Oral

Thu. Sep 25, 2025 6:00 PM - 7:00 PM JST | Thu. Sep 25, 2025 9:00 AM - 10:00 AM UTC Session Room 5 (Conference Room A)

Oral 5

[O-5-01]

Unaddressed and Unseen: Muslims' perspectives on mental health and illness (Cape Town, South Africa)

*Mariam Salie[1], Shaheen Ashraf Kagee[1] (1. Stellenbosch University (South Africa))

[O-5-02]

The Challenge of Providing Elderly Care for Foreign Residents in Japan

*Akihito Uezato[1,6], Kimie Fujikawa[2], Miki Marutani[3], Eiko Takaoka[4], Yoshifumi Sugiyama[5] (1. International University of Health and Welfare (Japan), 2. Matsumoto Collage of Nursing (Japan), 3. National Institute of Public Health (Japan), 4. Sophia University (Japan), 5. The Jikei University School of Medicine (Japan), 6. Institute of Science Tokyo (Japan))

[O-5-03]

Moral Injury? Rethinking "Moral Injury" Through the Concept of Ensāniat: Lived Experience of Iranian Refugee Torture Survivors in the UK

*Roghieh Dehghan[1] (1. University College London (UK))

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[O-5-01] Unaddressed and Unseen: Muslims' perspectives on mental health and illness (Cape Town, South Africa)

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Keywords：Muslim、Mental health、explanatory model

Mental health remains stigmatized across many cultural and religious communities, including within Muslim communities in South Africa (SA), where Muslim mental health (MMH) is an under-researched topic. With Islam as the fastest growing religion in the world, and multiple global events affecting Muslims, there has been an increase in Muslims seeking mental healthcare. Considering this, recent literature has underscored the importance of providing culturally competent healthcare. Understanding Muslims' explanatory models (EM) of mental health conditions (MHC) will facilitate care that meets Muslims' needs appropriately. Existing dated, limited, studies conducted in SA highlight the need to explore this further.The current study is part of a broader study exploring the EM of MHC amongst Muslims in the Western Cape from a multi-stakeholder perspective. This presentation will present findings from one stakeholder group, the general Muslim public. Five focus groups were conducted, utilizing semi-structured interviews, with a total of 18 participants recruited through purposive and snowball sampling. Participants were Muslims over the age of 18; 13 females and five males. Participants had never been treated for a MHC, but majority had a family member with a diagnosed MHC. To protect confidentiality, further demographics were not obtained. Data were coded inductively and analysed using reflexive thematic analysis. Preliminary findings reveal that mental health is viewed through a multifaceted lens intertwining Islamic teachings, cultural norms, and societal expectations. Participants highlighted the significant role of faith in coping with mental health challenges, with many referencing prayers, trust in Allah, and reliance on religious practices as primary sources of support. However, the stigma surrounding mental illness was a recurring theme, with participants reporting that mental health struggles are often "not spoken about" openly within their communities. This silence was attributed to fears of social judgment, misconceptions about mental health, and limited mental health literacy.

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[O-5-02] The Challenge of Providing Elderly Care for Foreign Residents in Japan

*Akihito Uezato[1,6], Kimie Fujikawa[2], Miki Marutani[3], Eiko Takaoka[4], Yoshifumi Sugiyama[5] (1. International University of Health and Welfare (Japan), 2. Matsumoto Collage of Nursing (Japan), 3. National Institute of Public Health (Japan), 4. Sophia University (Japan), 5. The Jikei University School of Medicine (Japan), 6. Institute of Science Tokyo (Japan))

Keywords：Japan、elderly care、foreign residents

As of the end of 2024, 5.7% of foreign residents in Japan were aged 65 or older, totaling about 214,000 individuals—more than three times the number in 2009. With different cultural backgrounds and limited Japanese proficiency, they often face challenges when receiving home-based care.
This study explored these challenges and the needs involved in service provision. Semi-structured interviews were conducted with care providers—including care workers, nurses, and dentists—who had experience visiting elderly foreign residents at home. Topics included communication methods, incidents or near-misses, and emergency or disaster responses. Thematic analysis was used to identify common issues.
Results showed that cultural and behavioral differences were a core source of difficulty (e.g., unwillingness to follow recommendations). These led to problems with medical care (e.g., choosing traditional remedies) and misunderstanding of care systems (e.g., requesting tasks outside service boundaries). Language barriers, such as trouble with onomatopoeic expressions, further complicated interactions. These factors contributed to safety concerns, particularly during emergencies or public health crises, where coordination with families and hospitals often failed.
Service providers expressed a need for practical tools—manuals, cultural background information, multilingual resources—and opportunities for training and peer exchange. With the elderly foreign population expected to grow, especially under new immigration frameworks, it is vital to build support systems that reduce the burden on providers and ensure safe, effective care in an aging, multicultural Japan.

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[O-5-03] *Moral Injury? Rethinking "Moral Injury" Through the Concept of Ensāniat: Lived Experience of Iranian Refugee Torture Survivors in the UK*

*Roghieh Dehghan[1] (1. University College London (UK))
Keywords：Torture、Refugees、Moral Injury

This presentation explores the moral and the ethical and their relationship with trauma and mental health from the perspective of Iranian refugee torture survivors in the UK, grounding its analysis in the concept of *Ensāniat*.
While the concept of moral injury (MI) has gained traction over the past decade as a way to account for experiences that fall outside the parameters of Post-Traumatic Stress Disorder (PTSD), its dominant framing remains rooted in Western military psychiatry. Initially coined in the 1990s to describe the experiences of US veterans, MI is defined as the distress that arises when fundamental moral beliefs have been transgressed (Litz et al., 2009). Although increasingly applied to refugee populations, the concept remains largely unadopted to the cultural and lived realities of non-Western survivors, raising ethical and epistemic concerns about its broader use.
Based on recent interview studies with Iranian torture survivors, this study highlights *Ensāniat* as a key concept in participants' accounts. I begin by briefly outlining how the concept of MI has been constructed within trauma discourse, including how it has been applied in empirical research with refugee populations. I then present findings from my own research, which introduces *Ensāniat*, an ethical and culturally embedded framework that emerged from participants' narratives to articulate the moral and the ethical in their experiences, beyond the binary of injury and repair.
This study contends that the standard model of MI risks perpetuating colonialist assumptions and exacerbating epistemic injustice by conflating, both theoretically and experientially, the standpoint of the moral transgressor with that of the victim. The paper calls for the adoption of alternative terminologies that more accurately and respectfully represents the lived experiences of victims.