Impact and Effects of Islamophobia and Coping Strategies for Muslims in Canada: An Annotated Bibliography

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Preface[1]

While in everyday language we use the word "cope" or "coping" to mean how someone handled something difficult, the term "coping" is used in the mental health profession with domain-specific meanings that are connected to patient diagnosis and treatment. The American Psychological Association defines coping as: "the use of cognitive and behavioral strategies to manage the demands of a situation when these are appraised as taxing or exceeding one's resources or to reduce the negative emotions and conflict caused by stress." (https://dictionary.apa.org/coping)

Algorani and Gupta (2023) point out that "coping" actions are conscious strategies, distinguished from subconscious or unconscious responses. Coping responses can be positive (comfort from family/friends, solace from religiosity, asserting one's identity, increased civic or political engagement), or negative (fear, anxiety, depression, sadness and anger, PTSD, hiding one's identity.) Medical research establishes that positive coping strategies are connected to mental and physical well-being; negative coping strategies are connected to the opposite – poor mental and/or physical well-being (Algorani and Gupta 2023). Algorani and Gupta (2023) summarise

[1] Thanks to Sanaa Ali-Mohammad, Emad Alarashi, Ayeshah Haque, Sabah Ghouse, and Dr Andrew McLean for feedback on the methods and formatting of the annotated bibliography.

coping "measurement scales" clinicians turn to in patient assessment. They argue it is important in treating a patient to know this profile because it influences treatment that helps a person heal.

Algorani and Gupta's (2023) brief summary of what "coping" means from the point of view of medical experts does not explore the stressors and triggers that patients are responding to. There is a consensus in the scholarly literature, especially from the medical sector that, "experiencing discrimination and racism is associated with negative health outcomes such as depression, anxiety and symptoms of posttraumatic stress disorder (Abu-Ras and Suarez 2009, 48)." This applies to children as well, where scholars conclude that "sustained exposure to discrimination has effects that adversely impact mental and physical health and child development (Arioan, 2012)."

The forms of discrimination against Muslims known as "Islamophobia" or "anti-Muslim racism" are no different. Although anti-Muslim racism existed before 9/11, there are very few studies about how Muslims cope with Islamophobia, especially for Canada. Scholars point to the fallout from 9/11 as a "collective trauma." (Zine 2022, 14.) Colleen Lundy (cited in Elkassem, S., et al 2018), professor emeritus at Carleton University, argued in 2011 that during this post 9/11 era of overt systemic discrimination against Muslims, the social work profession in Canada has been ominously silent in the way they respond to clients who may be impacted by Islamophobia. Sara Ali and Rania Awaad (2019) and Andrew J. McLean (2019, 361) in their chapters in a unique book entitled *Islamophobia and Psychiatry Recognition, Prevention, and Treatment* maintain that "Islamophobia should be conceptualized as a public health threat to Muslim Americans (Ali and Awaad 2019, 377)."

Social scientists from diverse disciplines such as criminology, political science, sociology, and women's studies are also exploring how Muslims cope with Islamophobia. They may not use psychological medical scales in their research, nor examine "coping" from the same point of view as a mental health expert, yet they are covering the same ground, using different methodologies and theoretical insights. Usually based on qualitative interviews, they explore with their participants everyday life experiences of Muslims facing discrimination. They collect stories of what is happening on the ground, how incidents make a person think and feel, and what they did or did not do in response. Qualitative based stories of "this happened to me" are crucial to understanding the phenomena of racism and its impacts and effects – especially in a context of denial from dominant groups, some of whom claim, "there is no Islamophobia in Canada." No solution is possible without this knowledge. In addition to using the word "coping," albeit in a non-technical way, social science scholars will also use words such as "counter," "reaction," or "response."

Social scientists make a valuable contribution to dealing with the issue of Islamophobia by being able to place individuals' experiences in the socio-political context in which we live: a society

whose power relations are shaped around white privilege (amongst others including class and gender). Systemic, institutional and individual everyday racisms (Essed 1991) exclude, demean, belittle and harm racialised minorities, including Muslims. Psychologists assess and develop treatment plans for an individual to help them cope. This support is essential for individuals facing racism to help them turn to positive coping strategies. The Muslim community needs to develop diagnosis and treatment plans that pull from our tradition as well as secular best practices. There are pioneers working on this (Awaad 2015; Keshavarzi et al 2020).

But as a doctor once told me, in the long run this is unfair. It makes the victim responsible for their healing. In the end systemic racism needs to be tackled so that we do not need to teach people how not to be damaged by it.

The Institute of Muslim Mental Health Canada is contributing to community well-being through a knowledge hub that includes this annotated bibliography. The idea is to collect in one place academic literature focused on coping so that practitioners, academics, policymakers, and community members have easy access to the relevant literatures. I have curated this bibliography from both medical and social science literatures. I am grateful for the research and annotation assistance of Sabah Ghouse, Humairaa Karodia and Radiyyah Karodia. As well as reference tracking in articles we read, we searched various databases including the University of Toronto Library Catalogue (Canada's largest academic library system, and the fourth largest in North America), GoogleScholar, ProQuest, and Scopus, using keywords "Islamophobia and Canada," "coping and mental health," "coping and Islamophobia," "coping and racism." The dearth of literature on this topic, only 13 for Canada, 5 of which are post-graduate thesis, shows how much research still needs to be done in what is an emerging field of enquiry. This is a living document that will be updated periodically as new material is published or found.

The annotations are not the abstracts provided by the authors, rather summaries that pull out the main arguments and aspects of interest that make the entry relevant to the task of understanding and coping with Islamophobia in Canada. While there is a vast literature on Islamophobia, often it documents incidents of racism (necessary in the face of denials), without exploring in depth the aftermath of an incident – how the person coped, both in the moment and in the months and years ahead. So, this annotated bibliography has this special focus on coping. Entries that do not discuss coping meaningfully are not included. A final section includes entries that discuss impacts or effect of Islamophobia with a focus on mental health.

From this literature review we can see the traumatic impact Muslims experience when managing racist experiences. An incomplete list includes: anxiety; anger; avoidance; burden of representation; careful of behaviour; depression; exhaustion; fear; hide identity; isolation; low self-esteem; PTSD; sadness; and shame.

Researchers document positive coping responses that can be grouped under 5 themes usually in a descending order of frequency: Peer Support; Faith; Giving Collegial Feedback; Official Reporting; and Advocacy. Abu-Ras and Abu-Bader's (2008, 230) findings that mental health professionals are rarely accessed to cope with racism is consistent with most of the research conducted.

Works Cited

Abu-Ras, W., and Abu-Bader, S. H. (2008). The Impact of the September 11, 2001, Attacks on the Well-Being of Arab Americans in New York City. *Journal of Muslim Mental Health,* 3 (2), 217–239. https://doi.org/10.1080/15564900802487634.

Abu-Ras, W. M., and Suarez, Z. E. 2009. Muslim Men and Women's Perception of Discrimination, Hate Crimes, and PTSD Symptoms Post 9/11. *Traumatology,* 15 (3), 48-63.

