



How Do Imams Describe Mental Health and Well-Being? A Qualitative Study

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Abstract

Given the significant role of imams as religious leaders, moral regulators, and counselors in society, it is important to understand how they describe and conceptualize mental health. This has not previously been studied. An exploratory qualitative study was conducted to understand how imams conceptualize mental health. Twenty imams participated in in-depth interviews and responded to questions such as, “What does being mentally well mean to you?” This study shows that imams conceptualize mental health in emotional, cognitive, physical, religious/spiritual, and social/relational dimensions. Imams feel mentally healthy when they have a good workplace milieu, financial affluence, and appreciation. Guilt over their perceived religious inadequacy, dissatisfied congregants, a low level of appreciation, and harsh behavior by congregants make them feel mentally unhealthy. This study also explored the factors contributing to imams’ mental well-being. These factors include a supportive workplace environment, financial stability, and recognition for their efforts. In contrast, dissatisfaction among congregants, lack of appreciation, and negative interactions with congregants are factors that contribute to feelings of mental distress.

Keywords Mental health · Well-being · Qualitative · Imams · Pakistan

Introduction

Religion plays an important role in the lives of many Pakistanis. According to the 2017 census, approximately 96% of the population in Pakistan is Muslim, and a large majority rank religious beliefs as their highest priority in life (Fuchs & Fuchs, 2020; Hasnain, 2021). The mosque holds a significant position in the social and religious life of Muslims in Pakistan (Mughal, 2015). Several policy reports and articles have reported high and

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increasing enrollment in madrassas¹ in the country. While there are no nationwide statistics on the actual number of mosques and madrassas in Pakistan (Andrabi et al., 2006), it is estimated that there are more than 250,000 mosques and 40,000 registered madrassas (Cheema, 2021; Mohanty, 2013).

Every mosque or madrasa has designated imams who play a pivotal role in the local Muslim community and in Pakistani society more broadly (Ahmed, 2014). Etymologically, the Arabic word *imam* refers to a person who guides, directs, or leads prayers (Abuelezz, 2011). Consequently, imams often lead prayers in mosques and teach in madrassas. In addition to facilitating and supporting the spiritual and emotional well-being of their communities, they often intervene in important family and property disputes (Kohut, 2009). Mosques and imams play crucial roles in providing support to Muslim communities in times of crisis, especially given the enormous mental health treatment gap that exists in Pakistan (Abu-Ras et al., 2008; Noorullah et al., 2024; Sohail, 2020; Sohail et al., 2022). Very few academic studies have discussed the everyday role that imams play for their Muslim congregants (Ali, 2016), particularly in low- and middle-income countries (Watts et al., 2014). A study in the United States revealed that people seek help in mosques for social and mental health–related needs (Bagby et al., 2001). Another study reported on imams' counseling behaviors, ability to recognize serious mental illness, and attitudes toward mental health problems (Ali et al., 2005). Congregants visit imams most often for religious/spiritual, personal, and marital relationship guidance (Ali, 2016).

Attending to the mental health of frontline caregivers is crucial. It is generally accepted that caregiving can negatively impact the mental health of caregivers, especially when the caregiver burden is high (Montgomery et al., 1985; Pinquart & Sörensen, 2003; Savage & Bailey, 2004). Despite their important role in society, very little is known about the health and well-being of this group of religious professionals. Imams and other types of clergy members are seen as role models for their respective communities, and their behavior can have a significant effect on their followers (Proeschold-Bell et al., 2011). By prioritizing their own well-being, imams can model healthy behaviors and encourage their communities to do the same. In addition, imams often provide emotional support to members of their community who are experiencing difficult times. In a different context, some studies of Christian clergy indicate that they experience burnout on par with other professionals (Hamm & Eagle, 2021) and that a significant percentage experience elevated anxiety and depressive symptoms (Holleman & Eagle, 2023). Similarly, imams may need to attend to their own mental health while supporting the mental health of their congregants.

Given the lack of research in this area, we undertook an exploratory study to examine for the first time how imams in Pakistan, a Muslim majority country, conceptualize mental health. Our research was organized around the following key research questions: For imams in this context, what does it mean to be mentally healthy? What are their definitions, meanings, and perceptions of mental health? What are the factors that foster or obstruct their mental health?

Imams guide their communities in the social and spiritual aspects of life (Humam et al., 2023). Islam is one of the fastest-growing religions in the world, and the global Muslim population is expected to reach 2.2 billion by 2030 (Grim & Hsu, 2011). It is important to study the religious leadership of this enormous global community. The findings of this study will contribute to the development of effective interventions aimed at addressing this growing need and will improve understanding of the barriers to care that are unique to the community of imams.

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Materials and Methods

This study was conducted in central Punjab, a major province of Pakistan, from August 2021 to January 2022. Data were collected through in-depth interviews with imams. Twenty participants were recruited for this study through snowball sampling. The first author reached out to imams that he knew personally. Once an interview was complete, the author asked the participant to contact another imam and ask that imam to participate in the study. A total of 45 imams were asked to participate in the study. The inclusion criteria for this study were as follows: (1) 3 or more years of experience as an imam, (2) serving at a mosque, (3) willingness to have the interview recorded, and (4) at least 18 years of age. All interviews were conducted in person in the Urdu language. The interviews were conducted in a mosque, a madrassa, or the imam's house where the interviewee felt safe and comfortable. All interviews were audio recorded. The average duration of the interviews was 65 minutes. The interviewer, who was fluent in Urdu and understood the usage of Arabic and Punjabi expressions by the interviewees, transcribed the interviews and translated them into English.

The recruitment of participants for this study was challenging. Many imams who were contacted were not willing to provide data, and even those who were willing to be interviewed were reluctant to have their interviews recorded. The imams expressed concern that if their comments were made public, they might face negative consequences from the mosque management and law enforcement agencies. Pakistan has a history of religious extremism and has played a major role in the U.S.-led "war on terror." After the September 11, 2001, attacks in the United States, imams faced significant pressure from law enforcement agencies to provide information about any potential terrorist activity. Imams were often targeted for observation to identify links with terrorism financing, terrorist recruitment, or the spread of radical ideology. This kind of surveillance likely made imams reluctant to speak with any outsider about religious matters.

