

ISLAMOPHOBIA AND THE MUSLIM AMERICAN IDENTITY: AN EXPLORATION OF  
GENDER, SES, AND SELF-ESTEEM

By

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To the Faculty of Washington State University:

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Abstract

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The rise of Islamophobia has been likened to Europe's anti-Semitism and the segregation of people of color in the 1900s in the U.S. However, a dearth of research exists regarding the impact of Islamophobia on Muslim Americans, and even less has been done to formulate appropriate clinical recommendations for working with Muslim clients. Currently, little is known in regards to the impact of Islamophobia upon view of self and the Islamic identity for Muslim Americans.

The purpose of this study was to examine how strength of affiliation with Islamic identity explains experiences with discrimination for Muslim Americans. Participants were 123 second generation Muslim Americans who completed the following two domains of the Collective Self-Esteem Questionnaire, Race Specific Version (CSE-R): *private collective self-esteem and importance to identity*, along with the Perceived Ethnic Discrimination questionnaire (PEDQ) and a demographic questionnaire.

Results indicated that private collective self-esteem(PCollectiveSE) and importance to identity (IMP\_ID) were not significant predictors of reported experiences with discrimination; however,

when IMP\_ID and PCollectiveSE were paired with gender and SES, all four variables accounted for approximately thirteen percent of variance in the model, with gender and SES being statistically significant coefficients. SES showed a statistically significant inverse correlation with discrimination. Higher scores in regards to education, income, and being in an urban setting led to fewer reported incidents of discrimination. There was a statistically significant difference in experiences of discrimination between males and females with male reporting encountering fewer experiences of prejudiced behaviors than females. The two independent variables, PCollectiveSE and IMP\_ID, were not significantly related to experiences with discrimination. This research affirmed the need for developing a measure of Islamic identity affiliation as a starting place for examining how experiences with discrimination shape a Muslim's view of themselves as well as the strength of the relationship with their religious identity. Interpretation of the findings, along with limitations and implications for future research are discussed.

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## **Dedication**

For my parents, who made the long journey from Kashmir, India to Spokane, WA, building and believing in the promise of the American dream. Your story inspires me, your practice of *iman*, *sabr*, and *shukr*, have taught me how to approach life; to put my heart into my work, and to pursue excellence in all endeavors. I am who I am because of your love. It is with great honor that this work is dedicated to you.

## **CHAPTER ONE**

### **Introduction**

The rising situation of Islamophobia has been likened to Europe's anti-Semitism and the segregation of people of color in the 1900s in the U.S (Alietti & Padovan, 2013; Linehan, 2012). The American public's perception of Islam has become increasingly more negative in the past few years (Gallup, 2014). As of 2015, a study funded by the Public Regional Research Institute found that 58% of Americans hold the attitude that Islam is at odds with American values and the American way of life. In assessing religious, cultural, social, and racial groups, Muslims were perceived as the highest targeted group for discrimination in the U.S. in 2015 with 70% of Americans stating that they thought that no other group faced more prejudice than Muslims in the U.S (Jones, Cox, Cooper, & Lienesch, 2015). Examples of Islamophobic bias include: Muslim free zones, campaign for a Muslim free America, and the rise of attacks on Mosques and Islamic Centers across the U.S. Muslim free zones designate businesses that refuse service to Muslims or anyone perceived to be Muslim (CAIR, 2015). Campaign for a Muslim free America is a growing movement which involves protesting at Mosques, burning Qurans, and vandalizing Islamic centers. Hate crimes of attacking and killing Muslims have resulted from these events. As the number of attacks continues to rise (Allen and Nielsen, 2002, CAIR, 2015), the American public struggles to find the balance between their reaction of fear and hatred for Muslims and the desperate need for understanding of the Muslim population (Jones et al., 2015).

Most Americans report knowing little about Islam but disliking it and distrusting Muslims (Gallup, 2024; Pew Research Center, 2009). Research has shown that the best way to combat fear based prejudice is meeting and interacting with members of the targeted group (Coryn & Borshuk, 2006). Humanizing and connecting with people replaces fear with

knowledge and understanding that encourages connection within a community. As the need for understanding of Islam and Muslims is growing, communities are turning to scholars for guidance and knowledge about this population. The problem is that clinicians and scholars have little information on Islam and Muslims and have yet to study the impact of Islamophobia (Abu-Raiya & Pargament, 2010; Ahmed, Mohamed & Williams, 2007). Lack of knowledge inhibits the understanding and insight needed by psychologists to work with Muslim clients and support them during increasingly difficult times. The need for research on the impact of Islamophobia is crucial now more than ever. While instances of discrimination have been reported, little is known about the impact of Islamophobia on the identity of Muslim Americans. The purpose of this study was to explore the impact of Islamophobia on identity formation and view of self for Muslim Americans. In understanding the psychological and emotional impact of discrimination upon identity formation of out-group members, psychologists and clinicians can be better informed for creating appropriate interventions, and focusing on education and community advocacy (Nadal et al., 2012).

### **Statement of the Problem**

The impact of 9/11 and the increasing rise of discrimination against Muslims has been described by scholars as a collective trauma for the Muslim community (Amer & Bagasra, 2013; Byng, 2008). Surprisingly, little has been done to support, educate and advocate for Muslims dealing with the distress of the September 11th attacks and the events that followed (Kalkan, Layman & Uslaner, 2009). As the Muslim American population continues to grow (Pew Research Center, 2011) and Islamophobia continues to spread in the U.S., there is a crucial need to understand the impact Islamophobia is having on the lives of Muslims. While trends have been noticed in regards to rates of depression and isolation for Muslims, these studies are few or

far between (Ibish, 2003). Scholars remain unable to conceptualize the Muslim population and the impact Islamophobia is having on both their Islamic identity and affiliation as American citizens (Awad, 2010). Now more than ever, it is imperative that scholars gain the knowledge and formation of psychologically appropriate interventions to aid in the wellbeing of the marginalized Muslim American population.

Current research is lacking in providing and understanding the mental health issues surrounding the Muslim American population. What little has been done focuses on factors such as the war on terror occurring overseas and centered on political agendas, very little of which is relevant to the daily lives of Muslim Americans (Amer & Bagasra, 2013). Specifically, there is a dearth of knowledge on factors that influence identity formation and group affiliation of Muslim Americans, such as the impact of discrimination upon self-esteem for Islamic identity. The impact of Islamophobia upon the collective Muslim identity remains unexamined (Amer & Hovey, 2007; Awad, 2010).

Scholars must first examine the impact of discrimination upon identity in order to understand the cultural and psychosocial impact of Islamophobia upon the Muslim population. Humans are motivated to affiliate to a group; to form an identity out of survival (Baumeister and Tice, 1990). Situations that fuel out-group characterization, controversially, leave the targeted persons feeling blamed, cast out, and victimized (Peek, 2003). The vulnerability of the out-group position heightens anxiety and can lead to feelings of decreased self-esteem and loneliness that is tied to isolation (Leary, 1990). Without a connection or community presence, out-group members are lacking the much needed supportive psychological factors needed to support self-esteem and connection. This can be especially distressing in times of increased prejudice.

Additionally, lack of social identity further enforces out-group status (Luhtanen & Crocker, 1992).

Tajfel and Turner's (1979) theory of identity development highlights the connection between strength of affiliation and self-esteem for out-group members, specifically, the ways in which out-group members are impacted in their choice and affiliation of identity when their group is not accepted by the majority, in-group, population. An important measure derived from this theory is the Collective Self Esteem Scale (CSE) which assesses attributes of group membership of culturally diverse populations (Luhtanen & Crocker, 1992). The CSE has been used to examine the relationship between self-esteem and psychological distress among Arabs and Muslim populations in countries outside of the U.S. in addition to identity formation of a variety of other out-group populations (Hassan, Rousseau & Moreau, 2013).

In the scholarly community, clinicians and researchers are often looked upon for guidance and education towards issues surrounding minority groups, but are at a loss due to their own challenges with lack of research and clinical work to aid in their knowledge and understanding of Muslim Americans (Ali, Liu & Humedian, 2004; Smither & Khorsandi, 2009). The lack of attention towards the Muslim population leaves scholars and clinicians unable to provide accurate, relevant information to inform ethical treatment practices towards mental health issues, and our understanding of the impact of each of prejudice as it pertains to Muslims Americans (APA, 2005; Byng, 2008; Keating, 2015). The dearth of knowledge is problematic as it in turn fuels prejudicial assumptions which impact society as a whole (Nadal, Griffin, Hamit, Leon, Tobio, 2012). As long as we lack accurate knowledge towards Islamic lifestyle and the Muslim American identity, stereotypes and incorrect information will continue to be the primary source of information; further fueling Islamophobia (Amer & Bagasra, 2013; Byng, 2008).

## **Purpose of the Study**

This exploratory study addressed the need for research on the impact of discrimination upon Muslim identity for second generation Muslim Americans. The purpose of this study was to examine the relationship between discrimination and identity affiliation for Muslim Americans. Specifically, using Luhtanen and Crocker's (1992) collective self-esteem scale (CSE), the two domains, *importance to identity* and *private collective self-esteem*, were utilized to explore the impact of discrimination upon identity formation. This information contributed to the existing literature on the impact of discrimination by examining how Islamophobia impacts group self-esteem for Muslim Americans, choice of group identity, as well as the strength of affiliation to their Muslim Identity.

## **Research Questions**

1. What is the relationship between discrimination, affiliation, gender and SES?
2. To what extent does strength of Islamic identity (affiliation) predict or explain experiences of discrimination? Do gender and SES contribute to experiences with discrimination?
3. Are there gender differences in reported experiences with Islamophobic discrimination for males and females?

## **Hypothesis**

Based upon the above research questions, the following hypotheses were tested:

1. Based upon Tajfel and Turner's (1979) Social Identity Model, it was hypothesized that higher affiliation scores for Muslim identity would lead to lower reports of experiences with discrimination. That is, Islamic affiliation would protect and enhancing self-esteem (Islamic identity) during experiences of discrimination for out-group members.

2. It was hypothesized that females would report higher frequency of incidences of discrimination than males.

### **Summary**

The dearth of scholarly information with Muslim populations perpetuates Islamophobic prejudice (Nadal et al., 2012). The need for understanding Muslim values, ways of life, and Islamic identity has become increasingly important in the U.S. with the rise of reported attacks and experiences of Islamophobia (Awad, 2010; Ibish, 2003). The purpose of this study was to examine the impact of Islamophobia on Islamic identity and collective self-esteem for Muslim Americans. The next chapter discusses the research on out-group populations and ethnic discrimination, as well as the impact of discrimination on identity. Following chapter two, chapter three provides the framework, theory, and methodology of the study. Chapter four discusses the results, leading into chapter five which finalizes with conclusions and recommendations for future studies.

## CHAPTER TWO

### Literature Review

#### Introduction

“The Muslims killed us on 9/11”-this quote by Bill O’Reilly, Fox news host featured on the TV show *The View* is a prime example of an ever prevalent Islamophobic bias (Nadal, Griffin, Hamit, Leon, & Tobio, 2012). Statements like these are particularly harmful not only to the target group but to society as a whole because repeated exposure to these messages can result in assimilation to such concepts (Gorham, 1999; Smith et al., 2006). That is, repeated exposure to stereotypes can lead consumers to accept negative attributes as truths and react to them as such during interactions with the minority group. The current state of societal and political tension has left many questions unanswered as experts, media consultants and society as a whole struggle to make sense of the 9/11 attacks (Snow & Taylor, 2006), the events that have followed (Keating, 2015; Sarmadi, 2015), and the ongoing divide between the eastern and western world (Abu-Raiya, Pargament & Mahoney, 2011). One severely marginalized group that has been overlooked in the impact of 9/11 are Muslim Americans. In what has been described as a collective trauma for the Muslim community (Amer & Bagasra, 2013; Byng, 2008), little has been done to support, educate and advocate for Muslims dealing with the distress of the September 11<sup>th</sup> attacks and the events that followed (Kalkan, Layman & Uslaner, 2009). As the Muslim American population continues to grow (Pew Research Center, 2011) and deal with increasing prejudice, it is imperative that scholars gain the knowledge and formation of psychologically appropriate interventions to aid in the wellbeing of the marginalized Muslim American population.

Current research is lacking in providing an understanding of the mental health issues surrounding the Muslim American population. What little has been done focuses on factors such as the war on terror occurring overseas and is centered on political agendas, very little of which has relevance to the daily lives of Muslim Americans (Amer & Bagasra, 2013). Researchers also examined the salience of discrimination with Arab and Muslim populations in various countries (Amer & Hovey, 2007; Awad, 2010; Driscoll & Wierzbicki, 2012; Ibish, 2003). However, there is a dearth of knowledge in regards to prevalent stressors, conceptualization of wellbeing, the impact of Islamophobia, the salience of mental health issues, and the impact of each of these factors in the current socio-political state of prejudice as it pertains to Muslims Americans (Byng, 2008; Keating, 2015). Based on literature, the shortage of research results in an absence of knowledge, which in turn fuels prejudicial assumptions; impacting society as a whole (Amer & Bagasra, 2013; Byng, 2008; Nadal, Griffin, Hamit, Leon, Tobio, 2012). In the scholarly community, clinicians and researchers are often looked upon for guidance and education towards issues surrounding minority groups, but are at a loss due to their own challenges with lack of research and clinical work to aid in their knowledge and understanding of Muslim Americans (Ali, Liu & Humedian, 2004; Smither & Khorsandi, 2009).

This study reviewed the literature on Islamophobia and examined the impact of discrimination as it relates to identity factors for Muslim Americans. This paper illuminates what is known in regards to the impact of discrimination on identity formation for Muslim Americans post 9/11, including theories and conceptualization of discrimination, as well as identity constructs and pertinent wellbeing factors for the Muslim population. Examining factors of discrimination and stressors leads into a discussion of the preferred coping strategies of this population. The current lack of information regarding values, beliefs and psychological measures

that is hindering our understanding and support of Muslim Americans from a clinical and scholarly perspective is also addressed. Limitations of current research as well as implications for future studies regarding the impact of discrimination and self-esteem are discussed.

### **Definitions/Key Terms**

The following terms are used throughout the literature and will be defined here for clarification.

*Discrimination* is defined as the unjust or prejudicial treatment of persons based upon race, religion, and other categorical variables. Discrimination can lead to categorization of out-group members that is used as justification to exclude and mistreat members of that group (Merriam-Webster, 1996).

*Ethnic Discrimination* is defined as the unjust or prejudicial treatment of people based upon their religion, race, skin color or nationality. This also includes the creation of a hostile, intimidating, humiliating or offensive environment (Ombudsman for minorities, 2014).

*Islamophobia* is a dislike of or prejudice against Islam or Muslims. First introduced in 1991 as a concept of “unfounded hostility towards Muslims, and therefore fear or dislike of all or most Muslims” the term is used in reference to Muslims in U.K. Europe and the United States (Center for Race and Gender, 2014) in depicting the upsurge of acts of hatred and discrimination in the years following the 9/11 terrorist attacks.

*Muslim American* refers to individuals or groups of United States citizens who self-identify as Muslim and or are followers of Islam.

### **Growth in U.S. Population**

Muslims have had a long standing history in the U.S. The first documented Muslims arrived as slaves in the 1700's fighting in historical battles such as the battle of bunker hill in the Revolutionary War. The first Muslims in the United States were not allowed to establish organizations, thus Islamic identity lacked a foundation and was not present until much later, post-World War I when waves of immigrants from Syria, Turkey and India arrived and settled in the U.S. (Kabir, 2013). Post 9/11, the number of Muslims in the United States increased by 67% making Islam the fastest growing religion in America (Al-Mateen & Afzal, 2004; Erickson & Al-Timimi, 2001) in the past ten years with an estimated 2.6 million Muslims currently living in the U.S. (Neal, 2012). A closer look at the U.S. population shows a demographic of Muslim Americans that is youthful, culturally diverse, and similar to the rest of the U.S. population in education and income (Pew Research Center, 2007). In terms of cultural diversity, of the estimated 1.57 billion Muslims worldwide, more than 60% of the global population is of Asian-Pacific descent, not Middle Eastern (Pew Research Center, 2009). In noting the similarities to the rest of the American population in education and income, it is surprising to simultaneously address the mistreatment Muslim Americans face in the era of Islamophobia, a term that has gained prevalence in post 9/11 America. In spite of population growth, a prevalence of exclusion, dislike, and negative perceptions exists (Gallup, 2014; Pew Research Center, 2009).

