as we will see below, have been pointing out the failings of psychology and its professionals in providing culturally sensitive listening to the issues that guide them.

As the empirical material comes from a television series, we will follow the methodological criteria proposed by Risk and Santos (2021) for analyzing audiovisual data. To compose the corpus, the scenes were chosen based on their relevance to the aim of this article: we selected the passages that show significant aspects of mental health care for Muslim women and that best expose the intricacies of the patient-psychotherapist relationship. We prioritized the narrative dimension of the work, focusing in particular on the content of the exchanges between characters. We chose to transcribe the selected dialogues verbatim and, due to my limited knowledge of the original language of the series, Turkish, this was done in accordance with the subtitles available in Portuguese. After such delimitation and segmentation, the material could be articulated with what we have found in recent years in ethnographic research with Brazilian Muslim communities, allowing for a denser analysis of their psychosocial aspects.

"I came here to get better, not to gossip": stigmas and tensions at the start of the psychotherapeutic process

Destigmatizing and humanizing the suffering person: the success of psychological dramas allows us to conjecture that such productions can have an effect towards a gradual change in attitude towards mental health, which becomes more exposed, discussed, and shared publicly (Henderson, 2018). By showing the process of care provided to a Muslim woman, we understand that *Ethos* ends up serving psychoeducation: it introduces Muslims to some basic information about psychotherapy as a modality of mental health care, as well as putting psychology professionals in touch with some specificities of Muslim patients, which they may have yet to come across in their practices.

In the first meeting between Meryem and Peri, in a sequence of approximately fifteen minutes (ep. 1, 5'05"-19'40"), the patient's discomfort is visible, as she shyly does not know what is going to happen there. In an attempt to "break the ice" between them, Peri praises Meryem's name, who recalls that it is the same as that of Jesus' mother (ep. 1, 6'46"), whom the Qur'an, the Muslim holy book, also recognizes as virginal: a sign of the patient's attributes, such as purity and candor, and an indication that religion will also be present in that office.

It is common for patients to arrive to the session with little or no information about the purpose of psychotherapy, its assumptions and the role of the professionals in the process. Meryem asks if she "has to do anything" (ep. 1, 5'25"), to which the professional replies that they can "talk a bit about anything" she wants to talk about. After a long, embarrassing silence, Meryem says that she is there because of the fainting spells she has been suffering (ep. 1, 7'09") and recounts part of her therapeutic itinerary, mentioning that she has had a series of tests at hospitals and polyclinics, but nothing has been found (ep. 1, 8'18"). Faced with the impossibility of locating the cause of these occurrences in the body, she was referred for psychotherapy, but she was still suspicious about the real need to go to Peri, whom Meryem calls a "psychologist," although she is a psychiatrist: "I said I didn't have a problem like that, thank God" (ep. 1, 8'37"). Meryem's speech hints at a deep-rooted stereotype attributed to these professionals, which is that they are specialists whose job it is to prescribe treatments and interventions only to those diagnosed with severe and persistent disorders. Meryem thought that going to Peri would only be plausible if she "had a problem like depression" (ep. 1, 8'40")—evidence of how little information the general public has about the psychology world.

The patient continues to trace her path: before going to the psychotherapist, she sought advice from the "Hodja," who can be understood as a sheikh, an Islamic religious leader—"He is our elder. May God protect him. I said: Hodja, the doctors suggested something like this. Is it allowed in Islam?"

(ep. 1, 10'30"). Consulting religious leaders when it comes to health issues and other demands is common among Muslims (Ali; Milstein; Marzuk, 2005), but it is not exclusive to these practitioners: religious people tend to prioritize "obedience" to the leader's guidelines, as Machado (2020) points out about evangelical groups.