The imams who agreed to participate stated that they were motivated to share their views on the basis of their (a) aspiration to make their challenges and problems known with the hope of raising awareness, (b) hope of positive changes in the attitudes of mosque management and the public toward imams, and (c) hope that sharing their views might motivate the government to better care for their needs.

In Table 1, we summarize the basic demographic characteristics of the participants in the study. The 20 imams who participated were all men (women are not allowed to serve as imams in Pakistan), with a mean age of 38 years. Approximately half of the participants had 10 years of formal schooling. Half of the participants had decided on their professional path when they were 11–20 years old. On average, the participants had 16.5 years of experience serving as imams. The imams were recruited from different cities of Central Punjab, which is located in the eastern part of Pakistan and includes major cities such as Lahore, Faisalabad, and Sargodha. Only 10% (2) of the participants were Shia, whereas 90% (18) of the participants were from the Sunni school of thought. The mean household monthly income of the participants was 12,450 PKR (44 USD).

All imams provided informed consent and were assured that the researchers would do everything they could to protect their anonymity and confidentiality. Pseudonyms are used in this article to protect the participant's confidentiality. Following data collection, the study participants were compensated in a way that was consistent with their group norms. They were given books, clothes, and, in some cases, a modest amount of money for their children (approximately 20 USD). All study procedures were approved by the Duke University (IRB protocol 2021-0541) Institutional Review Board.

Table 1 Demographic Characteristics of the Study Participants ($N = 20$)

No.	Variables	$N = 20$
1	Age	Mean = 37.55 years old
2	Level of education	Matriculated = 10 (50%) Intermediate = 3 (15%) Master's = 3 (15%) MPhil = 3 (15%) PhD = 1 (5%)
3	Time spent in school as regular student	Mean = 11.55 years
4	Time spent in madrassa as regular student	Mean = 8.15 years
5	Age at decision to be an imam	0–10 years old = 1 (5%) years 11–20 years old = 11 (55%) 21–30 years old = 8 (40%)
6	Experience as an imam	Mean = 16.5 years
7	Marital status	Married = 16 (80%) Unmarried = 4 (20%)
8	Number of children	Mean = 2.5
9	Household monthly income	Mean = 12,450 PKR (44 USD)

A researcher trained in conducting qualitative studies conducted the in-depth interviews. The present study draws on responses provided to the following questions: (1) “What does being mentally well mean to you?” (2) “How do you know that you are mentally well?” (3) “How can we know that a person is mentally unwell?” and (4) “What does a full and good life look like for you?” The interview guide was constructed in light of a previous study on the mental health of clergy (Milstein et al., 2020). To test the face validity of the interview guide, the authors consulted two local imams, who provided feedback on the questions and suggested improvements.

This study employed a qualitative descriptive research design that incorporated in-depth interviews as the primary data collection method. Data analysis involved a thorough review of all transcripts and field notes and was conducted collaboratively by two of the coauthors via thematic analysis (Naeem et al., 2023). The authors of this study predefined several content domains for coding. Through an iterative process, they developed a codebook that was informed by the interview guide and the participants’ responses. As the analysis progressed, the code definitions were refined on the basis of examples encountered in the data analysis of five transcripts (25%). The study employed an inductive approach to develop themes and drew directly from a detailed examination of the raw data to identify concepts, themes, and interpretations on the basis of the participants’ responses. Two of the coauthors conducted an in-depth review of the transcripts to generate a comprehensive list of themes, which were organized into a theoretical matrix and reviewed collaboratively by all authors (Meyer & Avery, 2009).

The transcripts were subsequently revisited to extract illustrative quotes that corresponded to each subtheme. Any discrepancies encountered during this process were resolved through mutual agreement among the coauthors by employing triangulation and validation to ensure the coherence and credibility of the participants’ narratives. The data were analyzed using a thematic analysis approach (Naeem et al., 2023), and NVivo 12 software was used to code and analyze the transcripts.

Results

The results are organized under two main aims. In aim 1, we report on how the imams described mental health. Within this aim, we identified five major themes. Aim 2 focused on responses to questions about when imams do or do not feel mentally healthy and how they understand the importance of mental health.

Aim 1: How do imams describe and define mental health and well-being?

The participants described mental health in multidimensional ways, including the emotional, cognitive, physical, religious/spiritual, and social/relational dimensions. The analysis revealed that the conceptualization of mental health included the presence of positive emotions, the absence of negative emotions, and financial prosperity. We examine these themes in more detail below.

Theme 1: Emotions Fourteen participants described mental health in terms of emotions. For this group of participants, mental health reflects a person's ability to have positive emotions. In contrast, the presence of negative emotions reflects poor mental health and a lack of well-being. Six of the 20 participants described mental health in terms of positive emotions. They talked about positive emotions such as positive attitudes, happiness, and contentment. For example, one described mental health as follows: "Well-being is essential for all of us and it's all about being positive. Positive thinking about your surroundings, about people, having an overall positive attitude is very important" (Molana Nadeem, married, 32). This comment reflects a description of mental health in terms of positive emotions, which was also expressed by several other participants. Another participant shared the following: "A person who is mentally healthy always looks happy. His happiness says that God has given him mental peace. [Someone] whose face is withered, it is obvious that he is in some kind of distress" (Molana Sameer, married, 47).

The participants also noted that a holistic positive approach toward life, not merely the presence of positive emotions, was essential for mental well-being. This can be seen in the following quotation: "Well-being is very good thing, and it is essential. Positive thinking about things, situations, maintaining a positive attitude, keeping a positive way of life, and the impact of your positive attitude on people are all essential" (Molana Farooq, married, 31).

Another participant used an analogy to describe mental well-being:

To understand mental health, let me give you an example. A little child is not worried about anything. He is not worried about eating or about dirty clothes. He is not worried about how he will get new clothes if his are tattered. He is free of all these worries, so he has a healthy mind. When a mind is healthy, it can think progressively. When a mind is unhealthy, it is always in worries and thoughts, and it cannot flourish. Thus, for a child, a teenager, any person, it is necessary for a healthy mind that all the basic needs of life must be met in a good way. As I gave you the example of a child, similarly, a mentally healthy person will be mentally content. (Qari Haroon, married, 35)

The notion of being happy despite difficult circumstances was also expressed by another participant: "Being mentally well means not lost in thoughts. A person appears happy and

seems peaceful even if his or her clothes are shabby and even if the person is hungry” (Qari Adil, married, 45).