Algorani, E.B., and Gupta, V. (2023) Coping Mechanisms. In National Library of Medicine. Treasure Island, Florida: StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK559031/

Ali, S. and Awaad, R., (2019). Islamophobia and Public Mental Health: Lessons Learned from Community Engagement Projects. In: Moffic, H. S., Peteet, J., Hankir, A. Z., Awaad, R., Editors. 2019. *Islamophobia and Psychiatry Recognition, Prevention, and Treatment*. Cham: Springer International Publishing: Imprint: Springer, 2019, 375-390.

Aroian, K. J. (2012). Discrimination Against Muslim American Adolescents. *The Journal of School Nursing*, 28(3), 206-213. https://doi.org/10.1177/1059840511432316

Awaad, R. (2015). A Journey of Mutual Growth: Mental Health Awareness in the Muslim Community. In Roberts, L.W., Reicherter, D., Adelsheim, S., Joshi, S.V,. Editors. *Partnerships for Mental Health Narratives of Community and Academic Collaboration*. Cham: Springer International Publishing.

Elkassem, S., Csiernik, R., Mantulak, A., Kayssi, G., Hussain, Y., Lambert, K., Bailey, P., and Choudhary, A. 2018. Growing Up Muslim: The Impact of Islamophobia on Children in a Canadian Community. *Journal of Muslim Mental Health*, 12, (1), 3-18. DOI: https://doi.org/10.3998/jmmh.10381607.0012.101.

Essed, P. (1991). *Understanding Everyday Racism an Interdisciplinary Theory.* Newbury Park: Sage.

Keshavarzi, H., Khan, F., Ali, B., Awaad, R. (2020). *Applying Islamic Principles to Clinical Mental Health Care: Introducing Traditional Islamically Integrated Psychotherapy*. New York: Routledge.

McLean, A.J. (2019). Community Resilience. In: Moffic, H. S., Peteet, J., Hankir, A. Z., Awaad, R., Editors.. *Islamophobia and Psychiatry Recognition, Prevention, and Treatment*. Cham: Springer International Publishing: Imprint: Springer, 2019, 361-373.

Zine, J,. (2022). *Under Siege: Islamophobia and the 9/11 Generation*. Montreal and Kingston: McGill-Queen's University Press.

I. COPING WITH ISLAMOPHOBIA - CANADA

Abu Khalaf, N., Woolweaver, A.B., Reynoso Marmolejos, R., Little, G. A., Burnett, K., and. Espelage, D.L. (2023). The Impact of Islamophobia on Muslim Students: A Systematic Review of the Literature. *School Psychology Review*, 52 (2), 206-223.

> Mixed methods systemic review. Goal of paper is to better understand the complexities associated with religious discrimination for youth and adolescents and how to mitigate the harm caused by these discriminatory experiences. Feelings of victimization and lack of belonging have significant implications for behavior and wellbeing. Discrimination has been linked to a variety of negative outcomes including stress, anger, decreased self-esteem, psychosomatic symptoms, internalizing and externalizing problems, disinterest in school, lack of focus, and loss of confidence, psychological distress. Muslim students have developed various coping mechanisms to address these experiences including ignoring the perpetrator (5 studies) and building friendships with Muslim students (7 studies) as well as the ways these experiences affect identity development (32 studies) and acculturative practices (21 studies).

Alvi, S.S., Hoodfar, H., McDonough, S. (2003). *The Muslim Veil in North America.* Toronto: Canadian Scholars' Press and Women's Press.

> Authors are in departments of anthropology, history, and religion. Introduction to this book contains 4 coping strategies to post-Gulf war, from a Hoodfar study 1992-1997: Dissociation [erase Muslimness]; escape [as in isolationism within own community]; self-assertion; understand preoccupation with stereotyping while trying to dissociate culture from Islamic tenets.

Barkdull, C., Khaja, K., Queiro-Tajalli, I., Swart, A., Cunningham, D., Dennis, S. (2011). Experiences of Muslims in Four Western Countries Post—9/11. *Affilia: Journal of Women and Social Work*, 26 (2), 139-153.

> Authors are in departments of social work. A qualitative study in the tradition of critical interpretivism, blending elements of both critical theory and interpretivist traditions. Interviewed 34 Muslims from Australia, Argentina, Canada, and the United States. Aimed to explore participants perceptions of discrimination and if these had changed post 9/11. Found that Muslims in Argentina reported no differences pre- and post-9/11. Those in Australia, Canada and the US reported increased stress post 9/11. Discrimination incidents increased. Many participants reported finding strength and solace in their renewed commitment to Islam after 9/11. Some discussed the need for more formal supports, including mental health services. Authors conclude by arguing that social workers acknowledge and validate the many losses that have been experienced in Muslim communities since 9/11. In addition, they say the discipline of social work must take the leadership in fostering a broad awareness of the stigmatization of Muslims and in framing this phenomenon as a social justice issue.

Elkassem, S., Csiernik, R., Mantulak, A., Kayssi, G., Hussain, Y., Lambert, K., Bailey, P., and Choudhary, A. (2018). Growing Up Muslim: The Impact of Islamophobia on Children in a Canadian Community. *Journal of Muslim Mental Health*, 12, (1), 3-18. https://doi.org/10.3998/jmmh.10381607.0012.101.

> Authors are from departments of social work. Focus group interviews with 25 Muslims students from grade 6-8 from a Muslim school in Ontario. Found that the most prominent theme that arose from the focus group was the divide between how Muslim youth saw themselves and how non-Muslims perceive them. Due to said disconnect, students expressed fear and stated that they had to counter misbeliefs about Islam. In addition, students highlighted that they experienced microaggressions that led them to feel overwhelmed, targeted, and disempowered. Many students referred to their faith as bringing peace, giving them a sense of respect, community, resiliency, and guidance on how to live in the world. Authors argue that the social work profession in Canada has been ominously silent in the way they respond to clients who may be impacted by Islamophobia. Suggest that teachers, school staff, other caregivers, and the wider community would benefit from training related to how to support and respond to children when they face both critical incidents and daily microaggressions and discrimination they currently endure.

El-Majzoub, S. and Fatmi, M. (2019) Muslim Psychiatrists in Training Address Islamophobia in Clinical Experiences. In Moffic, H. S., Peteet, J., Hankir, A.Z., Awaad, R. Editors. *Islamophobia and Psychiatry Recognition, Prevention, and Treatment*. Cham: Springer International, 193-207.

> Muslims in the Western world are constantly expected to condemn acts of terrorism occurring across the globe that they took no part in, and a refusal to participate in this dialogue often leads to accusations of condoning these acts. This climate shift must be acknowledged and explored in order to garner an understanding of how Islamophobia has affected Muslims working in mental health and their Muslim patients. Chapter discusses how Muslim psychiatrists can combat Islamophobia by prioritizing their safety and the patient's health in determining how to proceed with encounters of overt discrimination, such as delusions involving Muslims. In a longer-term setting, a patient's subtle or overt Islamophobia may be explored as simply another type of transference, and patients' own spirituality and religiosity should be explored in understanding the individual as a whole. Authors stress that Muslim clinicians must continue to prioritize their own self-care. That must include acknowledging their own reactions to any racist encounters they experience and reflecting on the challenging yet incredibly rewarding work that they do.

