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Areza Ali  
The Impact of Islamophobia on the  
Muslim American Community:  
Accounts of Psychological Suffering,  
Identity Negotiation, and Collective  
Trauma

### **ABSTRACT**

The rise of Islamophobia has undoubtedly disrupted the identity and way of life of Muslim Americans in the last decade and half. This study centers the voices of eight Muslim Americans discussing the mental health impact of anti-Muslim discrimination and prejudice, the pervasiveness of xenophobic and Islamophobic perspectives in the U.S., and the normalization and acceptance of discrimination as evidenced by the presidential victory of Donald Trump.

The major findings of this study indicate that the marginalization and othering of Muslim Americans have manifested in adverse psychological symptoms including fear, stress, worry, isolation, numbness, desensitization and insecurity. In addition, this study explores how one re-negotiates Muslim American identity after the denigration of their faith. Collective Trauma Theory is utilized to address both the larger scale impact that Islamophobia presents to the collective consciousness of this community, as well as the resilience of the Muslim American community as a collective unit.

**THE IMPACT OF ISLAMOPHOBIA ON THE MUSLIM AMERICAN COMMUNITY:  
ACCOUNTS OF PSYCHOLOGICAL SUFFERING, IDENTITY NEGOTIATION, AND  
COLLECTIVE TRAUMA**

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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2017

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## **CHAPTER I**

### **Introduction**

The events of 9/11 have reshaped this country for many individuals, as its impact is still felt in Muslim American communities over a decade later. For Muslims living in America, the aftermath has led to widespread discrimination, harassment, dehumanization, and disempowerment, which have been normalized through mass media and government policies in the United States. Donald Trump, the recently elected United States president, has made explicit Islamophobic policies and sentiments a cornerstone of his political platform. As president, Trump signed an executive order on January 27<sup>th</sup>, 2017 that banned citizens from seven Muslim majority countries from entering the United States (Thrush, 2017). These countries included Syria, Iraq, Iran, Libya, Somalia, Sudan and Yemen (Thrush, 2017). This executive order intended to halt Syrian refugees from entering the country indefinitely (Thrush, 2017). Criticism from politicians and members of the country followed President Trump's executive order – which became known in many communities as the 'Muslim Ban.' The Federal Court suspended this controversial ban on February 7<sup>th</sup>, however the Trump Administration unveiled a new ban on March 6<sup>th</sup>. The new travel ban excluded Iraq and barred foreign nations from the other six countries from entering the U.S. for 90 days, and Syrian refugees for 120 days (Thrush, 2017). Hours before the second version of the ban was set to begin, U.S. District Court Judge Derrick Watson in Hawaii blocked the order nationwide (Liptak & Baker, 2017). At the end of March

2017, the federal judge in Hawaii blocked the core provisions of the ban, stating that the executive order disfavors the Establishment Clause of the Constitution by disfavoring Muslims (Liptak, 2017). In May 2017, the federal appeals court decided that Trump's revised travel ban will not be reinstated as the ban violates the Constitution (Liptak, 2017). In June of 2017, the 9th circuit denied Trump's appeal for reinstatement Trump plans on taking this executive order to the Supreme Court (Liptak, 2017). Trump's anti-Muslim rhetoric has sent ripples through the Muslim American community. This anti-Islamic rhetoric reflects the pervasiveness of xenophobic and Islamophobic perspectives in the U.S., and the normalization and acceptability of such overt discrimination as evidenced by his presidential victory and policies. As the result of this now normalized ideology, hate crimes have continued to rise against Muslims and other marginalized communities.

The purpose of this study was to explore and analyze the perceived psychological impact of Islamophobia experienced by Muslim Americans. This study intends to allow Muslim Americans a unique opportunity to narrate and share their individual experiences of discrimination and prejudice. There will be an emphasis on how widespread Islamophobia has impacted their psychological well-being. For the purpose of this study, *Islamophobia* is defined as prejudice and discrimination towards Muslims. While this phenomenon has been present in the United States for centuries (Allen, 2010), anti-Islamic sentiment has become more explicit and integral to American society after the terrorist attacks on 9/11 by the Islamic extremist group, Al-Qaeda. This study defines *psychological impact* as the effect to which an individual's mood, behavior, and emotions are adversely impacted as a result of experiencing some form of Islamophobia. This study will focus on *Muslim Americans*, who will be any self-identified individual who considers themselves as part of the Muslim American community.



According to Richardson (2004), anti-Muslim hostility can include verbal and physical attacks on Muslims, attacks on mosques, widespread and routine stereotypes in mass media, and discrimination in employment practices. The Council on American-Islamic Relations (CAIR) reports 1,717 hate crimes and civil rights complaints on and by Muslims in the six months following the terrorist attacks of September 11<sup>th</sup>, 2001 (2007). Immediately following these attacks, the Federal Bureau of Investigation (FBI) reports that violence against Muslims had increased 1600 percent (2001). In 2002, this percentage dipped about two-thirds, however recent terrorist attacks led by militants of the “Islamic State of Iraq and Syria “ (ISIS) in Paris and San Bernardino, California have since signaled an upward trend since 2014 (Council on American Islamic Relations, 2015).

The fear and hostility experienced by Americans has significantly impacted the contemporary political discourse related to Islam and Muslim Americans, which has led to negative stereotypes of Muslims as “terrorists” and “anti-American,” (Gallup, 2009). While many studies have been conducted to explore causes, manifestations, and solutions to such oppressive discourse, literature on the psychological impact through a qualitative lens has been unexplored. Prior to 2001, there was little research conducted on hate crimes towards Muslims, however this body of research, while still limited in it’s scope, began to exponentially multiply after the 9/11 attacks (Zarrugh, 2016). Although there has been an increase in the volume of publications related to the Muslim American community post 9/11, the unique psychological impact that Muslim Americans experience as a result of Islamophobic sentiments are largely unknown. There have, however, been a few studies that directly link experiences of discrimination to depression (Noh & Kasper, 2003; Hodge, Zifan, & Husain, 2015). The literature that is available lacks Muslim perspectives, which imply a general gap and lack of

insight into the daily lives, challenges, and struggles experienced by Muslim Americans. It is important to consider several possibilities as to why this literature is limited including the general social stigma in Muslim communities regarding discussing mental health challenges. In addition, Muslims may also fear further marginalization and isolation in American society for speaking out about their experiences. One may also consider how this topic may have been neglected due to prejudice, which has consequently made the mental health impact of Islamophobia invisible.

As a Muslim American woman and mental health provider, I am hoping to increase my understanding of the mental health needs of the larger Muslim American community. I plan to accomplish this through this qualitative study that explores the psychological impact Muslim Americans experience in response to Islamophobia. The data gathered in this study adds to the limited and slowly developing body of knowledge regarding the psychological impact of discrimination towards Muslim Americans and will inform mental health professionals to better serve the Muslim American community. It is essential for mental health providers to recognize and understand the spectrum of discrimination Muslim Americans experience in their everyday lives from microaggressions to extreme hate crimes. This study also hopes to encourage mental health providers to increase awareness into their own potential biases and stereotypes of Muslim Americans. This would allow mental health providers and Muslim advocates to develop a deeper and more nuanced understanding of the unique mental health challenges and needs of the Muslim American community. It is also critical to recognize that Muslims include a heterogeneous group of individuals that encompass the beliefs of many cultures and sub-cultures. While the data collected in this study will support mental health providers with mental health outreach to the Muslim American community, aid in the development of culturally informed counseling, and encourage the development of an acute sense of awareness regarding the impact

of religious discrimination, all variations of beliefs cannot be accounted for in this small-scale study, and broad generalizations of the data presented in this study should be avoided.

This exploratory study uses a cross-sectional qualitative research design to gain a deeper understanding of the psychological impact of Islamophobia experienced by Muslim Americans. The researcher has completed semi-structured interviews using open-ended questions with eight participants who met the selection criteria for the study. The findings from this study highlight the significant challenges experienced by those in the Muslim American community, with an emphasis on an individuals' emotional response to Islamophobia.

## **CHAPTER II**

### **Literature Review**

This chapter aims to provide a broad overview of the literature regarding discrimination against Muslims living in America, along with a historical context of Islamophobia prior to 9/11. While the literature included in this section includes both qualitative and quantitative research, the scope of these studies are limited as the research is mostly empirical. This fails to capture the nuance and essence of a Muslim American individual's mental health experience. The literature produced on the topic of 'Islamophobia' has grown increasingly since 9/11, however the focus on mental health outcomes is largely ignored and unexplored. This chapter will illustrate the need for further research on the psychological impact of Islamophobia. The literature I have examined is divided into the following themes: (a) the basic principles of Islam, (b) historical causes and manifestations of early Islamophobia, (c) manifestations of modern Islamophobia – post 9/11, and (d) the impact of discrimination on mental health.

#### **The Basic Principles of Islam**

It is important to outline the basic principles of Islam to further provide context to the narratives and experiences of Muslims. Islam is a religious faith centralized around the belief of one god – *Allah* (El Azayem & Hedayat-Diba, 2009). The *Quran*, the holy book that was revealed to the final Prophet, Prophet Muhammad, guides the daily lives of Muslims. Followers

of Islam also rely on the *hadiths*, teachings and habits of Prophet Muhammad, to supplement the teachings of the *Quran* (Cluck, 2008).

The religion of Islam stands on five pillars: *Shahadah* (the sincere recitation of one's faith in Allah and the Prophet Muhammad), *Salat* (performing prayer five times each day), *Zakat* (giving charity to the poor and needy), *Sawm* (fasting during the month of Ramadan), and *Hajj* (completing pilgrimage to Mecca). Muslims believe that they will be resurrected after death on 'The Day of Judgment' where Allah will decide if one belongs in hellfire or paradise based on one's sins and good deeds. Muslims also believe in core acts of consciousness such as forgiveness and thankfulness.

Many Muslims believe that spiritual forces known as Jinns cause psychological distress. These are supernatural beings of good or evil origins that may possess humans or animals (Ciftci, Jones, Corrigan, (2013); Okasha 1999). Contradictory to this belief, another study claims that many Muslims believe that supernatural forces are only one factor in an individual's mental health problems. In this study, it was recognized that other issues, such as drug abuse, might also account for psychological issues (Weatherhead et al, 2010). Other explanations include the belief in *sorcery*, where sorcerers call upon evil spirits to wish people harm as part of their alliance with the *Shaitan*, known as the devil. It is believed that mental ailments are a punishment from Allah for straying from the beliefs and practices of Islam (El Islam, 1982). Thus, Muslims will often turn to religious methods of healing one's ailments such as the *Quran*, which has specific prayers for alleviating one's soul from the ill effects of the supernatural world (El Islam & Dagga, 1992).

In one study, 2/3 of Muslims in Cairo found that traditional methods of healing had not been helpful, and thus sought psychiatric support (El Islam and Ahmad, 1972). It was found that

many Muslims who sought mental health services had previously attempted traditional methods of healing (Al Krenawi, 2000). While similar studies have not been produced in America, these beliefs regarding psychological healing and their origins are important. This highlights how the help-seeking behaviors of Muslims may impact or contribute to the lack of exploration and focus on mental health outcomes in this population.

### **Historical Causes and Early Manifestations of Islamophobia**

According to Allen (2010), historical contexts and cultural differences contribute to how anti-Islamic sentiment has always existed in the West. Many have questioned whether or not these historical roots have influenced modern day Islamophobia. Some scholars believe that the “othering” of Muslims is not a new phenomenon. Instead, it has become normalized in contemporary society because of the looming threat of Islamic terrorist attacks, which remain a concern for national security in the U.S. and multiple parts of the world (Allen, 2010). Others, however, argue that the prevalence of Islamophobia is a new concept and functions independently of historical ideologies (Allen, 2010). This perspective is largely rejected as many researchers studying Islamophobia agree that the historical manifestation of this phenomenon is essential in understanding modern Islamophobia (Maira, 2010).

Ideas about Islamophobia that operate within a closed framework perpetuate a “clash of civilizations” mentality, assuming the Islamic world as inferior and at odds with the West. Jane Smith (2010), author of *Islam in America* writes, “Europe’s early encounters with Islam, at least, can be classified as a clash which left psychological scars” (pg. 57). She states that “centuries of encounter between Islam and Western Christianity, including the endemic growth and spread of the frontiers of Christian territory, as well as the long, drawn-out battles and skirmishes of the Crusades, left on both sides a legacy of misunderstanding, fear, prejudice, and, in some cases,

hatred,” (pg. 57, 2010). As Islam was expanding in the 11<sup>th</sup> century, Christian Europe responded in what later became the beginning of the Crusades, where the Pope worked to “reassert his supremacy of the Roman Catholic Church” (Allan, pg. 66, 2010). The Crusades propagated the perspective that Islam is the religious and political “other” (Allen, 2010). This perspective reinforced previous notions and misconceptions about Muslims and Islam (Allen, 2010). Allen (2010) also writes that myths and stereotypes about the Prophet Muhammad also began to surface, many of which still circulate during modern Islamophobia. This includes viewing Muhammad as ‘anti-Christ’, reinforcing “violent, barbaric, and merciless” characteristics, which are still associated with Muslims today (Allen, pg. 28, 2010).

As European colonizers settled in America, so did these beliefs and stereotypes about Muslims. Many decedents of European immigrants grew up with negative beliefs about followers of Islam and their traditions and cultural values (Kalin, 2010). American Islamophobia, however, has its own unique contributing factors, which first emerged from the Puritan worldview (largely maintained influences from Europe). Building upon this and the American attitude of ‘othering’, ideas about Muslims took a permanently negative undertone (Sha’ban, 1991). Similar to their European counterparts, Puritans believed in a Providential plan for humanity – a vision where God’s plan conceived of the special place Puritans would create for themselves in society as the Chosen People (Sha’ban, 1991). As the Puritans immigrated to America, they also believed that they had a policy to uphold: spreading the message of God. In the New World, this meant they had a moral obligation to evangelize to others (Sha’ban, 1991). These historical roots continue to shape American views about Islam and Muslims today (Sha’ban, 1991). The United States was founded upon these evangelical views, and although the founding fathers insisted on a separation between church and state, strong associations between

American politics and Protestant Christianity continue to persist into the present day (Sha'ban, 1991).