This is what we see in Meryem's behavior: when she is referred to the psychological service, her first step is to check with the Hodja (Settar Tanrıöğen) if going to the psychologist is allowed: if it is "halal," that is, if it is lawful for Muslims. He tells her that, "since the hospital recommended it," she should "go once" (ep. 1, 10'49"). Immediately after his first session with Peri, we have access to one of the Hodja's conversations with Meryem, when she comes to him seeking guidance about the family woes she is facing. The Hodja explains to Meryem that suffering is part of life, just like the thorns on a rose: anyone who does not accept this premise, believing that life is all about enjoyment, lives illusorily, like an artificial flower (ep. 1, 29'51"). At the end, when they say goodbye, he asks her: "You went to the psychologist, didn't you?" (ep. 1, 33'33"). Meryem hesitates and only reveals to Hodja that she went "to the psychologist" in the fourth episode, when she is forced to do so by her brother, Yasin (Fatih Artman) (ep. 4, 23'11'').

As has been explained, the psychotherapist Peri was upset by Meryem's mention of the Hodja and the Hodja was also afraid of Meryem's visit to the "psychologist." As Murakami and Campos (2012) point out, the lack of dialogue between mental health professionals and representatives of different religions "reinforces myths and ignorance on both sides," increasing prejudice: religious institutions sound "fundamentalist and authoritarian" to health professionals and the latter, in turn, are considered by religious people to be "arrogant and omnipotent in their practices" (p. 365). However, in the Brazilian Islamic field, we have noticed a collaborative movement in recent years: given that religious people in general, and Muslims in particular, tend to be seen as reluctant to seek psychological care (Koenig; Al Shohaib, 2017), some sheikhs have been establishing partnerships with professionals, especially psychologists and psychiatrists in the community, to try to break down some of the prejudices and stigmas associated with mental health.

When we look at Islamic sources, we find that there is no opposition between religion and mental health: Muslims must simultaneously trust in God in the face of tribulations and assume self-responsibility in relation to care – in general terms, they are encouraged to seek out health professionals and follow the recommendations prescribed to them. Religiously, both health and illness are understood as gifts from God, the Creator, to creatures: both are part of a continuum. By being granted health, the Muslim assumes the duty to preserve life, health, body, integrity, and dignity. When it comes to illness, based on a set of prophetic teachings, Muslims believe that even when afflicted by difficulties, they too will serve their benefit.

If Islam has a positive view of health and illness, understanding them as blessings that pass through the body, mind, and heart, that is, considering them in their physical, mental, and spiritual dimensions, it is necessary to investigate why stigmas about mental health have crystallized within Muslim communities. This is necessary because, as part of their cosmology, a diagnosis of mental disorder or an experience of mental suffering should be understood as tangible possibilities for any Muslim, as part of the adversities they may face at some point in their lives.

One of the factors behind the resistance to seeking therapeutic help is the strong mistrust that many people have towards psychology (Amer; Bagasra, 2013), a fact that brings back Meryem's hesitation about whether or not Muslims should be allowed to see a psychologist, a legitimate doubt that reflects the historically troubled relationship between religion and psychology. In her doctoral research, the first author outlined a panorama of Islamic psychological concepts, showing that, contrary to popular belief, such knowledge is part of the religious tradition (Paiva, 2022). Between the 8th and 14th centuries, Islam experienced its so-called Golden Age, a fruitful period for the development of the most diverse areas of science, including what we currently understand as mental health (Awaad; Ali, 2016). Despite this, due to the colonization and coloniality that continued to be

imposed on their existence and knowledge, many Muslims do not feel included by this field, which they perceive as European, white, and anti-religious: psychologists are seen by a portion of religious people as specialists from the Western tradition, which is not very compatible with Islamic values (Rassool, 2016).

The Turkish context also requires contextualization. From 1923, with the dissolution of the Ottoman Empire, the process of modernization combined with secularization strengthened, rejecting religion from the public sphere and from intellectual and academic life. As a result, Turkish society gradually came to favor Western and modern psychological theories (Gülerce, 2006) to the detriment of the traditional conceptions and practices inherent in Muslim societies, which, although much older, came to be neglected. Within this discussion concerning the encounters and mismatches between the scientific and religious legacy, the character Peri materializes in her practice the split between religion and the psychology field: the standard-bearer of the secular education of the elite and the effervescent tensions of her country, she will not allow religion to enter the psychological space. Peri and Meryem represent on screen the society divided between "modern" and "traditional" (religious), categories used by the Turks themselves, which says a lot about Turkish geopolitics and its current ideological disputes (Baykan, 2021).