Furqan, Z., Arfeen M., Juveria Z. and Javeed S. (2022). Mental Health: Understanding and Addressing Islamophobia Through Trauma-informed Care. *Canadian Medical Association Journal.* CMAJ May 30, 194 (21) E746-E747. https://doi.org/10.1503/cmaj.211298

> Authors are in departments of psychiatry and/or work as psychiatrists. This article was published in response to an Islamophobic commentary published in CMAJ and later withdrawn. Authors point out that experiencing Islamophobia is documented in emerging research as being associated with poorer physical and mental health. The cumulative effects lead to the mistrust of the health

care system by patients. Argue addressing Islamophobia requires understanding its various manifestations as potential forms of trauma. Offer three trauma-informed care recommendations for health professionals: (i) promote a sense of safety for patients; educate themselves about Islam/Muslims if needed, so as not to perpetuate negative stereotypes when helping patients; (ii) must seek opportunities to validate and acknowledge the potential for Islamophobia to influence care; (iii) enhance their awareness of spiritually, culturally and racially relevant resources and supports in their geographic areas.

Ghaffar-Siddiqui, S. (2019). *Voices From The Fault Line: Being Muslim in Canada* (PhD dissertation). http://hdl.handle.net/11375/25150

A PhD dissertation for the Sociology department at McMaster University, Ontario. It consists of three separate papers. The first analyses the ways in which media and political discourses play an integral part in reinforcing the Muslim terrorist narrative. The second investigates racial microaggressions faced by refugees in St. John's, Newfoundland, and Hamilton, Ontario. 24 self-identified visible minority refugee youth were interviewed. 90% were Muslim. Interviews found that microaggressions and overt racism were common for the refugee youth. The third paper uses the Tarjuma organisation in Edmonton as a case study of how Muslims cope with social and spiritual marginalization. Tarjuma is a "third space" between home and mosque that aims to give Muslims a space where they have a sense of belonging, shared goals and safety.

Keshavarzi, S. (2018). *Stress, Coping, and Religiosity Among Recent Syrian Refugees in Canada*. (Masters Thesis).
https://www.proquest.com/docview/2175676577?pq-origsite=gscholar&fromopenview=true

A master's thesis for the department of psychology at the University of Windsor, Ontario. Qualitative, semi-structured interviews with 10 Syrian refugees, ages 30-55, arrived in Canada since 2016 (5 males and 5 females). Uses empathetic interpretive phenomenological analysis that seeks detailed descriptions of participant experience. Argues stress and coping research is based on Westernized perspectives, perpetrating an individualistic paradigm. Maintains that Syrians come from collectivist cultures where interdependence is encouraged, and have a different language of expressing emotions (e.g. "a crumbling heart" to mean anxiety or fear), hence more culturally attuned theories and analytical tools are need. Uses the Transactional Model of Cultural Stress and Coping developed by Chun, Moos, and Cronkite). Looks at pre-migration stressors, migration stressors and post-migration stressors for her interviewees. These include: (i) war, human rights violations, murder, torture, rape, poverty, unemployment, famine, and fear; (ii) overcrowded boats, unhygienic spaces, suffocation and the possibility of drowning, citizenship limbo, housing situations, malnourishment and medical illnesses in refugee camps; (iii) acculturative stress, discrimination, financial burden, survivor's guilt and loss, identity struggle, mental health challenges, i.e. sadness, grief, fear, frustration, anxiety, anger, and despair posttraumatic stress disorder (PTSD). To cope, participants reported the use of religious coping and collective coping strategies, defined as family, friends, and community. Females more than males used positive coping strategies. Males often relied on forbearance (concealing distress) and fatalism (events are predestined) as coping tools. Concludes ultimately these positive coping

tools have resulted in positive outcomes and wellbeing for her participants. They were overall satisfied with life in Canada and optimistic for the future.

Khan, Zainab. (2021). *The Impact of Islamophobia on the Mental Health of Muslim Post-Secondary Students*. (Master's Major Research Paper). http://hdl.handle.net/10315/39518

Major research paper for the Faculty of Health, School of Health Policy and Management, York University, Ontario. Uses critical social science research methodology to analyse qualitative interviews with 5 Muslim women, aged 18-30 years attending York University as undergraduate or graduate students, Pakistani, Indian Lebanese and Somali descent. Four out of five participants wore hijab. Aimed to understand impact of Islamophobia on female Canadian university students' mental health. Finds participants experience overt and covert Islamophobia, including physical assault (one participant was randomly punched in the face) and verbal abuse (towel head; sand-N; "for all I know you probably have a bomb under that scarf of yours"). Finds mental health impact includes feeling depressed, anxious, numb, shock, and disappointment in society. Concludes participants have used both unhealthy and healthy coping mechanisms, in descending order: faith; family and friend support; changing behaviour (overly prepared in airports, arriving early, dressing in a certain way; turning camera off in zoom class from fear of being seen a Muslim by class/teacher; overcompensation, be on best behaviour, be overly kind) and empowerment. Recommends government policies protect Muslim youth from Islamophobia, modify anti-terrorism legislation so Muslims are not targeted, education policies to protect Muslim students from Islamophobia by authority figures, anti-racism, anti-Islamophobia curriculums in schools, mental health policies be inclusive of Muslims, especially younger girls.

Magassa, M. (2019). *How Muslim Students Endure Ambient Islamophobia on Campus and in The Community: Resistance, Coping and Survival Strategies: Recommendations For University Administrators, Faculty, And Staff on How to Support Muslim Students' Social Well-Being and Academic Success*. (A PhD dissertation). https://dspace.library.uvic.ca/handle/1828/11199

A PhD dissertation for the department of Curriculum and Instruction, University of Victoria, British Columbia. Uses constructivist grounded theory methodology and semi-structured interviews with 32 Muslim students to examine the experiences of Muslim students on campus and in their communities. Finds ambient Islamophobia as a central issue. States that student experiences with ambient Islamophobia on campus, in classrooms, and in their community have mental and behavioural effects on students in a variety of ways, impacting academic success, well-being, and social life. Finds Muslim students have adopted both coping and resistance strategies. Coping methods include "assimilation to norms, blending in, concealing identity, categorizing degrees of prejudice and discrimination, snubbing prejudices and discrimination, and avoiding contact." Resistance methods include "countering Islamophobia, countering radicalization, educating non-Muslims about Islam, educating Muslims about their faith and themselves, maintaining faith, and creating solidarity across common experiences." Author recommends to both university teachers and institutions policies including: increased education, support, developing policies against anti-Muslim bigotry, respecting student backgrounds.

Nagra, Baljit. 2017. *Securitized Citizens: Canadian Muslims' Experiences of Race Relations and Identity Formation Post-9/11*. Toronto, ON: University of Toronto Press.

> Author is in Criminology Department. Her book examines everyday experiences of fifty young Muslims post 9/11 in Toronto and Vancouver. Focuses on experiences of surveillance at airports, borders, and daily lives. Looks at how experiences of discrimination effect their sense of belonging and Muslim and Canadian identities. Uses theory of "reactive identity formation" to explore how they cope with racialization, surveillance, and discrimination. Finds they aim to create positive impressions of Islam/Muslims in interactions with other Canadians; resist negative stereotypes; self-discipline to not attract negative attention (e.g. wear pastels when flying); be on "best behaviour"; use symbolism of multiculturalism as empowerment tool; and work to gain "national capital" (i.e. prove their Canadianness).