The ideologies from Europe and 17<sup>th</sup> and 18<sup>th</sup> century America later impacted the relationship between Americans and Muslims abroad in the 19<sup>th</sup> century. The Manifest Destiny ideology includes an intermingling of both political American revolutionary ideas combined with religious dogmas such as the spread of the Gospel (Sha'ban, 1991). Sha'ban writes that Americans saw their new nation as a true hope for humanity, and recognized their responsibilities to the world in secular and religious terms. This idea of Manifest Destiny became instrumental in shaping America's attitude toward other nations (Sha'ban, 1991).

Supplementary to religious and political beliefs, American culture also continued to depict Muslims as an "other." For example, the periodicals published about Muslims illustrated and reinforced the same stereotypes about Muslims that predicated Islamophobic attitudes (Sha'ban, 1991). These publications and perspectives had a lasting impact on American perceptions regarding Islam and Muslims in the 18<sup>th</sup> and 19<sup>th</sup> centuries.

In conclusion, these various historical factors have contributed to contemporary forms of Islamophobia present in the U.S. today. The "othering" of Muslims in Europe has existing from the birth of Islam near fourteen centuries ago. Subsequently, these perspectives and stereotypes about Muslims traveled into political and religious foundations of the early United States. Additionally, literature produced by Europeans and Americans continued to influence and reinforce stereotypes about Muslims and Islam. This historical foundation is essential in considering manifestations of modern Islamophobia in the United States, which was dramatically influenced by the terrorist attacks on 9/11.

### **Manifestations of Modern Islamophobia – Post 9/11**



Immediately following the terrorist attacks of 9/11, the Federal Bureau of Investigation (FBI) reports that hate crimes against Muslims had increased 1600 percent (2001). Two groups – Gallup, Inc., and Council on American Islamic Relations (CAIR) – have both collected empirical data demonstrating the rise of Islamophobia in the years following 9/11. The Gallup Center for Islamic Studies, for example, has collected data that suggests that 43% of American’s harbor some degree of prejudice towards Muslims (Gallup, 2009). Additionally, Gallup’s publication *Religious Perceptions in America: With An In-Depth Analysis of U.S. Attitudes Towards Muslims and Islam* (2009) suggests that Islam was perceived the most negatively among religious faiths (Christianity, Judaism, Buddhism, and Islam) with 53% stating a “not too favorable” opinion – twice as high as any of the other religious groups that were included in the study. Subsequently, 40% surveyors also reported that that they have “very little knowledge” of the faith (Gallup, 2009). Additionally, 23% shared that they knew nothing about Islam at all (Gallup, 2009). Those who did not know a Muslim personally were twice as likely to report feeling a “great deal” of prejudice towards Muslims (Gallup, 2009). This study suggests that interfaith dialogue may be one solution to decrease Islamophobic attitudes.

Similar to Gallup, Inc., a study conducted by the Pew Center for Research (2014) asked American surveyors to rate members of eight religious groups on a “feeling thermometer” using a scale of 0 to 100, where a rating of ‘0’ reflects the most negative rating and ‘100’ reflects the most positive rating. Overall, Americans rated Muslims an average of “40” (Pew Center for Research, 2014). The study determined that American’s view the six other religious groups included in the survey (Jews, Catholics, Evangelical Christians, Buddhists, Hindus and Mormons) more positively (Pew Center for Research, 2014).

In addition to the contributions made by Gallup, CAIR annually reports the status of Muslim civil rights in the United States. One portion of these annual reports is dedicated to civil rights infringements, a manifestation of American Islamophobia. In 2015, CAIR collected 1,556 complaints made by Muslims related to religious based employment discrimination, law enforcement and FBI abuses, hate crimes, higher education discrimination, housing discrimination, school bullying, and travel discrimination (CAIR, 2016). In 2014, CAIR reported 1,136 total complaints – 35% less than the reported civil rights infringements in the following year. In California, CAIR (2016) reports that the Bay Area had the second most reported civil rights infringements, second only to the Los Angeles area. Perhaps this is due to the large concentration of Muslims in these areas.

Other studies have also collected and reported specific incidents illuminating how Muslims have been affected in recent years. According to The Pluralism Project at Harvard University (2016), in 2003, graffiti at the San Jose State University in California read “Muslims will be shot on SJSU campus on March 10!” Harvard (2016) also reported an incident on the University of California, Los Angeles Campus where Muslim prayer rugs were discovered in pig blood. In 2005, a Baltimore mosque was vandalized with red paint (Harvard, 2016). In viewing the widespread nature of Islamophobia post 9/11, it has been argued that pre-existing Islamophobic sentiment was “re-awakened after the terrorist attacks,” reinforcing and echoing the beliefs of many researchers who have studied its existence predating 9/11 (Allen & Nielsen, 2002; Sheridan, 2006).

There are a variety of reasons that underlie the deliberate perpetuation of Islamophobic beliefs – including using such beliefs as political leverage during elections. Donald Trump, in the presidential campaign from 2016, anchored much of his political campaign with deliberate fear

mongering toward Muslims and Islam. While still a candidate, Trump proposed several controversial policies including a ban on Muslims from entering the U.S. Since, he has stated that he will suspend immigration from Muslim nations until vetting mechanisms have been in place. Many politicians and citizens were very concerned with the appointment of Michael Flynn as the national security adviser. For the Trump Administration, Flynn was known for normalizing anti-Islamic sentiment. In February of 2016, he tweeted, “Fear of Muslims is rational.” After being elected as the next U.S. president, Donald Trump’s administration has also been considering a Muslim registry. Ingraham, writer for The Washington Post, (2016) stated that this ideology brings anti-Muslim rhetoric into the mainstream. Carroll (2015) parallels these proposed acts of discrimination and separation, discerning Muslims from “real Americans,” as a similar tactic used in Nazi Germany. These policies illustrate the notion that Islamophobic attitudes are normalized and separated from other forms of discrimination. It is problematic that Americans who have supported and voted Trump into office believe their fear is legitimate and not discriminatory.

Mass media tends to reinforce the societal othering of Muslims, labeling them as ‘enemies’ or ‘extremists’ (Saeed, 2007). This can be extremely problematic as many individuals may organize their perspectives and attitudes solely on information that is often falsely represented in mass media outlets. Sardar and Davies (2002) illustrate this phenomenon using an excerpt from the December 2001 issue of the National Review. The excerpt includes a drawing of George Bush as a medieval crusader on it’s cover, which contained an article entitled “Martyred: Muslim Murder and Mayhem against Christians” (Sardar et al., 2002). This representation echoes media sensationalism on the ‘War Against Islam’ instead of the ‘War Against Terror’ (Saeed, 2007). Often times, Western media covers stories generalizing Muslims

from a negative light, disseminating stories of terrorist threats rather than ways in which Muslims function collectively and peacefully with other members of the community. According to Saeed (2007), this makes mass media guilty of “reinforcing anti-Muslim racism.”

A meta-analysis on the newspaper articles published both pre and post 9/11 demonstrates that there has been an increase in more balanced news stories regarding Muslims in recent years. However, the overall representation of Muslims in the media continues to be negative (Ameli, Marandi, Ahmed, Kara & Merali, 2007).

As illustrated in this section, the marginalization of Muslims living in America is prevalent and disturbing. The Muslim American community continues to be exploited by many in the media business and those who hold political power. Additionally, group relations with Muslims are compromised due to stereotypical and discriminatory beliefs. As the following section will illustrate, the mental health impact of these oppressions are unfortunately not a focus of the research being produced today. This creates a large gap in our understanding of the Muslim American experience.

### **Impact of Discrimination on Physical and Mental Health**

There is generally a vast amount of empirical and qualitative studies regarding the impact of discrimination. Many studies in recent years have acutely attended to the impact of discrimination on health disparities, with much of the focus being on physical health. In the empirical study exploring perceived racism and the effects on mental and physical health, Anderson (2013) reports that approximately 7 in 10 Americans report having experienced discrimination, with 61% experiencing day-to-day discrimination. These experiences include being treated with less respect or courtesy, receiving poorer service than others, and being threatened or harassed (Anderson, 2013). In this study, discrimination is reported across

subgroups of adults, including age, race or ethnicity, disability, gender, sexual orientation and gender identity. This empirical study included the following racial categories: White, Black, Hispanic, Asian, and Native American. This study also examined the correlation between discrimination and stress. Regardless of the cause of discrimination, the study found an association with higher stress levels and poorer reported health (Anderson, 2013). The measure of stress was derived from a scale of 1-10, with '1' meaning "little to no stress" and '10' meaning "a great deal of stress" over the past month (Anderson, 2013). Furthermore, The American Psychological Association reported that many adults surveyed experience a "heightened vigilance and change of behavior, which itself can trigger stress responses – that is even the *anticipation* of discrimination is sufficient to cause people to become stressed" (Anderson, 2013). Perceived racial or ethnic discrimination is one aspect of racism that is increasingly receiving empirical attention as a class of stressors that can impact our understanding of disparities in health (Williams & Mohammad, 2008). The lack of racial diversity in the sample size appears to be a limitation of this study as there were more white participants (n=1071) than each other group: Hispanic (n=813), Black (n=824), Asian (n=825), and Native American (n=199). It is important to reach marginalized communities and to represent their strengths and challenges as best as possible. In order to reach the Muslim American community, I utilized my own religious identity as a Muslim woman to seek participants for this study. This allowed me to reach participants who may be readily available in places typically only accessed by Muslims, such as mosques.

Discrimination is a social stressor than has been correlated with poor health outcomes in many groups. In general, discrimination impacts the physiological system by elevating blood pressure, heart rate, and cortisol secretions (Brondolo et al., 2011). Other studies have also found

that experiences of discrimination are also linked to specific health problems, such as hypertension, breast cancer, and obesity (Williams & Mohammed, 2009). Chronic stressors compounded with discrimination are not only linked to premature physical illness, but also increase rates of mortality (Clark et al., 1999).

Racial disparities in health outcomes in the U.S. are large and pervasive. For most of the 15 leading causes of death including heart disease, cancer, stroke, diabetes, kidney disease, hypertension, liver cirrhosis and homicide, African Americans have higher rates of mortality than whites (Williams et al, 2009). In another study that utilized historical data, it is reported that approximately 100,000 premature African American deaths would not occur if there were no racial disparities in health (Levine et al. 2001). Another noteworthy characteristic of racial disparities is their persistence over time. Despite gains in life expectancy for both African Americans and whites, the 7-year racial gap in life expectancy in 1960 has only been reduced to 5.1 years in 2005 (National Center for Health Statistics, 2007). Similarly, although infant mortality has declined over time for both African Americans and whites, the relative gap between the races is much wider today than it was in 1950 (Williams & Jackson 2005; NCHS 2007).

Experiences of discrimination have been related to poor mental health outcomes and negative life chances among marginalized communities in the United States (Araujo & Borrell, 2006). In a systematic review of over 130 empirical studies on health outcomes, Paradies found associations between negative mental health outcomes and perceived racism in many racial groups (2006). This includes experiences of depression, obsessive-compulsive symptoms, anxiety and stress in African Americans, Whites, Latinos, Indigenous, and Immigrant populations (Paradies, 2006). This meta-analysis shows the diverse range of psychological

responses to the stress of discrimination. However similar to other studies on this topic, religious groups have not been a focus.

Almost without exception, studies have found that higher levels of discrimination are associated with poorer mental health outcomes in many communities. Although a meta-analysis of over one hundred experimental studies regarding the relationship between racial and ethnic groups and mental health outcomes has been explored, a focus on religious based groups has been ignored (Williams et al., 2008). Instead, this meta-analysis of cross-sectional and longitudinal studies focused on several different racial groups including Asian Americans, African Americans, and Latinos. For example, one study found a positive association between over five hundred African Americans and symptoms of anxiety and depression (Banks, Kahn-Wood & Spencer, 2006). In another study, researchers found a positive association between adolescent Latinos and issues of low self-esteem (Smokowski & Bacallao, 2007). While these studies enhance our understanding of discrimination and its impact on health outcomes, they also may not paint the full picture. It is important to also acknowledge ways in which communities have developed resiliencies and strength during these challenging experiences, especially when the experience of discrimination is centered on stereotypical group rhetoric.

Monnica Williams, a psychologist and professor and the director of the University of Louisville's Center for Mental Health Disparities, studies the link between racism and post-traumatic stress disorder. Williams's (2014) study focuses on individuals who have been directly targeted by racial discrimination or aggression however has also acknowledged that race-based stress reactions can occur vicariously – like in social media and in news events. Williams draws parallels between the symptoms of PTSD included in the DSM-5, such as intrusion, vigilance, avoidance, and emotional numbing. Williams elevates the important notion of assessing race-

based trauma within minority groups. As Williams pointed out, the experience of discrimination may be vicarious, and considering the high prevalence of media stereotyping towards Muslims, as an example, this effect would garner focusing on and assessing when completing interviews.

When it comes to studying the mental health impact of discrimination on Muslim Americans, the task becomes challenging. This may be due to the heterogeneity of races, ethnicities, and cultures that collectively make up the Muslim community that may also impact one's mental health outcomes, and may be difficult to untangle. Discrimination is a psychosocial stressor, however the extent to which Islamophobia impacts the mental health outcomes of those in the Muslim community are unknown and unexplored.

In one study examining the psychological impact of 9/11 on Arab Muslim Americans, Amer (2005) examined anxiety and depression rates among more than 600 adult Arab-Americans in 35 states. Amer (2005) utilized several systematic assessments and questionnaires including the Beck Depression Inventory and Hamilton Anxiety Scale. Amer found that half the participants reported symptoms of depression and a quarter reported moderate to severe anxiety. While the use of psychometrics may provide reliability, it does not account for each individual's experience and unique impact of discrimination. Many psychometrics have also been criticized for their lack of cultural considerations. As a result, an empirical research design of this caliber can exclude the valuable and rich personal narratives of individuals.