In addition to positive emotions, eight participants described mental health as the absence of negative emotions, such as worry, depression, anger, prejudice, violence, and complaints. The participants spoke about the absence of negative emotions as part of the well-being and mental health of an individual. One of the participants shared the following: “A person who is mentally well will look cheerful. The person will not have any kind of worry on his or her face. A person who is depressed, you can’t see any happiness on his face” (Hafiz Usman, single, 29).

Some of the participants associated mental health with the ability to avoid anger. A participant described well-being as follows:

Mental well-being is having good thinking. One must keep one’s mind cooled down because anger is detrimental for health. Imam Ali said anger eats your wisdom and reason goes away. If you do not get angry, your mental health will be inevitably fine. The person who has no anger is fine. A complete absence of anger is also not good for a person. The anger of *ghairat*² is appropriate. (Hafiz Salman, married, 33)

The absence of anger was also expressed as a key component of mental well-being by another participant: “A person with well-being has a balanced personality. He likes justice; he would be upright even if he goes against his own people; he does not give place to prejudice in his heart; and he is unaware of violence” (Molana Farooq, married, 31).

In addition to anger, complaining and being demanding were considered indicators of poor mental health. A participant described the traits of a person with sound mental health as follows:

That man does not bring complaints and grumbling on his tongue. He does not bring his history forward, that this problem occurred to me and that problem occurred to me, my problem is not being resolved and that problem is unresolved, which means he is not satisfied with anything. No doubt one should express one’s needs, but all the time complaining means this man is not mentally well and has mental health issues. (Qari Bilal, married, 55)

One participant succinctly summarized a viewpoint expressed by many of the interviewees: “When I do not feel negative about anybody, I am not negative about anything. When I do not have hatred about anyone, then I feel mentally healthy” (Molana Farooq, married, 31).

Theme 2: Financial Stability as Essential to Mental Well-Being Some participants defined mental health in financial terms. They believed that the unavailability of resources and basic needs affects mental health. Given the economic landscape of Pakistan and particularly the conditions of imams, it can be inferred that imams perceive financial stability as essential to mental health. Five participants emphasized financial affluence in their description of a mentally well person. For instance, one participant described well-being as follows: “When a person is economically sound, he has mental well-being. If he does not have a good financial condition, he is not mentally well” (Qari Zubair, married, 43). This quote underscores the importance of financial resources in the participants’ lives and the role these resources play in promoting mental health and well-being. Another participant shared the following: “If a man has better financial circumstances, he is financially well. He seems mentally well. He appears happy. He has nice clothing. His eating, drinking, walking, and sitting show his well-being” (Qari Zubair, married, 43).

² This word is widely used in Pakistani society to mean self-respect and modesty.

The participants believed that financial well-being was an indicator of mental well-being: “For me, a person who is mentally well is one who is financially sound. In the present time, financial issues are crucial” (Molana Nadeem, married, 32). Similarly, another participant stated the following: “A pleasant life includes financial satisfaction. If one has financial burdens, if he is unable to bring vegetables home, it will be distressing for himself and for his family. Financial stability is necessary” (Molana Anwar, married, 55).

In addition to the availability of resources, the participants described how a lack of basic needs and resources may cause overthinking and stress, which affect mental well-being. For instance, one participant shared the following: “If a person does not have appropriate resources, it affects his mental well-being. He is always occupied with thoughts to fulfill his needs, which is deleterious for his well-being” (Molana Farooq, married, 31).

Financial affluence was described as part of a range of factors that influence mental health. One of the participants described mental health as financial affluence. When people are financially stable and independent, they feel good: “The day I have something in my pocket, I feel mentally healthy. I feel fresh” (Qari Asim, married, 30).

Theme 3: Treating Others Well Several participants moved beyond the intrapersonal aspect of mental health and described well-being as interpersonal; that is, it involved treating other people well. Eight participants conceptualized mental health and well-being in relational terms: “A person who treats other people well, he always looks well. He does not mistreat anyone. Whenever someone asks something, he is helpful. He doesn’t make excuses. People do not think that he will mistreat them” (Hafiz Salman, married, 33).

One participant identified the characteristics of a person with good mental health as follows:

He is lighthearted and has good ethics. He has nice manners, does not hold anger, and he is not overhasty. He applies fortitude and moderation. One who has the disease of lacking well-being is overhasty, and he cannot control himself. Whenever he is discussing something, he destroys his argument by hastiness. (Qari Shahbaz, single, 24)

Another participant noted: “The man who has well-being will converse well. When he converses well, he will seem good” (Qari Akram, married, 37). A different participant commented on mental health and social attributes: “It can be judged by attitudes. One who is mentally well will have attributes like collectedness, gentleness. He is not quarrelsome. He is not angry at everything, not irritated. These are characteristics of a mentally healthy man” (Qari Imran, married, 38).

Family relationships were also mentioned as indicators of good mental health. As one participant said:

In my understanding, if one’s wife is good and children are good, if one has peace at home, satisfaction with the socialization of children, that man would be content and happy. He would be happy even with fewer resources. We can see it, and it is obvious; it is observable. Our colleagues who are satisfied with their wives and children, it is apparent from their looks, when they converse with us, it tells everything” (Molana Nadeem, married, 32).

Theme 4: Outward Expression of Emotion Nine participants described mental health in terms of outward appearance. The participants believed that one’s appearance reveals how one is feeling and thinking. A participant stated:

His shining eyes, his smiling face, his open words, confidence in him. By open words, I mean he talks confidently. He is not afraid of what other people think because he is confident that he will talk right. He believes that his words will be taken positively. He has no guilt; he is not doubtful about his thinking, and he is very confident about himself. Good memory is also part of mental well-being. Consistency in argument is also a symbol of well-being. (Molana Kamran, married, 40)

The participants believed that mental health has a profound effect on an individual's physical appearance. Stressful life events can negatively impact physical health; thus, poor mental health can be observed through one's facial appearance. A participant explained:

He has good appearance, he seems fresh, he converses with a smile on his face. The one who lacks well-being, in contrast, will have wrinkles on his face. He will be in poor condition. He cannot express his opinion openly due to mental weakness and distress. (Qari Asim, married, 30)

Another participant made important inferences on the basis of mere appearance: "Mentally unwell people will be occupied in thoughts. They look unwell and stressed. A person who is mentally well is occupied with enjoying his or her life" (Qari Tariq, single, 21).