Virani-Murji, Farah. (2019). *Who Am I?: The Emotional Situations and Identity Constructions of Canadian-Born Ismaili Muslim Youth*. (PhD dissertation).
https://yorkspace.library.yorku.ca/server/api/core/bitstreams/34a870d8-645d-483b-b0af-bb2c6820b314/content

> A PhD dissertation for the department of Education at York University, Ontario. Interviewed 8 Canadian-born Ismaili Muslims between the ages of 14 and 18, and whose parents and grandparents have origins in East Africa and South Asia. Used a multi-disciplinary approach that combined cultural studies and psychoanalysis - psychosocial research – to investigate the inner emotional worlds of participants. Aimed to study the inner work of identity formation in understanding the self. Argues for the importance of studying the unconscious in education. Finds that her participants, as Ismaili Muslims, experience exclusion from both the wider society and from the Muslim community, which is majority Sunni. Almost all had been called a "terrorist" and "not a real Muslim." Finds high levels of anxiety, isolation, loneliness, guilt, feeling misunderstood, frustration and sadness. She theorises several coping mechanisms, including avoidance, repetition in storytelling, irony, humour, laughter, the happiness defence, closeness to parents and feeling responsible for educating others to combat hate.

Zine, J. (2022). *Under Siege: Islamophobia and the 9/11 Generation*. Montreal and Kingston: McGill-Queen's University Press.

> Author is in department of Sociology. Explores the impact of the War On Terror on the 9/11 generation, defined as youth who were in school on 9/11 (i.e. born 1980-1996 and 18-26 at time of interviews, 2009). Interviews 135 youth across Canada from various ethnic backgrounds. Notes that not all interviewees practice Islam but were defined by 9/11 from the outside and had to grapple with anti-Muslim racism. Many experience stress, sleep issues, depression, anxiety. Looks at the geopolitics of Canadian context reacting to 9/11 and impact on the youth as individuals. Covers experiences daily experiences of youth, how they connect to their ethnic, religious and Canadian identities, and campus experiences. Notes coping strategies include: being on best behaviour (smile more to seem not threatening); self-discipline (no violent video games in public); tired from always having to explain Islam; retreat from identity; become more

politically engaged. Highlights arts and cultural projects as resistance and creating alternative narratives about Islam/Muslims.

II. COPING WITH ISLAMOPHOBIA - USA

Abu-Raiya, H., Pargament, K. I., and Mahoney, A. (2011). Examining coping methods with stressful interpersonal events experienced by Muslims living in the United States following the 9/11 attacks. *Psychology of Religion and Spirituality*, 3 (1), 1–14. https://doi.org/10.1037/a0020034

Authored by psychologists. Points out that very little research has looked at how Muslims in the US are effected by stressful events such as 9/11 and post-event negative experiences. Analyses responses from 138 respondents who filled out an online survey. Participants used both religious (positive or negative) and nonreligious (i.e., reaching out, isolation) coping methods. Finds that more participants experienced these events as desecration than sacred loss. Concludes that Pargament's religious coping theory supports their research - those who use positive religious coping methods cope better with posttraumatic stress than those who use negative religious coping methods.

Abu-Ras, W., and Abu-Bader, S. H. (2008). The Impact of the September 11, 2001, Attacks on the Well-Being of Arab Americans in New York City. *Journal of Muslim Mental Health,* 3 (2), 217–239. https://doi.org/10.1080/15564900802487634.

The first systematic study of impact of 9/11 on mental health of Arab American Community. Authors are in departments of Social Work. 79 of the 83 participants were Muslim Arabs, remainder Christian Arabs. Participants in this study believe most Arab Americans have experienced three related traumas: the 9/11 terrorist attacks; increased hate crimes; and targeting by new immigration laws and policies—all of which have, in turn, generated a sense of loss of community. Participants noted that they respond to traumatic events with fear, anxiety and concerns regarding their safety. Due to these symptoms, participants asserted they have isolated themselves from the Arab community and wider society. Study reveals that participants constructed new meanings of trauma in order to reclaim their identity. As a result, Arabs formed coping methods to deal with isolation – specifically, spiritual coping methods such as advocating tolerance, forgiveness, and prayer; public education about Arab/Islam; political coping methods, like donating blood, planning education and political activities against terrorism. Non-religious coping methods, such as family comfort or professional help, were seldom employed. Some mentioned indirectly that religious leaders may not have all the tools needed. Some highlighted that there is a lack of Muslim health services in the community.

Abu-Ras, W. M., and Suarez, Z. E. (2009). Muslim Men and Women's Perception of Discrimination, Hate Crimes, and PTSD Symptoms Post 9/11. *Traumatology*, 15 (3), 48-63.

> Authors are in departments of Social Work. Uses Carter's Race-based traumatic injury model to find out if racial harassment and discrimination predicts PTSD. This model was developed to show that people who are targets of actual or perceived racism may experience emotional or physical pain or fear of these kinds of harm. In addition, since research shows women at greater risk for PTSD after trauma study analyses if there are differences between Muslim men and women. 102 New York Muslim men and women post-9/11 were interviewed face-to-face with both closed and open-ended questions. Authors found that about 94% participants reported posttraumatic symptoms, such as increased arousal or anger as reaction to the attacks. "Feeling less safe" after the events of 9/11 emerged as the only significant predictor of PTSD, which is not consistent with earlier studies. Vast majority reported positive changes in their religious beliefs, their coping skills, and their self-knowledge. Gender differences between men and women were found in experiences of racial harassment as well as in symptom expression and reactions. Women were more likely to express fear of being in public places, while men reported fatigue/exhaustion as the most common response.

Aggarwal, N.K. (2019). Clinical Assessment Tools for the Culturally Competent Treatment of Muslim Patients. In Moffic, H. S., Peteet, J., Hankir, A.Z., Awaad, R. Editors. *Islamophobia and Psychiatry Recognition, Prevention, and Treatment*. Cham: Springer International, 123-132.

> Author was an advisor to the DSM-5's Cross-Cultural Issues Subgroup (DCCIS) that reviewed the OCF (Outline for Cultural Formulation) as a cultural competence model that was criticized for not being helpful enough in clinical settings. Articles opens with mention of how little research there is on culturally competent treatment of Muslim patients. A systemic review of the mental health literature found only 11 results. Of these 6 results were excluded for irrelevance. One of the remaining five pointed out that there are no actual scientific studies on cultural competence with Muslim patients. The rest suggested clinicians use the DSM-IV version of the OCF as a tool for cultural competence among Muslim patients. The DCCIS revised the OCF and developed a Cultural Formulation Interview (CFI) DSM-5 OCF and CFI as clinical tools that can advance culturally competent treatment among Muslim patients. It contains 16 items consisting of four domains and can be used with all patients.