The influx of growth in the Muslim American population has prompted the need for understanding Islamic culture and lifestyle now more than ever. Public opinion data shows Americans have little knowledge about Islam (Pew Research Center, 2009), yet they possess growing anxiety towards the presence of Islam in the west (Gallup, 2014). This includes harboring feelings of dislike and resentment against Muslim Americans (Panagopoulos, 2006). Negative perceptions have become more widespread in the past decade as the result of a

combination of lack of scholarly information and the excess of anti-Islamic media propaganda (Cabili, 2011; Helbling, 2012). While the term Islamophobia appeared as early as the 1920s it became popular in the 1990's and is defined as a fear or aversion to Islam and Muslims that perpetuates acts of prejudice (Allen, 2007; Helbling, 2012). Negative perceptions are problematic as they fuel the prevalence of Islamophobic bias. As of 2011, 40% of Americans say that Islam encourages violence and a vast majority of Americans recently opposed the building of an Islamic community center in New York (Cabili, 2011) amongst oppositions of other mosques across the United States with military leaders and politicians alike arguing that Islam is not a religion supported by First Amendment rights (Boykin, 2011).

Adding to the negative perceptions and exclusion is the lack of communities in which Muslims can foster their identities in the U.S. Social identity is a vital component of an individual's self-concept, for supporting self-esteem and belonging. Without a connection or community presence, out-group members are lacking the much needed supportive psychological factors that provide self-esteem and connection. This can be especially distressing in times of increased prejudice. Additionally, lack of social identity further enforces out-group status (Luhtanen & Crocker, 1992). In some instances a minority, or out-group member, can become the target of prejudice when they are falsely viewed by the in-group majority as having connections to unfortunate events, such as Muslim citizens being associated with the September 11<sup>th</sup> attacks. These associations are particularly harmful as they fuel justification for acts of prejudice by the dominant, in-group members (Chirof & Seligman, 2002; Gerstenfeld, 2002).

In an effort to better understand this concept, Coryn and Borshuk (2006), examined this impact of minority group mistreatment in their research. The investigators provided a vignette about a Muslim American couple who were awoken and interrogated by police invading their home in

the middle of the night. The respondents were asked to provide an answer and justification for whether or not the family was treated fairly and if they would be willing to help the couple in the vignette or not. In expanding on the theme of prejudice, researchers examining the theory of moral exclusion and social justice pertaining to Muslims found the majority of Americans in this sample felt it was justifiable to interrogate, exclude, and cause distress to Muslim Americans. Themes of aggression, violence, and exclusion towards Muslim Americans were prevalent in this sample (Coryn & Borshuk, 2006).

The passing of the Patriot Act in 2001 launched the majority of interrogations by the FBI towards American Muslim immigrants (CAIR, 2002) mirroring the above mentioned situation to current events, one of many examples that captures the impact of Islamophobia prejudice on out-group status. One factor that may abate the aggression and fear that Americans have towards their Muslim neighbors is noted by Stephan and Finlay: “The feelings of threat engendered by concerns over differences in values, beliefs, and norms, misperceptions of realistic conflict, and anxiety over interacting with members of the out-group may all be dissolved by learning to view the world from the perspective of out-group members.” (Stephan & Finlay, 1999, p.73; as cited in Coryn & Borshuk, 2006, p.600). Scholars have reiterated this statement numerous times stating the need for research to promote and enhance knowledge, practice and interactions with the Muslim American community (Abu-Raiya & Pargament, 2010; Ahmed, Mohammed & Williams, 2007) and the critical factor that the lack of information contributes to the growing prejudice faced by the Muslim American population (Abu-Raiya & Pargament, 2011; Nadal et al., 2012).

In another example of the impact of out-group status, a significant rise of attacks including verbal abuse, violent assault, vandalizing of mosques and worship centers have been

reported (Allen & Nielsen, 2002; Sheridan, 2006). Adding to a rise in reported events is the salience of every day micro-aggressions in which Islamophobic prejudice is widely under reported and remains unchallenged (Allen, 2010). Under reporting instances of Islamophobia, and lack of advocacy for Muslims remains an issue as the field of Psychology and social sciences is grossly lacking in scholarly pursuits directed towards issues with the Muslim American population (Ali, Liu & Humedian, 2004; Nadal et al., 2012). Restated, without scholarly information, researchers, educators and clinicians lack the knowledge and understanding to educate, and formulate interventions to support the Muslim American community (Amer & Bagasra, 2013).

Scholarly work is an imperative first step in combating out-group assumptions and re-defining societal views related to stereotypical assumptions and fear based propaganda (Jackman & Crane, 1986). The current state of lack of advocacy and research aimed at the Muslim American population has increased their vulnerability to attacks as well as the vulnerability of any persons or groups of people perceived to be Muslim (Moosavi, 2015; Sheridan, 2006). The impact of the absence of research related to Muslim Americans can be seen in the rising rates of experiences with discrimination experienced by any person perceived to be Muslim.

### **Trends in Islamophobic Prejudice**

The prevalence of anti-Islamic bias is understood as an exaggerated fear, hatred and hostility towards Islam and Muslims (Allen, 2007). This includes negative attitudes and views towards the presence of Muslims and elements of Islamic culture and lifestyle. This fear is perpetuated by negative stereotypes resulting in bias, discrimination, and the marginalization and exclusion of Muslims from social, political, and civic life (Gallup, 2014). The impact of Islamophobia is ever present in the daily lives of Muslim Americans. In a survey of 1,050

Muslim Americans, the Pew Research Center studied the impact of 9/11 in regards to discrimination, heightened stress and concerns for Muslim Americans. In this survey, a majority of Muslims (53%) feel that life in the United States has become more difficult post 9/11 with stressors that include: acts of violence against Muslims, verbal threats, job discrimination, harassment and being treated with apprehension because of their faith (Pew Research Center, 2007). The top worries of discrimination, prejudice and ignorance towards Muslims affects multiple areas of their lives, with 42% of Muslim Americans under the age of 30 reporting verbal harassment, physical threats, and work place discrimination (Pew Research Center, 2007). Arab Americans in particular have experienced heightened vulnerability with religious prejudice. In the first few weeks following 9/11 the Anti-Discrimination Committee reported over 700 violent incidents targeting Arabs, Arab Americans, Muslims, and those from other cultural groups perceived to be Arab or Muslim in the United States (Ibish, 2003).

These incidences are not isolated events. In the years following the 9/11 attacks, the issues surrounding the Muslim community have been constant (Abu Raiya & Pargament, 2011; CAIR, 2002; Human Rights Watch, 2002). Over 800 reported incidents of workplace discrimination took place between September 11, 2001, and October 11, 2002 targeting Arabs, Indians, and those perceived to be Muslim or Arab (Ibish, 2003). The repercussions of 9/11 created dramatic changes in the lives of Muslim Americans. For example, in the aftermath of 9/11 approximately 80 persons identifying as Arab American and/or Muslim passengers were illegally removed from airplanes (Awad, 2010). In the first seven days following 9/11, over 645 incidences of hate crimes against Arabs and South Asians, who are not necessarily Muslim, were documented (Swahn et al., 2003). Thus, Islamophobia prejudice impacts people incorrectly perceived to be Muslim such as Lebanese, Pacific Islanders, Indian, Sikh and African American

communities (Hedges, 2014). This emphasizes the impact of Islamophobia being global and cross cultural; that is, Islamophobia is not just an issue that is pertinent to Muslims, rather, it impacts people from all backgrounds.

In an effort to capture the increase of experiences in discrimination post 9/11, researchers assessing a diverse sample of 222 British Muslims found a 76.3% reported increase in overall experiences of discrimination as well as an 82% increase in implicit negative treatment and harassment (Sheridan, 2006). The most significant finding occurred with the following four variables being related to GHQ-12, Depression Assessment scores: reporting specific instances of 9/11 targeted abuse, and describing oneself as highly visible as a Muslim. As the majority of respondents reported experiencing discrimination pre-9/11, these findings support the argument of previous authors (Allen & Nielsen, 2002) that the rise in Islamophobic discrimination is based upon pre-existing attitudes towards Islam and Muslims as opposed to being a new post 9/11 problem.

One area of concern with regards to research of Muslim Americans is the lack of qualifiers for the population. The participants in Allen and Nielsen's (2002) study consisted of anyone identifying as Muslim and the sample group was primarily comprised of students (53%). In not accounting for the intersectionality of culture, immigration, and stages of the acculturation process, it can be difficult to understand what aspects of discrimination are relevant to each subgroup within the sample. The results, therefore, speak to the rise of occurrences of Islamophobic discrimination, however, they do not characterize any specific factors that would help qualify the understanding of discrimination towards a particular population of Muslims. Restated, we still do not know the impact of discrimination upon identity factors and sense of self with the Muslim population.

Lack of research regarding the impact of discrimination on sense of self is highly problematic as scholars are unable to conceptualize the current changes in law and policy that impact the daily lives of Muslims worldwide, especially in the U.S. Most currently, the attempt at passing of the anti-foreign law bill that bans Islamic Law in the U.S. has added to the struggles of Muslim Americans as they must fight for the freedom to practice their faith (CAIR, 2014; Zisser, 2013). Rick Duncan, the Republican state representative who initially proposed the anti-sharia law stated his reasons as an accordance to maintain the “Judeo-Christian laws that our country was founded upon and do not turn the state (Oklahoma) into something our great-grandparents wouldn’t recognize (Tankle, 2012).” Other proponents in states across the country have supported this position adding that recognition of Sharia law, specifically, should not be upheld as it relates to laws of cultures, tribes, and customs that of persons in other countries, therefore, the U.S. does not need to uphold or recognize these laws as the government is under no obligation to support the customs of other countries (Chaudhry-Kravitz, 2013). State law makers have discussed the problem of Sharia law being too far out of alignment with Western legislation and customs, as well as it not being seen as a law because it lacks legal character under the current policy-making accordance by not being aligned to Western values (Kelly, 2012). Framing the principles of Sharia law as religious guidelines, as opposed to actual legislation, allows legal officials to not have to make rulings based upon policies that do not align with a Western based policy framework.

While clarity is afforded through bypassing Sharia law, this also means that the rights of American Muslims are infringed upon when Islamic legislation is not taken into account with a person’s constitutional rights adhering to religious freedom. Examples of this include: public affirmation of Americans admitting their prejudice towards Muslims and endorsing actions such

as not wanting Muslims living near them, and feeling that Muslims should be required to carry special identity cards and be subject to extra security screenings while traveling (Barrett, 2007). Similar laws have also gone into effect in Germany among other countries (Keating, 2015). These policies banning rights to religious freedom such as: choice of wearing a headscarf, or being able to attend mosque without fear of attack, along with an increase in anti-Islamic riots, are causing havoc in many parts of the world as countries and communities struggle to understand political tensions, racial divides, and religious discrimination that encompass Islamophobia (Ali, 2012).

The dynamic of practices such as exclusion on Sharia law has created a situation where Muslim Americans are viewed as second class citizens struggling to hold onto their rights (Ali, 2012) as well as grapple with the loss of their protection and respect in the process (Esposito & Kalin, 2011). The state of distress impacts the larger society in their ability to cope and make sense of these events (Keating, 2015; Sarmadi, 2015). As the rights and liberties of Muslims are being infringed upon, the need for understanding the impact of Islamophobic prejudice towards overall wellbeing is important now more than ever (Ali, 2012). Research thus far has focused on the prevalence of discrimination toward Muslims across the world, as well as specific experiences with Islamophobia. Little has been done to examine the impact of discrimination as it relates to psychological wellbeing for Muslim populations. As Muslims worldwide struggle to find their voice and the right to their identity, researchers in the U.S. work to conceptualize the impact of discriminatory experiences towards personal wellbeing of Muslim populations in our local communities.

### **Impact of Prejudice on Wellbeing**

Constant negative portrayals, such as stereotypes, derogatory terms, impact of language, and policies that impact the targeted group can negatively impact psychological wellbeing (Ahmed, Mohammed & Williams, 2007; CAIR 2014; Gallup, 2014) by perpetuating emotional stress, symptoms of depression, lower quality of life and lower mental well-being in comparison to the general population (King 2010; Lerner & Keltner, 2001). In reviewing the justification-suppression model of prejudice, King (2010) provides clarity as to the how and why of this condition. Relating a justification to a stereotype allows for the conditions that foster unconscious and conscious prejudicial behavior. In every-day life, examples of this can be seen at a place of business where persons of out-group status may be ignored, not given proper service, or experience un-kind interactions based upon a framework that supports these biases. Without a voice or support of people to shed light on these concepts and change the way we relate to out-group members, people can feel hopelessness, disconnection, and despair (Amer & Bagasra, 2007; Pew Research Center, 2007).

Tropp (2003) focused on creating conditions of assigning groups and manipulating the participant's position as a parallel of real world out-group conditions. An analysis of variance confirmed that being relayed the message consistently that their position was devalued or performed worse in relation to others, resulted in participants in the prejudice condition having higher levels of anxiety and hostility prior to their interactions with participants in the neutral condition. Regularly experiencing discrimination can cause significant distress that greatly impacts physical and psychological wellbeing of the targeted persons (Tropp, 2003).

Research consistently shows that discrimination is associated with poorer mental and physical health (Noh & Kaspar, 2003; Sellers & Shelton, 2003), specifically, heightened psychological distress (Yip, Gee, & Takeuchi, 2008). Rippy and Newman (2006) found higher rates of post-

traumatic stress disorder (PTSD) symptoms in American Muslims compared to the general population of U.S. citizens as well as marked paranoia, mistrust, and suspicion amongst Muslims post 9/11. Abu-Ras and Abu-Badr (2009) examined risk factors associated with PTSD and depression and noted the vulnerability of experiencing stress reactions for the Muslim population as a result of regular trauma resulting from constant discriminatory experiences. Utilizing both Arab and Muslim American samples provides good insight towards the commonalities of these populations but does not allow for generalization towards the Muslim American population as the sample included Christians, Muslims, and Arab Americans. The findings were consistent with other studies that supported the negative impact of 9/11 on the mental health of Arab and Muslim American populations as a result of specific experiences including: harassment, job discrimination, name calling, violation of citizen and legal rights, and physical assault (CAIR, 2014, Moradi & Hassan, 2004).

Lack of societal acceptance experienced by out-group members can result in Muslim individuals isolating from their communities and turning towards each other for support and solidarity resulting from blame at feeling targeted (Peek, 2003). Researchers have explored the impact of discrimination on identity formation as it relates to various cultural groups, however little has been done to explore the impact upon Muslim Americans in current political and cultural situations post 9/11 (Kalkan, Layman & Uslaner, 2009). Noting the impact of negative stereotypes on an individual's identity and mental health (Yip, Gee, & Takeuchi, 2008), it is important to examine the role of acculturation as a possible supportive factor in helping enhance the ability to deal with discrimination and other societal stressors.

While eastern cultures and Islamic practices contain strength based, collective coping strategies (Asvat & Malcarne, 2008; Fischer et al., 2010), the root of cultural connection towards

either Eastern or Western identity may not be sufficient in protecting Muslims Americans from threats to wellbeing as a targeted minority group. In examining the role of acculturation on identity formation, Awad (2010) noted that Muslims who were more acculturated to dominant society of western culture perceived the most discrimination ( $M = 63.05, SD = 34.77$ ) as opposed to Christian Arabs who reported the least amount of discrimination when they were highly acculturated to the dominant society ( $M = 37.00, SD = 16.36$ ). Under the predictive model in this study, religious identification of being Muslim held constant as the strongest predictor of discrimination. These findings support the premise that the positive aspects of acculturation do not shield this population from discrimination and cultural stressors in interactions with the dominant society (Awad, 2010). This is crucial as it depicts the unique situation in which the target group may not be able to overcome the impact of discrimination through cultural shifts that have proven helpful for other minorities (Awad, 2010).

The historical context fueling the perpetuation of hatred towards Muslims has created a situation in which Muslims are seen as the enemy and therefore denied liberties of justice, protection, and empathy (Coryn & Borshuk, 2006) due to the justification of interrogation, mistreatment and “sacrificing the welfare of few for the benefit of many.” That is, as long as it makes the rest of society feel safe, out-group treatment is justified. Other researchers have noted the impact of negative stereotype messages as a contributing factor towards Islamophobic prejudice. While the current situations of political and racial tension are evident (CAIR, 2014; Snow & Taylor, 2006; Zisser, 2013) how these factors impact our society as a whole has yet to be understood on a scholarly and clinical level, however, scholars have found that assimilation to anti-Islamic propaganda and media messages can fuel the perpetuation of out-group status

leading to acts of violence against the out-group (Coryn & Borshuk, 2006; Ibish, 2003; Tropp, 2003).

In studying brain imaging as an example of assimilation to negative stereotypes, researchers noted that both African American and Caucasian participants showed higher levels of amygdala activity, which regulates emotional reactions, in response to viewing African American faces as compared with images of white faces (Mays, Cochran & Barnes, 2007). This could be a noted response of fear conditioning by the brain due to culturally learned negative associations regarding African Americans (Lieberman et al., 2005). This experience has been suggested as parallel to the current condition of Muslims around the world, but especially in the United States as the media is saturated with images and stories portraying Muslims as violent (Snow & Taylor, 2006). This study is also important in noting the way the brain responds to perceived stressors as it shapes our protective or defensive response.