While not all experiences of discrimination may lead to acute or severe mental health outcomes, it is important as social workers to be aware of the ways in which Muslims are psychologically impacted so that we can determine appropriate outreach and treatment that is culturally relevant and appropriate. The marginalization, oppression, and exclusion of Muslim Americans in social, political, and civic parts of life have been well documented. These



experiences have largely been gathered through empirically derived sources, which is valuable but minimizes and dilutes the individual experience of Muslims who are on the receiving end of Islamophobic ideas and actions. Much of the research documents the prevalence of religious discrimination, however it does not capture an individual's own experience and psychological impact of these experiences. This creates a large gap in our general understanding of the Muslim American experience. This study intends to lessen this gap and illuminate the mental health impact of Islamophobia through a qualitative study.

As a social worker, researcher, and advocate for a community that I am personally connected to, I hope to illuminate the mental health needs of the Muslim community due to experiences of discrimination. The data derived from the results of my thesis will provide a sample of Muslim Americans who will recount their individual experiences of Islamophobia, and the impact that their experiences have had on their psychological well-being. This will be a unique opportunity for the field of social work to develop a deeper understanding of a marginalized community that has been inflicted with unwarranted animosity in the United States. Muslim Americans have historically been under served in a mental health system that has traditionally struggled to provide adequate and appropriate support to those in the Muslim community. With this knowledge, mental health providers can better understand the unique impact of oppression on this community, and can develop strategies and supports that are culturally appropriate and sensitive to the individual needs of Muslims living in America.

## **CHAPTER III**

### **Methodology**

The purpose of this study is to explore the following questions: What is the perceived psychological impact of Islamophobia as experienced by Muslim Americans? This study intends to explore and analyze Muslim Americans' individual experiences of discrimination with an emphasis on how widespread Islamophobia has impacted their psychological well-being. Literature regarding the psychological impact of religious based discrimination in the Muslim community is a rarity, and provides limited information as a result. This study will contribute to a developing body of knowledge and provide new information and insight into the unique psychological needs of the Muslim American population.

In order to answer the above research question, I have conducted an exploratory, cross-sectional, qualitative research study. I aimed to gather a deepened understanding of the psychological impact of Islamophobia through cross-sectional analysis. I completed semi-structured interviews using open-ended questions with eight participants. I examined the data produced in this study by using inductive reasoning and content analysis. This thesis proposal was submitted and approved by the Human Subjects Review Committee (HSRC) at Smith School for Social Work (Appendix A) which exist to protect the rights of human subjects who may participate in Smith affiliated research, including the protection of participant's confidentiality.

## Sample

In order to be eligible for this study, individuals were required to meet the following selection criteria: (a) self identify as a Muslim American, (b) be 18 years of age or older, (c) be able to read, write, and speak English, (d) be willing to discuss experiences of discrimination and the impact it has had on their psychological well-being with the researcher. Individuals under the age of 18 will not be part of the sample population due to their status as a ‘vulnerable population’. Lastly, individuals who are unable to read, write, or speak in English were excluded from the study as the researcher’s consent form and interviews will be conducted in the English language. Individuals were screened via email before scheduling an interview to confirm that the above criteria were met. Those who did not meet the above criteria were ineligible to participate in the study.

Participants were identified using a combination of purposive and snowball non-probability sampling methods. According to Steinberg (2015), purposive sampling is a non-probability sampling strategy that “consists of purposely selected elements (people, cases, objects) because of their particular characteristics” (p. 100). Snowball sampling draws participants from a finite pool of participants where individuals are asked to provide contact information for other potential participants for the study. Purposive sampling data and snowball sampling data are highly prone to researcher bias as the data may not be representative of the Muslim American population, making this study weak in external validity. Keeping in mind that Muslim Americans may hold stigmatized perspectives on mental health, I was aware that it could lead to some reluctance about sharing this information or participating in this study. I have included snowball sampling to increase the feasibility of gathering data by recruiting participants that are recommended by other participants. I hoped that the combination of these sampling

methods will allow for a diverse sample of the Muslim American population with various racial and ethnic groups, age ranges, and varied experiences.

I emailed various Muslim American organizations in the Bay Area (Appendix B) for permission to recruit participants for my study including Islamic Circle of North America - Bay Area Chapter, Council on American Islamic Relations Bay Area, Lighthouse Mosque, and Islamic Networks Group. These organizations circulated the attached flyer (Appendix C) to their email subscribers. Additionally, I posted a status on my Facebook page to reach others in the Muslim community that I am connected to (Appendix D). For ethical reasons, I did not interview friends or family members. To obtain snowball samples from this population, I asked participants in the study to refer potential participants after the interview.

### **Ethical Issues and Safeguards**

All participants included in this study agreed and signed an informed consent form prior to the beginning of the interview with the researcher (Appendix E). This form clearly discussed the purpose of the study, study procedures, intended benefits and potential risks of participating in the study and measures of protecting participant confidentiality. Participants had the right to refuse to answer questions during the interview or to withdraw by April 2017 without any repercussions. One participant chose to withdraw from the study by this deadline after they had completed the interview.

To safeguard the confidentiality of the participants in this study, the records of this study have been kept strictly confidential. I utilized pseudonyms to code the recorded interviews and interview notes to protect participant confidentiality. The audio recordings and consent records are kept separately in a separate locked file, and all electronic information has been coded and secured using a password-protected file. All research materials including recordings,

transcriptions, analyses and consent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data is password protected during the storage period. Any potential identifying information has been disguised.

The intended benefits for participants in this study include the following opportunities: social-emotional benefits from voicing one's experience of Islamophobia and its psychological impact, directly impacting the Muslim community positively by illuminating mental health needs that have been largely neglected in contemporary studies, and gaining insight into the mental health needs of the Muslim community. The risks for participants included the possibility that some of the interview questions could trigger potentially distressing memories and emotions. At the end of each interview, I provided the participants with a list of supportive resources available in Northern California as a response to the risks that are present with participating in this study (Appendix F).

As the researcher of this study, I too identify as a Muslim American. I am invested in progressive mental health practices that are more inclusive and sensitive to those in the Muslim population. The goal is to utilize this data to improve mental health services for this community. I was aware throughout this study that this shared identity with study participants has likely produce bias in how I have analyzed the data, which is discussed further in a subsequent chapter of this study. This shared identity also has benefits as it may have allowed participants to trust my role as the researcher as it allowed a Muslim American to analyze the experience of other Muslim Americans. To reduce researcher bias and increase reliability of this data, I held a peer

debriefing with two colleagues to monitor for bias. The feedback was utilized to enhance credibility and ensure validity.

### **Data Collection**

Individuals who were interested in participating in this study contacted me via my Smith email. I then screened each participant to ensure that they met the selection criteria for the study. I conducted in person interviews with each participant. Prior to this interview, I reviewed the consent form with the participant. Once the consent form was signed; I proceeded with the interview. If a participant was to decline to sign the consent form, I planned on kindly informing them that they are ineligible for the study. All participants included in this study agreed and signed the consent form. Interviews were conducted during a convenient time and location for both the participant and the researcher. In order to make every effort to maintain each participant's confidentiality, I suggested options including study rooms in libraries or coffee shops with secluded areas. These interviews lasted approximately one hour in length.

The interviews were semi-structured in nature, with both open and close-ended questions (Appendix G). This research method appeared to be appropriate, as it allowed me to investigate an area of study that has largely been neglected in literature. In the interviews, I asked questions to elicit information around themes, while keeping the questions open-ended enough so that the participants were able to discuss their own individual experiences, reactions, and responses to the questions.

My interview guide began with a few questions to collect demographic data including: self-identified gender, age, birth country, race and ethnicity. This was followed by several open and close-ended questions that explored the impact of discrimination on one's psychological well-being. While my sample size was too small to examine demographic subgroup variation

with any systematic confidence, I was curious to see if there were any trends in the data among subgroups that might be pervasive enough to suggest further exploration. Prior to the interviews with participants, I had piloted my interview protocol with a few family and friends.

### **Data Analysis**

I recorded the narrative data using a digital audio voice recorder during interviews. In addition, I took notes during interviews to capture observations and non-verbal expressions. After interviewing participants, I transcribed the interviews verbatim from the recording device.

I coded and analyzed the data through content analysis. The qualitative data collected through the interviews was processed and organized using the open coding method where data is systematically analyzed for themes and categorized accordingly. I organized the data into patterns that assisted me with drawing conclusions to answer my research question.

## CHAPTER IV

### Findings

#### Introduction

The purpose of this study is to explore the psychological impact of Islamophobia as experienced by Muslim Americans. The findings presented in this chapter are intended to fill the literature gap regarding Islamophobia and how this impacts the mental health of those in the Muslim American community. This data will contribute to the slowly developing body of knowledge to provide insight into the unique psychological needs of the Muslim American population.

This chapter is divided into six major sections: (a) participants *overall experience* as a Muslim American, (b) *particular challenges* they have experienced, (c) the *emotional impact* of Islamophobia, (d) participants *reflections* on topics that impact the Muslim American community including 9/11, stereotypes, rise in anti-Muslim sentiment, and political discourse regarding Muslim Americans, (e) methods of *coping* with distress related to Islamophobia, and (d) *recommendations* to mental health providers working with the Muslim American community. Each theme is further organized into subthemes in order to present both similarities and outliers in participant responses. A majority of the findings section is focused on narratives regarding different emotional responses participants reported as a result of Islamophobia including isolation, fears, anxiety, stress, anger or irritability, depressed moods, numbness, and insecurity.



These themes were derived from the interview questions that participants were asked (Appendix F).

## **Demographics**

This chapter presents data collected from in person interviews with eight individuals who identify as Muslim American. My goal for this qualitative study was to recruit a minimum of twelve participants. I was unable to meet this requirement by the end of April 2017, and had to move on to organizing and analyzing the responses from the eight interviews I had conducted. One participant who completed the interview had emailed me the following day stating that she would like to be removed from the study due to fear about her information being accessed by medical schools she would be applying to later on in the year. This data is not reported in this section as the participant withdrew her consent.

At the start of the interview, demographic information was collected from each participant regarding their age, gender, ethnicity, place of birth, and length of time living in the U.S. (Table 1). Participants for this study ranged in ages from 18 -36, with half of participants in their mid-twenties ( $n=4$ ). A majority of the participants identified as female ( $n=7$ ), as this data reflects one male perspective. This is a limitation of this study as males might have a different experience and perspective. Additionally, participants in this data sample represent limited diversity as participants identified their ethnicity as Indian, Pakistani, or Fijian. A majority of participants shared that they were born in the U.S. ( $n=6$ ), with two participants stating they were born in India and Pakistan. The two participants represented in this data sample have been living in the U.S. for a majority of their lives as they migrated at an early age. All participants represented in this data sample identify as a U.S. citizen. This too, will have a great impact on the findings and could be viewed as a limitation. While occupation was not a demographic

question as part of the interview, many participants disclosed involvement in advocacy, social services, the military, or policy work. Participants in this data sample were screened prior to the start of the interview, and all met the selection criteria.

Table 1

Participant Demographics

Age	Gender	Ethnicity	Place of Birth	Length of time in U.S.
18	Female	Indian	U.S.	Since birth
24	Female	Fijian	U.S.	Since birth
25	Female	Indian	U.S.	Since birth
25	Male	Pakistani	Pakistan	From 1 years of age
26	Female	Indian	India	Since 4 months
31	Female	Pakistani	U.S.	Since birth
31	Female	Pakistani	U.S.	Since birth
36	Female	Indian	U.S.	Since birth

### Overall Experience as a Muslim American

Participants were initially asked to describe their overall experience as a Muslim American. This section describes the initial responses from participants who described their overall experience as a Muslim living in America today. The responses ranged from being an overall positive experience to one that has created many challenges. Sixty-three percent of participants ( $n=5$ ) reported that the diversity and liberal geographic location known as the Bay Area, many of whom described this as a “bubble,” has made it a generally positive experience. One participant described the impact of hearing of traumatic incidents happening in other parts of the country:

It’s been pretty positive and easy. Uneventful. After Donald Trump’s election, it’s still been pretty good. I feel like people are a little nicer in general. But I feel like

I'm in this bubble. I'm much more afraid to fly to southern states or parts where there is not as much diversity than before. I heard about two people in Kansas City, the two Indian men – and it really shook me. It makes me so much more scared. I see a lot of scary stuff on the news. But in my community and here in the Bay Area, I feel pretty insulated.

Two participants described living in an overall positive and inclusive environment in the Bay Area. One participant reflected on how the inclusivity she experienced in the Bay Area has impacted her experience. She stated, "Overall, I would say good but there are so many factors that play into that. Generally, the Bay Area is an educated and inclusive area but that doesn't mean I haven't had bad experiences." Another participant shared similar sentiments stating, "I have been privileged enough to be born and raised in Northern California. I have been privileged because I live in a liberal bubble, if you will. So it's been an experience of privilege. And I recognize that." One participant described the impact of the intersectionality of her many identities:

It is extremely challenging to be growing up as Muslim. Not just dealing with cultural issues for what it means to be an immigrant, a south Asian – and to be Muslim. And how that plays out culturally and how these identities put together can be very confusing at times.

Another participant described the impact of current events and how that impacts her identity:

I feel like living as a Muslim in America is so much dependent on what happened after 9/11 and other current events. I think it is a period of heightened anxiety and constant worry – just feeling a need to prove yourself as being American.

By starting the interview with this question, I was able to gather preliminary data about one's experience of Islamophobia. It allowed me to observe the extent to which participants were willing to share their personal experiences, and brought up themes that were visited in greater length in other parts of the interview. In the following section, I began to focus on particular

challenges that participants experienced to better understand the hardships that come Islamophobia.