Ahmed, N., Quinn, S. C., Limaye, R. J. and Khan, S. (2021). From Interpersonal Violence to Institutionalized Discrimination: Documenting and Assessing the Impact of Islamophobia on Muslim Americans, *Journal of Muslim Mental Health,* 15 (2), 1-21. https://doi.org/10.3998/jmmh.119

> Authors are in various departments of Health. Study uses a hybrid theoretical approach drawing upon relevant concepts from Prather and colleagues' socio-ecological model for understanding the role of discrimination, and Harrell's racism-related stress classification system. Harrell identifies six categories of racism-related stress including time-limited events; vicarious experiences; daily microaggressions; chronic; collective; and transgenerational. Authors

interviewed 40 Muslims from various ethnic backgrounds (20 women, 20 men) about self-reported experiences with Islamophobia and their responses to bias incidents. Participants showed a range of emotional reactions such as sadness, frustration, anger, and fear. They talked about changing habits to make them feel safer (making sure cell phone charged when leaving house), withdrawing or concealing their Muslim identity (e.g. removing hijab). Some became more politically active. Authors argue their findings highlight the need for interventions to support Muslim Americans.

Ali, H. (2021). *The Experiences and Mental Health Impact of Islamophobia on Muslim Americans Following the 2016 US Presidential Election: A Hermeneutic Phenomenological Study*. (PhD dissertation). https://digitalcommons.du.edu/etd/1886

A PhD dissertation for the department of Counseling Psychology, University of Denver, Colorado. Aims to add to the literature of Muslim American experiences of Islamophobia after the 2016 US election. Found that Islamophobia most prevalently negatively impacted the mental health of Muslim Americans where 78% of participants reported at least two or more anxiety-related symptoms. 57% reported negative self esteem. 50% reported a feeling of being "othered and a lack of belonging in American society". 57% reported at least five trauma related responses after experiencing or learned detail of a traumatic Islamophobic event. The final concept derived from the data was coping with Islamophobia where it consisted of nine categories of coping strategies to support their mental well-being when confronted by Islamophobia. Themes included social support - Muslim community, friends, family, online support and professional networking; faith - relying on Islamic beliefs; positive psychology -positive affirmations, self-talk, self-compassion exercises, journaling, therapy, setting boundaries; limiting consumption of media and news; redirecting conversations; self-care techniques - showering, reading, exercising, writing, listening to music, giving back; importance on providing guidance and support for the Muslim youth in their communities, and maladaptive coping.

Ali, S. and Awaad, R., (2019). Islamophobia and Public Mental Health: Lessons Learned from Community Engagement Projects. In: Moffic, H. S., Peteet, J., Hankir, A. Z., Awaad, R., Editors. 2019. *Islamophobia and Psychiatry Recognition, Prevention, and Treatment*. Cham: Springer International Publishing: Imprint: Springer, 2019, 375-390

Argues Islamophobia should be conceptualized as a public health threat to Muslim Americans. Discusses risk factors for Islamophobia, including: individual's gender, religion, race, immigration, personal resilience; interpersonal skills; community; policy. Discuss 2 case studies were a community-academic partnerships to address Islamophobia was successful.

Awaad, R., Maklad, S., and Musa, I. (2019). Islamophobia from an American Muslim Perspective. In Moffic, H. S., Peteet, J., Hankir, A.Z., Awaad, R. Editors. *Islamophobia and Psychiatry Recognition, Prevention, and Treatment*. Cham: Springer International, 209-219.

> Discusses several clinical case studies of patients with anxiety, depression, fear, as they try to cope with Islamophobia. Argue there needs to be special Muslim-centred programming to help treat clients.

Balaghi, D., Oka, E., and Carter Andrews, D., (2021). Arab American Adolescents' Responses to Perceived Discrimination: A Phenomenological Study. *Journal of Muslim Mental Health*, 15 (2), 1-22. https://doi.org/10.3998/jmmh.131

> Qualitative interviews with 10 Muslim Arab American youth, ages 13-17 (5 female, 5 male). Interpretive Phenomenological Analysis with Risk and Resiliency Theory and Critical Race Theory to interpret the results. Find that most adolescents experienced both positive and negative coping experiences. Positive coping experiences include an active social media presence, self-preservation, and social support, whereas negative coping experiences included resignation, humor, and rationalization. Point out that there is some research that shows that those individuals who find positive meaning in a situation have a better array of resources, such as better mood, problem-solving abilities, and self-efficacy. Finds participants who tended to have more negative coping experiences also tended to perceive discrimination as more of a threat to their sense of self, culture, and community. Additionally, some of these participants perceived their role in society as more passive and avoided stressful situations.

Al-Hamdani, Y. (2016). *Islamophobia And the Young Muslim American Experience*. (Master's Thesis).
https://jewlscholar.mtsu.edu/bitstream/handle/mtsu/5037/AlHamdani_mtsu_0170N_10663.pdf?sequence=1&isAllowed=y

> A Master of Arts in Sociology thesis at Middle Tennessee State University. Uses a phenomenological design. Analyzes the lived experiences of young Muslim Americans post 9/11 in three states. Studies the varying forms of microaggressions Muslims face. Draws on a previous published typology identifying five themes of microaggressions: 1) Endorsing religious stereotypes of Muslims as terrorists; 2) Pathology of the Muslim religion; 3) Assumption of religious homogeneity; 4) Islamophobic language; and 5) Alien in one's own land. Studies how Muslims cope with such discrimination. Notes that participants maintained faith and cultural identity, reprehended extremist groups and defend Islam, are more self-aware and monitor their behaviour, and have utilized their privilege as passing as an American as a method of coping. Notes that young Muslim Americans participants discussed their dual consciousness/identity.

Koenig H.G., and Al Shohaib, S.S. Religiosity and Mental Health in Islam. (2019). In Moffic, H. S., Peteet, J., Hankir, A.Z., Awaad, R. Editors. *Islamophobia and Psychiatry Recognition, Prevention, and Treatment*. Cham: Springer International, 55-65.

> A systematic review of literature on religiosity and mental health in Islam prior to the year 2010. Finds religiosity is related to less depression, less suicide, less anxiety, less substance use/abuse, more or less psychotic symptoms, less cognitive impairment, and greater well-being in many studies conducted in Muslims. Indeed, reading and reciting the Qur'an, frequent prayer, devout religious beliefs, careful adherence to Quranic teachings, and a strong and close knit family and community may help to neutralize feelings of stress and distress and enhance well-being and happiness. Although Islamic teachings set the bar high in terms of ethical values and behavioral expectations, promising dire consequences in the hereafter for those who fail to meet that bar, Muslims who abide by those teachings appear to have better mental health than those who do not. Finishes with recommendations for clinicians.

O'Connor, A. J., and Jahan, F. (2014). Under surveillance and overwrought: American Muslims' emotional and behavioral responses to government surveillance. *Journal of Muslim Mental Health*, 8 (1), 95-106. https://doi.org/10.3998/jmmh.10381607.0008.106.