Theme 5: Religious and Spiritual Dimension Six participants described well-being in religious and spiritual terms. Being happy with God and expressing contentment with one's socioeconomic position shows one's gratitude, which is an indicator of well-being. A participant noted: "The person with well-being looks prosperous. He looks happy with God. He looks content with God's distribution [of resources]. He is a human who is thankful to God" (Molana Farooq, married, 31).

Participants believed that happiness is shallow if God is unhappy. Good deeds make God happy, which ultimately makes life pleasant. This can be seen in the following quotation:

A pleasant life is when one is conscious and cognizant of God, has good deeds, and God is happy with him. Bad deeds are curse for a man. Even if that man is very happy, he will be doomed. (Molana Nadeem, married, 32)

Participants constantly related well-being to religious and spiritual beliefs and practices. Inner peace can be attained through connection with God. A participant stated:

One cannot lead a prayer, cannot give a speech if there is mental discomfort. So mental peace is essential. "*Ala bi dhikr allah tatmainnal quloob*" (Indeed, by "always" remembering Allah, the hearts reach peace and tranquility.) When a person offers prayer, he is healthy. It can be seen in the face. (Molana Anwar, married, 55)

Participants identified religious and spiritual indicators of sound mental health:

A person who is mentally well is at peace and happy, relaxed and comfortable. He is satisfied. One that has comfort, and one that has peace. Comfort includes a good house, there is AC [air conditioning] in it. It is a comfortable house. Peace is something else; it is in the heart, and it is linked with God. If a person has a connection with God and hopes from God, 100% belief in the promises of God, he would be at peace. (Qari Adil, married, 45)

Another participant included a spiritual dimension in his description of mental health: "I believe mental well-being and spirituality are to never forget the connection with God" (Qari Saif, married, 65).

Aim 2: Explore when imams do/do not feel mentally healthy

Having explored the basic contours of how imams conceptualize good mental health, we turn to the second aim of this study, which was to explore the situations and circumstances in which imams do and do not feel mentally healthy. We identified seven themes that emerged from the interviews.

Theme 1: Absence of Domestic and Workplace Troubles Several participants noted that familial and domestic conflicts pose a major challenge to individual well-being. Similarly, workplace stress taxes mental health. For example, a participant explained that an absence of family-related issues and a calm situation in the workplace made him feel mentally healthy: “When I do not have any issues with my family, [and] I do not have any complaints from mosque management or congregants who can cause mental stress, I feel mentally healthy” (Hafiz Usman, single, 29).

The participants reported that their mental health depended on their family. The absence of family problems was a source of mental well-being for them. A participant shared the following: “When I have no worries, worries about family, siblings, parents and wife, if they are happy, I am happy” (Qari Haroon, married, 35).

Theme 2: Appreciation and Acknowledgment Appreciation and acknowledgment by the congregants and the larger community were described as aspects of remaining mentally healthy. For example, a participant stated: Sometimes when I have prepared a sermon and I am highly appreciated, it makes me feel mentally healthy” (Qari Asim, married, 30). A participant reported that when other people are happy and his students are successful, it makes him mentally well:

When I have a good day and people are happy with me, when people learn from my manners, are inspired by me, and adopt virtues from me. For me, success is when my students are successful. When my congregants talk to me in a good way, it is a happy day for me. When they say, “You have performed well.” (Qari Shahbaz, single, 24)

Similarly, another participant found solace in appreciation and noted that being valued was associated with feeling mentally well:

When I deliver a good speech somewhere and people are happy with my speech, and they appreciate that I have told them a very good thing which they did not know, and they will try to follow it. I feel happy when someone comes near faith due to me. (Qari Akram, married, 37)

Some of the participants felt mentally healthy when their students were learning. A sense of accomplishment as a teacher/imam gave them satisfaction and a feeling of well-being. One participant illustrated this as follows: “When students prepare their lessons according to my hard work, it gives me happiness. I feel bad when students do not work according to my expectations” (Qari Tariq, single, 21).

Theme 3: Lack of Appreciation The participants spoke about a lack of appreciation and acknowledgment of their contribution. Working hard but receiving no or little appreciation impeded their mental well-being: “When I have worked hard on a speech and do

not receive appreciation or respect, it hurts me so much” (Qari Asim, married, 30). For several participants, doing large amounts of work but receiving little or no appreciation was a serious concern. The imams stated that they often did not feel respected despite the responsibilities imposed on them. One participant remarked:

I have to do several tasks, but when these are not appreciated, it is lacerating. When an imam is hired, it is said this imam sahib will lead our prayer. Imam means he is a leader and chief of people. Afterwards, they start demanding the imam to do this, to do that, to do many tasks that they consider tiny. They’ll ask, “Imam sahib, today you have to clean the mosque.” Though there is a religious reward for cleaning the mosque, it is beyond the imam’s duty, so I feel discomfort. (Qari Irfan, single, 25)

A relatively young participant experienced age discrimination. The congregants did not give him what he felt was proper respect:

I ponder how much respect people give to an imam. People deal with an imam as a formality. They do not truly respect him. People think that the imam is younger in age, so they do not need to respect him. (Hafiz Usman, single, 29)

Theme 4: Congregants’ Defiance The participants frequently described the congregants’ defiance and poor behavior. The imams felt that they lacked the support and resources to survive. One of the participants described the behavior of the community and the congregants that reduced his mental well-being:

Congregants are unable to even provide me with a meal here. They say, “We cannot provide you a meal.” Tell me, when a man eats a hotel’s meal three times a day for his whole life, how will his health be affected? Obviously, his health will deteriorate. These congregants do not even provide me with a meal. When I started here, they gave me ten thousand rupees in salary. I asked them, with ten thousand will I eat a meal or fulfill my other needs? They said, “We can give you two to three thousand rupees for your meal,” but this money is not even enough for one meal a month. (Qari Irfan, single, 25)

Some participants shared their experience of being criticized for their work. They believed the criticism was unfair because the congregants did not know about religious rules and norms. Congregants were not willing to listen if imams tried to correct them. Furthermore, congregants were not willing to follow imams in their life outside of the mosque:

I feel emotionally disturbed when I am doing recitation and I am doing it correctly, but people point out mistakes. If *sajda*³ is long, congregants complain about it. So, people try to correct imams instead of correcting themselves. And when I tell them teachings of God and prophet, they say, “Molvi sahib, you must not say anything else. You must also look at worldly matters. God will forgive all of us.” Looking at such situations, I feel irritation. (Molana Sameer, married, 47)

Disputes and conflicts with people had negative effects on the imams’ well-being. In particular, imams were stressed when they had genuine issues and no one understood. One of the participants said:

³ This is the act of prostration in prayer, the humblest posture of worship in Islam.