### **Particular Challenges**

Participants were asked to reflect on particular challenges that they have experienced as a Muslim American. Participants ( $n=6$ ) described many challenges, which ranged from experiences of discrimination, worry about protecting children, wearing hijab, and challenges at the airport. These sub-themes are separated into sections below. Two participants stated that they did not experience particular challenges when asked this question in the early phase of the interview however described challenges in later parts of the interview.

**Discrimination.** Three participants described their experiences of discrimination as a challenge living as a Muslim American. One participant described the commonality of hearing discriminatory comments:

I feel sheltered in the Bay Area and I don't usually expect people to be racist. But the day after Trump's election, a girl here got choked in the parking garage. Usually I'm used to people shouting out – "you're a terrorist." But something that I found really offensive and unsettling was when a man shouted out to me – "You should go back to Afghanistan so you can get raped and molested." In the beginning I was like, why are you so taken aback by this? You should be used to this. You have heard it before. But then I got used to not hearing it. Later on I reported it to UPD.

Another participant stated that although she hasn't experience direct discrimination where she lives – the fear of experiencing discrimination impacts her to the point where she is less likely to be open:

I live in Palo Alto, so my neighborhood is pretty open minded. But I have friends in Santa Clara, which is just one city over – and they have experienced discrimination. But I lay low. And I feel like the more you put yourself out there, the more you open yourself up to the positive and the negative.

**Protectiveness of Children.** When asked about particular challenges one experiences as a Muslim American, two participants stated that they worry about the protection of their

children. Both participants stated that they try not to create conflict when in the community with their children. One participant stated, "I am more aware, especially with my small children. I want them to have a good experience when they are out and about." Another participant stated that the response changes when her children are around, as she is less likely to directly respond to an experience of discrimination:

We visited Boston for vacation and we went to an ice cream shop pretty late at night, where we passed a bar. And a guy started yelling something. He started making comments about me being oppressed. It really got to me but I was nowhere near home, my kids were around me, and this guy was probably drunk. So we just kept going because this is not the time or the place and we did not want it to escalate. I've had this conversation with a lot of people, but when my kids are around, the response is totally different. Then, it becomes all about protecting them.

**Wearing Hijab.** Many participants discussed the challenges that are presented with wearing a hijab ( $n=4$ ). One participant described being pressured by others to take off her hijab due to the impact of Islamophobia:

I do wear a hijab. Challenges come with being visibly Muslim. As a person who is visibility recognized as an 'other,' – there are unique challenges. Even if your skin color is different, outwardly claiming your religion can have challenges. Within the Muslim Community, there is a different set of challenges. One of not wearing it right, or acting a certain way. Some people say that you shouldn't even wear the scarf. You are opening up to crazy shit that can happen. People have pressured me to take my scarf off all the time. I have been wearing it since the 7th grade. 9/11 happened. Donald Trump was elected. All this happened. But I seriously considered it after the San Bernardino shooting. I just thought, what the hell is going on? It's a conservative part of California but it is still California. That's really close to home. So yea, it felt a little unsafe and also, I wanted to think critically about it. It was a bit of a snap judgment because it only lasted a day and then I was over it.

On the other hand, another participant shared that while she also experiences challenges due to wearing a hijab and being a visually identifiable Muslim, she has not felt pressured to take her hijab off – although she has thought about it:

Islamophobia is a big one. I started wearing a hijab in December of 2001. It was Ramadan – and I remember having this conversation with my Mom and being

really excited to start wearing it. I was inspired by all these Muslim women dealing with Islamophobia after 9/11 and being afraid about going outside with the hijab. I saw my Mom having to deal with it. I thought – there must be something to it. And I thought my parents would be really excited – and they weren't. They were obviously really afraid and scared, and that it wasn't the safest thing to do. Wearing hijab in my formative years have affected me. I have had to deal with things but it has also made me the person I am today. I don't think I have been pressured [to not wear hijab]- but it has challenges. I wondered, mentally, if it would be easier to not wear a hijab. Like, right after a terrorist attack – you do feel like you are getting stares and you feel unsafe. I don't think that is healthy. It is not good for your health and overall well-being. So there are times that I have wondered about that. But overall, there are more positive things.

**Airport.** One participant added that in addition to the challenges she faces with wearing a hijab and worrying about her children in response to Islamophobia, she also faces particular challenges at the airport when traveling:

Don't get me started about the airport. It is an on going trauma that we have to deal with. Every time we go to the airport, we have to go through the body scanner and you would think that's enough. But we need an extra pat down because of the hijab. It bothers me when it happens around my kids. They don't understand, why does my Mom have to stop? Why does she have to go through this? And whenever we don't get the additional screening, and someone else gets randomly selected – you feel people start to stare at you. It feels like people are wondering, 'Why didn't they get screened?' I don't know if that is something we are putting on ourselves.

These subthemes were gathered by assessing the extent to which participants shared their experiences of Islamophobia. As demonstrated through the data, participants have experienced similar and also unique challenges that have impacted them personally and their family. In the following section, I present data derived from several questions during the interview that focused on the psychological impact of experiences of Islamophobia.

### **Emotional Impact**

Participants were also asked questions related to the emotional impact of experiencing Islamophobia. Participants were asked questions regarding their experience of isolation, fear,

anxiety, stress in areas of work, family, and other social relationships, depression, and anger. Additionally, participants reflected on emotional experiences of numbing and insecurity.

**Isolation.** Participants were asked if they had ever felt isolated as a result of discrimination. Thirty-eight percent of participants ( $n=3$ ) stated that they had. One participant stated that he felt isolated when he was serving for the U.S. Navy after an act of discrimination:

There was incident that took place a little over a year ago where someone wrote a discriminating phrase near my name. I did not feel that supervisors and those higher than my rank really tried to understand why it was so bothersome to me. It made me feel very alone. I felt like they wanted to sweep it under the rug. It also made me feel like if I expressed my concern about the situation, I was wrong. Because they didn't know how to handle the situation, I felt like I should have just kept my mouth shut.

Another participant shared that she had felt isolated during her early experiences of Islamophobia, but has since found herself supported. Sixty-three percent ( $n=5$ ) of participants stated that they haven't felt isolated as a result of discrimination. One participant shared the importance of not isolating and making Muslim faces visible the community. She stated, "I don't think I feel isolated. I could have isolated myself, but I have chosen and made it a priority to still go grocery shopping instead of getting it delivered. It's important to have the face of Muslims out there." Another participant who stated that she didn't feel isolated stated that the community in the Bay Area has made her feel cared for by others. The participant contrasted this experience to when she visiting family in Idaho:

I feel really lucky and blessed that my kids are surrounded by people who care for them and for us. My husband is from Idaho. It's a totally different experience there. When we got married, we went to Boise to visit my in-laws. It was my first time visiting and it was a total reality check for me. I've travelled around the US so it wasn't like I hadn't ever been exposed to other areas, but I had to go to Target because I had forgotten some toiletries. My mother-in-law told me to take my husband with me. My mother in law said, "no beta, the KKK is still active here and they still do annual parades." I had no idea it was still around. Now I'm thinking, no you can't drive yourself to target because you're a Muslim hijabi woman who is afraid of her safety. And that's a day-to-day challenge for my mother-in-law.

**Fears.** All participants ( $n=8$ ) disclosed experiencing some level of fear as result of Islamophobia. Fifty percent of participants ( $n=4$ ) shared experiencing fear for the safety of family members including kids, parents, and grandparents. Two participants described feeling worried for the future of their children and the security of their safety. One participant narrates the fear she experiences for her children following an event:

I think the main fear is for my kids. I am always worried – especially when an event happens where we know that there will be backlash on Muslims. I'm always a little hyper vigilant. When you're on your own, you are always a little cautious. When my kids are with me, I am even more hyperaware. I know that wearing a hijab and being an outwardly visible Muslim, there is some type of feedback you get. When I'm with my kids, I am constantly asking – am I putting my kids in a harmful situation?

Two participants shared their fear for themselves, their parents and grandparents due to their visits to the mosque and the traditional clothing they wear. One participant reflected on feeling fearful to wear traditional clothes to other community locations:

There is a sense of fear now. I don't feel as open to going to certain events because of fear of being discriminated against. For example, every Friday – I go to pray in traditional clothes. I don't feel like I can wear my traditional clothing and go to the grocery store or any retail store without having a sense of fear that something might happen.

Later in the interview, the participant reflected on the fear that his parents wear traditional clothing everyday: He stated, “I hear all these stories about how women get their hijab ripped off their head or just getting harassed. I feel like my parents are more prone to these hateful acts because they dress traditionally.” Another prominent sub-theme regarding fears participants experienced centered around safety. Thirty-eight percent of individuals ( $n=3$ ) stated that they felt fearful due to lack of safety that they experience personally. Two participants shared that this has impacted their level of comfort with going out to places alone, at night, or in unfamiliar areas.



Just being out by myself late at night. Or just going to an area I don't know – I'm cautious. I think that prevents me from going to certain areas alone. I generally don't go out late at night as it is, but I think I am a little more guarded also. I think I've changed my lifestyle a little bit. I would be less likely to drive to parts of the Bay Area I don't know. Or just be at a gas station. I would just play it safe given the environment.

Similarly, another participant reflected on feeling unsafe walking around at night alone:

I lived in Los Angeles during the San Bernardino shootings – and I felt very unsafe just walking out by myself and at night. I was on campus really late at night and we didn't have a prayer room that we could go to. I was outside by myself as it was Maghrib<sup>1</sup> time – sunset time – and you feel yourself so vulnerable at that time. So just being very aware of my body. I was very vigilant. Right now, in San Francisco – I don't feel it. But if we woke up tomorrow, and something happened – I know I would feel like it. Like you don't know how everyone feels and what they are going to do. Who knows who is here and how much hate they have.

Other subthemes that emerged during the interviews related to fear as a result of Islamophobia were those centering around fears at the airport. Additionally, one participant shared that fear can be incited through the vicarious traumatization from reading about acts of discrimination towards the Muslim American community on the internet.

**Anxiety.** All participants were asked if they experienced anxieties as a result of discrimination. Sixty-three percent of participants ( $n=5$ ) reported experiencing some level of anxiety. Participants shared a wide variation regarding their specific anxieties as they reflected on travel, policies, wearing hijab, and how they are perceived. One participant shared experiencing anxiety at night that made her feel 'edgy' and 'not safe.'

I kind of feel like anxiety would watch over me at night when I'm walking around alone. I feel edgy and not safe. That was the case for the last semester because I had night classes. I don't feel like I would have that anxiety watching over me if I didn't feel that type of discrimination.

Another participant expressed anxieties related to policies coming out of Washington:

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<sup>1</sup> Maghrib – Islamic prayer that is performed during the time of sunset.

I have in-laws in Pakistan – and I know Donald Trump is coming up with a revised travel ban – so there is some uncertainty about our families visiting us. I don't know if there is going to be some “red tape” for that.

Two participants shared their anxieties related to traveling. One participant shared the emotional and logistical burden of picking up family from the airport:

It takes a toll on you. It is mentally exhausting...it gets complicated. Do you take a day off of work? Do you make arrangements indefinitely for someone to babysit your children? There are so many unknowns and it is exhausting mentally sometimes.

Another participant shared her perspective as a traveler and worrying that she will appear ‘too-Muslim.’

I wanted to read a specific part of the Quran that you are meant to read on Fridays. I thought to myself, it is too much to take my Quran to the airport. Because that would be crazy. But I thought – this could appear to be “too Muslim.” So the fear or anxiety of appearing too Muslim is there. So instead, I read it on my computer.

One participant shared her anxiety related to her effort with trying to appear ‘non-threatening.’

I'm looking into switching jobs soon and very unique to me, I don't like wearing a black hijab when I go. I try to wear beige or light purple. A non-threatening light color. If you look up Muslim women on Google, you see women in black outfits. So I try to wear colors that are less threatening. And I think other minorities feel that way as well. It's the fear and anxiety of appearing “too Muslim” – even though that is crazy to say. I know they are going to know I'm Muslim anyways because I cover [with hijab]. I realize it doesn't make sense. I can't tell you why.

Another participant also shared her vigilance about how she is perceived:

I'm constantly worried about how people really look at me – especially after something new happens that makes Islam look bad. When I try to defend my religion – do people think I'm a sympathizer or do they think I'm an American?

**Stress.** Participants were all asked about their experience of stress as a result of discrimination. This section is divided into participant's experience of stress in three domains: work/school, family, and social relationships.

**Work and Education.** Half of the participants ( $n=4$ ) shared experiencing stress in work or educational environments as a result of Islamophobia. Participants shared that the stress led to a lack of focus or needing to take extended time off.

School, yea. I already fail on focusing on topics so it was really a lot more difficult to focus. I had to ask for extensions from professors. It does have a toll on you. Even if you ignore it, it's subconsciously at the back of your mind. It's like – why are we as Muslims being targeted as terrorists?

Another participant shared feeling stressed and frustrated due to the perceived inherited responsibility to write about Islam from a Muslim's perspective:

I feel like when we have the freedom to choose our own topics on assignments, I feel like I should choose to write about Islam and how it is present in our world. I feel an obligation to write about Islam – because other people probably won't do it justice. I feel like that prevents me from writing about other things that I'm also passionate about. It's frustrating and unfair.

**Family.** All participants ( $n=8$ ) shared that they experienced some level of stress regarding their family members due to Islamophobia. In general, participants experienced stress due to travel, safety, and fear of the government. The stress regarding travel was prevalent as 50% ( $n=4$ ) of participants stated that they experienced elevated levels of stress due to family members travelling. One participant reflected on the stress of her in-laws being able to travel:

For my husband and for my in-laws – that's about as far as it goes. I think they would be fine coming here but it would suck if they cannot get a visa. I just worry about their ability to travel freely. And I hope this also doesn't impede his ability to get a citizenship. If they deport him, then I'm going too.