> One hundred fourteen self-identified American Muslims participated during the winter of 2011/2012. Twenty participants (18%) reported personal experience with government surveillance, a percentage similar to that found with other American Muslim samples. Finds: participants who reported personal experience with government surveillance expressed more anxiety in response to surveillance; participants with and without personal experience with government surveillance did not report different levels of anger in response to surveillance. Points out that it produces anxiety, is taxing and detrimental to always hide and minimise identity in the face of threat of surveillance. Suggests surveillance puts American Muslims into the position of preferring coping strategies that lead to psychological distress. Concludes that surveillance of American Muslims has potentially longstanding negative emotional and behavioral consequences.

Saritoprak, S. N. and Exline, J. J. (2020). Religious Coping Among Muslims with Mental and Medical Health Concerns. In Bagasra, A. and Mackinem, M. Editors. *Working with Muslim Clients in the Helping Professions*. IGI Global. 201-220.
https://doi-org.myaccess.library.utoronto.ca/10.4018/978-1-7998-0018-7.ch011

> Authors are in Department of Psychology with focus on clinical psychology. Article uses biopsychosocial framework to look at ways in which religion is used to cope with mental and physical challenges. Find that positive religious coping, using Islamic beliefs to aide situation, and negative religious coping, when religious struggles arise, are both used as methods of coping. Example of positive religious coping include putting trust in God, viewing God as controller, and viewing illness as trial in life. Negative coping can include negative thoughts or feelings of God, questioning God's love/mercy, and viewing illness as a punishment. Recommendations are made for clinicians to ensure sensitivity to Muslim beliefs in their interactions with patients.

Shirazi, M. F. N. (2018, May). *Coping strategies among Muslim Immigrant women in Los Angeles*. ScholarWorks. (Master's Thesis).
https://scholarworks.calstate.edu/downloads/df65vb33j?locale=en

> A master's thesis submitted for the department of Social Work, California State University, Northridge, California. Qualitative study interviewed 8 Muslim immigrant women in Los Angeles, ages 18-50. Explores various coping methods using an intersectional lens. Finds that the religious and cultural backgrounds of Muslim immigrant women contribute to their identity and coping strategies. Coping occurs by relying on components of religious and cultural backgrounds, as well as through addressing negative stereotypes by spreading awareness, advocacy, and positive behaviour. Collectivist ways of coping also used by those identifying with collectivist cultural background. Notes the protective effect of diversity when examining negative outcomes of stereotypes.

Tahseen, M., Ahmed, S. R., and Ahmed, S. (2019) Muslim Youth in the Face of Islamophobia: Risk and Resilience. In Moffic, H. S., Peteet, J., Hankir, A.Z., Awaad, R. Editors. *Islamophobia and Psychiatry Recognition, Prevention, and Treatment*. Cham: Springer International, 307-319.

> Argue that Muslim youth experience bullying and microaggressions that lead to negative impact on mental health. Some youth prefer to hide their identity, as they feel embarrassed or ashamed of being Muslim. This means they cannot use identity as a positive coping strategy. They may develop a form of self-hate that ostracises them from their community, also losing benefits of religious and community support. Authors suggest this increases likelihood of engaging in risky behaviours. Includes clinical recommendations of how to help such youth.

Tetreault, C., Tahir, S., Ezeamama, A., and Abbasi, F. (2019). Muslim Women's Ethical Engagement and Emotional Coping in Post-Election United States. *Journal of Muslim Mental Health*, 13 (1), 41-64.
https://quod.lib.umich.edu/j/jmmh/10381607.0013.103/--muslim-womens-ethical-engagement-and-emotional-coping?rgn=main%3Bview.

> Authors are psychiatrists or anthropologist. Investigates the effect of the 2016 United States presidential election on American Muslim women's ethical engagement and emotional coping, combining theories and methods from anthropology and mental health fields. Interviewed both hijab and non-hijab wearing participants. Found no significant difference in head covering practices with preferred coping strategies. The most common coping mechanism used by respondents was walking with friends, talking on the phone, or using social media as a form of activism. Finds that talking to family and friends was preferred by most participants over talking to institutional groups such as imam/mosque.

Tirhi, S. Y. (2019). *The Living in America Muslim Life Stress, Coping and Life Satisfaction Study: An Online Mixed Methods Study of Islamophobic Discrimination, Microaggressions, and Predictors of Life Satisfaction*. (PhD dissertation).
https://academiccommons.columbia.edu/doi/10.7916/d8-ts5h-jp85/download

> A PhD dissertation submitted for the Doctor of Education in Teachers College, Columbia University, New York. Used a mixed methods online study. Looked at predictors of life satisfaction among American Muslims. Finds that sense of community, hijab, strong Islamic identity and religiosity, work, and financial stability are related to higher life satisfaction and ability to cope. Life satisfaction is negatively associated with discrimination in the larger context of living in post 9/11 society.

Ven, C. M. van der. (2012). *Experiences, Coping Styles and Mental Health of Muslims following 9/11*. Social Cosmos. http://dspace.library.uu.nl/handle/1874/237591

> Field of psychology. Analyses existing literature surrounding rising hate crimes against Muslims and the impact it has on their mental health. Draws primarily on American and British studies. Highlights that Muslims worry about their future, feel anxious, and fear experiencing hate crimes. Notes that there are inadequate resources within the Muslim community, and larger society, to address Muslim mental health. Coping mechanisms include tolerance, forgiveness of others, and faith. Others use interfaith dialogue and media to educate others about Islam. The importance of Islam and a strong Muslim identity "have shaped the way Muslims cope with stress and suffering". Notes differences between Western coping styles and non-Western coping strategies. Argues these differences could have profound implications for care provided by Western mental health professionals.

III. COPING WITH ISLAMOPHOBIA - REST of WORLD

Adam, Z., and Ward, C. (2016). Stress, Religious Coping and Wellbeing in Acculturating Muslims, *Journal of Muslim Mental Health*, 10 (2), 3-26.
https://doi.org/10.3998/jmmh.10381607.0010.201

> An online survey conducted in New Zealand. Used a 24-item measure of Muslim Religious Coping (MRC) was based on scales by Aflakseir and Coleman (2011) and Boudreaux and colleagues (1995). Point out that the vast majority of studies examining religious coping has focused on Christian populations living as a Western majority. Little studies on Muslim coping. Finds that acculturative stress predicted lower life satisfaction and greater psychological symptoms. Muslim Religious Coping independently predicted greater life satisfaction; however, it failed to produce a significant influence on psychological symptoms. Additionally, behavioral MRC emerged as a significant moderator of the link between acculturative stress and life satisfaction. Contrary to hypotheses, no dimension of Muslim religious coping moderated the relationship between acculturative stress and psychological symptoms. Conclude that while

Muslim religious coping may not be efficacious in reducing physical symptoms of distress in the short term, it may hold a pivotal role in the enhancement of quality of life.

Berzengi, A., Berzenji, L., Kadim, A., Mustafa, F., Jobson, L., Kendall-Tackett, K. (2017). Role of Islamic Appraisals, Trauma-Related Appraisals, and Religious Coping in the Posttraumatic Adjustment of Muslim Trauma Survivors, *Psychological Trauma*, 9 (2), 189-197.