When people have disputes with me and when I have committed no mistake, they create issues. Like if I have throat issues and I cannot recite well, some people will gossip that the imam is not capable of recitation. Such events hurt. (Qari Shahbaz, single, 24)

A few participants revealed that there is inequality among imams. Religious leaders may come from different classes and socioeconomic backgrounds, which contributes to inequality. This may also lead to differences in access to resources and opportunities:

Our profession is all about mental well-being. The task of preaching and educating completely depends on mental health, which is very important. There are two classes of imams: those who have speaking power and get famous among people and are in a better [socioeconomic] position, and imams who cannot influence the masses. They have these [mental health] issues. (Qari Asim, married, 30)

Caste discrimination was described by another participant:

People start questioning my caste. They comment that your caste is a despised caste. They criticize, although the Prophet PBUH said no one is great on the basis of their caste or color. But the majority of people in our society believe in the caste system. They think themselves greater than and above other humans. In some cases, people say, "We will not allow an imam of a lower caste to lead our prayer," though the imam has knowledge. (Qari Asim, married, 30)

Theme 5: Mosque Management Many participants expressed their concerns about the role of mosque management in poor work and workplace conditions for imams. Mosque management humiliates, intimidates, and controls imams. One of the participants shared his experience:

When you are serving in a madrassah, your duty is to lead the prayer. If the imam's *qiraat*⁴ is pleasant and people like him, the head of the madrassah will replace him because he is gaining appreciation. So, being an employee imam is not independent. It is highly deplorable. Being an imam is very different from being an employee imam. In this case, imams have to do many things which are unpleasant and painful for them, but they are employees and servants, so they do them. They [congregants and mosque management] consider the imam a servant, just like their servants at home. I have faced it many times. I have been insulted, pressured, and I have been separated from preaching. I have been controlled and stopped from saying what I want to say. (Molana Kamran, married, 40)

Due to humiliating treatment by mosque management, participants felt worthless. They believed that an imam should have sound financial status.

I am not at all satisfied with mosque management. They want me to obey them. They say, "Whatever we want to do, you have to follow us." They do not care about the teachings of religion. If the imam does not obey them, they take it as an insult to their dominance, so they remove the imam. To resolve the issues of mosques, as the Prophet PBUH said, the one who will be an imam will be under the state's patronage. The imam should be the village's prestigious person who has no financial problems and whose views hold importance. (Molana Sameer, married, 47)

⁴ The style of recitation or reading of the Quran.

Mosque management asks imams to collect donations for the expenditures of the mosque. Imams collect money from congregants and the general public and pass it on to the mosque management committee: “People give us zakat and consider us *shudra*.⁵ There is pressure by mosque management on the imam to collect donations for the expenses of running the mosque and to manage our own salary as well” (Molana Farooq, married, 31).

Several participants reported that they were being controlled at their workplace. They were not allowed to give their opinion or input in most matters:

Mosque management does not allow an imam to say anything that displeases them, which exposes any act. These are the things which cause restlessness and irritability. The most significant thing, in my observation, is internal conflicts among members of mosque management. They rarely agree on the same thing. Imams spend ten years, fifteen and even twenty years in a mosque, and when a slight mistake happens, they just fire him from the job. Instead of warning him and giving him advice to improve him, his services are ignored, and the imam’s preaching, services, and all his noble work are abandoned. Consequently, the imam is worried about finding a new place to serve. He loses all the social connections he has built for years. He loses all the earning opportunities. He loses his home, and he has to adjust to a new place where he is a stranger again. Mosque management is responsible for severely punishing such petty mistakes as being late for *azaan*⁶ or leading prayer. Such incidents scare imams, and then they are controlled by the management. The majority of congregants also do not show a good attitude. (Molana Nadeem, married, 32)

Theme 6: Others Another issue mentioned in relation to imams’ mental health was financial problems: “When I have an unfulfilled need, I have tension due to an economic emergency, or I have domestic issues, I do not feel well” (Allama Rizwan, married, 35). Some participants felt guilty when they were unable to fulfill their religious obligations and duties: “When I do not properly offer my prayers and fulfill my religious duties, it makes me feel mentally unhealthy” (Molana Anwar, married, 55). And one participant said he felt bad when he did not prepare a good sermon. The presence of dissatisfied individuals negatively affected his mental well-being:

When I have to teach and I have not prepared my speech, when I am not satisfied with my knowledge, I feel irritability in myself. If I cannot prepare a good *khutba-e-Juma*⁷ and people are not satisfied, it disturbs me. Thus, whatever responsibilities are bestowed on me, if I cannot fulfill those duties, I cannot feel mentally healthy. (Molana Nadeem, married, 32)

Theme 7: Importance of Well-Being for Imams The role of an imam is to serve the community by providing leadership, support, and spiritual guidance. To effectively fulfill these responsibilities, it is essential for imams to prioritize their mental health and well-being. The participants felt the great importance of mental health in their profession. One participant shared:

⁵ *Shudra* are people from the lowest caste/class system in India who are considered impure and even less than human.

⁶ The Islamic call to prayer, usually recited by an imam or muezzin before prayer in a mosque.

⁷ A sermon delivered before *Juma*, the congregational Friday prayer in Islam.