The literature on assimilation to stereotypes is further supported by research confirming the subjective creation of racism. By telling groups of students that they would do better or worse on an assessment because of differences in their race, the participants scored higher or lower on measures of academic aptitude (Esses, Dovidio & Hodson, 2002). This finding is consistent with literature indicating the impact of poorer physical and mental health related to racial groups that reported higher levels of stress based on perceived discrimination (Ahmed, Mohammed & Williams, 2007). Constant derogatory messages from the media can be particularly harmful on Muslim Americans in their identity formation and concept of self. While we have an entry level sense of the problems faced by Muslim Americans, the lack of research in this area means that scholars face a barrier of not knowing how to educate the public (Amer & Bagasra, 2013; Byng, 2008). Additionally, lack of research has left clinicians struggling to

conceptualize appropriate interventions and much needed mental health services directed towards the Muslim population. The absence of representation, scholarly activism and clinical focus may perpetuate the current cycle of societal fear and lack of knowledge contributing to Islamophobia (Peek, 2003). The first step starts with knowledge. However, progress remains stagnant until scholars and practitioners make issues surrounding Muslim Americans a priority.

There are still notable gaps in the literature regarding wellbeing factors, stressors, mental health issues, and family and lifestyle trends with Muslim Americans. Adding to this problem is the minute number of clinically sound interventions and even smaller number of clinicians trained to work with this population (Ahmed & Amer, 2013). Thus, the lack of knowledge and practice to abate the prevalence of discrimination amongst Muslim Americans is a circular problem in which research is the first step towards changing the cycle. Furthermore, it is the ethical responsibility of scholars to study, educate, incorporate, and advocate (APA, 2005) for social justice towards peoples of diverse racial backgrounds in research, teaching, and practice (APA, 2003). Further exploration of the impact of discrimination reveals the role of self-esteem, group alliance, and identity theory upon religious oppression.

### **Theories of Identity Development**

In understanding the impact of social threats upon identity, Breakwell, (1988) argues the importance of first understanding what identity is. The author offers the explanation of identity being comprised of content and evaluative dimensions noted in previous theorist's work (Adler 1927; Erikson 1950; Horney 1950). The content dimension is comprised of values, attitudes, and behavioral patterns which mark the individual as unique, also holding group identity and social network formation. The evaluative dimension regards the ways in which the individual examines their current state to continually re-establish self-esteem through comparison of their current

state and predicted ideal state of being (Breakwell 1988). When the process of identity does not comply with the identity principles (self-esteem, distinctiveness, and continuity) it creates a state of incongruence or threat in the continuum.

Identity development is characterized by the way in which an individual is viewed by themselves and others as belonging to a particular group (Phinney & Ong, 2007). Evolving over the course of the lifespan, identity development is influenced by the meaning we make of relationships and life experiences (French, Seidman, Allen & Aber, 2006). Measures of identity development such as the Multi-Group Ethnic Identity Measure (MEIM) (Phinney, 1990) focus on the continuum related to exploration of other groups, and commitment and affiliation to one's own group. Identity development literature additionally examines factors that influence cohesion towards one's own group or affiliation to the dominant culture.

An example of factors that influence an individual's affiliation can be seen in Baumeister and Tice's (1990) social exclusion theory of anxiety where scholars note the importance of group acceptance as a survival and evolutionary mechanism. Humans are motivated to identify and affiliate to a group out of a need for survival. Situations that fuel out-group characterization leave the targeted person's feeling blamed, out casted, and victimized (Peek, 2003). The vulnerability of the out-group position heightens anxiety and can lead to feelings of decreased self-esteem and loneliness that is tied into isolation (Leary, 1990).

The role of self-esteem and identity outlook is supported by Yip, Gee and Tackeuchi's (2008) research discussing two hypotheses on the impact of discrimination upon ethnic identity. Results of a regression analysis confirmed that increased discrimination was associated with increased distress for Americans under 30 along with a main effect and interaction observed for discrimination and identity for individuals between 31 and 40 years of age. In noting life

milestones that occur during adulthood such as marriage and career formation, experiences with discrimination may be especially distressing for this age group. The buffering hypothesis (Phinney, 1990) states strong ethnic identity acts as a buffer against the negative effects of discrimination, however, previous findings have reported buffering effects do not carry the same shield for Arab and Muslim populations (Awad, 2010). Rather, the exacerbating hypothesis, which states that the more central ethnicity is to one's identity, the higher the distress level when faced with discrimination, may align better in conceptualizing discrimination for the Muslim American population.

Currently, research supports the previous findings in the literature that being perceived as a target of discrimination is negatively related to psychological wellbeing (Pascoe, Smart & Richman, 2009; Schmitt, Branscombe, Postmes, & Garcia, 2014). Additionally, it also states the higher the pervasiveness of discrimination, as opposed to isolated instances, the more harmful these incidences become. In exploring the link between self-esteem, perceived discrimination, and psychological distress, Moradi & Hasan (2004) found that having a sense of personal control mediated the relationship between discrimination and self-esteem and partially mediated the link between discrimination and psychological distress. Lee (2003), found discrimination was related negatively to self-esteem with an East-Indian American sample. The authors Moradi and Hasan (2004) hypothesized a direct relationship between perceived discrimination and self-esteem of Arab American persons as well as a hypothesis stating personal control mediates the relationship between perceived discrimination and psychological distress. The results showed a significant effect for gender as a moderator variable in that men experiencing higher levels of perceived discrimination had lower personal and ethnic self-esteem which predicted increased depression and anxiety. These differences between men and women could be attributed to how each gender

conceptualizes experiences of discrimination; that is, whether they attribute their experiences of ethnic discrimination to their ethnic identity or gender identity. In utilizing a sample comprised of 39% non-Muslims, 84% middle-upper to middle class, this study captures data more relatable to the sub-cultures of socio-economic status and ethnicity for Arab populations. Nonetheless, this study is helpful in noting the role of self-esteem in relation to individual's perceptions of self and others.

### **Social Identity Theory**

The most prominent theory of identity for conceptualizing the impact of discrimination on self-esteem is social identity theory. Social identity theory adds to the above hypotheses by stating individuals choose from an array of social identity groups. Once those identities are chosen, individuals focus on the positive aspects of their in-group, bolstering their self-esteem (Tajfel & Turner, 2001). An important measure derived from this theory is the Collective Self-esteem Scale (CSE) which assesses the attributes of group membership for adolescents and adults in cross cultural settings and yields a strong internal consistency rating in studies utilizing Muslim participants (Hassan, Rousseau & Moreau, 2013). Individuals who strongly identify with their ethnic identity tend to focus on the positive aspects of that group which buffers the impact of discrimination on their self-worth.

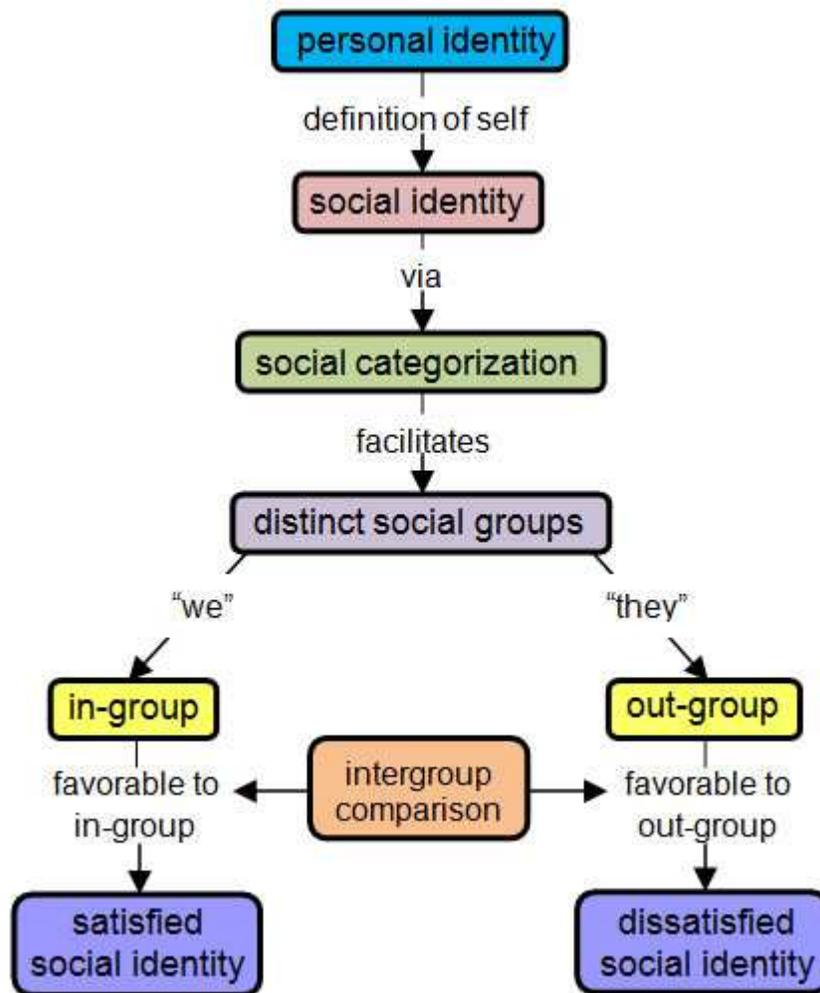


Figure 1 Model of Social Identity Theory

Tajfel and Turner (2004) state that identity development is formed by the following factors: a. categorization of self and others, b. identification with in-groups and out-groups for the purpose of enhancing self-esteem, c. comparison of self and other groups, and d. psychological distinctiveness. Psychological distinctiveness is especially important in understanding view of self and view of others as it relates to an individual or group’s desire to be seen as positive and unique in comparison to other groups (Macdonald, 2013). Smith’s ethnic identity development model also postulates the formation of ethnic identity to be on a

continuum. The groups one chooses to affiliate with as well as the strength of those connections evolves and changes as the individual progresses through various stages of life and personal development (Smith, 1991). The multidimensionality of the individual involves their own sense of self, and the ways in which their affiliation shapes their self-image and conversely bolsters or deflates their self-esteem (Yeh & Hwang, 2000).

Lazarus and Folkman's (1984) transactional model further argues the case for examining self-esteem in relation to psychological wellbeing. According to the transactional model, self-esteem can have a mediating role in the impact of discrimination. Under the transactional model, belief of control and appraisal of the situation are seen as key components in the relationship between perceived control and coping. This perception of control can shape our ability to adapt to stressful situations. When faced with the prospect of negative events, feelings of uncertainty and lack of control generate a response of anxiety and fear which in turn can impact responses and interactions of the given situation (Lerner & Keltner, 2001). Thus, shaping a strength based outlook of control could be beneficial in buffering some of the negative mental health outcomes associated with discrimination. This is crucial knowledge in forming clinical interventions to support the Muslim American population in their experiences with discrimination. This model is additionally important in helping scholars understand the value of research related to self-esteem and the need for understanding the impact of prejudice towards sense of self for out-group populations.

Theories of identity are important in understanding the ways in which out-group members cope, conceptualize, and respond to threats. While having a sense of control can partially mediate the impact of discrimination upon self-esteem (Moradi & Hassan, 2004), regularly experiencing out-group treatment often results in a response of turning inward to one's

identified group, which results in strengthened self-esteem and positive views of one's own group identity (Macdonald, 2013). The other side of turning inward, however, is that aligning with one's minority group affiliation can result in unfavorable views to the majority group (Tajfel & Turner, 2001). Another response to out-group status can be seen in minority group members shedding their group labels to assimilate to the majority group. This can be harmful as it skews identity in abandoning customs, values and beliefs that are not supported by the dominant society (Lerner & Keltner, 2001). Turning inward and strengthening one's ethnic identity has shown positive outcomes of providing a buffer against the impact of discrimination (Phinney, 1990), however, in studies examining this theory, the buffering hypothesis did not hold up with Muslim participants, suggesting that having a strong religious and ethnic identity does not shield Muslims from the impact of discrimination as it does for other groups (Awad, 2010). Understanding theories of identity allows researchers and clinicians insight towards the balance between assimilation and non-assimilation (Yeh & Hwang, 2000) in noting that most people are at various degrees of the enculturation process and that this changes over the course of a person's life (Breakwell, 1988; Smith, 1991). Thus, the degree to which people either assimilate or not with dominant society impacts their experiences of discrimination, identity development, and the outcomes related to self-esteem.

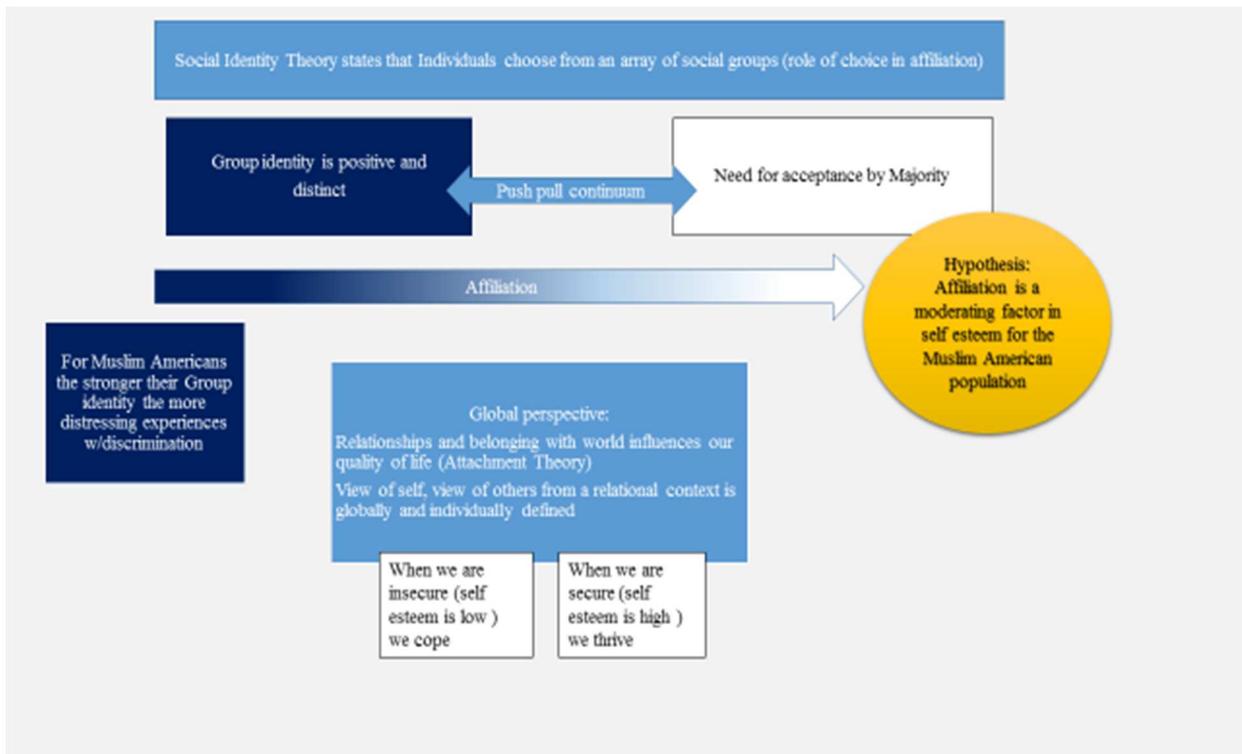


Figure 2: Conceptualization of Social Identity Theory for Muslim Americans

Much of the current research on discrimination has focused on ethnic and racial minorities (Ahmed, Mohammed & Williams, 2007; Smith & Silva, 2011). Research has yet to explore the impact of social identity theory in regards to the impact of discrimination on self-esteem for Muslim Americans. Exploring the impact of discrimination on self-esteem through social identity theory would allow researchers and clinicians to better conceptualize and make meaning of the ways in which experiences with discrimination are impacting sense of self and psychological wellbeing for the Muslim American population. Specifically, the two components of enhancing self-esteem and individual/group distinctiveness (Tajfel & Turner 2004) would provide insight toward the ways in which identifying as Muslim American either support the buffering hypothesis, or exacerbate distress with the impact of discrimination upon self-esteem.

In order to understand the characteristics of group identity as it pertains to Muslim Americans, it is important to address literature regarding the distinctiveness of religious discrimination.