Following on from the first session, Peri tries to find out more about the patient's fainting spells. When she sees a French press in the office (ep. 1, 11'19"), a utensil used to prepare Western-style pressed coffee, as the name suggests, Meryem starts talking about the owner of one of the apartments where she works as a day laborer: Sinan (Alican Yücesoy), a single, upper-middle class man, who usually brings women to his house who Meryem judges to be shameless because they leave intimate items lying around, which she encounters into while tidying up (ep. 1, 18'25"). Meryem is bothered by casual sex, which is considered *haram*, illicit: in Islam, sex should only be practiced after marriage and exclusively with one's spouse (Paiva; Barbosa, 2021). From coffee to sexual behavior, Sinan is a man who, in Meryem's view, does not respect tradition.

From Meryem's narrative and her subtle reactions, Peri infers that her fainting spells are related to the motto of sexuality: they occur at wedding parties and engagements (ep. 1, 7'11") and, as we know, the dizziness keeps recurring occasionally when she is at Sinan's house, a sexualized territory. When Peri asks questions with the aim of entering this field, Meryem gets angry with the psychotherapist: "I came here to get better, not to gossip" (ep. 1, 19'14"). Although sex is not taboo in Islam (Paiva; Barbosa, 2017), many Muslims feel that talking about sexuality goes against the Islamic rule, as they would be revealing something that is secret and private. In the scene, Meryem starts from a similar understanding: even in front of a professional, she understands that talking about her intimacy or that of others would be "gossip," defamation, which is religiously considered a sin.

As in any setting, no intervention will be effective unless a relationship of trust is established between patient and professional, but among Muslims, concern about the basic condition of confidentiality is heightened (Saleem; Martin, 2018). In view of the barriers to seeking care among the Muslim population, there is a need for mental health care aimed at this public to be anchored in psychoeducation: feeling informed about the professionals, their procedures and conduct, and informed about coping strategies and management of the various mental health conditions is a priority so that stigmas can be deconstructed and initial tensions mitigated.

"These people are crazy, with all their hodjas and prayers": ethnocentrism and Islamophobia as obstacles to mental health care

In addition to the factors raised in the previous section, the explanations for the under-utilization of mental health services by Muslims are not limited to the individual level but extend to the community level: as Islam has come under harsh attack, Muslims are concerned about how members of their community will be portrayed. Women who wear the hijab say that, because they are easily identified, they feel compelled to be cautious about what they do and say, because they are seen as representatives of the religion. This fear is explained by the growing Islamophobia, which

makes them the target of prejudice and intolerance, even in clinical contexts.

When these patients arrive at health services, they hope to avoid any judgment about their experiences. Many professionals, however, still disregard the religious theme, either by diminishing its importance, removing it from the therapeutic setting, or by taking certain manifestations of patients' cultural-religious diversity as if they were diseases, disorders, disturbances, pathologies. This remnant of a colonial psychology field is still present in our times and comes to life in the series through Peri, who harbors a strong prejudice against religion and religious people. Her attitude towards Meryem is based on Islamophobia, a term that refers to "actions of symbolic or physical violence against Muslims for the mere fact that they are Muslims" (Souza, 2017; free translation), and on hijabophobia, a direct reference to a gendered Islamophobia suffered by hijab-wearing Muslims.

Because they are in the crosshairs of discrimination, Muslim women who wear the hijab have their mental health negatively affected (Inhorn; Serour, 2011), not because of the religion itself, but because of the neglect and violence they suffer socially because they are Muslim women (Ciftci; Jones; Corrigan, 2013). In Brazil, we have seen that Islamophobia directed at Muslim women can cause feelings of anger, discouragement, inferiority, and sadness, often leading them to fall ill (Barbosa et al., 2022). In addition, as in the series with Meryem, wearing the veil tends to have an unfavorable influence on the quality of the health care they receive (Samari; Alcalá; Sharif, 2018).