Another participant shared stress related to the travel ban that targeted individuals travelling from seven Muslim majority countries. The participant reflected on her stress

regarding the travel ban and about her father, even though he was not travelling from a county that was not included in the executive order:

My dad was traveling to India and traveling back during the Muslim ban. We were worried about if he was going to be able to make it back – and obviously, India was not one of those countries that was on the list. But you hear of stories all the time.

In addition to travel, one participant shared stress regarding her family members who live in other states and the impact of living in an environment of Islamophobia on younger family members:

I have family in Texas and Nebraska. There was an incident where a guy began tailgating her. She pulled to the side, and so did he. He then pulled out a gun. She began praying. He stared at her and then pulled off. It's scary. What about my baby cousins who are being raised in this environment? But what can you do from here other than pray? You feel really helpless, like what can I do from over here? It's a really depressing thought.

Another participant echoed experiencing stress regarding family members going to places that were believed to be unsafe. In addition, this participant also shared the stress he experiences with his family members talking on the phone because of how it can be perceived:

It is like an open discussion now. Like, hey don't say this on the phone because they could be listening. Or hey, let's not go there because it might be unsafe. The fear that something could happen makes it feel like we are living in a box. Even our actions, when they are right, can be taken in the wrong way.

***Social Relationships.*** Half of participants ( $n=4$ ) reported experiencing some level of stress in their social relationships due to Islamophobia. One participant reflected on the stress induced by social media, such as Facebook posts:

I have friends on Facebook – non-Muslim friends – who have made some discriminatory remarks. I will bring it up with them if I'm close to them. But if not, I will delete them because I don't need that extra stress in my life. I know people disagree, but if people are disrespectful – I'm not okay with that. I have less patience for people in my life like that.

Another participant described a similar stress:

After the San Bernardino shootings, it became too much. It was too triggering to see all of these things. I felt guilty for not posting all these things because it felt like I wasn't doing anything. But then Facebook itself was causing me a little bit of PTSD. So I had to deactivate it. I ended up doing that a couple of times. I did it a couple of times – once for my own personal mental health. And other times directly related to this barrage of traumatic news coming in. I couldn't take it.

One participant stated that the jokes made at the expense of Muslims created stress:

I feel like because this is such a touchy subject – jokes that co-workers or friends say aren't really funny anymore. I think people expect us to take it as a joke but with everything else that is really happening, it just makes me angry.

On the other hand, one participant denied that Islamophobia created more stress in her social relationships, and instead reflected on how this has strengthened her relationships with others:

I become more fired up to talk about these things in social relationships. When talking to non-Muslims, rather than talking about the new Drake album, I want to talk about politics. I think it has strengthened my relationships because it can change their opinion.

**Anger or Irritability.** A majority of participants reported experiencing some form of anger or irritability as a result of discrimination ( $n=7$ ). Of these participants, many of them reflected on the impact discrimination had on their day-to-day lives:

Outward Islamophobia, hatred, and bigotry are horrible and anger inducing. But the day-to-day, constantly standing out, having to figure out how to be you in a society that is very different than how you see yourself. You carry it with you. It's a low-grade stressor. It makes me angry that I have had to suppress aspects of my identity – my South Asian identity or my Muslim identity – to be more American. That's like a constant.

Another participant stated that he felt anger as a result of feeling helpless. He shared, "Yes. Anger because I feel helpless sometimes. Like when I read things online or see things happening. I feel like I can and should make a difference, but I just don't know how." One participant stated that some of her anger stems from media. She stated, "More so it is frustration

with people who have misconceptions about Islam. Anger with the media. Despair – is this shit ever going to end? It's a lot of frustration, despair, and anger.”

**Depressed Moods.** Half of participants ( $n=4$ ) reported experiencing depressed moods. All of the participants who reported depressed moods identified that this emotion was typically incited as the result of reading stories or articles about acts of discrimination towards Muslims. One participant described feeling that she was in a ‘low pit’ when hearing about women feeling the need to take off their hijab or kids being bullied:

I think about it and it makes you feel like you are in a low pit. I think about my family. And then I think about all the other Muslims. There are girls who fear they have to take their scarf off and that's totally understandable and on them. I doubt I would be wearing a scarf if I were in Texas. I don't think I am that strong. It put you in a depressed state when you hear about people getting bullied or segregated. I saw that a Muslim kid had to go back to Pakistan because he was being bullied so badly. Yet, his father died in 9/11. It really hurts you.

Another participant echoed a similar sentiment when reading stories:

When I hear stories around the nation – like recently someone got shot or lives being lost – it does sadden me. Also the executive order – so many people were separated unnecessarily. A kid who needed surgery almost passed away because they couldn't get surgery. But I try to maintain and not stay depressed.

One participant stated that reading the news caused her to deactivate herself from Facebook. She shared, “I would say that reading the news – it's too much. I had to deactivate my Facebook. It was too much. Deactivating was more so an approach for self-care before it got too depressing.”

**Numbness.** While numbness was not an emotion that was asked during the interview, 25% of participants ( $n=2$ ) reported during the interview, how they have experienced numbing. One participant stated that acts of discrimination make her numb to the point where it is easier to ‘let it go’ than to be affected by it:

Recently, after the Trump campaign began – I have felt it a lot more. I think emotionally, I am becoming numb. It is almost as if you just expect it. There was

an incident – after a few other incidents that have happened – I was in an Uber in New York City with friends. I was the only one wearing a hijab. And the car next to us was trying to get my attention to roll down the window – and the Uber driver did. The guy just went off with explicit language – you can imagine what he was saying. And we closed the window and went back to my normal conversation. My friends were like – you’re acting normal, didn’t that affect you? I think psychologically, you’re kind of shut down a little. Almost like you can’t process it because it’s just same ol’, same ol’. Maybe before, I would have been more emotional. Now, it’s easier to let it go and not process it. Which also isn’t necessarily healthy.

**Insecurity.** Twenty-five percent of participants ( $n=2$ ) reported experiencing some level of insecurity as a result of discrimination. One participant reflected on how this impacts her own self-worth:

I think it can really degrade your self-worth because I find myself wondering what people think of me – even people who are friends and that I’m close to. I wonder if they didn’t know me as a person – and only knew me as a Muslim – if they would still want to be my friend.

As was demonstrated in the above data, participants reflected on both similar and unique challenges experienced by Muslim Americans. Participants unanimously reported experiencing some level of fear while less participants reported emotional experiences of insecurity and numbing. While reflecting on the emotional impact of Islamophobia, many participants shared their thoughts and feelings on several topics that are impacting the Muslim American community. The following section will include the narratives derived from reflections regarding a wide variety of topics – some of which were focal points when participants shared how Islamophobia has impacted them. The following section aims to provide a cohesive presentation of this data so that thoughts, feelings, and reflections regarding these topics are clearly outlined.

## **Reflections**

In these next several sections, participants were asked to reflect on their thoughts about the impact of several different topics including 9/11, stereotypes about Islam or Muslims in the

media, the rise of anti-Muslim sentiment in the U.S., and government policies that target Muslim communities. Participants reflected on concerns regarding policy decisions made by the Trump Administration, as well as the overall response in the Muslim American community regarding terrorism and the rise of hate crimes. Overall, participants identified a strong hopefulness and desire to change the narrative around Muslim American voices as often portrayed in media and politics by becoming more involved within the community.

**9/11.** Many participants reflected on the impact of the terrorist attacks that occurred on September 11<sup>th</sup>, 2001. Many participants were very young and felt that this event shaped their identity and societal perceptions of Muslim Americans. Participants shared several reflections including how this event shaped negative images of Muslim Americans who are now paying the price of a few individuals' extremist acts. Additionally, participants reflected on how this immediately impacted travel concerns and discrimination at airports. Some even reflected on being advised by others to take off their hijab as a precaution. One participant reflected on her first thought following the events of 9/11 – one where she thought her and her family was going to be sent to concentration camps:

My first thought was - are we going to get sent to concentration camps – because of what happened after Pearl Harbor. I knew that when the Japanese had attacked, the initial response was to send all the Japanese to concentration camps. So I thought, well, Muslims are all going to get blamed because of someone who calls themselves Muslim, and has done these despicable acts. We are going to get blamed just like they did.

One participant reflected on how this event shaped the U.S. response to counterterrorism and security concerns which is often centers around Islam as a consequence of 9/11:

It happened so early in my life – it is hard to say what changed. I can say that living in the world as a Muslim is a defining factor for a lot of people. I think that is something that is not a pleasant experience. Also, I am studying political science – and a lot of what we talk about is counter terrorism, and security concerns – and Islam is usually in the center of that. It is really frustrating to see people spew things about Islam. Everyone wants to talk about Islam because it is



trendy or it is interesting – but nobody wants to take the time to learn about it. It's frustrating because I can't teach everyone. I wonder sometimes – do they even realize there are Muslims in the room that can hear them?

Another participant reflected on how 9/11 impacted the career choices of Muslim

Americans:

I think it opened the eyes of a lot of people – especially American Muslims. I think people who weren't involved in the community realized that Muslims need to go into the humanities. My Dad would always say – go into the humanities, go into journalism. I think it also changed our viewpoints on ourselves. It made Muslim Americans more introspective. It made us ask – what are our next steps as a community? I think a lot of people really took some time to reflect and figure out – am I where I want to be spiritually? I was in college at that time, so I saw a lot of people go off into different things. So a lot of my friends are lawyers, which was not the norm at that time. I think some people became doctors or engineers – but so many people went into different fields like journalism or social work. Positions where there is a dire need for our people to go into so our narrative can be told in a different way. So it is interesting. I feel like that was one of the direct impacts.

**Stereotypes.** Participants were asked to reflect on their thoughts and feelings related to stereotypes about Islam and Muslims portrayed in the media. Participants reported mixed feelings, which ranged from feeling deeply affected to not feeling affected by it much. Two participants stated that the negative stereotypes impacted them to make more of a concerted effort to break those stereotypes.

I get irritated when I see negative things on social media. But the good thing is – young professionals are getting involved. Do volunteer work, do the interview, and do something. We are Muslim American, and we need to be empowered. I try to have positive interactions with people in the community so that they don't just have negative stereotypes about Muslim Americans.

Other participants stated that they try not to worry about it too much. One participant reflected on feeling desensitized as it occurs so often:

Honestly, it happens so often that I'm a little desensitized if I have the energy, I will try to correct it. But I've come to a point where some people are just going to hate us – and there is not much that I can do about that.

One participant reflected on the fact that she has observed some media outlets include more positive images and stories regarding Muslim Americans than in the past. She reflected on the progress she has seen with media outlets being more balanced:

Now, the negative stereotypes seem to be coming from certain types of media – like Fox or Bart news. There definitely is a bias in the way they report stuff. But it doesn't seem anti-Islamic. But other media outlets like CNN, they seem to be promoting Muslims too.

**Anti-Muslim Sentiment.** The U.S. has seen a rise in anti-Muslim sentiment for the last several years. Participants were asked to specifically reflect on their feelings in relation to this. Participants reported varied reflections. Thirty-eight percent ( $n=3$ ) of participants felt that the rise of anti-Muslim sentiment is “bringing our country together,” as one participant described, while one participant shared that he felt the rise in Islamophobia has further divided individuals in this country. Another participant also reflected on how the “open” nature of the Islamophobia, racism, and xenophobia has allowed individuals to respond through advocacy and community organizing. One participant stated that she has experienced the rise in anti-Muslim sentiment to be a direct response to Trump’s presidency. She shared, “Personally, after being victim to Islamophobia after Trumps campaign – you feel that it is a direct result. I feel like it is just, maybe, dormant racism.”

**Politics.** Lastly, participants were asked to share their reflections regarding policies that specifically target the Muslim American community. Half of participants ( $n=4$ ) reflected on the need for Muslim Americans to become more involved by running for political office, contacting legislatures, joining school boards, and exploring opportunities that would allow Muslim Americans to narrate the Muslim American experience in their own voices. Several participants ( $n=3$ ) reflected on the uncertainty that lies ahead for Muslim Americans after the Muslim Ban was introduced as an executive order in January of 2017. One participant elaborated:

As much as there is love and unity, there was already a Muslim ban in one month. What's going to happen in 4 years? It's scary to think about. But I feel like there is something we can do about it. We can take action with our legislators. We need to spread the word and voice our opinions at this time. We can march. We can contact our governor. We need to get involved in politics. Trump is forcing us to get involved in our country's policy making.

Overall, participants were keenly aware about how policies, acts of terrorism by extremists, and media impacted the narrative and image of Muslim Americans. Many participants shared how this has impacted their decision to get more involved in the community. In this last section, I have gathered data about how individuals in the Muslim American community cope with the stress and the emotional impact of Islamophobia. Additionally, I present specific recommendations that they have for mental health providers to conclude the finding from this study.

**Coping Skills.** To conclude the interview, I asked participants how they coped with the challenges they experience as a Muslim American. Thirty-eight percent ( $n=3$ ) of participants stated that they often discuss their thoughts and feelings with friends or family members. Twenty-five percent of participants ( $n=2$ ) shared that they try to volunteer or engage in community work. One participant shared that she has sublimated her feelings about Islamophobia into her career:

I get educated. I try to remind myself that I am working towards pursuing a career where I could show people that they are wrong. I could be in a position where I could make policy decisions that will remind America, remind our society that Muslims are not our enemy.

Other coping techniques individuals shared included listening to music, praying, mindfulness practices, and surround oneself with positivity. Overall, participants shared a variety of ways of coping with Islamophobia. To conclude, participants were asked to reflect on any recommendations that they had for mental health providers.