### **Identity Development and Religious Discrimination**

In documenting the harmful outcomes of cultural discrimination, researchers have found similar impacts on social identity associated with religious discrimination (Abu Raya, Pargament & Mahoney, 2011; Byng 2008; McFarland, 1989). Religious discrimination occurs when someone is denied the equal protection of the laws, equality of status under the law, equal treatment in the administration of justice, and equality of opportunity and access to employment, education, housing, public services and facilities, and public accommodation on the basis of their religious identity (U.S. Commission on Civil Rights, 1979). One distinguishing feature of religious discrimination in comparison to ethnic discrimination is the persecution of beliefs, values, and protection of rights to religious freedom. When a person experiences a stressor or direct threat to an aspect of their identity, it can cause much distress upon their self-concept. A closer look at the concept of identity threat reveals the connection and severity of impact. Micro aggressions offer a prime example of threat to the identity continuum. Through qualitative measures employed in a focus group along with a demographic questionnaire, Nadal and colleagues (2012) utilized the following themes: (1) endorsing religious stereotypes of Muslims as terrorists, (2) pathology of the Muslim religion, (3) assumption of religious homogeneity, (4) exoticization, (5) Islamophobic or mocking language, and (6) alien in own land to answer the question: What type of micro aggressions do Muslims experience? And, how do Muslims react to or cope with micro aggressions when they occur? Ten Muslim university students participated in small focus group sessions lasting 50 minutes that were video-taped and coded for themes. The questions were constructed based upon the above mentioned taxonomy of religious micro

aggressions as well as having open ended questions to expand upon the experience of the group members. Findings from this study indicated that the first four themes: endorsing religious stereotypes of Muslims as terrorists, pathology of the Muslim religion, assumption of religious homogeneity, and exoticization build off of society's response to prevalent stereotypes and not only encourage mistreatment and exclusion of out-group members but are also concurrent with an earlier proposed religious micro aggression model (Nadal, et al. 2012). The impact of these themes is several fold; most commonly creating a situation where these people alter or hide their identity altogether to avoid the hurt of discriminatory behaviors. An example of this is "passing" (Johnston & Nadal, 2010) which involves changing an aspect of one's outer appearance in order to blend in better with the dominant culture. Those who blend better may experience less instances of discrimination and more privilege in their mistaken homogeneity to the dominant group in comparison to those who cannot pass. In attempts to abate the occurrences of harassment, Muslims in this sample reported altering their identity by changing their appearance and customs. While passing may afford a more accepting presence, it can be problematic as research has shown that the loss of values, behaviors and characteristics associated with one's heritage culture, rather than the adaptation to the majority culture's values and behaviors, is predictive of depression related to interpersonal conflict (Driscoll & Wierzbicki, 2012). Participants in the focus group expressed anger, hurt, and frequently feeling misunderstood by derogatory comments and offensive questions regarding their identity and religious practices (Nadal, et al., 2012).

Further examination of the role of acculturation and religiousness on attributions and beliefs regarding depression for Muslims was examined with a sample of 76 Pakistani and Palestinian Muslims in the Midwestern states. Using the *Abbreviated Multidimensional*

*Acculturation Scale, The Religious Background and Behavior Questionnaire and The Reasons for Depression Questionnaire*, a multiple regression analysis was conducted with findings significant for the role of religious teachings in abating individual reasons for depression in this sample (Driscoll & Wierzbicki, 2012). While religious coping is helpful, it may not be enough of a supportive factor for persons balancing multiple identities. One poignant area of concern is that of which identity to choose. Further, how does one separate multiple identities, and is that even possible? To explain, in the case of this population, to identify as Muslim American is to potentially claim two identities, one cultural and the other religious. It should also be noted that most Muslim Americans have a cultural heritage beyond being American. When this component is factored into the identity process, a person must grapple with three separate worldviews, lifestyles, and values that all comprise the experience of that individual (Knudsen, 2006). For example: a second or third generation Muslim who is born in the United States but whose parents are of East Indian origin may see themselves racially as East Indian but culturally as a Muslim American (Ahmed & Amer, 2012) with the emphasis being on their Western identity being equally as strong if not more prevalent than their racial/ethnic origin. How can one be separate or chosen over the other when they are all integral parts of this person's lived experience? In regards to Muslim Americans it might be a challenging and all together unique scope in which the identity factors at play buffer against or heighten the impact of stressors related to discrimination. The religious component of identity cannot override the cultural or citizen component of identity regardless of the strength of that identity.

When multiple components of identity impact the person's life experiences, and interactions with society, individuals may report more instances of discrimination and may react more negatively to such events (Tropp, 2003). McCoy and Major (2003) studied the

identification as a moderator to prejudice with a sample of college age women. The linear regression analysis showed a positive relationship for ethnic identification and depressed emotions in Latina women when reading about prejudice to the in-group. Results indicated that for highly group identified individuals, prejudice is a threat against the self. Thus, when self-identity is threatened it can harm the person's wellbeing by heightening feelings of depression, anger, and a negative sense of self.

The increase in prejudices against Muslim Americans is evident (Human Rights Watch, 2002; Ibish, 2003; Pew Research Center 2007) and has prompted researchers to examine coping methods within this population. Current research has focused on coping methods which reiterate collective strategies such as turning to friends and family for support (Fischer, Ai, Aydin, Frey, & Haslam, 2010). In a study examining coping methods and ideologies of Muslims, successful coping occurred when the information sharer/helper had the same social identity as the person seeking their support (Fischer et al., 2010; Sue 1998). While this information is helpful, it does not recognize the dearth of services specialized for this population which inhibit the utilization of these supportive coping methods.

The factor that can hinder the preferred collective coping strategy is the lack of groups, communities and in some cases, families (Daneshpour 1998), to provide the support structure needed to aid in the psychological wellbeing of this population. While some cities may have large numbers of ethnic and religiously diverse citizens, there are also many communities in the United States in which the population of Muslims in number or presence does not warrant a mosque, community center, or school that is their own. This lack of identity, in terms of presence, and place of worship, makes the foundation of collectivism in coping almost non-existent. With many minorities being hesitant to turn to helpers from a different background, it is

all the more difficult to not have the social support needed in place within their own communities to aid in matters of psychological distress.

The lack of trained clinicians combined with societal prejudice creates an experience of isolation and exclusion. This state of heightened vulnerability could be contributing to the increase in substance use for coping seen in the younger Muslim demographic (Abu Raiya & Pargament, 2010). This concept has been supported by empirical studies which show positive religious based interventions plays a beneficial role in the lives of Muslims coping with major life stressors (Abu Raiya, Pargament, Mahoney & Stein, 2008; Aflakseir & Coleman, 2009; Ai, Peterson, & Huang, 2003; Khan & Watson, 2006). In exploring a starting place for scholarly work, researchers face another road block as there are not many assessments that have been normed on the Muslim population. A crucial factor hindering supportive services and scholarly work is the lack of assessments for utilization with the Muslim population.

### **Section summary**

Muslim Americans faced heightened persecution following the September 11<sup>th</sup> attacks (Awad, 2010; CAIR, 2014; Keating, 2015). The need for services prompted scholars to examine this population and in doing so, shed light on the current situation of discrimination leading to decreased psychological wellbeing in Muslim Americans (Abu-Raiya & Pargament, 2011; Amer & Bagasra, 2007; Trop, 2003). Researchers are beginning to conceptualize how identity can be marginalized and externally constructed by societal factors (Byng, 2008). The outcomes associated with cultural discrimination parallel the outcomes upon religious discrimination (Abu Raya, Pargament & Mahoney, 2011; Byng 2008; McFarland, 1989). The distinction of religious discrimination is the persecution of beliefs and values (U.S Commission on Civil Rights, 1979) as opposed to the physical distinction of race in cultural discrimination.

In regards to the impact upon one's identity, it has been suggested that having a strong ethnic identity can buffer the impact of discrimination (Phinney, 1990), however, as most people strongly identify with multiple groups, group identity can also heighten psychological distress as it moves the person to out-group status (Yip, Gee & Takeuchi, 2008). The Muslim American population does not necessarily have the supportive factor of ethnic identity (Awad, 2010; Daneshpour, 1998) and has been placed in out-group status (Coryn & Borshuk 2006) which negatively impacts physical health and psychological distress (Noh & Kaspar, 2003). As multiple identities are involved, with various levels of acculturation, it is an intricate and complex group to study in regard to the impact of discrimination. With this in mind, researchers have noted the following measures to be useful with samples of Muslim populations.

### **The Role of Assessment in Muslim Mental Health**

Few reliable and valid assessments are available for utilization with the Muslim population. This makes research endeavors exceedingly difficult. Many scholars have had to start from scratch and create new measures (Abu-Raiya et al., 2007; Amer & Bagasra, 2013; Rippy & Newman, 2008). One such measure that was developed is the Psychological Measure of Islamic Religiousness (PMIR). Testing a path model, researchers found that higher religiousness, as measured by the PMIR, was positively associated with positive religious coping, which in turn was related to higher optimism (Abu Raiya & Pargament, 2010). The PMIR is an important assessment tool as there are few options to accurately assess dimensions of Islam that are relevant to the physical and psychological health of Muslims. With little to no information regarding psychological theory from an Islamic context, measures such as this one are vital to the understanding and treatment of this group.

In recognizing the importance of ethically appropriate measures, researchers have begun to evaluate and design assessments aimed at the Muslim population. In better understanding the world views and characteristics of Muslims, Smither and Khorsandi (2009) comprised a personality theory which examined the tenets of personality from an Islamic perspective. Noting common psychological constructs such as the view of the self, motivation, personality development, the unconscious, and psychological adjustment under an Islamic framework allows researchers and clinicians to better conceptualize the worldview of this population. Personality theory involves the study of human motivation, personality development, the self, the unconscious, psychological adjustment, and the relationship of the individual to society (Hogan & Smither, 2008). While noting key values and beliefs is a starting point, what we still do not know is how Muslim Americans incorporate these views in their life choices and behaviors. As psychologists, helping people with their distress requires an understanding of the cultural context of that distress which is built upon principles of faith, values, and traditions that are passed down (Smither & Khorsandi, 2009). When we are able to conceptualize the world views, attitudes and behaviors of Muslim Americans, we will have a better understanding of the impact these beliefs have in shaping Muslim American's cognitive schemas, outlook and response related to various life challenges.

The above mentioned factors relating to wellbeing are pertinent as ongoing prejudice has impacted identity and sense of self for Muslim Americans in the post 9/11 era. Maintaining identity as a Muslim American means dealing with daily discrimination and heightened stressors (Amer & Hovey, 2007; Driscoll & Wierzbicki, 2012). Thus, in addition to studying coping resources, it would be important to examine constructs of wellbeing that support healthy psychosocial development. Factors of wellbeing such as self-esteem, social support, faith-based

values, and meaningfulness/definitive purpose of life may account for the stability and strength of this population. Unity, or group cohesiveness, is also an important factor in maintaining religious identity in spite of discrimination, isolation, and other stressors.

One particular measure that has been utilized on various ethnic populations is the Psychological Wellbeing Scale. Constructed by Ryff in 1989, the Psychological Wellbeing Scale examines subject, social, and psychological dimensions as well as health related behaviors focusing on the following factors: self-acceptance, relationships with others, management of environment, the pursuit of meaningful goals, and a sense of purpose in life along with continued growth and development as a person. The scale examines six areas of wellbeing, with two in particular relating to the current study of identity formation and perception. The two scales, self-perception and relation to others, may provide important information in regards to understanding the impact of societal stressors on view of self and view of others. It may be helpful to explore the impact of discrimination on such wellbeing factors to better understand what impact, if any, resides in constant negative dynamics between minority and majority groups in relation to healthy identity construction and formation. In examining cultural differences, authors found that Americans were much more likely to attribute positive qualities to themselves than Koreans and that Koreans scored higher on positive relations with others, but lower on self-acceptance and personal growth (Ryff, 1995). Another overall finding related to wellbeing comparisons was that Koreans placed greater emphasis on wellbeing of others (children, family, and friends) than self, whereas Americans placed greater emphasis on self-wellbeing over others (Ryff, 1995). Another measure of wellbeing that can be used to examine the impact of experiences is the *Scale of Positive and Negative Experiences (SPANE)*. The SPANE (Diener et al., 2009) is a 12-item questionnaire which includes six items to assess positive feelings and six items to assess negative

feelings through the context on one's culture. This scale is unique in that it accounts for experiences in terms of duration, rather than intensity, which has been shown to be a stronger predictor of wellbeing (Diener, Sandvik, & Pavot, 1991).

Unlike measures of wellbeing, in examining discrimination there are few concrete instruments in which validity and purpose has been tested for the given population (Abu-Raiya, Pargament & Mahoney 2011; Amer & Bagasra, 2013). Earlier studies have used self-perception questionnaires such as The Schedule of Racist Events (Landrine & Klonoff, 1996), an 18-item, Likert-type, self-report measure that assesses the frequency of experiences of reported racist events for African Americans. Versions of this scale have been used to assess self-perception of discrimination, with the word "black" replaced with "Arab" and the rest of the question remaining the same (Moradi & Hasan, 2004). This scale is helpful in assessing the frequency and type of reported discrimination events and could provide insight toward experiences of the target group that have not yet been documented.

Protocol of perceived racial micro-aggressions used in the focus group study by Nadal et al., (2012) was designed around the religious microaggression taxonomy (Nadal et al., 2011) and uses questions that require participants to describe situations of overt discrimination as well as experiences with subtle (micro-aggressions) discrimination. Pertinent questions include: *describe a time when you felt that society (through the media, school system, religion, or other institutions) may have sent negative messages about your religion, describe a circumstance in which someone's behavior made you feel uncomfortable, hurt, or devalued because of your religion, and describe a situation where you felt that someone treated you a certain way because of stereotypes about your religion.* These prompts may be particularly effective for understanding the lived experiences of this population around micro-aggressions as well as more

direct forms of discrimination. These questions may help the broader population grow in awareness of the impact their language, behaviors, and interactions have on Muslims as well as other minority groups.

In assessing the role of discrimination, the perceived Discrimination Scale (Noh et al., 1999) evaluates discrimination across eight life domains for Muslims in Canada (employment, workplace, housing, academic, public services, health services, social services and the justice system) as well as types of explicit aggression. This measure yields an internal consistency alpha of .81 for Arab Muslim participants and could provide useful information in regard to examining the impact of discrimination on collective self-esteem for Muslim Americans, however, the constructs were designed specifically for Canadian samples and may need re-working for use with other populations.

The current literature on discrimination, psychological stressors, coping mechanisms, and wellbeing factors for Muslim Americans provides a good starting point, however, much of the literature was done in the earlier years following 9/11 (Ibish, 2003; McCoy & Major, 2003; Moradi & Hassan, 2004). These studies focused on cultural subsets, as opposed to religious identity as the salient feature (Awad, 2010; Smith & Silva, 2011). As the social and cultural issues of discrimination continue to prevail, current studies are needed. With the exception of the micro-aggression questionnaire (Nadal et al., 2011), the above mentioned measures have been used on numerous populations with diverse scenarios, however, we have yet to fully explore these factors as they pertain to Muslim Americans post 9/11. Each of the above listed measures provides crucial information in the experiences of targeted out-groups. Validated assessments can be especially useful for adding to our understanding and assessment by providing a framework for research and interventions around the impact of discrimination and psychological

struggles that are unique to Muslim Americans. Currently, there is little available to assess the impact of discrimination on self-esteem for the Muslim American population, which serves as a statement not only to the dearth of research in this area, but to the vital information we are missing in our efforts to support, advocate and clinically conceptualize issues surrounding the Muslim population.

### **The Collective Self-Esteem Scale**

The Collective Self-Esteem Scale (CSES) (Luhtanen & Crocker, 1992) assesses perceptions or evaluations of individual reference group identity and has been used to examine the relationship between self-esteem and psychological distress among Arabs and Muslim populations in countries outside of the U.S. In examining the relationship between self-esteem, religiosity, and discrimination, Hassan, Rousseau and Moreau (2013) found an interaction effect for CSE and discrimination amongst Arab-Muslim and non-Muslim Canadian immigrants in buffering the impact of psychological distress. These findings highlight the positive impact of strong self-esteem in psychological wellbeing; fostering a protective barrier towards the impact of discriminatory experiences by out-group members. CSE has yet to be examined on Muslim American populations and has not been researched in regards to the impact of discrimination from Muslim Americans.

### **The Perceived Ethnic Discrimination Questionnaire**

Constructed by Contrada and colleagues (2001), The Perceived Ethnic Discrimination Scale (PEDQ) is a multidimensional measure of discrimination which utilizes 22 items to assess perceptions of discrimination. The items inquire about a series of daily life experiences for members of racial minority groups. Ethnic discrimination is defined as receiving unfair treatment based upon one's race, or culture of origin. The items are ordered on a seven point Likert scale

ranging from 1-never, to 7-very often. Perceived experiences of discrimination are categorized with the following domains: verbal rejection, avoidance, exclusion, denial of equal treatment, devaluating action, threat of violence, and aggression. Sample items include: “How often have others threatened to hurt you because of your ethnicity?” and “How often have others outside of your ethnic group made you feel as though you don’t fit in because of your dress, speech, or other characteristics related to your ethnicity?” The PEDQ has been utilized with a variety of diverse populations. In previous studies utilizing predominantly non-Muslim samples, Cronbach’s alpha ranged from .78 to .88 (Brondolo et al., 2005). In a recent study (Awad, 2010) with Arab and Middle Eastern participants, Cronbach’s alpha was .96.