Point out that most coping studies focus on Christianity. Few studies on Muslims. Two studies of Muslim trauma survivors with and without posttraumatic stress disorder (PTSD) living in the United Kingdom (Study 1) and a sample of Muslim trauma survivors living in Northern Iraq (Study 2). In the UK 87 participants who were Arabic-speaking, over 18, and had survived at least one previous traumatic event as defined by DSM-IV-TR filled out a questionnaire booklet. In Iraq, Kirkuk, 100 participants between 18 and 62 filled out the questionnaire booklet. Several findings include: negative religious coping differentiated between trauma survivors with and without PTSD (Study 1) and was significantly correlated with PTSD symptoms (Study 2); negative Islamic appraisals were significantly associated with greater PTSD symptoms whereas positive Islamic appraisals were significantly associated with fewer PTSD symptoms (Study 2). Conclude that addressing PTSD symptoms in Muslim trauma survivors may require clinicians to consider the impact of trauma on the survivor's religious appraisals and relationship with God.

De Nolf A., d'Haenens L., Mekki-Berrada A., (2023), in d'Haenens L., Mekki-Berrada A., Editors. *Islamophobia as a Form of Radicalisation: Perspectives on Media, Academia and Socio-political Scapes from Europe and Canada*. Leuven, Belgium: Leuven University Press.

Interviews 20 Muslim youth in Flanders. Discusses their experiences with discrimination. Confirms the seven coping strategies from the 2021 study which was based on Omlo (2015) relativisation, avoidance, communication, oppression, conciliation, reaction and passive coping strategies. Finds participant use social media as a space for comfort with like-minded peers and for sharing positive content.

(Omlo, J. (2015). How migrants deal with discrimination. Radicalise, withdraw or tolerate? Republiek Allochtonië. http://www.republiekallochtonie.nl/blog/achtergronden/hoe-migrantenomgaan-met-discriminatie-radicaliseren-terugtrekkenof-verdragen)

Mehmood, M. (2015). The Role of Self-Esteem in Understanding Anti-Semitic and Islamophobic Prejudice. In Y. Suleiman. Editor. *Muslims in The UK And Europe*. Cambridge: Centre of Islamic Studies, University of Cambridge, 150-158.

Chapter adapts Allport's typology of responses to prejudice into three categories: isolation, assimilation and (violent or non-violent) retaliation. Uses Jews in Weimar Germany of the 1920s and British Muslims post 9/11 as comparative case studies. Argues experiences of prejudice always leads to lower self-esteem. The response to raise self-esteem is dependent on the individual's personality and its interactions with the surrounding society. Isolation means ghettoising; assimilation takes various forms including converting to religion of dominant culture,

identifying by one's local city rather than the nation, being involved in non-identity related activism such as a socialist or anti-fascist movement. Retaliation includes moving to a 'homeland;' or adopting a transnational identity, such as the *umma;* visibly asserting religion in public space, such as adopting a headscarf as an expression of "reactive religiosity."

IV. COPING WITH RACISM - NON-MUSLIM- CANADA

Henry, F. (1994). *The Caribbean Diaspora in Toronto: Learning to Live with Racism*. Toronto, University of Toronto Press.

Field of social anthropology. Based on interviews with 134 people. Covers experiences with racism. Chapters 11 and 12 cover coping strategies at community and individual level. Strategies include networking within the community; creating community institutions, such as residential concentration, businesses, community groups and churches, arts and cultural groups, hybrid identities, avoidance, embracing 'black' identity.

Taylor, D.W., Wright, S., and Ruggiero, K. (2000). Discrimination: An Invisible Evil. In Halli, S.S., and Driedger, L. Editors. *Race and Racism: Canada's Challenge*. Montreal: McGill-Queen's University Press, 186 - 202.

Contains generalised studies of coping, gender, Asian, black, no mention of Muslims. Investigates connection between racism and low-self-esteem; protecting self-esteem by attributing negative comments to the person's prejudice, rather than oneself; minimising as a coping technique; and differences between rating discrimination to one's group vs oneself.

Tiana, G. (2000). "Chinese Refugees Coping with Stress in Toronto," In Halli, S.S., and Driedger, L. Editors. *Race and Racism: Canada's Challenge*. Montreal: McGill-Queen's University Press, 253- 275.

Coping strategies for Chinese refugees vary according to their resources. Looks at adaptation as a form of coping - language skills; employment; social acculturation.

V. COPING WITH RACISM - NON-MUSLIM- USA

Chou, R.S., and Feagin, J.R. (2016). *The Myth of the Model Minority: Asian Americans Facing Racism*, London: Routledge.

Interviews with 43 respondents. Chinese (10), Taiwanese (7), Asian Indian (6), Korean (3), Vietnamese (3), Japanese (3), Filipino (2), Hmong (2), Pakistani (2), Thai (1), Bangladeshi (1), and multiracial but substantially Asian (3). Chapters cover everyday experiences of Asian

Americans. Notes that many overlook and hesitate to call racism "racism." Chapter 6 looks at strategies of resistance. These include: direct confrontation, activism, reframing for oneself one's identity to a positive self-valuation, resisting accepting negative stereotypes, developing in-group peers.

Medlock, M, M., Shtasel, D., Trinh, Nhi-Ha T., Williams, D.R. Editors. (2019). *Racism and Psychiatry Contemporary Issues and Interventions*. Cham: Springer International Publishing.

Ch 9 looks at cultural mistrust from racialised minorities to health care system. Brief mention of Muslims as the latest victims of racism, after Native American, Latino/Asian/African-Americans.

Padilla, A. M. (2008). Social Cognition, Ethnic Identity, and Ethnic Specific Strategies for Coping with Threat Due to Prejudice and Discrimination, in Willis-Esqueda, C. Editor. *Motivational Aspects of Prejudice and Racism*. New York, NY: Springer, 7-32.

Social psychology and coping of Latino Americans. Looks at social categorisation, social identity, social stigma, effects of social stigma on individuals, and coping strategies. Concludes that the three major intergroup coping strategies for dealing with ethnic threat are social activism, assimilation, and multiple group membership/biculturalism.

VI. EFFECTS/IMPACT of ISLAMOPHOBIA ON MUSLIMS/ AND MUSLIM MENTAL HEALTH - Canada and the USA

Aggarwal, N.K. (2019) Transference and Countertransference in Addressing Islamophobia in Clinical Practice. In Moffic, H. S., Peteet, J., Hankir, A.Z., Awaad, R. Editors. *Islamophobia and Psychiatry Recognition, Prevention, and Treatment*. Cham: Springer International, 135-145

Discusses 'Islamophobia Within the Therapeutic Dyad' – either clinician to patient; or patient to clinician; including intra-sect issues. Ends with recommendations on what to do if one is a clinician.

Ali, A. (2017). *The Impact of Islamophobia on The Muslim American Community: Accounts of Psychological Suffering, Identity Negotiation, And Collective Trauma*. Smith Scholar Works,1-83. (Master's Thesis)

Author is in Department of Social Work. Looks at the relationship between Islamophobia and psychological well being using answers from semi-structured interviews with 8 self identifying adult Muslims living in the Bay area. Author divides key findings on the impacts of Islamophobia into 3 main sections related to: 1) negative impact on psychological being including stress, fear, and anger; 2) impact on identity where Muslim American's feel either like they need to hide their identity or reclaim it in a positive way; 3) Impact based on collective trauma theory where

feelings of Islamophobia on a collective, group level is enough to leave Muslims feeling unsafe without actually having experienced Islamophobia firsthand.