In our profession, it is very important to be mentally healthy. This is particularly important as we read and teach the holy Quran, and education about the holy Quran requires complete well-being. We have to be careful about *zair* and *zabar*.⁸ We have to be attentive to listen to students, and we have to be completely attentive while teaching them. Similarly, when we give religious advice to someone, we have to be mentally careful because we are answerable for this advice, not only in this world but in front of God too. (Qari Akram, married, 37)

A few participants stressed the importance of mental health for imams. In their view, an imam can function appropriately only if he has good mental health. Otherwise, he is incapable of doing his job as an imam. A participant shared his opinion:

To be mentally healthy is very important. It is even more important than worship. If a person is mentally healthy, he can worship appropriately. If he is not mentally healthy, he cannot serve God's work, and he is likely to become frustrated soon. Being fed up in the religion becomes an offense. (Molana Sameer, married, 47)

Similarly, another participant said:

It is as important as a mother is for the birth of a child, the essentiality of a father. As a child can't be born without mother and father, without mental well-being a scholar and imam's preaching cannot generate an impact. (Molana Kamran, married, 40)

The participants also articulated reasons underscoring the importance of mental health in this profession. Leading congregational prayer requires intact memory, sustained concentration, and cognitive clarity. As one participant said:

In our profession, mental well-being is absolutely necessary because of the nature of our work. The imam's memory should be intact. While leading prayer, the imam needs to be mentally present, needs to have a clear and refreshed mind. A stable and refreshed mind is essential for the proper recitation of the *azaan* and for leading prayer; without it, recurring difficulties and errors are likely to arise. (Qari Danish, married, 32)

Discussion

This study explored the perceptions and experiences of imams who lead prayers and teach at madrassas in a Muslim majority society. The aims of this study were to identify their conceptions of mental health, to determine when imams do and do not feel mentally healthy, and, finally, to highlight the importance of mental health for imams.

Pakistani society has faced political disputes, violence, terrorism, and natural disasters that have significantly impacted psychological well-being (Noorullah et al., 2024). Within this context, imams occupy an important position in Muslim societies because they not only lead prayers but also provide guidance on spiritual, social, and political matters (Ali et al., 2005). At the same time, critics often blame imams for spreading extremist ideologies in Muslim societies, highlighting the complex and contested role they play in society.

⁸ *Zair* and *zabar* are diacritical marks used in Arabic, Urdu, and Persian to indicate short vowel sounds.

To date, there appears to be a notable gap in the literature concerning the frequency with which imams are sought for counseling, though imams report enormous stress associated with their work (Sohail et al., 2025; Sohail & Eagle, 2024). Congregants frequently seek counseling from Catholic, Jewish, and Protestant clergy (Moran et al., 2005). Imams can play a vital role in psychological counseling, and the interface between psychology and religion can have constructive implications for practitioners' therapeutic work (Hayes & Cowie, 2005). However, there is limited research on the mental health and well-being of imams (Ali, 2016). It is crucial to understand how imams view mental health (Keyes et al., 2021). Studies indicate that Muslim communities, even in developed countries, are often unlikely to seek support from mental health professionals (Khan, 2018).

Under the first theme, the interviewees explained how they understood mental health and well-being. Mental health was seen as having positive emotions. Seeing mental health as the absence of negative emotions also stood out as an important theme. Many participants shared this view, seeing mental health as the presence of positive feelings and the absence of negative ones. This aligns with the dual continuum model of mental health proposed by Keyes (2005), which shows that high levels of positive mental health and mental illness are related but separate dimensions.

This dual focus on the presence of positive emotions (happiness, contentment) and the absence of negative emotions (anger, worry) has significant implications for how imams are likely to frame mental health in their sermons and counseling sessions. Since the imams conceptualized "anger" and "worry" as indicators of poor health, their pastoral guidance may emphasize emotional regulation as a spiritual discipline. By equating mental health with a "cooled down" mind and the absence of "grumbling," imams are effectively teaching their communities that mental health is a behavioral choice linked to religious observance, potentially stigmatizing the natural experience of negative emotions as a spiritual failing or a lack of wisdom.

The participants viewed mental health in the context of individuals' financial conditions, signifying that a comfortable life is essential for the well-being of an imam. The unavailability of resources and unmet basic needs affect mental health. Therefore, an individual who has a better financial position is likely to have better mental health. These findings are consistent with those of studies on religious leaders from other traditions. The inability to meet one's economic responsibilities may exacerbate stress, negatively impacting both mental and relational health outcomes (She et al., 2023; Thomson et al., 2022; Tibbetts et al., 2025). These findings demonstrate financial stability as a determinant of well-being. In the case of imams, their social role often involves community interaction, providing guidance and meeting communal expectations. Financial strain may threaten their personal well-being and impair their social performance. The imams' focus on financial stability highlights their struggle to maintain dignity and religious authority within a community that sometimes sees them as "servants." Participants clearly connected mental health to financial independence. It would be helpful to find ways to communicate to the congregation that keeping an imam in poverty harms the community's overall well-being. Additionally, viewing financial distress as a real obstacle to happiness could lead imams to take it more seriously rather than dismissing it as a worldly concern that can be fixed solely through prayer.

Another key finding from this study is that mental health is understood in terms of positive social behavior. Participants reported that building supportive, positive relationships and treating others kindly reflect good mental health. The interviewees viewed mental health as displaying strong social skills, being kind to others, and offering help. They saw mental health not just as an individual trait but also as a social quality reflected in relationships between people. Pakistani culture places a high value on building and maintaining

social relations that are deeply embedded in society. A person's status is gauged not only by income or assets but also by the quantity and quality of their social capital. As members of a predominantly collectivist culture in which relationships and community ties are prioritized, Pakistanis believe that an individual's most important ability is maintaining social relations.

The outward display of emotions that indicate well-being also emerged as a theme. The participants saw facial expressions, body language, and strong communication as signs of positive mental health, while the absence of these signs was seen as an indication of negative mental health. The participants said that well-being can be observed in a person's facial expressions and gestures. Some participants mentioned religious and spiritual beliefs when describing their mental health. They noted that being happy with God and content with their fate constitute good mental health. This tendency for imams to link their own mental health through outward performance such as the ability to deliver a speech confidently or lead prayer without memory lapses likely shapes how they counsel their congregants. It is worth asking if, when counseling mentally distressed people, imams prioritize the restoration of social functioning over the processing of internal psychological states. They may project a model of mental health that is performative and visible and that does not emphasize the processing of emotions and internal feeling states, which are crucial to restoring mental well-being.

We also identified themes related to possible barriers to imams' well-being. Our participants described workplace stress as a major challenge to their overall health. Imams receive insufficient training as religious leaders in their communities, and they encounter professional and organizational difficulties (Askar, 2021). The imams appreciated the respect and social support they gained from the congregants. These findings align with previous research on Christian clergy (Eagle et al., 2019).