## **Conclusion**

Life has become increasingly difficult for Muslim Americans post 9/11 (Snow & Taylor, 2006) with incidents of discrimination increasing drastically (Ibish 2003; Awad, 2010) in the months and years following the September 11<sup>th</sup> attacks. Themes of current literature focus on mental health trends of the population (Moradi & Hasan, 2004; Rippey & Newman, 2006) specifically, the need for psychological services (Amer & Hovey, 2007) and better understanding of the lifestyle, coping mechanisms, and worldview of Muslim Americans (Kalkan, Layman & Uslaner, 2009; Smither & Khorsandi, 2009) as a means of reducing stereotypes that perpetuate their out-group status (Awad, 2010; Coryn & Borshuk, 2006). Previous studies have enforced the gravity of the impact of discrimination upon wellbeing factors and sense of self (Lee, 2003) as well as heightened psychological distress (Yip, Gee, & Takeuchi, 2008) for various cultural and religious populations that are labeled as unfavorable out-group minorities.

Current studies have examined descriptive statistics regarding reported incidences of discrimination as well as perceptions of these experiences. In utilizing current measures of

wellbeing, discrimination, and self-esteem factors, little is known as to the validity and reliability of these scales: *The Schedule of Racist Events* (SRE) (Landrine & Klonoff, 1996), *Scale of Positive and Negative Experiences* (Diener, Wirtz, Tov, Kim-Prieto, Choi., Oishi, & Biswas-Diener, 2009), and the *Psychological Wellbeing Scale* (Ryff, 1989) in relation to Muslim Americans as these factors are still emerging for this population. However, these scales could provide great insight toward our understanding of experiences that could help explain the noted trends of increased depression and mental health issues explored in earlier research (Amer & Hovey, 2007; Rippey & Newman, 2006).

In exploring psychological and mental wellbeing it would be helpful to examine what relationship exists, if any, between wellbeing factors such as self-esteem and self-perceptions and the impact of prolonged experiences of discrimination. That is, how does discrimination, out-group status, and experiences of exclusion impact view of self and identity formation for Muslim Americans? Examining the relationship between these variables of collective self-esteem and experiences of discrimination is crucial as it would address the lack of research by adding information that is meaningful and pertinent to clinicians and scholars seeking to understand and help improve upon the impact of stressors faced by Muslims as a population.

### **Limitations**

While research has begun to identify stressors and coping styles of this population, there is far more that needs to be done in this area. The above mentioned studies examined small subsets with the majority of studies focusing on Middle Eastern participants, which is not characteristic of the larger Muslim population (Awad, 2010). Another consideration is that Muslim Americans face unique stressors that may not parallel the same stressors or outcomes of the non-American Muslim populations. Previous literature (Smither & Khorsandi, 2009) states

the importance of future studies that further examine this population. Ali, Liu, and Humedian (2004) noted that misunderstandings towards Muslim Americans may be due to the fact that there is little information regarding Muslim Americans, which can lead people to follow their own biases, heightening the stigma towards this population.

Additionally, many of the current studies have examined Muslims from various ethnic groups (Amer & Hovey, 2007; Driscoll & Wierzbicki, 2012) that are not necessarily American samples nor do they consistently differentiate between generational factors that stem from immigration. Sample groups in most studies are varied in terms of ethnicity but include mostly older adults, and involve qualitative methodology. In noting that many young adults, age 30 and under, experience heightened discrimination (Pew Research Center, 2007), it may be beneficial to utilize a sample group of young adults exploring factors of stress on identity formation with a quantitative methodology. Studies need to be done on this demographic because they are entering a very stressful stage of life.

Adding to the lack of information is the problem that what exists in the current literature centers around themes that are not relevant and do not capture issues pertaining to Muslim Americans such as: responses to 9/11, violent factors of jihad, and the war on terror (Amer & Bagasra, 2013). In analyzing 172 empirical studies for relevant themes, researchers noted the gaps in the current information regarding studies of religious and ethnic diversity that did not account for the culture, country of origin, and Islamic school of thought for the participants. They also noted the difficulty in finding generalizable samples of Muslim Americans as researchers conduct studies through mosques, Islamic Schools, or Muslim Student Association campus groups. This is a starting point for gathering information, however, these populations

might be viewed as more religious or more connected to their ethnic identity in comparison to the general population, which can skew the results (Amer & Bagasra, 2013).

Amer and Hovey's (2007) study on Arab Americans and depression is impactful as it shows the need for services; however, it does not necessarily capture the Muslim American population accurately. While these studies are important, they should be perceived cautiously when referencing the greater population. A sample group comprised of Arab Americans has a limited scope pertaining to the rest of the population as Arabs are a cultural group of people who may or may not be Muslim. Adding to this, not all participants in the above mentioned sample were Muslim, and the majority of Muslims worldwide do not have Middle Eastern (Arab) ethnicity. As culture shapes the facets of daily life and one's world view, studies that are culturally based with non-American participants cannot carry the consistency of generalizability to the Muslim American population. Thus, even the small sample of current literature does not accurately assess the Muslim American population.

### **Recommendations**

Ali, Liu, and Humedian (2004) discuss the imperative need for future studies that examine the values, beliefs and world views of Muslim Americans to aid clinicians and scholars in their understanding and development of scholarly work as well as treatment modalities that best serve the Muslim population. It is our ethical duty as clinicians (APA ethics code, 2003) to practice, promote and increase our understanding of working with clients from ethnically diverse backgrounds. In the same way gains have been made in striving for justice, equality and wellbeing of African Americans, Asian Americans, Latina/os and Native Americans, efforts must be made to decrease discrimination and promote the wellbeing of Muslim Americans

(Nadal et al., 2012). This cannot be done without sound knowledge derived from critically evaluated literature.

While much has been done in regard to understanding protective factors, coping mechanisms, and the impact of discrimination, these studies are mostly from a cultural or gender focal point; these factors have yet to be explored in relation to religious minorities. Little has been done in current times to address the societal stigmas regarding religious discrimination and cultural impact of events such as 9/11 in the everyday lives of fellow Americans. The impact on our culture, worldviews, and relationships with others has shifted greatly in comparison to the pre 9/11 era, yet little has been done to examine this paradigm shift in our society; especially its concerns towards the out-group (Nadal, et al., 2012).

Measures of quality of life, subjective wellbeing, and discrimination in Muslim American populations has not been studied, nor have there been comparisons in these domains to non-Muslim samples (Abdel-Khalek, 2010). This makes it harder to accurately conceptualize the impact of discrimination. In noting the 9/11 attacks and the events that followed have been a collective trauma in the lives of American Muslims (Abu-Raiya, Pargament, & Mahoney, 2011), researchers should further examine the external factors that impact identity (Byng, 2008). Specifically, exploring impact on sense of self, changes in identity, and general wellbeing in relation to experiences with discrimination should be explored (Abu-Raiya, Pargament & Mahoney, 2011). Researchers would also benefit in addressing the contributing environmental factors that support wellbeing or consequently, contribute to distress. Studies should address new measures such as *Negative Events* measure for validity and reliability when used on Muslim American Populations. Focus for future research should explore the relationship between discrimination and self-esteem in Muslim Americans.

Understanding the factors that contribute to psychological wellbeing of this population is a critical first step in progressing our knowledge for formulation of interventions and further research on this population. The negative stereotypes, discrimination, and forms of micro-aggressions are detrimental to the self-esteem, mental health, and identity of Muslim people (Nadal, et al., 2012). Specifically, research needs to focus on the impact of discrimination and self-esteem for Muslim Americans. Utilizing measures such as the CSE (Luhtanen & Crocker, 1990) along with assessments that focus on experience of discrimination such as the Perceived Discrimination Scale (Noh et al., 1999) will provide the needed information to start closing the gap in evaluating the needs of Muslim Americans and developing sound clinical treatment to support this marginalized group.

As long as we reside in the current state of unknowns we will not be able to move forward in research with practices that break down stigmas and address mental health issues within this community. As scholar-practitioners it is imperative that we grow in our understanding of the experiences of Muslim Americans as this shapes the impact we are able to have in these communities where we are very much needed (Abdel-Khalek, 2010; Ahmed & Reddy, 2007; Byng, 2008). Future studies examining factors of collective self-esteem and the impact of discrimination with the Muslim American population along with coping processes and reactions to micro-aggressions (Nadal et al., 2012) is an important first step in supporting the needs of Muslim Americans. Research aimed at understanding the impact of discrimination on self-esteem can provide imperative information toward development of policies and clinical interventions regarding services, treatment and reduction of biases toward the Muslim American population (Amer & Bagasra, 2013).

## CHAPTER THREE

### Research Design and Methodology

#### Introduction

This study examined the relationship between identity formation and perceived experiences of discrimination for Muslim Americans adults utilizing the Collective Self Esteem Scale-Race Specific Version (CSE-R) and the Perceived Ethnic Discrimination Questionnaire (PED-Q). Tajfel and Turner's (1979) Social Identity Theory proposes a model for identity formation of out-group members in which minority persons choose traits of affiliation to a given group resulting in identity coherence or dissatisfaction with one's group identity. Following this model, Luhtanen and Crocker derived the Collective Self-Esteem Scale (CSE) to examine attributes of group membership that impact wellbeing and self-esteem in diverse populations (Luhtanen & Crocker, 1992). The following two subscales were utilized from the CSE-R: *Importance to identity* and *private collective self-esteem*. These two domains selected because they provide information on the role of affiliation and the impact of life experiences in shaping satisfaction with one's group identity. Participants recruited online were provided with a digitized informed consent form and directed to complete the Collective Self-Esteem (CSE-R) Measure and the Perceived Ethnic Discrimination Questionnaire (PEDQ). Descriptive statistics were calculated and all data analyses were completed using IBM SPSS Statistics 21.

#### Instruments

##### *Demographic Questionnaire*

The demographic questionnaire included items related to age, gender, SES, ethnic background, occupation, as well as religious identification. Specifically, participants were asked if they identify as Muslim American, as well as country of birth and identifying as a second

generation American. A description related to generation was stated as follows: For the purpose of this study, second generation (or later) indicates that the participant was born in the United States and has resided here for the majority of their life. Please indicate if you identify as a second generation (or later) citizen.

### *Self Esteem*

Based on the premises of social identity theory (Tajfel, 1981), Luhtanen and Crocker (1992) introduced and defined collective self-esteem as the component of an individual's identity that stems from the knowledge, value, and emotional significance that the individual attributes to their social group membership (Crocker & Luhtanen, 1990). The Collective Self-Esteem Scale-Race Specific Version (CSES; Luhtanen & Crocker, 1992) assesses perceptions or evaluations of individual reference group identity. Specifically, social identity theory proposes that there are two salient aspects of self-concept: personal identity and social identity which comprise one's overall view of self and satisfaction with their identity (Tajfel & Turner, 2001). The Collective Self Esteem Scale Race Specific version assess overall self-esteem in regards to four domains: Membership esteem, Public collective self-esteem, Private collective self-esteem, and Importance to Identity. Cronbach's alpha ranged from .83 to .88 for the total scale. For the subscales, .51 to .88 was the reported alpha for item-total correlations.

Membership esteem assesses the fit of the individual in regards to their group identity. Sample question for this domain includes, "In general, I'm glad to be a member of the ethnic/racial group I belong to" and "I am a worthy member of the ethnic/racial group I belong to." Private collective self-esteem assess how good one's social groups are. Sample items include, "I often regret that I belong to my racial/ethnic group," and "Overall, I often feel that my racial/ethnic group is not worthwhile." The following items, "Overall, my racial/ethnic group is

considered good by others” and “In general, others respect my race/ethnicity” are related to public collective self-esteem. Public collective self-esteem examines how one believes others evaluate one’s social groups. The fourth domain, importance to identity, is conceptualized through items such as, “The racial/ethnic group I belong to is an important reflection of who I am, and “In general, belonging to my race/ethnicity is an important part of my self-image.” Importance to identity examines the degree of importance one’s group is to one’s self-concept. While a composite score can be derived from all four subscales, the authors strongly recommend against doing this. As each subscale measures a specific construct, utilizing an overall score can create misleading findings. Thus, for the purpose of this study, the following two subscales were utilized: *private collective self-esteem* and *importance to identity*. Private collective self-esteem indicates positive or negative traits associated with an individual’s group identity, in this instance, identifying as a Muslim American. The importance to identity domain assess the strength of affiliation with one’s ethnic/religious group and the importance of this identity in regards to the individual’s self-esteem. Each subscale is accounted for by four items pertaining to the specific domain. Eight Likert scale questions ranging from 1 (strongly disagree) to 7 (strongly agree) comprised the two subscales utilized in this study. For the purpose of this study, the word *ethnic/racial* was changed to *race/religious* to specify the aspects of Islamic identity to be examined. These changes were approved by the authors and did not interfere with the construct validity of single items as well as the overall scales (J. Crocker, personal correspondence, December 28<sup>th</sup>, 2015).

### *Perceived Discrimination*

Constructed by Contrada and colleagues (2001), The Perceived Ethnic Discrimination Scale (PEDQ) is a multidimensional measure of discrimination which utilizes 22 items to assess

perceptions of discrimination. The items inquire about a series of daily life experiences for members of racial minority groups. Ethnic discrimination is defined as receiving unfair treatment based upon one's race, or culture of origin. The items are ordered on a seven point Likert scale ranging from 1-never, to 7-very often. Perceived experiences of discrimination are categorized with the following domains: verbal rejection, avoidance, exclusion, denial of equal treatment, devaluating action, threat of violence, and aggression. Sample items include: "How often have others threatened to hurt you because of your ethnicity?" and "How often have others outside of your ethnic group made you feel as though you don't fit in because of your dress, speech, or other characteristics related to your ethnicity?"

The PEDQ has been utilized with a variety of diverse populations. In previous studies utilizing predominantly non-Muslim samples, Cronbach's alpha ranged from .78 to .88 (Brondolo et al., 2005). In a recent study (Awad, 2010) with Arab and Middle Eastern participants, Cronbach's alpha was .96. For the purposes of this study, the wording of the items has been revised to include "religious identity" or "identity as a Muslim" to fit the population in this sample. Additionally, the threat to violence domain was removed as the questions were highly similar to the next domain, aggression, in order to limit the occurrence of inaccurate responding by participants. Revisions of wording of individual items as well as removal of the threat to violence domain have been accepted by the original authors and do not interfere with construct validity of the scale (R. Contrada, personal correspondence, November 24<sup>th</sup>, 2015).

### **Participants**

The sample for this study was comprised of second generation Muslim American Adults, ages 18 years and older. All respondents who were not second generation or later Muslim

Americans, as well as those who were younger than the age of 18, and those who did not self-identify as Muslim American were removed in addition to responses with omitted answers related to age and demographic information. Demographic information was assessed for the following variables: Age, gender, occupation and ethnicity as well as identifying as Muslim American. A snowball method of recruitment was utilized by encouraging participants to request their Muslim American friends and family to participate in the study.

The sample was recruited from the following organizations: Suhaib Webb Ministries, U.C. Riverside MSA, Islamic Center of America, and Boston MYP-Muslim Young Professionals among others. Recruitment was conducted through the utilization of social media, list serves, as well as emailing the above organizations. Recruiting participants from a multitude of diverse locations and organizations increases generalizability of findings to the majority population of Muslim Americans (Amer & Bagasra, 2013).

### **Procedures**

This study was reviewed and approved by the Washington State University Institutional Review Board (IRB) before dissemination of the materials. Participants were provided with an informed consent describing the present study and were informed that participation is voluntary. Each participant was asked to complete a demographic information questionnaire in order to obtain background information. Subsequently, participants were asked to complete two questionnaires in English including: Luhtanen & Crocker's (1992) Collective Self-Esteem Scale-Race Specific Version and Contrada et al.'s (2001) Perceived Ethnic Discrimination Scale (PED-Q). Upon completing the demographic questionnaire, only participants who self-identified as Muslim American, second generation, age 18 years or older were asked to proceed with the remaining questionnaires. The questionnaires took approximately 30 minutes to complete.

Participants were provided with information to contact the experimenter with any questions regarding the nature of the present study. If participants experienced uncomfortable feelings due to any of the questions in this study, a sample of possible psychological services was provided in the consent form. Specifically, participants were given the name and contact information of CAIR (Center for American Islamic Relations). Further, participants were encouraged to contact a local mental health provider, if additional support was needed. Anonymity and confidentiality were maintained for all electronic responses through an individual link through Qualtrics survey software. Qualtrics software is password protected and only the principal investigator has access to the study and data.

### **Data Analysis**

Descriptive statistics are reported for each measure. Pearson  $r$  correlations were computed for all variables, including gender and SES to determine the relationships between the constructs. SPSS-21 was utilized to conduct descriptive and correlational analyses. A multiple regression analysis was conducted to identify factors that explain experiences with discrimination. An independent samples  $t$  test was utilized to determine if there is a statistically significant difference between males and females for reported experiences of discrimination. Finally, the religious taxonomy identified by Nadal and colleagues (2012) research on experiences with microaggressions with Muslim populations was used to support potential themes that emerged from open ended responses.