### **Recommendations for Mental Health Providers**

The final question of the interview was centered on specific recommendations participants had for mental health providers working with the Muslim community. One participant began answering by reflecting on the progress the Muslim community has made in regards to reducing stigma around mental health, as she has observed that members of the Muslim community are less reluctant to seek mental health services. On the other hand, another participant stated that there was still a ways to go, as she believes there is a deficit of Muslim identified therapists in the mental health field. One participant shared that mental health providers should gage the importance of religion to their clients, and try not to make assumptions. Similarly, another participant stated that it is important to acknowledge that Muslims experience Islamophobia in a variety of ways – even individuals that may not be perceived as a Muslim through their appearance may still experience discrimination because they have a Muslim name. One participant advised mental health workers not to delegitimize a client’s feelings just because they live in a liberal area. Twenty-five percent of participants ( $n=2$ ) shared the importance of mental health providers acknowledging the intersecting identities of their clients. One participant shared:

To non-Muslim providers – get an understanding from Muslim patients about what it is like to be Muslim from a holistic point of view. Like Islamophobia is one part of it – but there are a lot of other things too. Cultural things, dealing with parents, dealing with co-workers and friends – all of these other things play a role in it too. So looking at it in just one lens isn’t helpful.

The participant also added the importance of understanding the extent to which fear has inhabited the Muslim community. She shared this experience:

My mom was talking to a friend and went over to her house. The friend actually took the phone and put it in the microwave because she thought someone was over hearing her when they were having a conversation. It’s funny but it’s a real perceived threat. I think a lot of people in the Muslim community just genuinely feel like they don’t trust authority. Like their information being taken and privacy issues. It is important to remember – we have all been traumatized a little. So just be mindful of that when you are dealing with Muslim patients.

Overall, participants shared several recommendations to support mental health providers with better supporting the Muslim community. Participants were looking for understanding and non-judgment. Participants also hope that mental health providers make an effort to acknowledge the importance of a client's intersecting identities, while paying close attention to the collective traumas the Muslim community is experiencing.

### **Summary**

In this section, I presented the major findings from eight interviews with members of the Muslim American community in the Bay Area. Participants reflected on the liberal atmosphere that makes the Bay Area unique in comparison to other area of the United States. While many participants felt that this has reduced challenges that they experience as a Muslim American, most participants still reported significant distress in response to day-to-day discrimination based on their religious identification. As this study was conducted with the hopes of better understanding the psychological impact of Islamophobia, a major portion of this chapter was dedicated to the varied emotional responses participants reported. Participants in this study reported high levels of fear, stress, anger and worry about family. A smaller percentage of participants experienced isolation, numbness, and insecurity. The following chapter will analyze and interpret these findings. Additionally, the strengths and limitations of this study will be addressed, as well as suggestions for future research.

## CHAPTER V

### Discussion

The purpose of this study is to explore and analyze the perceived psychological impact of Islamophobia experienced by Muslim Americans. This study emphasized the use of individual narratives, as this qualitative method was often not present in prior literature.

This study demonstrated that the psychological impact of Islamophobia experienced by Muslim Americans can be day-to-day, severe, and pervasive. This chapter discusses the findings in the following order: a) *key findings* that highlight study results and its relationship to previous literature, b) *strengths, limitations* of the study, and *researcher bias*, c) *implications* for social work practice, with an emphasis on how social workers can incorporate the findings from this study and why this is important to the field of social work, and d) *recommendations* for future research.

#### **Key findings: Comparison with previous literature**

This study explored the psychological impact of Islamophobia from the perspective of eight Muslim American participants. The key findings of this study are divided and analyzed in the following sections: psychological suffering and resilience, identity negotiation, and Collective Trauma Theory.

**Psychological Suffering and Resilience.** Muslim Americans have been at the center of heightened prejudice and discrimination following 9/11 and have more recently been scrutinized

more closely following several terrorist attacks from the militant group ISIS claiming the faith of Islam. It is not a surprise that all participants in this study reported that Islamophobia has had a negative effect on their lives, the lives of their family members, and the larger Muslim community. While the extent of the impact of Islamophobia ranged from participant to participant, this study demonstrated that Muslim Americans experienced high levels of stress, anxiety, fear, and anger.

As was mentioned in my literature review, many previous studies had not explored the psychological impact of Islamophobia. Recently, however, a study by Mogahed (2017), in collaboration with the Institute for Social Policy and Understanding (ISPU) titled *American Muslim Poll 2017: Muslims at the Crossroads* were consistent with the data from my study. Mogahed (2017) found that among major faith and non-faith groups (including Jews, Muslims, Catholics, Protestants, and non-affiliated), Muslims experienced the most fear, stress, and anxiety when compared to other groups following the 2016 election. It is easy to understand that the political rhetoric on Trump's campaign trail has created a psychological burden on Muslim Americans. Existing literature has not explored the 'anger' Muslim Americans experience, however discrimination in other marginalized communities have led to a similar response (Lee, J. & Rice, C., 2007).

These psychological responses are likely affecting the Muslim American community in adverse ways in the form of chronic stress, creating greater risk for mental illness and health concerns. The effects of chronic stress are well documented and it has been related to poor mental health outcomes and negative life chances (Araujo & Borrell, 2006). For example, in various marginalized communities, racial or ethnic discrimination leads to elevated stress levels, elevated blood pressure and heart rate, and specific health problems such as hypertension, breast

cancer, and obesity (Anderson, 2013; Brondolo et. al., 2011; Williams et. al, 2008). In addition to physical problems, studies have found that higher levels of discrimination are associated with poorer mental health outcomes in many marginalized communities. Multiple studies have found that these negative mental health outcomes include depression, anxiety, low self-esteem, and post-traumatic stress disorder (Paradies, 2006; Smokowski & Bucallao, 2007; Williams, 2014). Literature has often focused on ethnic or racial groups neglecting Muslim Americans where similar outcomes can be expected. According to my study, it is apparent that participants demonstrate psychological impairment that impacts their day-to-day functioning and overall well-being. Participants often described additional hardships and difficult choices that they have had to make due to their religious identification, such taking alternative routes to get to one's destination in order to avoid being harassed. Similar to the negative mental health outcomes in other various marginalized communities, this study also found that participants reported experiencing depression, anxiety, and low self-esteem. Some participants demonstrated symptoms of post-traumatic stress disorder such as hypervigilance and numbing.

While these participants may fall short of DSM diagnoses based on this interview alone, they still present psychological impairments that require our attention and understanding. These symptoms can create risks that require us as a community to specifically address the symptoms that the Muslim American community exhibits regarding treatment, prevention, and resource allocation. While religious discrimination may increase the likelihood of physical and mental health conditions, protective factors and coping skills can mitigate the negative effects. For example, one's religiosity can serve as a protective factor, a theme that emerged when participants were asked about ways they coped with Islamophobia (Rutter, 1985). As one weighs the risks that the psychological impact of Islamophobia present, one should also consider



strengths and coping skills that may decrease stress and increase overall well-being, as was reflected by participants in this study.

**Identity Negotiation.** The Muslim American population is experiencing day to day traumas that impact their community as a whole often reshaping their identity as they once defined it. This was apparent in the study, as many participants shared experiences during which they felt that they had to hide or modify aspects of their religious identity. Many of the participants reflected on the role that rhetoric following 9/11 had on their early experiences, as this event shined a bright spotlight on the Muslim American community. In fact, more than half of Muslim Americans have stated that it has become more difficult to be Muslim following the 9/11 attacks (PEW Research Center, 2011).

One aspect that has impacted Muslim American identity formation is the negative stereotypes that label Muslims as “terrorists,” “terrorist sympathizers,” or “the enemy.” According to Erikson (1994), “any given trauma may be community and identity disrupting, or community and identity solidifying.” This conceptualization can be applied to the way in which Muslim Americans express and understand their own identity. The participants in this study demonstrated that Muslim Americans are very conscious of these stereotypes surrounding their community. Many participants, who were quite young at the time, felt that 9/11 shaped their identity and societal perceptions of Muslim Americans. Participants reflected on how this event shaped negative images of Muslim Americans who are now paying the price of a few individuals’ extremist acts. In addition, participants were keenly aware about how policies, acts of terrorism by extremists, and media impacted the narrative and image of Muslim Americans. Many participants shared how this has impacted their decision to get more involved in the community.

For some, this narrative has led to pursuing a more inconspicuous form of Muslim identity expression. For example, some women in the study have contemplated removing their hijab, and were encouraged to do so by family members. One participant reflected on how she typically reads a verse in the Quran on Fridays, however when travelling at an airport, felt uncomfortable with this display due to the perception of prejudice from others. Other participants reflected on the fear and anxiety of being a visibly identifiable Muslim by wearing hijab, and how that provoked fear and anxiety for their safety. These themes of appearing “less Muslim” demonstrate a consequence of the fear many Muslims have of being victimized because for their religion. Consistent with this finding, Mogahed (2017) completed a study that found 15% of Muslim women modified their appearance to be less identifiable as a member of the Muslim community. This impacts one’s expression of their religion, as it depletes the integrity of one’s identity. On the other hand, participants in this study also shared that they have sought out opportunities to combat stereotypes by being more involved in the community and advocacy. Some participants also reflected on how Islamophobia has impacted their decision to become involved in the field of social work or politics, demonstrating a desire for those in the Muslim community to impact society with their voices and regain authority and control regarding the narratives about their identity. Muslim Americans in this study appear to be responding to discrimination with resilience and resistance.

The identities of Muslim Americans are being shaped by their perceptions of how others feel about them. The constant Islamophobia and the current political climate has stripped many Muslim Americans of pride in who they are, leading to a void in identity expression. At the same time many Muslim Americans in the study are also feeling empowered to retake their narrative by becoming more involved in the community and taking on professions that would allow them

to do so. While Islamophobia negatively impacts Muslim Americans, the participants in this study still expressed hope that the future could be better.

**Collective Trauma Theory.** According to Alexander (2004), collective trauma occurs when “members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways.” Current literature has not yet discussed the experience of Muslim Americans under the perspective of Collective Trauma Theory likely because it is currently unfolding each and every day. Still, participants from my study demonstrated that not only are Muslim Americans feeling marginalized as individuals but also as a community. Islamophobia has undoubtedly disrupted the collective way of life for those in the Muslim American community. Examples of this include the several incidents during which mosques have been targeted, and burned, and people have rioted around them. As was demonstrated in the study, Muslim Americans did not necessarily need to experience an acute instance of Islamophobia to feel unsafe or threatened. For example, many participants shared having experienced fear around travel after President Trump introduced his travel ban geared towards Muslim majority countries, even if they themselves were not from a country with a travel ban. This process demonstrated that members of the Muslim American community experienced a group identity that was being victimized. As Fisher writes, “a history of suffering as re-membered, with all its collectively shared emotional charge, serves to perpetuate group identity” (pg. 49, 1998). This is demonstrated here, where the entire Muslim American population felt their liberties were threatened, and thus experienced a collective shared trauma with other Muslim Americans who were also threatened.

Historically, this phenomenon has occurred several times in the U.S., where marginalized populations have previously been targeted and openly discriminated against. For example, Japanese Americans during World War II were forced into internment camps (Peterson, 2004). This led to broken families and lost property (Saito, 2001). Japanese Americans were unwanted in communities, as many signs read, “no Japs wanted” (Peterson, 2004). This cultural traumatization impacted Japanese Americans who lost their autonomy and fractured their identity as they once knew it (Saito, 2001). The Muslim American community has also been scrutinized for their identity, similar to the experience of Japanese Americans who were also scrutinized for their identity. The ways in which these groups are treated create an ‘othering’ – “the ranking and hierarchizing of others for the purposes of domination and exploitation (Omi & Winant, 2014). The process of ‘othering’ is not benign as it involves the justification of subordinate status, unequal treatment, oppression and exploitation in numerous forms (Omi & Winant, 2014). Participants reflected on this process by sharing high levels of stress and frustration regarding legal procedures at airport security lines where Muslims or Muslim appearing individuals are often subject to a lengthy screening. Although the participants in this study identify as American, this aspect of their identity is being ignored and invalidated, and the Muslim identity becomes central in how they are perceived and treated. Similar to Japanese Americans during WWII, Muslim Americans share a collective trauma due to the adverse impact from the questioning of their legitimacy living in the U.S.

In the process of experiencing Islamophobia on a collective level, Muslim Americans in the study often described their faith and identity in a communal sense –sharing worry about family members or the safety of Muslims in other parts of the country. Because of this collective shared trauma, Muslim Americans are not only dealing with their own suffering, but they are

also taking on the suffering of others within the community. An example of this is when multiple participants in the study described depressed moods after reading about hate crimes towards fellow Muslims. It is not uncommon to observe that when one person experiences an instance of discrimination, the entire community is affected whether they knew the person or not. On the other hand, this shared collective trauma has strengthened some participants bonds to other Muslim Americans, as many participants leaned on friends and family members during this time to grieve, process, and heal from the traumas inflicted by Islamophobia. This demonstrated that Muslim Americans utilized their community to begin the process of recovering, revealing the power collective healing can have within a group that is traumatized. The adverse impact of Islamophobia within the Muslim American community demonstrates how shared traumas victimize group identity. It also demonstrates the ways in which a traumatized group can utilize the community as a resource for healing. This application and understanding of collective trauma emphasizes both the larger scale impact that Islamophobia presents to the Muslim American community, as well as the value of the Muslim community as a collective unit. It will be important for social workers to understand the importance of this collectivity, and in that process, consider both individual and community resources to create opportunity for complete healing.

### **Strengths, Limitations & Researcher Bias**

**Strengths.** This study had many strengths, with the most notable one being the unique opportunity that this allowed Muslim Americans to narrate their own individual experiences in response to Islamophobia. My identity as a Muslim American allowed me to maintain an in-group identity with participants, which I believe increased their trust and comfort level during interviews. This may have also allowed participants to be more transparent during the interview process. Additionally, this study highlights the ways in which Islamophobia impacts Muslim

American individuals and their community during a particular time in history when U.S. policies have been very politicized regarding Muslim Americans.