Regarding this garment, the veil is mistakenly taken as a mark of the supposed repression and oppression of Muslim women, while for them it means above all devotion to God: its use is a religious prescription, but free will allows each woman to decide whether or not to wear it. We do not intend to go into the secondary nuclei of the work, but it is worth mentioning that the sister of Peri's supervisor, a Muslim of Kurdish origin and upper-middle class, wears the hijab, while her sister, Gülbin, does not; there is also the Hodja's daughter, Hayrünnisa, who decides to abandon wearing the veil—reflections of the dynamism of Islamic societies, their varied configurations and multiplicity of narratives.

Continuing the episode we reported in the previous section, Peri visits her supervisor, Gülbin (Tülin Özen), who asks her how she felt during the session with Meryem. Peri expresses her irritation with the "authorization" that Meryem said she asked Hodja for: she does not understand how such a "beautiful" and "smart" girl can talk about things that are "so insignificant" (ep. 1, 26'32"). Peri then gets to the heart of her discomfort: she says she feels a "strange unease" every time "a woman with a veil appears" to be seen in her office (ep. 1, 27'41"). Although she is aware of the discrimination (ep. 1, 27'48"), she says she is unable to avoid it (ep. 1, 28'04").

The psychotherapist is aware of her difficulty in caring for Muslim women who wear the hijab: it is not the first time she has come up against this obstacle and "experienced countertransference" (ep. 1, 35'45"). Peri says she knows that her attitude is not professionally appropriate, as she is "marginalizing someone" who needs care, nor personally, as she feels like "a terrible person, lacking empathy" towards others (ep. 1, 28'20"). Even so, she continues to see herself as superior to "veiled women," whom she treats as foolish and inept: she assumes the presumptuous and violent view that it is necessary to "save" Muslim women (Abu-Lughod, 2012). Peri's way of thinking and acting makes us reflect on professionals who ignore the subtleties of the cultural-religious dimension in a world that is diverse, and in which religion undeniably permeates subjectivities.

At a later point, mentally going over the sessions with Peri, Gülbin reflects that rigidity does not necessarily come from religion: "She [Meryem] covers her hair, but you [Peri] cover your mind" (ep. 3, 22'32"). The sentence refers to another, often said in the Brazilian Islamic field, that "veils do not cover thoughts" (Barbosa-Ferreira, 2013, p. 194). The idea behind this statement is that the veil covers the hair but does not suppress Muslim women's ability to think and to be in the world in their own way.

Returning to the supervision, Peri asks: "How do these people believe in saints and *hodjas*? These people are crazy, with all their *hodjas* and prayers. It's impossible to understand" (ep. 1, 34'09"). For her, religious people are "crazy": she reproduces colonialist discourses, relegating them to the pathological. The psychotherapist's aversion

to the hijab is also noted by her friend, Melissa (Nesrin Cavadzade), when she asks if anyone in Peri's family wears the scarf, and she energetically replies that they do not, adding that they are "normal people" (ep. 3, 27'21")—Peri opens up her conception that normality is equivalent to secularization, to a life devoid of religions and traditions. She also does not understand how anyone can find comfort in religion and feel good about their beliefs: because the health field is taken as "universal and absolute truth" (Langdon; Wiik, 2010, p. 180), and its professionals are authorities, many use the notions of neutrality and scientific rigor to justify the dissonance they believe exists between science and religion.

After pouring all her discontent into the supervisor, Peri pauses, recalls a trip she made to Peru with her friend and recounts it to Gülbin, emphasizing how she was "delighted" with that "culture" (ep. 1, 34'28"). Taken aback, Peri becomes entangled in contradictions: she abhors Turkish religious people, "those people who believe in saints and hodjas," to whom she attributes a series of disqualifications, but she does not repudiate her friend for having met a shaman and liking the "Santo Daime thing," ayahuasca—she herself says she wanted to try it, and encourages Gülbin to also get to know the attractions of that country (ep. 1, 34'49"). Through the anthropological prism, Peri shows how she praises what is exotic, distant, and superficially known to her, and belittles what is around her—and inside her office.