## CHAPTER FOUR

### Results

The purpose of this study was to explore the impact of discrimination upon strength of affiliation with Islamic Identity for second generation Muslim Americans. This study hypothesized that strength of religious affiliation would amalgamate experiences with Islamophobic discrimination. Based upon research with other out-group members which found that strength of affiliation with out-group identity increased during times of persecution and served as a buffer against these negative experiences, it was predicted that Muslim Americans who reported stronger affiliation with their religious identity would also report fewer incidences of Islamophobic discrimination. Factors such as SES were included in the model to explore their impact on experiences of discrimination. Further, it was hypothesized that gender differences may exist in regards to the frequency of reported discrimination, with females reporting higher frequency of incidences than males. Finally, the relationships between all variables, including gender and SES, were explored to identify patterns in Islamophobia.

#### **Descriptive statistics**

The participants in this study consisted of, N=144 second-generation or later, Muslim Americans. About 71% (102) were female. With missing and incomplete responses removed, the final sample size was 123 participants.

In addressing socioeconomic status, the following variables were assessed: geography (living community), education, and income. The majority, 91.7% of participants indicated that they lived in a town/city/suburb, and 8.3% identified living in a rural community. Thirty four percent of participants had completed their four year college degree, while 22.2% reported a

masters or doctorate degree, meaning over half of the sample, 56.2%, of participants, had a college level degree or greater.

About 33.4% of respondents reported an annual income of \$50,000-\$99,000.00 and 36.1% indicated an income of \$100,000.00 or greater. The SES mean score was reported to be in the moderate to high range, ( $M = 10.6$ ,  $SD=2.5$ , range= 3-15), with the mode indicating a slightly higher score of participants in the range of 2.5 standard deviations above the mean. This indicates that the sample was comprised of educated, middle to upper class earning, adults. The characteristics of this sample are consistent with the overall Muslim American population which is highly educated, and fall within the middle-upper class bracket in regards to income (Abu-Raiya, Pargament, & Mahoney, 2010; Bailey, 2011).

### **Discrimination and Affiliation**

The purpose of this study was to explore the impact of discrimination upon strength of affiliation with Islamic Identity for second generation Muslim Americans. Two of four subscales, *Importance to Identity*, and *Private Collective Self-Esteem*, from the Collective Self Esteem Scale-Race Specific version-CSE-R, (Luhtanen & Crocker, 1992) were used to measure strength of Islamic Identity. Frequency of reported experiences of discrimination, was measured by the Perceived Ethnic Discrimination questionnaire-PEDQ (Contrada et al., 2001).

The mean response for experiences with discrimination (PEDQ), ( $M=45$ ,  $SD=21.2$ , range = 8-132) out of a total possible score of 140, indicates that participants reported fewer incidences of discrimination. The average score for frequency of discrimination was 2.66 on a Likert scale of 1-7 with one being “never” and 7 meaning “very often.”

In assessing strength of Islamic identity, participant’s higher scores indicated strong affiliation to their religious identity with a mean response for Private Collective Self Esteem,

( $M= 6.3$ ,  $SD=.90$ , range= 2.75-7) and the mean response for Importance to Identity, ( $M= 6.1$ ,  $SD=1$ , range = 2.25-7). Responses were scored on a Likert scale for both independent variables with 1 being “strongly disagree” and 7 being “strongly agree.” The mean response of 6.3 and 6.1 respectively, indicate a strong degree of affiliation with Islamic identity for the participants in this sample.

**Research Question 1:** What is the relationship between discrimination, affiliation, gender, and SES?

As shown in table 1, Pearson’s correlations were computed to determine the relationship between discrimination (PEDQ), affiliation (CSE-R), gender, and SES. Private collective self-esteem and importance to identity, the two independent variables, were strongly correlated ( $r=.628$ ,  $n=123$ ,  $p=.000$ ) at the .01 level, indicating a statistically significant relationship between embracing group identity and claiming strong individual identity as a Muslim. The relationship between the demographic variable, SES and PCollectiveSE ( $r=.269$ ,  $n=123$ ,  $p=.003$ ), and IMP\_ID and SES ( $r=.236$ ,  $n=123$ ,  $p=.009$ ) are significant at the .01 level, indicating a positive relationship between the two independent variables and SES. This means that higher SES samples may embrace or affiliate strongly with their religious identity. Finally, PEDQ and SES show an inverse relationship, ( $r= -.232$ ,  $n=133$ ,  $p=.007$ ) at the .01 level, indicating that as SES decreases, reported experiences of discrimination increase. Finally, Gender and PEDQ are correlated ( $r=.198$ ,  $n=123$ ,  $p=.022$ ) at the .05 level, indicating that females may report higher frequency of discrimination than males, which is consistent with the gender differences observed for experiences of discrimination.

The two independent variables, PCollectiveSE and IMP\_ID, showed a weak, inverse correlation with the dependent variable PEDQ and indicating that higher scores in affiliation

related to fewer reported experiences with discrimination. PEDQ and PCollectiveSE had the following correlation ( $r=-.172$ ,  $n=123$ ,  $p=.057$ ) and PEDQ and IMP\_ID showed a similar pattern ( $r=-.149$ ,  $n=123$ ,  $p=.101$ ). While the relationships of the DV with each IV is not statistically significant, the direction of the correlations fits with the hypothesized direction of the correlations between the two independent variables and the dependent variable. That is, the direction indicates that higher scores of religious affiliation may be related to lower outcomes of reported experiences with discrimination.

*Table 1: Correlations of IV's, DV, SES and Gender*

		PCollective		Please indicate your gender SES		
		SE	Imp_ID	PEDQ	gender	SES
PCollectiveSE	Pearson	1	.628**	-.172	-.082	.269**
	Correlation					
	Sig. (2-tailed)		.000	.057	.366	.003
	N	123	123	123	123	123
Imp_ID	Pearson	.628**	1	-.149	-.009	.236**
	Correlation					
	Sig. (2-tailed)	.000		.101	.920	.009
	N	123	123	123	123	123
PEDQ	Pearson	-.172	-.149	1	.198*	-.232**
	Correlation					

	Sig. (2-tailed)	.057	.101	.022	.007
	N	123	123	133	133
Please indicate your gender	Pearson Correlation	-.082	-.009	.198*	1
	Sig. (2-tailed)	.366	.920	.022	.131
	N	123	123	133	144
SES	Pearson Correlation	.269**	.236**	-.232**	-.127
	Sig. (2-tailed)	.003	.009	.007	.131
	N	123	123	133	144

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

**Research Question 2:** To what extent does strength of Islamic identity (affiliation) predict or explain discrimination? Do gender and SES play a role in experiences with discrimination?

Based upon Tajfel and Turner's (1979) Social Identity Model, it was hypothesized that strength of Islamic identity could be used to explain experiences with discrimination. Affiliation with Islamic identity would be a protecting factor during experiences of discrimination for out-group members, leading participants with stronger affiliation scores to report fewer incidences of discrimination. A multiple regression analysis was conducted to determine the extent to which two independent variables: *Private Collective Self-Esteem*, and *Importance to identity*, along with gender, and SES, explain experiences with discrimination. It was hypothesized that an inverse relationship exists, where higher affiliation scores on the independent variables, *Private*

*Collective Self-Esteem* and *Importance to Identity*, would result in less reported frequency of experiences of discrimination. Model Summary: R squared = .130, indicating that there is 13% of the variance in PEDQ that is explained by the four predictors in this model,  $F(4, 118) = 4.4$ ,  $p < .01$ ). In this sample, it appears that SES and gender account for most variance in reported experiences of discrimination. Specifically, being male, and higher SES may be protective factors for experiences with discrimination. Cooks distance value of .102 supports the range of individual cases in the data as not being subjected to undue influence in the model. Table 2 provides the model summary.

*Table 2: Identity, Collective Self Esteem, Gender and SES, as predictors of Islamophobic discrimination*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.361 <sup>a</sup>	.130	.101	20.03160

a. Predictors: (Constant), Imp\_ID, Please indicate your gender, SES, PCollectiveSE

*ANOVA<sup>a</sup>*

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	7079.032	4	1769.758	4.410	.002 <sup>b</sup>
	Residual	47349.261	118	401.265		
	Total	54428.293	122			

a. Dependent Variable: PEDQ

b. Predictors: (Constant), Imp\_ID, Please indicate your gender, SES, PCollectiveSE

*Coefficients<sup>a</sup>*

Model		Unstandardized Coefficients		Standardized Coefficients		Sig.
		B	Std. Error	Beta	t	
1	(Constant)	64.579	16.277		3.967	.000
	Please indicate your gender	9.986	4.030	.216	2.478	.015
	SES	-1.731	.756	-.207	-2.289	.024
	PCollectiveSE	-1.430	2.628	-.061	-.544	.587
	Imp_ID	-1.253	2.336	-.060	-.537	.593

a. Dependent Variable: PEDQ

**Research Question 3:** Are there gender differences in reported experiences of Islamophobic discrimination between males and females?

Part of this study was to determine if there is a difference in experiences of discrimination between males and females. Based upon previous literature (Nadal et al.,2012), it was expected to find that females would report a greater frequency of experiences of discrimination than males. Levene's T-test for independent samples was conducted to examine the differences in gender for reported experiences with discrimination. In comparing mean differences, males scored lower ( $M=38.6$ ,  $SD=13.3$ ) than females ( $M=47.8$ ,  $SD=23.2$ ). The test indicated a statistically significant difference between males and females  $t(117.95)=-2.86$ ,  $p<.05$ ,  $d=-.48$  indicating that males report experiencing significantly less discrimination than females. The effect size for this analysis ( $d=-.48$ ) was found to match Cohen's (1988) convention for medium effect ( $d=.5$ ), the results are presented below in Table 3.

Table 3: Independent Samples Test for Gender differences in Islamophobic Discrimination

	Levene's Test for Equality of Variances		t-test for Equality of Means					95% Confidence Interval of the Difference	
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
PEDQ Equal variances assumed	9.745	.002	-2.314	131	.022	-9.19504	3.97353	-17.05563	-1.33444
Equal variances not assumed			-2.866	117.958	.005	-9.19504	3.20779	-15.54736	-2.84271

### Summary of Open Ended Responses

In addition to the PEDQ and CSE-R measures, participants were asked the following open ended question: “What is something about your experience that has not been asked about?” The purpose of this narrative question was to allow participants to share experiences, perceptions or views related to their Islamic identity and instances of discrimination that may not have been captured with the single choice questions. Nadal’s religious taxonomy was used to group descriptive experiences into identifiable themes based upon definitions, descriptions and examples provided from the religious taxonomy of microaggressions (Nadal et al., 2010; Nadal et al., 2012) which are noted in italics. Other recurring events that did not fit into identifiable themes, separate from the previous literature, are described in their own sections below. Open

ended responses captured feelings of fear, struggling with Islamic identity and outgroup identity, concerns related to mental health and relationships with others, and recurrent microaggressions/discrimination.

Nadal and colleagues 2012 research on religious microaggressions was used as a comparison to identify potential themes in participant responses as it is the only proposed taxonomy which has been validated through research to include specific themes pertaining to Islamophobia. Traits describe factors that influence frequency of discrimination and themes label participant's experiences with discrimination (Nadal, 2010). Privilege of passing was the most frequent trait found in responses. Passing is a concept developed from Johnston and Nadal's 2010 research on religious microaggressions with Muslim Americans. Passing refers to instances where individuals are able to avoid experiences with discrimination by utilizing aspects of their appearance to blend in with the majority; thereby affording these individuals the same moral considerations and rights, as they are mistakenly viewed as part of the majority (Coryn & Borshuk, 2006). The strongest theme in these responses was *Assumption of religious homogeneity* in which nearly every response described that the majority mistakenly stereotyped them into assuming that all Muslims act, look, and behave the same. Assumption of homogeneity is a theme that emerged as part of the taxonomy of religious microaggressions (Nadal et al., 2010). Those who did not meet assumption of homogeneity were granted privilege of passing and received less discriminatory treatment.

### **Privilege of passing and purposeful hiding of Islamic identity**

The responses from this study indicated participants may choose to alter aspects of their identity: dress, name, mannerisms, lifestyle habits, and even open identification as Muslim, as a protective buffer against discrimination. This finding supports the hypothesis of choosing to

affiliate with the majority during times of distress and uncertainty (Berry, 1997; Phinney et al., 2001). The concern is that this means losing aspects of Islamic Identity and the privilege to live and claim that identity due to fear of persecution. This is reflected in the following responses from participants:

“I am fairly light skinned and don’t wear hijab so think I often pass...my friends who look more obviously Muslim have been cut off on the freeway or been given the finger because they look more obviously Muslim.... this affects me as if it happened to me personally.”

“I feel so pressured to fit into American culture that I don’t feel like I can balance being Muslim and American. I have to let some of the Muslim part go just to fit in. Unspoken cultural pressure, eroding Muslim American communities and identity...” Adding to this, participants described intentionality in hiding aspects of their identity to avoid mistreatment or loss of opportunity.

“As a product of growing up in a rural town, I am cautious about identifying as Muslim and only tell my closest friends, who I trust...I do not broadcast it around.”

“Trying to hide means not wearing my religion on my sleeve,” and, “When applying to job positions, especially higher levels of education, I feel that my religious identity is judged before I make a comment and may limit my protectives. Further, I refrain from bringing up the need to pray as it can be source of conflict in both work and educational settings.” Other participants supported this statement by sharing that they purposely do not “Disclose being Muslim in a public setting (co-workers, neighbors etc.) and that “People treat you different after they find out.”

## Fear of In-Group Persons

Some responses did not fit under a specific theme, but rather, captured emotions associated with experiences of Islamophobic bias. Participants described feelings of “irrational fear” for their safety as a common occurrence in regards to Islamophobia. This appeared to result from direct experiences as well as vicariously hearing or witnessing the experiences of others. Descriptions below indicate hypervigilance, mental priming for negative encounters, and assumed out-group status.

“As far as Islamophobia it is very real and getting worse in the past three months. Sometimes you see it and sometimes you don't see it but others around do and point it out or put there (sic) heads down. Working in an Islamic school we have had a good amount of incidents that I had to deal with to protect the kids. On top of the ones I deal with on a personal level when I'm not at work. I feel it's causing anxiety in myself and causing me to scan and do risk assessments on every outing and encounter and that is not how I want to live my life. I'm always deescalating when I just want to be. With the bad there are a lot of good people and good experiences that give you hope but it's like a yo yo of what is going to happen in the near and long term future for myself, my family and those I work with. I think about what role I would hold in an internment camp along with my fellow Muslim friends I would be a teacher or run the schools. The fear is multiplied when I think about how this country that I love is one tragedy away from making an internment camp possible and that is insanely scary so I use humor and pray everyday (sic) that God will protect this country and it's (sic) people from harm and give us strength and our children hope to make it through #seeainthecamp”

## **Islamophobia Impacting Relationships and Wellbeing**

Another important finding was that participants expressed the stress of Islamophobia on their wellbeing and relationships with others. Participants described impression management, feeling responsible for being the teacher to others, and the struggle at having to explain, apologize, and set the example for the majority in response to being viewed with *assumption of homogeneity* by the majority. The response below captures this conflict.

“The lies portrayed about Islam by politicians and the media has caused great strain on family relationships with non-Muslim family. It is exhausting to have to constantly point out the lies and deal with assumptions,” and, “Being Muslim impacts my perception of relationship with non-Muslim friends.”

One new finding from these responses, was the aspect of discrimination within the Muslim community as a source of concern for participants. Responses indicted that differences in practicing faith, community norms, and culture, as areas of conflict that deterred them from association with certain aspects of their Islamic identity.

Finally, participants supported statements related to private collective self-esteem (Luhtanen & Crocker, 1992), “Serving Allah is not always popular and that should not matter to us,” as well as importance to identity (Luhtanen & Crocker, 1992), “I love my religion and strongly believe that following it will guide us to live the best life all together, and the actions of some groups who claim that they belong to Islam don’t represent it at all”, indicating potential resilience and faith based coping as internal dialogues.

## CHAPTER FIVE

### Discussion

A multiple regression analysis was conducted to answer the question: “To what extent does strength of Islamic affiliation explain experiences with discrimination?” Four factors were included in the regression analysis to examine their ability to explain experiences with Islamophobic discrimination. The independent variables: *importance to Identity scale* and *private collective self-esteem scale*, are part of the CSE-R and were used as a measure of Islamic affiliation. In addition to these two independent variables, gender and SES were also included in the model. Results from the multiple regression analysis indicated gender and SES as accounting for the statistically significant variance in reported experiences with Islamophobic discrimination. Researchers have suggested that socioeconomic factors such as education may play a role in perception of experiences with discrimination (Rippy & Newman, 2006), with higher educated participants reporting perceived discrimination more frequently than those with fewer years of education (Kessler et al., 1999). The information of systemic and social injustices that is prevalent in higher education builds knowledge and awareness of such practices which may account for the higher frequency of reporting in these individuals. Previous research (McCoy & Major, 2003; Yip, Gee & Takeuchi, 2008) has found that having a positive minority group identity can serve as a buffer against experiences with discrimination. Research examining this concept with Muslims (Awad, 2010) has shown that for Muslim Arabs, religious identity and choice in affiliation was not a positive buffer against experiences for discrimination when compared to Christian Arabs. This may be due to the current social and political climate where being Muslim is not viewed as a positive aspect of one’s identity. Thus, alignment with identity, may not serve as a protective factor against experiences with discrimination for Muslims.