Prior work on Christian clergy members has shown that the support of congregants matters most to them (Edwards et al., 2020). Our study shows that appreciation and recognition from congregants and the broader community are vital for imams' well-being too and help them feel valued. A lack of appreciation and recognition of their contributions in the workplace was identified as a key factor that hampered their well-being. The participants in this study cited congregants' defiance and poor behavior as salient factors that impeded their well-being. In addition, the imams faced intimidating and sometimes humiliating behavior by the mosque management. The absence of family support and familial and domestic conflicts also caused stress among the imams.

This study provides several key recommendations to improve mental health awareness and support for imams' roles. Educating imams about mental health challenges can reduce stigma and promote open conversations. Including mental health training in imam education programs can help them serve as effective community advocates for well-being. Governments and NGOs should offer training programs for imams to recognize mental health issues and link people to professional resources, especially in underserved areas. Customized mental health interventions that address specific stressors, such as guilt over perceived religious inadequacy and how to handle congregational criticism, are vital. Policies that prioritize imam welfare such as competitive salaries, conflict resolution, and formal recognition may boost their mental resilience and effectiveness. This approach can also be expanded internationally to other faith leaders, encouraging cross-cultural efforts that incorporate religious perspectives into mental health strategies.

Strengths and Limitations

This study provides comprehensive insights into how imams conceptualize mental health and well-being. As an exploratory study, we examined nuanced understandings of mental health and well-being and opened several new avenues of study. The detailed interviews in this study provide rich qualitative data on imams' perspectives and experiences.

Most imams were unwilling to have their interviews recorded, which may have reduced the sample's representativeness. Furthermore, the sample size of 20 was relatively small and may not capture the full diversity of imams' experiences and perspectives. Finally, given the sensitive nature of topics such as religion and mental health, this study may have involved social desirability bias.

Conclusion

The imams in this study described mental health in terms of emotions, cognitive expressions, outward physical signs, religious and spiritual beliefs, and social interactions. The findings support the existing literature on how mental health is understood by other clergy members. Factors such as the workplace environment, financial status, and job evaluation strongly influence the mental health of imams. Imams recognize the importance of mental health for their profession. These insights could help shape policies to improve mosque and madrasa environments for imams, congregants, and students of religious education. Additionally, this study emphasizes the importance of imams' well-being for society at large and highlights areas where improvements are needed.

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Author Contribution MMS worked on interview guide, transcription of interviews, completed the qualitative analysis of the interview data and drafted portions of the manuscript. DE was responsible for conceptualization of the study, supervising qualitative analysis, and manuscript writing and editing.

Declarations

Competing interests The authors declare no competing interests.

References

- Abuezz, M. (2011). *A survey of American imams: Duties, qualifications and challenges: A quantitative and religious analysis* [Doctoral dissertation, University of Georgia].
- Abu-Ras, W., Gheith, A., & Cournos, F. (2008). The imam's role in mental health promotion: A study at 22 mosques in New York City's Muslim community. *Journal of Muslim Mental Health*, 3(2), 155–176. <https://doi.org/10.1080/15564900802487576>
- Ahmed, F. (2014). *Manchester Muslims: The developing role of mosques, imams and committees with particular reference to Bareilwi Sunnis and UKIM* [Doctoral dissertation, Durham University].
- Ali, O. M. (2016). The imam and the mental health of Muslims: Learning from research with other clergy. *Journal of Muslim Mental Health*, 10(1), 65–73. <https://doi.org/10.3998/jmmh.10381607.0010.106>

- Ali, O. M., Milstein, G., & Marzuk, P. M. (2005). The imam's role in meeting the counseling needs of Muslim communities in the United States. *Psychiatric Services*, *56*(2), 202–205. <https://doi.org/10.1176/appi.ps.56.2.202>
- Andrabi, T., Das, J., Khwaja, A. I., & Zajonc, T. (2006). Religious school enrollment in Pakistan: A look at the data. *Comparative Education Review*, *50*(3), 446–477.
- Askar, A. (2021). An exploratory study on American-born imams: Negotiating pastoral responsibilities and expectations. *Qualitative Sociology Review*, *17*(3), 90–106.
- Bagby, I. A. W., Perl, P. M., & Froehle, B. (2001). *The mosque in America, a national portrait: A report from the Mosque Study Project*. Council on American-Islamic Relations.
- Cheema, A. R. (2021). *The role of mosque in building resilient communities: Widening development agendas*. Springer Nature.
- Eagle, D. E., Hybels, C. F., & Proeschold-Bell, R. J. (2019). Perceived social support, received social support, and depression among clergy. *Journal of Social and Personal Relationships*, *36*(7), 2055–2073. <https://doi.org/10.1177/0265407518776134>
- Edwards, L., Bretherton, R., Gresswell, M., & Sabin-Farrell, R. (2020). The relationship between social support, spiritual well-being, and depression in Christian clergy: A systematic literature review. *Mental Health, Religion & Culture*, *23*(10), 857–873. <https://doi.org/10.1080/13674676.2020.1838459>
- Fuchs, M. M., & Fuchs, S. W. (2020). Religious minorities in Pakistan: Identities, citizenship and social belonging. *South Asia: Journal of South Asian Studies*, *43*(1), 52–67. <https://doi.org/10.1080/00856401.2020.1695075>
- Grim, B. J., & Hsu, B. (2011). Estimating the global Muslim population: Size and distribution of the world's Muslim population. *Interdisciplinary Journal of Research on Religion*, *7*, 1–19.
- Hamm, A. K., & Eagle, D. E. (2021). Clergy who leave congregational ministry: A review of the literature. *Journal of Psychology and Theology*, *49*(4), 291–307. <https://doi.org/10.1177/00916471211011597>
- Hasnain, K. (2021). Pakistan's population is 207.68m, shows 2017 census result. *Dawn*. <https://www.dawn.com/news/1624375>
- Hayes, M. A., & Cowie, H. (2005). Psychology and religion: Mapping the relationship. *Mental Health, Religion & Culture*, *8*(1), 27–33. <https://doi.org/10.1080/13674670410001666589>
- Holleman, A., & Eagle, D. (2023). Is there a crisis in clergy health? Reorienting research using a national sample. *Journal for the Scientific Study of Religion*, *62*(3), 580–604. <https://doi.org/10.1111/jssr.12859>
- Humam, F., McBryde-Redzovic, A., Mahoui, I., Ali, S., Abolaban, H., Zia, B., & Awaad, R. (2023). The role of Muslim religious leaders in mental health: A community-based participatory research study in the San Francisco Bay Area. *Pastoral Psychology*, *72*(4), 539–556. <https://doi.org/10.1007/s11089-023-01077-9>
- Keyes, C. L. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, *73*(3), 539–548. <https://pubmed.ncbi.nlm.nih.gov/15982151/>
- Keyes, C. L., Sohail, M. M., Molokwu, N. J., Parnell, H., Amany, C., Kaza, V. G. K., Saddo, Y. B., Vann, V., Tzudier, S., & Proeschold-Bell, R. J. (2021). How would you describe a mentally healthy person? A cross-cultural qualitative study of caregivers of orphans and separated children. *Journal of Happiness Studies*, *22*(4), 1719–1743. <https://doi.org/10.1007/s10902-020-00293-x>
- Khan, F. (2018). Challenges of Islamophobia: Psychiatric considerations for effectively working with Muslim patients. In H. S. Moffic, J. Petzet, A. Z. Hankir, & R. Awaad (Eds.), *Islamophobia and psychiatry: Recognition, prevention, and treatment* (pp. 171–181). Springer International. https://doi.org/10.1007/978-3-030-00512-2_15
- Kohut, A. (2009). Pakistani public opinion: growing concerns about extremism, continuing discontent with U.S. Pew Research Center. <https://www.pewresearch.org/wp-content/uploads/sites/2/2009/08/Pew-Global-Attitudes-Pakistan-Report-August-13-2009.pdf>
- Meyer, D. Z., & Avery, L. M. (2009). Excel as a qualitative data analysis tool. *Field Methods*, *21*(1), 91–112.
- Milstein, G., Hybels, C. F., & Proeschold-Bell, R. J. (2020). A prospective study of clergy spiritual well-being, depressive symptoms, and occupational distress. *Psychology of Religion and Spirituality*, *12*(4), 409–416. <https://doi.org/10.1037/rel0000252>
- Mohanty, N. (2013). *America, Pakistan, and the India factor*. Springer.
- Montgomery, R. J., Gonyea, J. G., & Hooyma, N. R. (1985). Caregiving and the experience of subjective and objective burden. *Family Relations*, *34*(1), 19–26. <https://doi.org/10.2307/583753>