The psychotherapist has a hard time thinking about cultural diversity in a non-hierarchical way: she erases the differences and sees little beyond them. In the first contact between Meryem and Peri, when the patient insistently asked if there was a bus line that ran through there (ep. 1, 5'41"; ep. 1, 14'02"), Peri read the situation only in terms of psychologizing: she understood that it was just the patient's resistance and that, in order to avoid talking about herself, she diverted to trivia. Just as she is hostile to religious aspects, Peri does not even notice the social component embedded in Meryem's speech and disregards the fact that mental health is crossed by markers such as gender, race, class, and religion. In Melissa's meeting with Peri, the former assures her that people have a "social and cultural history" and that the psychotherapist can only "have an honest relationship with people" if they "allow them to be themselves" (ep. 3, 26'16"): if she exercises otherness and recognizes the other in their difference.

If a professional who lives in a country where Islam is the predominant religion makes such a harsh judgment about Muslims and the hijab, what are we to assume about attending to a Muslim woman who wears the hijab in Brazil, a country where they are a discreet minority? An interlocutor in our research says that, because of someone else's negative experience, she "never trusted" psychologists: depressed, her friend heard from the psychotherapist "that [her] problem was the hijab." As a result, other Muslims around believed that they would certainly not be understood in their religious identity either, eliminating the possibility of psychological care beforehand. Another recent case was that of a Brazilian Muslim woman who, when asked incessantly if she was obliged to wear the veil, realized that the psychotherapist was trying to link her psychological state to religion.

In our view, these accounts exemplify the misuse that many professionals make of religion in a psychotherapeutic context, as in both cases they placed Islam as the cause of the patients' suffering. Many psychologists corrupt the concept of secularity, taking it as a pretext to abstain from religion in the psychotherapeutic context, when it is precisely the secularity of psychology that should guarantee the acceptance of patients' religious diversity.

"I like coming here, you really listen": listening as a bridge to otherness and the production of care

Despite the difficulties, both Meryem's in relation to psychotherapy and Peri's with the patient's religious affiliation, they put up with the discomfort and continued with the appointments: as the series progressed, Meryem became more engaged in the therapeutic process, while Peri gradually became more flexible. The key to sensitizing both of them: listening to themselves and the other. Later on, Meryem says to Peri: "I like coming here, you really

listen" (ep. 6, 2'12"). Someone to listen to her: as we have reiterated, rather than giving them a voice, people need someone to listen to them.

Throughout her life, Meryem had always been the caretaker of her home, of other people's homes, of her brother, sister-in-law, and nephews. When she starts to look more at herself, she astonishes her relatives, to the point where Yasin threatens to prevent her from seeing the psychotherapist (ep. 4, 27'11"). To him, Peri is responsible for "putting things" into his sister's head: in addition to distorting the psychotherapist's role, he nullifies Meryem's capacity for agency and reflection, as if she were merely a passive and influenceable recipient, which is far from being the case.

As a way of showing her gratitude to the psychotherapist, Meryem bakes her a pie, which Peri refuses because she sees it as a breach of the boundaries of the professional relationship (ep. 3, 15'57"). Peri bases her action on the "basic rules of psychological counseling and ethics," while her friend, Melissa, upon hearing what had happened, says that she should have accepted the delicacy, because Meryem was "trying to relate" to her through food (ep. 3, 25'21"). How does a girl like Meryem show her affection? Food establishes this agency between the two. In the following supervision, Gülbin reaffirms that "the transference has begun" (ep. 3, 20'02"), and it is clear that Meryem has established a bond with Peri, a primordial condition for the psychotherapeutic process to be successful.

Despite the advances, it is known that the psychotherapeutic process is not linear – and replicating its ups and downs on screen was one of the production's successes. In the sixth episode, amidst the turmoil of her sister-in-law's disappearance, Meryem sees her presence at the session as selfish (ep. 6, 3'33"); Peri, feeling that she had failed Meryem, collapses in supervision (ep. 6, 6'52''). By verbalizing her vulnerability and her cry for acceptance, Peri strips herself of her superiority and self-sufficiency, which echoes positively in her relationship with Meryem. In one of the last scenes of the series, when asked about the "veiled" patient, Peri, smiling, announces: "We connected. I had to go after it, but I made it" (ep. 8, 15'55"). Peri "made it" and so did Meryem: their maturing was only possible because they had to confront and then overcome the initial clash between their worldviews, values, and belonging. The series shows that psychotherapists too have their weaknesses, slips, and lapses: gradually bringing them to light, through theoretical grounding, supervision, and personal psychotherapy, is essential for good, ethical professional practice.