Previous studies identified women experiencing racism more frequently than men (Poynting & Noble, 2004) and in this study, there was a statistically significant difference between Islamophobic discrimination for males and females, with males reporting fewer experiences in terms of salience and severity. Females may be identifiable for wearing hijab, as well as having an increased likelihood for negative interactions due to being viewed as easier targets and facing higher degrees of mistreatment in comparison to their male counterparts.

In the literature, implications for lower SES individuals being more susceptible to experiences with discrimination has been discussed (Karlson & Nazroo, 2002), as well as more vulnerable to the impact of experiences of discrimination upon mental and physical health (Ahmed, Mohammed, & Williams, 2007; Moradi & Hasan, 2004). In this current study, correlations indicated an inverse relationship between discrimination and SES where participants in rural areas indicated a higher frequency of discrimination than those in urban, professional settings. This finding was highlighted in the open-ended responses where participants from rural areas, in which there are few Muslims and lower representation of Islamic identity, indicated fear, discomfort, and actively hiding their identity, while participants from higher SES and professional settings noted their feelings of security and experiencing less discrimination as being attributed to their environment of diversity, professionalism, and social class.

In examining relationships between variables, Islamophobic discrimination was inversely correlated with SES, indicating that communities with less education appeared to experience significantly higher frequency of discrimination than their higher SES counterparts. Identifying as female was positively correlated with experiencing discrimination. Further, Pearson  $r$  correlations indicated a strong, positive relationship between the two independent variables,

importance to identity and private collective self-esteem, indicating that participants with stronger scores on importance of Islamic identity, also scored highly on the importance of affiliation to the group aspect of Islamic identity.

### Creating a measure of Islamic affiliation

The two independent variables, *Importance to Identity* and *Private Collective Self Esteem* were inversely correlated with experiences in discrimination, indicating that participants with strong affiliation scores reported fewer incidences of discrimination, however, the correlation was not statistically significant, indicating the two independent variables may not be a valid measure of Islamic identity, or may have needed to be reconstructed into a new scale in order to be valid for use on this population as seen below in Figure 3: Rotated Factor Matrix chart.

**Rotated Factor Matrix<sup>a</sup>**

	Factor	
	1	2
q8_1RelRegret_r	.726	.022
q8_2RelSelf_r	.000	.366
q8_3RelGlad	.762	.384
q8_4RelReflection	.565	.391
q8_5RelWorth_r	.536	.118
q8_6RelUnimp_r	.179	.411
q8_7RelGood	.630	.535
q8_8MuslimSelf	.363	.752

Figure 3: Rotated Factor Matrix Chart

When examining each individual item of the two independent variables, it appears that some of the items from the *importance to identity* scale are more appropriately fitted with the

second IV: *Private collective self-esteem*. A further look at these items using reliability analysis shows that the items **Q8\_3RelGlad**, **Q8\_4RelReflection**, and **Q8\_7RelGood** produced the highest reliability coefficient (Cronbach's alpha = .84) indicating that they might make a good scale. As the items stand, the current two factor model for the scales *Importance to Identity* and *Private Collective Self-Esteem* of the CSE-R may not be an appropriate fit for this sample. A reliable indicator of these items as they pertain to Muslim Americans, may be a better fit to a reconstructed model that includes items 3, 4, and 7 as their own scale.

One of the challenges with researching Islamophobia is that measures of religious discrimination as well as those capturing religious identity are few and far between, and those that exist have yet to be normed or studied on Muslim American populations. Further, defining and conceptualizing a definition of Islamic affiliation is needed in order to accurately study this concept and the implications it has on mental health. While research on out-group members has shown that ethnic identity can be a protective factor from discrimination, the same may not be true for religious identity as it pertains to Islamophobic discrimination (Awad, 2010).

### **Themes from qualitative findings**

To gain a stronger understanding of participant's experiences, the following open ended question was asked: "What has not been asked in regards to your experiences with discrimination?" Themes from qualitative findings confirmed previous literature regarding the impact of discrimination upon overall wellbeing (Ahmed, Mohammed, & Williams, 2007; Moradi & Hasan, 2004). Consistent with other studies (Lerner & Keltner, 2001; McCoy & Major, 2003; Tropp, 2003) this study found Muslims who reported experiencing Islamophobic discrimination first hand, or vicariously, created a primed response of fear, anxiousness and

tension in regards to interacting with the majority. Participants coped with fear and tension by abandoning or hiding aspects of their religious identity, including name, appearance, mannerisms, and religious practices, as a protective mechanism against Islamophobic discrimination.

Open ended responses further indicated a repeated theme of *assumption of religious homogeneity* in which the majority assumes a narrowed, stereotypical definition of Muslims; applying this view to the out-group as a whole. The literature distinguishes privilege of passing as an accompanying trait, in which participants alter aspects of their minority identity to enhance their inclusion with the majority as a means of avoiding negative interaction from the majority (Nadal et al., 2012). This trait influences frequency of discrimination, whereas themes such as assumption of religious homogeneity, are used to label the participant's experience. Both of these factors were main components in participant responses.

A new finding that emerged from the open-ended responses described participants' struggles with discrimination within their Muslim communities. Muslim communities are characterized by their diversity and may lack cohesiveness and unity needed in times of distress. Understanding the individual's struggle for acceptance within the community may be an important area of focus for clinical work as it can shed light on the issues regarding social connections and relationships for the Muslim American client which exist within their respective communities. Acceptance within the community may be a necessary starting point for building identity and acceptance with groups outside of the Muslim community.

### **Need for understanding affiliation and Islamophobia from a clinical perspective**

Social Identity Theory (Tajfel & Turner 1979) provides an example of how relationships with self and others are impacted positively when affiliation with group identity is strong. Social Identity Theory states that individuals experience the role of choice in affiliation with various groups. The motivation for choice is made by two needs: acceptance from majority and the need to be seen as positive and distinct. Strength of affiliation between groups can change throughout a person's life, moving on a continuum between acceptance from the majority and unique affiliation.

What happens when a person's identity is threatened, or under attack? What happens when one makes the choice to abandon aspects of their minority identity, in this case religious affiliation, to protect themselves from being targeted as an out-group by the majority? Disconnection from one's identity can negatively impact their view of self, and ability to form connections with others. Evolutionary theories (Baumeister & Tice, 1990) have emphasized the importance of groups for human survival and belonging. When we experience discrimination, and are disconnected or forced to abandon aspects of ourselves, depression and anxiety prevail (Leary, 1990; Peek, 2003). Mental health concerns can be exacerbated by losing our sense of belonging within the social groups that define us.

Emaan, the Arabic term for faith, is a principle that is at the center of Muslim lives. Muslims rely on emaan, and have an active goal of strengthening emaan in their lives, as means of increasing connection with Allah, and lessening experiences with distress. Those providing religious counsel will often encourage Muslims dealing with mental health issues and emotional distress to focus on practices to increase emaan as a protective factor for lessening distress (Abu Raya & Pargament, 2010; Ahmed & Amer, 2012). Religious affiliation can be thought of as a

mechanism for building *emaan*. As *emaan* is integral to Muslim mental health, strengthening *emaan* and religious identity is a main method of coping with psychological distress (Abu-Raiya, Pargament, & Mahoney, 2011). Therefore, clinically, we need to focus on strengthening aspects of Islamic identity and increasing compassion and positive view of self in Muslim clients. From an attachment perspective, strong Islamic affiliation, and increased sense of *emaan*, enhance understanding and sense of self for the individual which leads to strengthened mental wellbeing. When we are secure, we thrive (Ali, Liu, & Humedian, 2004; Johnson, 2008; Siegel, 2011; Young, 2012). However, when aspects of our personal identity are fragmented or abandoned, when we lose a sense of ourselves, we are merely surviving; anxiety, depression and lower wellbeing prevail (Abu-Raiya, Pargament, & Mahoney, 2011; Mahoney et al., 2002; Young, 2012).

### **Limitations**

This study included only second generation Muslim American adults in order to capture religiosity as opposed to assimilation differences that may be at play with recent immigrants or first generation participants. The description may have provided a greater lens of comparison if other groups of Muslims, such as reverts and first generation Muslims, were included. It may be helpful to explore differences in ethnicity as well. Also, this sample was comprised of predominantly college educated, higher SES participants from urban settings. These participants noted their environment as a protective factor and that they experienced less discrimination compared to those who indicated living in rural areas. Participants from rural areas, working in diverse settings, may report experiences of discrimination that differ from those who work in professional, or campus settings.

## **Implications for Future Studies**

Religiosity has a strong positive impact on Muslims in regards to psychological health (Ahmed & Ahmer, 2012). Future studies should focus on developing a quantitative measure of Islamic affiliation in line with Social Identity Theory (1979), as a means of exploring how affiliation changes during times of persecution between minority identity and majority identity for out-group persons. This would allow us to understand how racism influences one's view of self and the role of choice in affiliation for Muslim Americans. Another point of consideration, regarding the PEDQ, is that it accounted for outward experiences with discrimination, and focused less on microaggressions. Microaggressions may be more representative of experiences for participants who identify as middle-higher SES and work in professional settings.

Open ended responses affirmed the choice of hiding, abandoning, and/or omitting aspects of Islamic identity in order to gain acceptance with the majority. The choice of altering appearance, mannerisms, name and other aspects of Islamic affiliation were made to gain safety, acceptance, justice, and privilege from the majority. Future research should consider the following: What is the psychological impact of abandoning aspects of oneself during times of distress? Could choice of affiliation be viewed as a positive coping strategy? Tajfel and Turner's (1979) does not seem to consider that the role of choice in group affiliation appears to be less relevant when aspects of identity are persecuted or ignored by mainstream society. How is the role of choice in affiliation (Tajfel & Turner, 1979) impacted during times of persecution? If aspects of Islamic affiliation are lost, it may be difficult to utilize aspects of religiosity as positive coping mechanisms (Abu-Raya, Pargament, & Mahoney, 2011) which is the direction current literature is pointing to. Thus, identifying a measure of Islamic affiliation may be an

important first step in addressing these holes in the literature. Adding to this, researchers need to consider that in measuring experiences with discrimination, the participant's appraisal of discrimination impacts conceptualization of the event as well as how the participant responds (Lazarus & Folkman, 1984) and therefore, may be influencing how such experiences are reported in the literature. Finally, researchers should start with identifying a valid measure of Islamic affiliation, which could be modified from the CSE-R, as a method of conducting reliable research on Islamic identity affiliation.

## REFERENCES

- Abdel-Khalek, A. M. (2010). Quality of life, subjective well-being, and religiosity in Muslim college students. *Quality of Life Research, 19*(8), 1133-1143.
- Abu Raiya, H., & Pargament, K. I. (2010). Religiously integrated psychotherapy with Muslim clients: From research to practice. *Professional Psychology: Research and Practice, 41*(2), 181-188. doi:<http://dx.doi.org/10.1037/a0017988>
- Abu-Raiya, H., Pargament, K. I., & Mahoney, A. (2011). Examining coping methods with stressful interpersonal events experienced by muslims living in the united states following the 9/11 attacks. *Psychology of Religion and Spirituality, 3*(1), 1-14. doi:<http://dx.doi.org/10.1037/a0020034>
- Abu Raiya, H., Pargament, K. I., Mahoney, A., & Stein, C. (2008). A psychological measure of Islamic religiousness: Development and evidence of reliability and validity. *The International Journal for the Psychology of Religion, 18*, 291–315.
- Abu-Ras, W., & Abu-Bader, S. H. (2009). Risk factors for depression and posttraumatic stress disorder (PTSD): The case of Arab and Muslim Americans post-9/11. *Journal of Immigrant & Refugee Studies, 7*(4), 393-418.
- Aflakseir, A., & Coleman, P. G. (2009). The influence of religious coping on mental health of disabled Iranian war veterans. *Mental Health, Religion & Culture, 12*, 175–190.

- Adler, A. (1927). Individual psychology. *The Journal of Abnormal and Social Psychology*, 22(2), 116.
- Ahmed, A. T., Mohammed, S. A., & Williams, D. R. (2007). Racial discrimination & health: Pathways & evidence. *Indian Journal of Medical Research*, 126(4), 318.
- Ahmed, S., & Reddy, L. A. (2007). Understanding the Mental Health Needs of American Muslims: Recommendations and Considerations for Practice. *Journal Of Multicultural Counseling & Development*, 35(4), 207-218.
- Ai, A. L., Peterson, C., & Huang, B. (2003). The effects of religious spiritual coping on positive attitudes of adult Muslim refugees from Kosovo and Bosnia. *The International Journal for the Psychology of Religion*, 13, 29–47.
- Ali, S. R., Liu, W. M., & Humedian, M. (2004). Islam 101: Understanding the religion and therapy implications. *Professional Psychology: Research and Practice*, 35(6), 635-642.  
doi:<http://dx.doi.org/10.1037/0735-7028.35.6.635>
- Ali, Y. (2012). Shariah and Citizenship-How Islamophobia Is Creating a Second-Class Citizenry in America. *Cal. L. Rev.*, 100, 1027.
- Alietti, A.; Padovan, D. Religious Racism. Islamophobia and Antisemitism in Italian Society. *Religions* 2013, 4, 584-602.
- Allen, C. (2007). 9. Islamophobia and its consequences.

- Allen, C. (2010). An overview of key Islamophobia research. National Association of Muslim Police.
- Allen, C., & Nielsen, J. S. (2002). Summary report on Islamophobia in the EU after 11 September 2001. Vienna, Austria: European Monitoring Centre on Racism and Xenophobia.
- Al-Mateen, C. S., & Afzal, A. (2004). The Muslim child, adolescent, and family. *Child and Adolescent Psychiatric Clinics in Northern America*, 12, 183-200
- Amer, M. M., & Bagasra, A. (2013). Psychological research with Muslim Americans in the age of Islamophobia: Trends, challenges, and recommendations. *American Psychologist*, 68(3), 134-144. doi:<http://dx.doi.org/10.1037/a0032167>
- Asvat, Y., & Malcarne, V. L. (2008). Acculturation and depressive symptoms in Muslim university students: Personal–family acculturation match. *International Journal of Psychology*, 43(2), 114-124.
- Awad, G. H. (2010). The impact of acculturation and religious identification on perceived discrimination for Arab/Middle eastern americans. *Cultural Diversity and Ethnic Minority Psychology*, 16(1), 59-67. doi:<http://dx.doi.org/10.1037/a0016675>.
- Bailey, B. (2011). Section 1: A Demographic Portrait of Muslim Americans. Retrieved May 22,

- 2017, from <http://www.people-press.org/2011/08/30/section-1-a-demographic-portrait-of-muslim-americans/>
- Barrett, P. (2007). *American Islam: The struggle for the soul of a religion*. New York: Farrar, Straus and Giroux.
- Baumeister, R. F., & Tice, D. M. (1990). Point-counterpoints: Anxiety and social exclusion. *Journal of Social and Clinical Psychology, 9*(2), 165-195.
- Boykin, W. (2011, February 11). Sharia Law or Constitution? America Must Choose - Texas Insider Politics. Retrieved April 25, 2015, from <http://www.texasinsider.org/sharia-law-or-the-constitution-america-must-choose/>
- Breakwell, G. M. (1988). Strategies adopted when identity is threatened. *Revue Internationale de Psychologie Sociale*.
- Byng, M. D. (2008). Complex Inequalities The Case of Muslim Americans After 9/11. *American Behavioral Scientist, 51*(5), 659-674.
- Cabili, D. M. (2011). *Islamophobia in America* (Doctoral dissertation, University of South Florida St. Petersburg).
- Center for Race & Gender. (2014). Retrieved July 5, 2015, from <http://crg.berkeley.edu/content/Islamophobia>
- Chaudhry-Kravitz, A. S. (2013). *New Facially Neutral Anti-Shariah Bills: A Constitutional*

Analysis, *The Wash. & Lee J. Civ. Rts. & Soc. Just.*, 20, 25.

Chirof, D., & Seligman, M. E. P. (Eds.). (2002). *Ethnopolitical warfare: Causes, consequences, and possible solutions*. Washington, DC: American Psychological Association.

Contrada, R. J., Ashmore, R. D., Gary, M. L., Coups, E., Egeth, J. D., Sewell, A., ... & Chasse, V. (2001). Measures of Ethnicity-Related Stress: Psychometric Properties, Ethnic Group Differences, and Associations With Well-Being<sup>1</sup>. *Journal of Applied Social Psychology*, 31(9), 1775-1820.

Coryn, C. L., & Borshuk, C. (2006). The scope of justice for Muslim Americans: Moral exclusion in the aftermath of 9/11. *The Qualitative Report*, 11(3), 586-604.

Curtis IV, E. E. (2009). *Muslims in America: A short history*. Oxford University Press.

Daneshpour, M. (1998). Muslim families and family therapy. *Journal of Marital & Family Therapy*, 24(3), 355-368.