- Moran, M., Flannelly, K. J., Weaver, A. J., Overvold, J. A., Hess, W., & Wilson, J. C. (2005). A study of pastoral care, referral, and consultation practices among clergy in four settings in the New York City area. *Pastoral Psychology*, 53, 255–266. <https://doi.org/10.1007/s11089-004-0556-3>
- Mughal, M. A. Z. (2015). An anthropological perspective on the mosque in Pakistan. *Asian Anthropology*, 14(2), 166–181. <https://doi.org/10.1080/1683478X.2015.1055543>
- Naeem, M., Ozuem, W., Howell, K., & Ranfagni, S. (2023). A step-by-step process of thematic analysis to develop a conceptual model in qualitative research. *International Journal of Qualitative Methods*, 22, 1–18. <https://doi.org/10.1177/16094069231205789>
- Noorullah, A., Asad, N., Pirani, S., Iqbal, S., & Khan, M. M. (2024). Mental health care in Pakistan. In S. M. Y. Arafat & S. K. Kar (Eds.), *Access to mental health care in South Asia*. Springer, Singapore. https://doi.org/10.1007/978-981-99-9153-2_7
- Pinquart, M., & Sörensen, S. (2003). Differences between caregivers and noncaregivers in psychological health and physical health: A meta-analysis. *Psychology and Aging*, 18, 250–267. <https://doi.org/10.1037/0882-7974.18.2.250>
- Proeschold-Bell, R. J., LeGrand, S., James, J., Wallace, A., Adams, C., & Toole, D. (2011). A theoretical model of the holistic health of United Methodist clergy. *Journal of Religion and Health*, 50, 700–720. <https://doi.org/10.1007/s10943-009-9250-1>
- Savage, S., & Bailey, S. (2004). The impact of caring on caregivers' mental health: A review of the literature. *Australian Health Review*, 27, 111–117. <https://doi.org/10.1071/ah042710111>
- She, K. T. R., Wang, D. C., Canada, A. L., & Poston, J. M. (2023). The impact of financial health on the spiritual, mental, and relational health of Christian graduate students. *Pastoral Psychology*, 72(1), 85–103.
- Sohail, M. M. (2020). Belief in God's help during hepatitis C: A qualitative study on Muslim patients in Pakistan. *Journal of Religion and Health*, 59(2), 928–945. <https://doi.org/10.1007/s10943-018-0700-5>
- Sohail, M. M., Arshad, U., & Büssing, A. (2025). Triggers of spiritual dryness: Insights from imams in a Muslim majority society. *Pastoral Psychology*, 1–20. Advance online publication. <https://doi.org/10.1007/s11089-025-01253-z>
- Sohail, M. M., & Eagle, D. (2024). Exploring mental health and wellbeing of imams in a Muslim majority society. *Journal of Academic Perspectives*, 5, 242.
- Sohail, M. M., Frick, E., & Büssing, A. (2022). Spiritual care competences among health care professionals in Pakistan: Findings from a cross-sectional survey. *Religions*, 13(4), 370. <https://doi.org/10.3390/rel13040370>
- Thomson, R. M., Igelström, E., Purba, A. K., Shimonovich, M., Thomson, H., McCartney, G., Reeves, A., Leyland, A., Pearce, A., & Katikireddi, S. V. (2022). How do income changes impact on mental health and wellbeing for working-age adults? A systematic review and meta-analysis. *The Lancet Public Health*, 7(6), e515–e528.
- Tibbetts, J., Chapman, C., O'Dean, S., Butterworth, P., & Slade, T. (2025). The longitudinal relationship between financial hardship and mental health: A systematic review of the evidence. *SSM - Mental Health*, 8, Article 100481. <https://doi.org/10.1016/j.ssmmh.2025.100481>
- Watts, S. W., Murray, C., & Pilkington, A. (2014). Understanding and supporting psychological wellbeing: An exploration of the experiences of Islamic scholars. *Mental Health, Religion & Culture*, 17(4), 365–378. <https://doi.org/10.1080/13674676.2013.808177>

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