Meryem recognizes that there is a relationship between psychotherapy and symptom remission. She tells Peri: "Ever since I met you, I haven't fainted. Praise be to God. May God bless you a thousand times over. Thanks to you, I'm cured" (ep. 3, 18'00''). The religious expression "praise be to God" in Arabic, *alhamdulillah*, is said by Muslims at good and troubled times: at the beginning of the article, we said that both health and illness are seen as positive because both are within the register of something given by God. For Meryem, the improvement happened thanks to God, but it was facilitated by the psychotherapist: she recognizes psychotherapy as a legitimate form of care and, on the affective level, also validates her psychotherapist.

Still on this affective level, Peri tells Meryem that "we all have repressed emotions" and sometimes "this can cause health problems" by engendering symptoms—in this case, culminating in the patient fainting (ep. 8, 4'30"). To make this psychological knowledge intelligible, Peri explains that "sometimes this emotional burden is so heavy that we can't bear it," so "we must allow ourselves to feel our feelings and emotions"—a reflection that moves Meryem.

By way of closing, we return to Hilmi's reflection on the role of religion in this process. He says that it is not a nominal religion that is responsible for the improvement or worsening of someone's health ("it's not Islam, the Old Testament, or the Holy Bible"), but rather "the fact of believing in a greater presence," which can be significant for some people (ep. 3, 13'32"). We warn that it is unwise to say that religion, whether Islam or any other, is "good" or "bad" for mental health: rather, one must understand the way in which the person is connected to it, whether or not it is integrated with the other spheres of their existence, whether it is a source of support or helplessness (Pargament, 2002). We therefore avoid making any frivolous assertions in this direction, and can only point out the links between religion, mental

health, and psychological care for Muslim women, and emphasize the counterpart of the professionals, which is respect and acceptance of everyone's belonging.

Final considerations

The above supports the idea that television series, in addition to entertainment, have the potential to raise important issues in the health field. In this article, we highlight some points relating to mental health care for Muslim women. To this end, we analyze emblematic passages from the Turkish series *Ethos*, and, in addition, we try to interweave them with fragments of what we have found in the Brazilian Islamic field, not in a comparative but in a complementary way, with the aim of deepening the reflections drawn from the series.

Both the analysis of the content of the audiovisual media and our ethnographic experience allow us to conclude that the consideration of religion in mental health care is challenging, but necessary. If we proclaim that psychology should be accessible to all, we need to approach Muslims and other religious minorities so that we can outline three main points.

The first deals with the need for psychoeducation of the Muslim community in the face of tensions and crystallized stigmas: Islam understands health and illness as part of the same field, and that being in a situation of suffering leads to a better understanding of divine signs and of the very individual who is ill.

The second point, about ethnocentrism and Islamophobia as obstacles to the psychotherapeutic process, leads us to consider that we need to overcome the prevailing view that religion is a barrier to health: we believe that it can be an ally, a bridge to dialogue and care, and that religious guidance and psychological care are not mutually exclusive—both can be part of patients' therapeutic itineraries.

The third point deals with listening openly to cultural-religious diversity, so that we can recognize the other and take them as a real subject, and not as a mere object/target of our hegemonic practices and interventions. We understand that respecting religious ethics is part of the psychologist's work ethic: in order for this to happen, professionals need to build a relationship of alterity with patients, making themselves available to the diversification of knowledge and avoiding religious epistemicide – thus, we will have a more sensitive approach to other perceptions of illness and healing.

Finally, the therapeutic setting is an encounter between patient and psychotherapist, but it will not be complete if only one side emerges transformed from this relationship—it is possible for mental health professionals to re-signify their practices and meanings in the encounter with the other(s).

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Notes

The series promotional video (trailer), plot, episode summaries and other technical information are available to subscribers and non-subscribers at https://www.netflix.com/title/81106900.

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