Diener, E., Sandvik, E., & Pavot, W. (1991). Happiness is the frequency, not the intensity, of positive versus negative affect. In F. Strack, M. Argyle, & N. Schwarz (Eds.), *Subjective well-being: An interdisciplinary perspective* (pp. 119-139). New York: Pergamon.

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2009). New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research*, 39, 247-266.

- Driscoll, M. W., & Wierzbicki, M. J. (2012). Predicting reasons for experiencing depression in Pakistani and Palestinian Muslims: The roles of acculturation and religiousness. *Journal of Muslim Mental Health, 6*(2).
- Erikson, E. H. (1950). *Child and society. 2nd éd*, 53-54.
- Erickson, C. D., & Al-Timimi, N.R. (2001). Providing mental health services to Arab Americans: Recommendations and considerations. *Cultural Diversity and Ethnic Minority Psychology, 7*, 308-327.
- Esposito, J., & Kalin, I. (2011). *Islamophobia: The challenge of pluralism in the 21st century*. Oxford: Oxford University Press.
- Fischer, P., Ai, A. L., Aydin, N., Frey, D., & Haslam, S. A. (2010). The relationship between religious identity and preferred coping strategies: An examination of the relative importance of interpersonal and intrapersonal coping in muslim and christian faiths. *Review of General Psychology, 14*(4), 365-381. Retrieved from <http://search.proquest.com/docview/849640260?accountid=14902>
- French, S. E., Seidman, E., Allen, L., & Aber, J. L. (2006). The development of ethnic identity during adolescence. *Developmental psychology, 42*(1), 1.
- Gallup, A. M., & Newport, F. (Eds.). (2010). *The Gallup Poll: Public Opinion 2009*. Rowman & Littlefield Publishers.

- Gerstenfeld, P. B. (2002). Time to hate: Situational antecedents of inter-group bias. *Analyses of Social Issues and Public Policy*, 2(1), 61-67.
- Gorham, B. W. (1999). Stereotypes in the Media: So What?. *Howard Journal Of Communications*, 10(4), 229-247. doi:10.1080/106461799246735
- Hedges, P. (2014). *Controversies in contemporary religion: Education, law, politics, society, and spirituality*. Santa Barbara, CA: Praeger.
- Helbling, M. (2012). *Islamophobia in the West: Measuring and explaining individual attitudes*. London: Routledge.
- Horney, K. (1950). *Neurosis and human growth*. New York, NY: W.W Norton & Co., Inc
- Human Rights Watch (2002). The United States: Anti-terrorism measures section. Retrieved from <http://www.hrw.org/legacy/wr2k2/us.html>
- Ibish, I. (2003). Report on hate crimes and discrimination against Arab Americans: The post-September 11 backlash, September 11, 2001–October 11, 2002. Washington, DC: American-Arab Anti-Discrimination Committee.
- Jackman, M. R., & Crane, M. (1986). Some of my best friends are black. Interracial friendship and whites' racial attitudes. *Public Opinion Quarterly*, 50, 459–486.
- Johnson, S. (2008). *Hold me tight: Seven conversations for a lifetime of love*. Little, Brown.
- Johnston, M. P., & Nadal, K. L. (2010). Multiracial microaggressions: Exposing monoracism in

- everyday life and clinical practice. In D. W. Sue (Ed.), *Microaggressions and marginality: Manifestation, dynamics, and impact* (pp. 123-144). New York: Wiley & Sons.
- Jones, R. P., Cox, D., Cooper, B., & Lienesch, R. (2015). *Anxiety Nostalgia and Mistrust* (Rep.). Public Religion Research Institute.
- Kabir, N. (2013). *Young American Muslims: Dynamics of identity*. Edinburgh: Edinburgh University Press.
- Kalkan, K. O., Layman, G. C., & Uslander, E. M. (2009). "Bands of Others"? Attitudes toward Muslims in Contemporary American Society. *The Journal of Politics*, 71(03), 847-862.
- Keating, J. (2015). Xenophobia is Going Mainstream in Germany. *Slate*.
- Kelley, B. J. (2012). Bad Moon Rising: The Sharia Law Bans. *La. L. Rev.*, 73, 601.
- Kessler, R. C., Mickelson, K. D., & Williams, D. R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *Journal of health and social behavior*, 208-230.
- King, E. B., & Ahmad, A. S. (2010). An experimental field study of interpersonal discrimination Toward Muslim job applicants. *Personnel psychology*, 63(4), 881-906.
- Khan, Z. H., & Watson, P. J. (2006). Construction of the Pakistani Religious Coping Practices Scale: Correlations with religious coping, religious orientation, and reactions to stress

- among Muslim university students. *The International Journal for the Psychology of Religion*, 16, 101–112.
- Knudsen, S. V. (2006). Intersectionality—A theoretical inspiration in the analysis of minority cultures and identities in textbooks. *Caught in the Web or Lost in the Textbook*, 53, 61-76.
- Landrine, H., & Klonoff, E. A. (1996). The schedule of racist events: A measure of racial discrimination and a study of its negative physical and mental health consequences. *Journal of Black Psychology*, 22(2), 144-168.
- Leary, M. R. (1990). Responses to social exclusion: Social anxiety, jealousy, loneliness, depression, and low self-esteem. *Journal of Social and Clinical Psychology*, 9(2), 221-229.
- Lee, R. M. (2003). Do ethnic identity and other-group orientation protect against discrimination for Asian Americans?. *Journal of Counseling Psychology*, 50(2), 133.
- Lerner, J. S., & Keltner, D. (2001). Fear, anger, and risk. *Journal of Personality and Social Psychology*, 81(1), 146-159. doi:<http://dx.doi.org/10.1037/0022-3514.81.1.146>
- Lieberman MD, Hariri A., Jarcho JM, Eisenberger NI, Bookheimer SY. 2005. An fMRI Investigation of race related amygdala activity in African American and Caucasian American Individuals. *Nat. Neurosci.* 6:720-22

- Linehan, T. (2012). Comparing Antisemitism, Islamophobia, and Asylophobia: The British Case. *Studies In Ethnicity & Nationalism*, 12(2), 366-386. doi:10.1111/j.1754-9469.2012.01161.x
- Luhtanen, R., & Crocker, J. (1992). A collective self-esteem scale: Self-evaluation of one's social identity. *Personality and social psychology bulletin*, 18(3), 302-318.
- MacDonald, G. P. (2013). Theorizing university identity development: Multiple perspectives and common goals. *Higher Education*, 65(2), 153-166.
- Mays, V. M., Cochran, S. D., & Barnes, N. W. (2007). Race, race-based discrimination, and health outcomes among African Americans. *Annu. Rev. Psychol.*, 58, 201-225.
- McCoy, S. K., & Major, B. (2003). Group identification moderates emotional responses to perceived prejudice. *Personality and Social Psychology Bulletin*, 29(8), 1005-1017.
- McFarland, S. G. (1989). Religious orientations and the targets of discrimination. *Journal for the scientific study of religion*, 324-336.
- Moradi, B., & Hasan, N. T. (2004). Arab American persons' reported experiences of discrimination and mental health: The mediating role of personal control. *Journal of Counseling Psychology*, 51, 418-428.
- Moosavi, L. (2015). The racialization of muslim converts in Britain and their experiences of Islamophobia. *Critical Sociology*, 41(1), 41-56.

- Nadal, K. L., Griffin, K. E., Hamit, S., Leon, J., Tobio, M., & Rivera, D. P. (2012). Subtle and overt forms of Islamophobia: Microaggressions toward Muslim Americans. *Journal of Muslim Mental Health, 6*(2).
- Noh S, Kaspar V. Perceived discrimination and depression: Moderating effects of coping, acculturation, and ethnic support. *American Journal of Public Health.*2003;93:232–238.
- Panagopoulos, C. (2006). THE POLLS--TRENDS. *Public Opinion Quarterly, 70*(4), 608-624.
- Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: a meta-analytic review. *Psychological bulletin, 135*(4), 531.
- Peek, L. A. (2003). Community isolation and group solidarity: Examining the Muslim student experience after September 11th. *Beyond September, 11*.
- Phinney JS. Ethnic identity in adolescence and adulthood: A review and integration. *Psychological Bulletin.* 1990;108:499–514.
- Poynting, S., & Noble, G. (2004). Living with racism: The experience and reporting by Arab and Muslim Australians of discrimination, abuse and violence since 11 September 2001. *Report to The Human Rights and Equal Opportunity Commission, 19*.
- Ryff, C. D. (1995). Psychological Well-Being in Adult Life. *Current Directions In Psychological Science (Wiley-Blackwell), 4*(4), 99-104. doi:10.1111/1467-8721.ep10772395
- Sarmadi, D. (2015). Anti Islamic Protests 'Tearing Apart Germany'EurActive Report. Retrieved

from <http://www.euractiv.com/sections/justice-home-affairs/anti-islam-protests-tearing-apart-german-society-311043>

Schmitt, M. T., Branscombe, N. R., Postmes, T., & Garcia, A. (2014). The Consequences of Perceived Discrimination for Psychological Well-Being: A Meta-Analytic Review. *Psychological Bulletin*, 140(4), 921-948. doi:10.1037/a0035754

Siegel, D.J. (2011). *Mindsight: the new science of personal transformation*. New York: Bantam Books Trade Paperbacks.

Sellers RM, & Shelton JN (2003). The role of racial identity in perceived racial discrimination. *Journal of Personality and Social Psychology*. 2003;84(5):1079–1092.

Sheridan, L. P. (2006). Islamophobia pre–and post–September 11th, 2001. *Journal of interpersonal violence*, 21(3), 317-336.

Smith, T. B., & Silva, L. (2011). Ethnic identity and personal well-being of people of color: a meta-analysis. *Journal of Counseling Psychology*, 58(1), 42.

Smith, E. R., Miller, D. A., Maitner, A. T., Crump, S. A., Garcia-Marques, T., & Mackie, D. M. (2006). Familiarity can increase stereotyping. *Journal of Experimental Social Psychology*, 42(4), 471-478.

Smither, R., & Khorsandi, A. (2009). The implicit personality theory of Islam. *Psychology of Religion and Spirituality*, 1(2), 81-96. doi:<http://dx.doi.org/10.1037/a0015737>

- Snow, N., & Taylor, P. M. (2006). The Revival of the Propaganda State US Propaganda at Home and Abroad since 9/11. *International Communication Gazette*, 68(5-6), 389-407.
- Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychologist*, 53(4), 440.
- Swahn, M. H., Mahendra, R. R., Paulozzi, L. J., Winston, R. L., Shelly, G. A., Taliano, J., . . . Saul, J. R. (2003). Violent attacks on Middle Easterners in the United States during the month following the September 11, 2001 terrorist attacks. *Injury Prevention*, 9, 187–189.
- Tajfel H, Turner JC. An integrative theory of intergroup conflict. In: Hogg M, Abrams D, editors. *The social psychology of intergroup relations*. Psychology Press; New York: 2001. pp. 94–109.
- Tankle, L. (2012). Only Thing We Have to Fear Is Fear Itself: Islamophobia and the Recently Proposed Unconstitutional and Unnecessary anti-Religion Laws, *The Wm. & Mary Bill Rts. J.*, 21, 273
- Tropp, L. R. (2003). The psychological impact of prejudice: Implications for intergroup contact. *Group Processes & Intergroup Relations*, 6(2), 131-149.
- Yip, T., Gee, G. C., & Takeuchi, D. T. (2008). Racial discrimination and psychological distress: the impact of ethnic identity and age among immigrant and United States-born Asian adults. *Developmental psychology*, 44(3), 787.
- Young, M. 2012. *Advanced Family Systems: The Role of Attachment*. Personal Collection of M.

Young, Gonzaga University, Spokane, WA.

Zisser, E. (2013). The Failure of US Policy toward Damascus. *Middle East Quarterly*.

## APPENDIX

## Perceived Ethnic Discrimination Questionnaire (PEDQ)

Please think back over the past three months and then, unless instructed otherwise, for each item below indicate how often the event occurred using the following scale:

1	2	3	4	5	6	7
never			sometimes			very often

Write the rating (from 1 to 7) on the line provided in front of each item.

We would like to know about acts of religious discrimination that have been directed against or toward you personally during the past two months. Please respond to the following questions using the 7-point scale above.

### Verbal rejection

1. \_\_\_ How often have you been subjected to offensive comments regarding your race/religion aimed directly at you, spoken either in your presence or behind your back?
2. \_\_\_ How often have you been exposed to offensive comments about your religious group (e.g. stereotypic statements, offensive jokes), spoken either in your presence or behind your back?
3. \_\_\_ How often have you been subjected to name calling (e.g. “terrorist”, “rag/towel head”)?

### Avoidance

4. \_\_\_ How often have others avoided physical contact with you because of your ethnic/religious identity?
5. \_\_\_ How often have others avoided social contact with you because of your identity as a Muslim?
6. \_\_\_ How often have others outside of your ethnic group made you feel as though you don’t fit in because of your dress, speech, or other characteristics related to your ethnic/religious identity?

### Exclusion

7. \_\_\_ How often have you been denied access to a public facility or organization because of your ethnic/religious identity?
8. \_\_\_ How often have you felt that certain places were off limits or that barriers were erected to keep you out of certain places because of your ethnic/religious identity?

**Denial of equal treatment**

9. \_\_\_ How often have you received unfair treatment from school officials because of your identity as a Muslim?
10. \_\_\_ How often have you received unfair treatment from service people (e.g., waiters, bank tellers, security guards) because of your ethnic/religious identity?
11. \_\_\_ How often have you received unfair treatment from your superiors at a job (e.g. boss, supervisor) because of your ethnic/religious identity?

**Devaluating action**

12. \_\_\_ How often have others had low expectations of you because of your ethnic/religious identity?
13. \_\_\_ How often has it been implied or suggested that because of your ethnic/religious identity you must be unintelligent?
14. \_\_\_ How often has it been implied or suggested that because of your ethnic/religious identity you must be dishonest?
15. \_\_\_ How often has it been implied or suggested that because of your ethnic/religious identity you must be violent or dangerous?
16. \_\_\_ How often has it been implied or suggested that because of your ethnic/religious identity you must be dirty?
17. \_\_\_ How often has it been implied or suggested that because of your ethnic/religious identity you must be lazy?

**Aggression**

18. \_\_\_ How often have others physically hurt you or intended to physically hurt you because of your ethnic/ religious identity?
19. \_\_\_ How often have others damaged your property because of your ethnic/religious identity?
20. \_\_\_ How often have you been subjected to nonverbal harassment because of your ethnic/religious identity (e.g. being framed/set up, being given “the finger”)?

**CSE-R**

**Collective Self Esteem-Race Specific Version (Luhtanen & Crocker 1992)**

INSTRUCTIONS: We are all members of different social groups. We would like you to consider your Islamic identity in responding to the following statements. There are no right or wrong answers to any of these statements; we are interested in your honest reactions and opinions regarding your religious identity. Please read each statement carefully, and respond by using the following scale from 1 to 7:

		Strongly Disagree	Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Agree	Strongly Agree
<b>1</b>	I often regret that I belong to my religious group	1	2	3	4	5	6	7
<b>2</b>	Overall, my religion has very little to do with how I feel about myself	1	2	3	4	5	6	7
<b>3</b>	In general, I am glad to be a member of my religious group	1	2	3	4	5	6	7
<b>4</b>	The religious group I belong to is an important reflection of who I am	1	2	3	4	5	6	7
<b>5</b>	Overall, I often feel that my religious group is not worthwhile	1	2	3	4	5	6	7
<b>6</b>	My religion is unimportant to my sense of what kind of person I am.	1	2	3	4	5	6	7
<b>7</b>	I feel good about the religion I belong to	1	2	3	4	5	6	7

8	In general, being Muslim is an important part of my self-image	1	2	3	4	5	6	7
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### Demographic Questionnaire

*The following information is important to this study. Please answer these questions:*

**1.) Are you 18 years of age or older?**

Yes       No

**2.) Second generation means that you were born in the United States but have one or more parent who was born outside of the U.S. Please indicate if you are a second generation or later (3<sup>rd</sup> generation ect...) American.**

I am a second generation (or later) American citizen

I am a first generation American citizen

**3.) Do you identify as a Muslim-American/ American Muslim?**

Yes       No

**4.) Please indicate your gender**

M       F

**5.) Please indicate your ethnic background**

Middle Eastern/Arab

East Indian/Pakistani

African American

Asian

European American/Caucasian

Other: Please state your ethnic background \_\_\_\_\_

6.) Please describe the area in which you live, from the following:

**Rural (countryside, outside of city limits)**

**Urban (town/city/suburb)**

▪ Please check the highest year of school you have completed:

Less than high school

High school graduate (includes equivalency)

Some college, no degree

Associate's degree

Bachelor's degree

Masters Degree

Currently in graduate school

Ph.D

Graduate or professional degree

Please indicate your annual household income

Up to \$11,999

\$12,000 to \$24,999

\$25,000 to \$49,999

\$50,000 to \$74,999

\$75,000 to \$99,999

\$100,000 and above