**Limitations.** There are several limitations to the data and data analysis presented in this study. One major limitation is the lack of generalizability regarding these findings. This is largely due to the small sample size of eight participants. Additionally, these participants all identified as U.S. citizens and it is reasonable to assume that the experience of non-U.S. citizens may differ from the perspectives of U.S. citizens included in this study. In fact, it is plausible that non-U.S. citizens did not feel comfortable sharing their experiences within the context of the study due to the political rhetoric and lack of safety experienced by some Muslims before and after the election of President Trump. It is also possible that the recruitment for this study, which began approximately one week after President Trump placed an executive order for his travel ban, may have impacted some Muslim American's willingness to participate in this study. This may explain why individuals who were willing to participate in the study identified their ethnicity from India, Pakistan, and Fiji – countries not on the travel ban. In addition, one participant withdrew from the study due to fears of this data being accessed by the government, demonstrating a perspective some Muslim Americans may have had regarding the content and timing of this study, in addition to their privacy. Participants in this study were relatively young as their ages ranged from 18-36, also presenting a limitation. This limits the perspectives to individuals whose core identity was being developed during and after 9/11. Also, seven of the eight participants in this study identified as women, which can be seen as a limitation. As part of the requirements for the study, participants were required to be fluent in English. This selection criterion excluded members of the diverse Muslim American who are fluent in other languages.

It is also important to consider the impact of Islamophobia based on geographical location. For example, all participants in this study lived in the Bay Area, a mostly liberal and open-minded part of the U.S. Participants repeatedly referred to the Bay Area as a “bubble,” suggesting the unique acceptability that this area is known for. Participants from other areas of the U.S. may have differing responses.

Apart from the lack of diversity within the sample and small sample size in this study, it is important to mention that this data are cross sectional and only represents experiences at one time. It is also critical to report that Muslims include a heterogeneous group of individuals that encompass the beliefs of many cultures and sub-cultures. While it is anticipated that the data collected in this study will support mental health providers with outreach and culturally informed psychotherapy with Muslim Americans, all variations of beliefs cannot be accounted for in this small-scale study, and broad generalizations extracted from this data should be avoided.

**Researcher Bias.** As I had discussed earlier in the study, this research has been conducted using my own insight regarding the experiences of the Muslim American community. As a Muslim American woman myself, there is a high chance of bias based on this perspective. To reduce researcher bias and increase reliability of this data, I held a peer debriefing with two colleagues to monitor for bias. The feedback was utilized to enhance credibility and ensure validity, however it is impossible to eliminate researcher bias entirely.

### **Implications for Social Work Practice**

The field of social work is committed to social justice for all individuals, with dedication to oppressed and vulnerable populations (National Association of Social Work Code of Ethics, 2008). Social workers are expected to promote social change and increase individual and societal well-being (National Association of Social Work Code of Ethics, 2008). Given the challenges

experienced by Muslim Americans, social workers should be committed to paying particular attention to the Muslim American community through forms of direct clinical practice, community organizing, supervision, advocacy, social and political action, policy development and implementation, education, research and evaluation (National Association of Social Work Code of Ethics, 2008).

The findings presented in this study allow social workers to develop a nuanced understanding of the Muslim American experience, particularly during a time when discrimination to this group is at an all-time high. As was demonstrated in the findings, Muslim Americans report that they are experiencing psychological distress due to Islamophobia. This data demonstrates that specific forms of psychological distress were more profound in this sample – such as anxiety, fear, anger, and stress. In addition to individual responses, Muslim American identity and belonging have all been impacted as a result of discrimination. This information allows mental health providers and advocates of the Muslim American community insight into these challenges and specific ways that psychological distress may manifest. The findings from this study demonstrate the obstacles that religious discrimination inflicts on Muslim Americans, and allows mental health providers some data and literature to reflect on when working with individuals from this community. It is important that social workers understand the ways in which Islamophobia affects Muslim Americans, their identities, and their community.

Social workers are encouraged to complete thorough assessments to fully evaluate the extent to which their Muslim American client is suffering from the negative impacts of Islamophobia. Due to the presence of stigma regarding mental health in the Muslim American population, some Muslim Americans may struggle to identify or discuss the psychological



impact of Islamophobia. Social workers should continue assessing for the negative impact of Islamophobia, and should consider that clients may demonstrate distress in the form of somatic concerns. The toxic stress experienced by Muslim Americans may lead to physical health conditions, thus, a social worker should also consider a referral to a physician.

As was discussed earlier in this chapter, Muslim Americans are experiencing the negative effects of Islamophobia both on an individual and collective level. When working with a Muslim American client, mental health providers should not make assumptions regarding each individual's experience. Mental health providers should maintain awareness about supporting the Muslim American community as a whole. I would recommend building an alliance with local mosques and Muslim organizations in order to integrate clinical social work by imbedding these services into the Muslim American way of life. This culturally sensitive intervention would meet the specific needs of the Muslim American community and provide opportunity for a more individualized approach depending on cultural intersectionality in addition to one's faith.

As was shared by participants in the study, it is essential for the field of social work to do a thorough job at recruiting mental health providers who identify as Muslim, particularly in communities that have a dense population of Muslim Americans. This could provide an opportunity for those in the Muslim American community to turn towards mental health services that they may otherwise be less likely to do.

### **Conclusion and Recommendations for Future Research**

This study has chronicled the narratives regarding the impact of Islamophobia for eight Muslim Americans during a social political climate when their religious identity is being highly scrutinized. This study identified that the pervasiveness of Islamophobia impacted individuals psychologically and collectively. Individuals in this study shared the various emotional responses

they experienced as a result of Islamophobia – highlighting the chronic stress Muslim Americans are experiencing as a result of discrimination. Additionally, participants are also experiencing a collective shared trauma as their belonging in American society has been put into question.

While this study has offered Muslim Americans in the Bay Area an opportunity to narrate their own individual experiences of Islamophobia, several opportunities for further research remain.

As was discussed in earlier chapters of this study, the psychological experience of Islamophobia within the Muslim American community has largely been neglected in past research. While this study offers data and analysis to begin bridging this gap in literature, there are still several areas of research that could be considered.

**Recommendations.** I would recommend a larger recruitment of a similar study to this to include multiple geographical locations so that political influences depending on where one lives could be explored. I would recommend recruiting individuals that, unlike my study, spoke languages other than English to build upon the findings from this study. This would allow for a more diverse sample.

In addition, this cross-sectional study was completed during a time when hostility towards Muslim Americans was at an all-time high. I would consider a longitudinal study to compare and contrast the psychological impact of Islamophobia over time. I would be interested in seeing how the psychological impact of Islamophobia changes over time and in different contexts. For example, how will responses differ when we elect a different president in the future, particularly if that president does not hold overt Islamophobic perspectives?

This study offered minimal diversity in terms of ethnic, racial, and cultural intersections. As we know, the religion of Islam encompasses multiple different identities. A study could focus on exploring the intersections of religious based discrimination with racial discrimination. For

example, one could focus on the experience of Black Muslim Americans whose experience of discrimination are two fold, both based on racial and religious identities.

Lastly, I would recommend a study that compares and contrasts the experiences of visibly identifiable Muslim women and non-visibly identifiable Muslim women. As many women in this study brought up, their identity as a visibly identifiable Muslim woman who wears a hijab made many feel unsafe – so much so that some contemplating removing it. It would be interesting to see how one's experience of overt and covert forms of Islamophobia is similar or different based on being a visibly identifiable Muslim.

## References

- Abou El Azayem, G., & Hedayat-Diba, Z. (n.d.). The International Journal for the Psychology of Religion. Retrieved October 12, 2016, from [http://www.tandfonline.com/doi/abs/10.1207/s15327582ijpr0401\\_6](http://www.tandfonline.com/doi/abs/10.1207/s15327582ijpr0401_6)
- Alexander, Jeffrey C., Ron Eyerman, Bernard Giesen, Neil J. Smelser, and Piotr Sztompka. Cultural Trauma and Collective Identity, edited by Jeffrey C. Alexander, et al., University of California Press, 2004. ProQuest Ebook Central,.
- Allen, C. (2010). Islamophobia. Farnham, Surrey: Ashgate.
- 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.
- Ameli, S.R., Marandi, S. M., Ahmed, S., Kara, S. & Merali, A. (2007). *The British Media and Muslim Representation: The Ideology of Demonisation*. London: Islamic Human Rights Commission.
- Amer, M.M. (2005). Arab American mental health in the post September 11 era : Acculturation, stress, and coping. Retrieved November 21, 2016, from <http://europepmc.org/theses/ETH/6540>
- Amri, S., & Bemak, F. (2013). Mental health help-seeking behaviors of Muslim immigrants in the United States: Overcoming social stigma and cultural mistrust. *Journal of Muslim Mental Health*, 7(1).
- Anderson, K. F. (2013). Diagnosing discrimination: Stress from perceived racism and the mental and physical health effects. *Sociological Inquiry*, (83), 55–81. doi: 10.1111/j.1475-682X.2012.00433.x

- Araújo, B. Y., & Borrell, L. N. (2006). Understanding the link between discrimination, mental health outcomes, and life chances among Latinos. *Hispanic Journal of Behavioral Sciences*, 28(2), 245-266.
- Baker, P., & Liptak, A. (2017, June 05). Trump Doubles Down on Original 'Travel Ban'. Retrieved June 13, 2017, from <https://www.nytimes.com/2017/06/05/us/politics/trump-travel-ban.html>
- Banks, K. H., Kohn-Wood, L. P., & Spencer, M. (2006). An examination of the African American experience of everyday discrimination and symptoms of psychological distress. *Community Mental Health*, 42(6), 555–570. doi:10.1007/s10597-006-9052-9.
- Brody, G. H., Chen, Y. F., Murry, V. M., Ge, X., Simons, R. L., Gibbons, F. X., Gerrard, M., & Cutrona, C. (2006). Perceived discrimination and the adjustment of African American youths: A five-year longitudinal analysis with contextual moderation effects. *Child Development*, 77(5). doi:10.1111/j.1467-8624.2006.00927.x.
- Brondolo, E., Love, E. E., Pencille, M., Schoenthaler, A., & Ogedegbe, G. (2011). Racism and hypertension: a review of the empirical evidence and implications for clinical practice. *American journal of hypertension*, 24(5), 518-529.
- CAIR California Civil Rights Report (2015). Council on American Islamic Relations. Retrieved October 1, 2016, from <https://ca.cair.com/sfba/wp-content/uploads/2016/07/CAIR-CA-2016-Civil-Rights-Report.pdf>
- Choi, Y., Harachi, T. W., Gillmore, M. R., & Catalano, R. F. (2006). Are multiracial adolescents at greater risk? Comparisons of rates, patterns, and correlates of substance use and violence between monoracial and multiracial adolescents. *The American Journal of Orthopsychiatry*, 76(1), 86–97. doi:10.1037/0002-9432.76.1.86.

- Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American psychologist*, 54(10), 805.
- Cluck, A. E. (2012). Islamophobia in the post-9/11 United States: Causes, manifestations, and solutions (Unpublished master's thesis).
- Davies, M. W., & Sardar, Z. (2003). *Why Do People Hate America?*. Icon Books Limited.
- Esposito, J. L., & Kalin, I. (2011). Islamophobia: The challenge of pluralism in the 21st century. Oxford: Oxford University Press.
- Fisher, G. (1998) *The Mindsets Factor in Ethnic Conflict*. Intercultural Press. Yarmouth, Maine. pp. 37-62.
- Gallup, Inc. (2009). *Religious Perceptions in America: With an In-Depth Analysis of U.S. Attitudes Toward Muslims and Islam*. <http://www.gallup.com/se/ms/153434/englishfirst-pdf-test.aspx> (accessed September 23, 2016).
- Hodge, D., Zidan, T., Husain, & Altaf. (2015). Depression among Muslims in the United States: Examining the role of discrimination and spirituality as risk and protective factors. *Social Work*, 61(1)
- Ingraham, C. (2016.). Donald Trump is bringing anti-Muslim prejudice into the mainstream. Retrieved November 01, 2016, from <https://www.washingtonpost.com/news/wonk/wp/2016/08/01/Donald-trump-is-bringing-anti-muslim-prejudice-into-the-mainstream/>
- Lee, J. J., & Rice, C. (2007). Welcome to America? International student perceptions of discrimination. *Higher education*, 53(3), 381-409.
- Levine, R. S., Foster, J. E., Fullilove, R. E., Fullilove, M. T., Briggs, N. C., Hull, P. C., ... & Hennekens, C. H. (2001). Black-white inequalities in mortality and life expectancy,

- 1933-1999: implications for healthy people 2010. *Public health reports*, 116(5), 474.
- Liptak, A. (2017, June 12). Trump Loses Travel Ban Ruling in Appeals Court. Retrieved June 13, 2017, from [https://www.nytimes.com/2017/06/12/us/politics/trump-travel-ban-court-of-appeals.html?\\_r=0](https://www.nytimes.com/2017/06/12/us/politics/trump-travel-ban-court-of-appeals.html?_r=0)
- Miller, W. R., & Thoresen, C. E. (2003). Spirituality, religion, and health: An emerging research field. *American psychologist*, 58(1), 24.
- Mogahead, D. (2017). American Muslim Poll: Muslims at the Crossroads. Retrieved from <http://www.ispu.org/wp-content/uploads/2017/03/American-Muslim-Poll-2017-Report.pdf>
- National Center for Health Statistics (US. (2007). Health, United States, 2007: With chartbook on trends in the health of Americans.
- Noh, S., & Kaspar, V. (2003). Perceived discrimination and depression: Moderating effects of coping, acculturation, and ethnic support. *American Journal of Public Health*, 93, 232-238.
- Omi, M., & Winant, H. (2014). *Racial formation in the United States*. Routledge.
- Paradies, Y. (2006). A systematic review of empirical research on self-reported racism and health. *international Journal of Epidemiology*, 35(4), 888-901.
- Patel, N, Bennett, E, Dennis, M, Dosanjh, N, Matitani, A, Miller, A and Nadirshaw, Z. 2000. Clinical Psychology: 'Race' and 'Culture': A training manual, Leicester: The British Psychological Society.
- Peterson, T. (2004). *Japanese Americans*. Capstone Classroom.
- Read, J. N. G. (2008). Discrimination and identity formation in a post-9/11 era. *Race and Arab Americans before and after 9/11: From invisible citizens to visible subjects*, 305-17.

- Richardson, R. (2004). *Islamophobia: Issues, challenges and action. A report by the Commission on British Muslims and Islamophobia*. Great Britain: Trentham Books.
- Rutter, M. (1985). Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. *The British Journal of Psychiatry*, 147(6), 598-611.
- Saeed, A. (2007), Media, Racism and Islamophobia: The Representation of Islam and Muslims in the Media. *Sociology Compass*, 1: 443–462. doi:10.1111/j.1751-9020.2007.00039.x
- Saito, N. T. (2001). Symbolism Under Siege: Japanese American Redress and the Racing of Arab Americans as Terrorists. *Asian LJ*, 8, 1.
- Shaban, F. (1991). *Islam and Arabs in early American thought: Roots of orientalism in America*. Durham, NC: Acorn Press.
- Sheridan, L.P. (2006). Islamophobia Pre-and Post-September 11th, 2001. *Journal of Interpersonal Violence*, 21, 317-336.
- Smith, J. I. (2010). *Islam in America*. New York: Columbia Univ. Press.
- Steinberg, D.M. (2015, 2nd Ed.). *The social work student's research handbook*. New York: The Haworth Press, Inc.
- The Pluralism Project (2013). Harvard University. Retrieved October, 2016, from <https://pluralism.org/research-report/post-9-11-hate-crime-trends-muslims-sikhs-hindus-and-jews-in-the-u-s>
- Thrush, G. (2017, March 06). Trump's New Travel Ban Blocks Migrants From Six Nations, Sparing Iraq. Retrieved June 13, 2017, from <https://www.nytimes.com/2017/03/06/us/politics/travel-ban-muslim-trump.html>



- Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: evidence and needed research. *Journal of Behavioral Medicine*, 32(1), 20.  
<http://doi.org/10.1007/s10865-008-9185-0>
- Williams, M., Malcoun, E., Sawyer, B., Davis, D. M., Bahojb-Nouri, L. V., & Leavell Bruce, S. (2014). Cultural Adaptations of Prolonged Exposure Therapy for Treatment and Prevention of Posttraumatic Stress Disorder in African Americans. *Journal of Behavioral Sciences - Special Issue: PTSD and Treatment Considerations*, 4(2), 102-124.
- Workers, N. A. (2008). *NASW Code of Ethics (Guide to the Everyday Professional Conduct of Social Workers)*. Washington, DC: NASW.
- Younis, M. (2015, November). Perceptions of Muslims in the United States: A Review. Retrieved October, 2016, from  
[http://www.gallup.com/opinion/gallup/187664/perceptions-muslims-united-states-review.aspx?g\\_source=MUSLIM\\_STUDIES&g\\_medium=topic&g\\_campaign=tile](http://www.gallup.com/opinion/gallup/187664/perceptions-muslims-united-states-review.aspx?g_source=MUSLIM_STUDIES&g_medium=topic&g_campaign=tile)
- Zarrugh, A. (2016) *Racialized political shock: Arab American racial formulation and the impact of political events*. *Ethnic and Racial Studies* 0:0, pages 1-18.

## Appendix A

### Human Subject Committee Approval Letter



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**School for Social Work**  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

February 6, 2017

Areza Ali

Dear Areza,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Pearl Soloff, Research Advisor

## **Appendix B**

### **Recruitment Email**

Hello,

My name is Areeza Ali. I am contacting you for support with recruiting participants for my Master's Thesis for Smith College School of Social Work. I am conducting a study that explores the perceived psychological impact of Islamophobia on Muslim Americans. This data will allow mental health providers and advocates for the Muslim community to develop a deeper and more nuanced understanding of the unique mental health challenges and needs of the Muslim community. The interview process involves an in person interview that is one hour in length.

In order to be eligible for this study, participants will need to:

- (a) self identify as a Muslim American
- (b) be an adult age 18 and up
- (c) be able to read, write, and speak English
- (d) be living in the Bay Area
- (e) be willing to discuss their experiences of religious discrimination and the impact this has had on one's mental health

If possible, I would really appreciate if you could post the attached flyer either online or in the next newsletter. The data from this study has the potential to illuminate the mental health needs of the Muslim population here in the Bay Area. This information has the potential to improve mental health services those in the Muslim population.

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Thank you for your time!

Areeza Ali  
MSW Candidate  
Smith College School for Social Work

## Appendix C

### Participant Recruitment Flyer

A flyer with a teal background. At the top, two overlapping speech bubbles are shown. The left bubble is light blue with a yellow border and contains the text "Research Participants Needed". The right bubble is a darker blue and contains the text "What is the psychological impact of Islamophobia?". Below the bubbles, the text "Looking for participants for my MSW Thesis" is centered. A dashed line separates this from a light blue box containing a list of five qualifications. Another dashed line separates this from the contact information "If you are interested, please email me at aali@smith.edu". At the bottom, in small text, it states that the study protocol has been reviewed and approved by the Smith College School for Social Work Human Subject Committee (HSRC).

**Research Participants Needed**

**What is the psychological impact of Islamophobia?**

**Looking for participants for my MSW Thesis**

**To qualify for this study, you will need to**

- (a) identify as Muslim-American
- (b) age 18 or older
- (c) be able to read, write, and speak English
- (d) be living in the Bay Area
- (e) be willing to discuss experiences of religious discrimination and how this has impacted your mental health

**If you are interested, please email me at [aali@smith.edu](mailto:aali@smith.edu)**

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subject Committee (HSRC)

## Appendix D

### Facebook Recruitment

Dear Facebook community,

I need your support with recruiting participants for my Master's Thesis for Smith College School of Social Work. I am conducting a study that explores the psychological impact of Islamophobia on Muslim Americans. This data would allow mental health providers and advocates for the Muslim community to develop a deeper and more nuanced understanding of the unique mental health challenges and needs of the Muslim community. Due to ethical concerns, I am unable to interview family and friends, however I would greatly appreciate if you could share or forward this message to those who may be interested. The interview process includes an in person interview that is one hour in length.

In order to be eligible for this study, participants will need to:

- (a) self identify as a Muslim American
- (b) be an adult age 18 and up
- (c) be able to read, write, and speak English
- (d) be living in the Bay Area
- (e) be willing to discuss your experiences of religious discrimination and the impact this has had on one's mental health

If you are interested, please email me at [REDACTED]. This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Thank you for your time!

Areza Ali

## Appendix E

### Letter of Informed Consent



2016-2017

Consent to Participate in a Research Study  
Smith College School for Social Work □ Northampton, MA

.....  
**Title of Study:** A qualitative study that explores, illuminates, and provides narrative to the psychological impact Muslim Americans experience in response to Islamophobia.

**Investigator(s):** Areeza Ali: [REDACTED]

.....

#### Introduction

- As an Muslim American woman and mental health provider, I am hoping to increase my understanding of the mental health needs of the larger Muslim community by conducting a qualitative study that explores the psychological impact of Islamophobia. You were selected as a potential participant because you self identify as an American-Muslim, are of at least 18 years of age, live in the Bay Area, and are able to read, write and speak in English. If you do not identify as an American-Muslim, are under 18 years of age, or are unable to read, write, or speak in English, you are ineligible for this study. I appreciate your time. I ask that you read this form and ask any questions that you may have before agreeing to be in the study.

#### Purpose of Study

- The purpose of this study is to explore and analyze the psychological impact of Islamophobia experienced by Muslim Americans. This study intends to allow Muslim Americans a unique opportunity to narrate and share their individual experiences of discrimination with an emphasis on how widespread Islamophobia has impacted their psychological well-being
- This study is being conducted as a research requirement for my master's degree in social work at Smith College.
- Ultimately, this research may be published or presented at professional conferences.

#### Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things: sign this consent form stating that you understand the procedures of this study, schedule a date, time, and location for an interview that is convenient for both the participant and the researcher, and complete an in person semi-structured interview that will last for approximately one hour.

#### Risks/Discomforts of Being in this Study

- The risks for participants include the possibility that some of the interview questions could trigger potentially distressing memories and emotions. At the end of each interview, I will provide you with a list of supportive

resources available in Northern California as a response to the risks that are present with participating in this study.

### **Benefits of Being in the Study**

- The benefits for participants in this study include the following opportunities: social-emotional benefits from voicing one's experience of Islamophobia and its psychological impact as a result of discrimination, directly impacting the Muslim community positively by illuminating mental health needs that have been largely neglected in contemporary studies, and gaining insight the mental health needs of the Muslim community.
- The data gathered in this study will add to the limited and slowly developing body of knowledge currently available regarding the perceived psychological impact of discrimination towards Muslim Americans and will inform mental health professionals to better serve the Muslim community. It is essential for mental health providers to recognize and understand the spectrum of discrimination Muslim Americans experience in their everyday lives from microaggressions to extreme hate crimes. This study also hopes to encourage mental health providers to increase awareness into their own potential biases and stereotypes of Muslim Americans. This will allow mental health providers and Muslim advocates to develop a deeper and more nuanced understanding of the unique mental health challenges and needs of the Muslim community.

### **Confidentiality**

- Your participation will be kept confidential. I will meet you in a private location that makes you feel comfortable; for example a study room in a library. *In addition*, the records of this study will be kept strictly confidential. I will ensure your privacy by keeping this consent form and the audio recording device with the recorded interview in a locked cabinet where only I can access this information. All electronic information will be coded and secured using a password-protected file.
- All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

### **Payments/gift**

- You will not receive any financial payment, however I am truly grateful for your participation in this study.

### **Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you. You may refuse to answer any question or withdraw from the study *at any time* without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. If this is an interview and you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email by April 2017. After that date, your information will be part of the thesis or final report.

### **Right to Ask Questions and Report Concerns**

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Areeza Ali at [REDACTED] or by telephone at [REDACTED]. If you would like a summary of the study results, please inform me via email with your mailing address. This will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

### **Consent**

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep. You will also be given a list of referrals and access information if you experience emotional issues related to your participation in this study.

.....

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

.....

**1. I agree to be [audio] taped for this interview:**

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

**2. I agree to be interviewed, but I do not want the interview to be taped:**

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_



## Appendix F

### Mental Health Resources

#### ALAMEDA COUNTY

- **Axis Community Health Mental Health Services**
  - (925) 201-6240
  - [www.axishealth.org/http://www.axishealth.org/  
http://www.axishealth.org/](http://www.axishealth.org/)
- **City of Fremont Youth and Family Services**
  - (510) 574-2100
  - [www.ci.fremont.ca.us/Community/Parents/YFS.htm](http://www.ci.fremont.ca.us/Community/Parents/YFS.htm)
- **Crisis Support Services of Alameda County**
  - 800-309-2131 (800-SUICIDE)
  - [www.crisissupport.orghttp://www.crisissupport.org](http://www.crisissupport.org)

#### CONTRA COSTA COUNTY

- **Northern California Family Center**
  - 925-370-1990
- **Touchstone Counseling Services**
  - 925-932-0150
  - [www.touchstonecounseling.comhttp://www.touchstonecounseling.com](http://www.touchstonecounseling.com)

<http://www.touchstonecounseling.com>

#### MARIN COUNTY

- **MARIN CCMHS: Adult Outpatient Therapy**
  - 415-499-6835
  - [www.co.marin.ca.us/depts/HH/main/mh/index.cfmhttp://www.co.marin.ca.us/depts/HH/main/mh/index.cfm](http://www.co.marin.ca.us/depts/HH/main/mh/index.cfm)
- **Community Institute for Psychotherapy**
  - 415-459-5999, ext. 101
  - [www.counselingcip.orghttp://www.counselingcip.org](http://www.counselingcip.org)

<http://www.counselingcip.org>

#### SAN FRANCISCO COUNTY

- **Bayview Hunter's Point Children's Outpatient Services**
  - (415) 648-5785
- **South of Market Mental Health Services | Integrated Service Center**
  - (415) 836-1700
- **Tenderloin Outpatient Clinic**

- o (415) 673-5700

**SAN MATEO COUNTY**

- **North Peninsula Family Alternatives (NPFA)**
  - o (650) 877-8642
  - o [www.ymcasf.org/Peninsula/community.html](http://www.ymcasf.org/Peninsula/community.html)
- **Youth & Family Enrichment Services (YFES)**
  - o 24-hour crisis line: 650-579-0350
  - o 650-591-9623
  - o [www.yfes.org](http://www.yfes.org)

**SANTA CLARA COUNTY**

- **Downtown Mental Health Center**
  - o (408) 299-6175
  
- **Fair Oaks Mental Health**
  - o (408) 555-5987

## Appendix G

### Semi-Structured Interview Guide

1. What is your age?
2. What is your self-identified gender?
  - a. Male
  - b. Female
  - c. Transgender
  - d. Other
3. How do you identify your ethnicity?
4. How would you describe your experience as a Muslim living in America today?
5. Are there any particular challenges that you experience?
6. How do you feel that discrimination based on your identity as a Muslim has affected you emotionally?
7. Have you felt isolated as a result of discrimination? If so, how does that make you feel?
8. How do you feel that the events of 9/11 have impacted you?
9. Have you experienced any fears as a result of discrimination? Can you please elaborate?
10. Have you experienced any anxieties as a result of the discrimination? Can you please elaborate?
11. Have these experiences led to stress in areas of work and or school? If yes, elaborate about how it affects you.
12. Have these experiences led to stress regarding your family? If yes, elaborate about how it affects you.
13. Have these experiences led to stress in social relationships? If yes, elaborate about how it affects you.
14. Have you experienced anger or irritability as a result of the discrimination? Can you please elaborate?
15. Have you experienced depressed moods as a result of the discrimination? Can you please elaborate?
16. How does it impact you when you see negative stereotypes about Islam or Muslims in the media?
17. How have you felt hearing about the increase of anti-Muslim sentiment in the U.S?
18. How do you feel about such sentiment coming from the Trump Administration?
19. How do experiences of discrimination impact your sense of safety in society?
20. How do you cope with these challenging experiences?