Ali, R. (2020). *Perceived Islamophobia and Psychological Distress Among Muslim Immigrants in Canada: The Moderating Role of Group Identification.* (Phd dissertation).

A PhD dissertation for the Department of Social Psychology, Walden University, Maryland Online. Qualitative correlational study using cross sectional survey of 113 Muslims in Calgary, over the age of 18. Examines moderating role of group identification in relationship between perceived Islamophobia and psychological distress. Finds that perceived Islamophobia significantly predicts psychological distress among Muslim immigrants in Canada. Identity centrality (extent to which group membership considered important to person's self-concept) significantly moderates this relationship by buffering against negative effects of perceived group discrimination. In-group superiority (belief that in-group is better than other groups) is not a significant moderator.

Alizai, H. (2021). Impact of Islamophobia on Post-secondary Muslim Students Attending Ontario Universities. *Race Ethnicity and Education*, 24, (3), 357-374.

Qualitative study investigates the experiences of 8 Muslim students attending Canadian institutions of higher education in the context of increasing Islamophobia. Finds two major themes: (a) the formation of a strong religious identity in response to experiences of Islamophobia and (b) a distinction between general Islamophobia and gendered Islamophobia. Findings suggest that Muslim students in the current post 9/11 era are becoming increasingly devout, have a strong attachment to their religious identity, and are at the forefront of advocating for Muslims through education, activism, civic participation, and interfaith dialogue. Some students state that Islamophobia is motivating them to achieve success and greater visibility in the public domain. However, visible Muslim women tend to experience the most explicit and extreme form of Islamophobia. Women reported that the effects of this include managing their safety, internalized paranoia, and fear. Finds some participants become more practicing, while others become less. Reveals how Islamophobia has adversely affected Muslim students, including: isolation, fear of surveillance, concern for safety, and feeling the necessity to pre-emptively alter their behavior in efforts to mitigate the possibility of violence.

Awaad, R. (2015). A Journey of Mutual Growth: Mental Health Awareness in the Muslim Community. In Roberts, L.W., Reicherter, D., Adelsheim, S., Joshi, S.V. Editors. *Partnerships for Mental Health Narratives of Community and Academic Collaboration*, Cham: Springer International Publishing, 137-145.

Dr Awaad is a psychiatrist and director of the Stanford Muslim Mental Health and Islamic Psychology Lab. She shares a personal story about how Muslims do not believe in psychiatry, go to imams, her discovery of Muslim history of treating mental health, and her efforts to create a

professional group to treat and educate the Muslim community about Islamic mental health teachings.

Christopher, C. (2019). *Survey of MSA West Student Members: Perseverance in the Face of Adversity*.

Survey was disseminated from January 11 to 13, 2019, during the annual MSA West Conference held at the University of California, Irvine. Survey was conducted using the online Survey Monkey platform. Finds that as a direct result of the 2016 presidential election, economically disadvantaged respondents are also marginally more likely than all other respondents to report suffering emotionally with stress and anxiety enough to need the services of a mental health professional (24% vs. 15-21%); making plans to leave the country, if necessary (17% vs. 8-10%); signing up for a self-defence class (17% vs. 10-14%); and fearing for their personal safety or that of their family from white supremacists (59% vs. 46-56%). Surveyed students who report always wearing visible religious symbols (both men and women) are more likely than all others surveyed to report fearing attacks from white supremacists (62% vs. 44-46%). They are more likely than other respondents to report having experienced discrimination in the last year, including microaggressions (60% vs. 46-51%). Finally, surveyed students who report always wearing a religious symbol are more likely than all others surveyed to report signing up for a self-defence class as a direct result of the 2016 presidential election (17% vs. 4-10%). Women report more gender and racial discrimination than men, more harassment by professors.

College of Physicians and Surgeons of Nova Scotia, External Task Force. (2022). *From the Inside: External Review into Systemic Anti-Black Racism Within the College of Physicians and Surgeons Nova Scotia*.

The College of Physicians and Surgeons of Nova Scotia added its voice to calling out systemic anti-Black racism by acknowledging the existence of systemic anti-Black racism within the College. The College convened an independent external Task Force to analyse its policies and procedures and prepare recommendations that would eliminate anti-Black racism. Task force found that doctor-doctor racism existed and that most people did not report anti-black racism. When they did no action was apparent in response. Report made 16 recommendations, including a commitment to cultural competence, anti-Black racism training, and an establishment of an Equity, Diversity and Inclusion Committee to lead the development and implementation of an anti-Black racism strategy for the College.

Considine, C. (2017). The Racialization of Islam in the United States: Islamophobia, Hate crimes, and "flying while brown." *Religions*, 8 (9), 1-19. doi:10.3390/rel8090165

Author is in department of Sociology. Explores race and Islamophobia by analyzing 42 articles relating to experiences of Muslim Americans. While some critics argue that racism and Islamophobia are distinctly separate, author argues that within the U.S., Islamophobia is a mix of both racial and religious prejudices. Uses and analyzes numerous examples of non-Muslims

facing Islamophobic experiences, particularly Sikh men, to demonstrate how Islamophobia is not merely a criticism of Islam or Islamic principles, but instead discrimination on the basis of appearance. Notes that racialized Islamophobia plays out on an institutional level, as well as social level, and is often characterized by racial profiling.

Elsadig E., and Sisemore, B. (2021) *Islamophobia through the Eyes of Muslims: Assessing Perceptions, Experiences, and Impacts*. Berkeley, CA: Othering and Belonging Institute. https://belonging. berkeley.edu/islamophobiasurvey

A national survey to understand Islamophobia and the diversity of Muslims in the U.S. Survey participants included 1123 American Muslims between the ages of 18-49. Used a Qualtrics online survey. Besides demographics, the survey focused on 5 main areas. Key findings for each: a) Muslims Perceptions of Islamophobia in the U.S. - almost all participants agree Islamophobia exists (97.8%) and that is it a serious problem in the U.S. (95%); b) U.S. Muslims experiences with Islamophobia - 67.5% report having personally experienced Islamophobia, with it being more likely among women and younger respondents; c) Social + Psychological Impacts of Islamophobia - almost 1/3 of respondents report having tried to hide their identity as Muslim, almost 90% report having censored themselves out of fear. 93.7% reported that their emotional and mental wellbeing is affected by Islamophobia; d) Societal Engagement of US Muslims - Almost all respondents (99.6%) reported that they socialized with non-Muslim groups. Despite this, 79.2% also said that they felt prevented from building social connections with non-Muslims due to Islamophobia; e) The majority of respondents (79.4%) agree that American and Islamic values are consistent and nearly every respondent (99.1%) agree that it is a good thing that the U.S. is made up of so many different cultures.

Fox, J., and Akbaba, Y. (2015). Securitization of Islam and Religious Discrimination: Religious Minorities in Western Democracies, 1990–2008. *Comparative European Politics*, 13 (2), 175-197.

Explores variation in the treatment of religious minorities in the West using a special version of the Religion and State-Minorities Round 2 (RAS2-M) data set. Analyses the extent and causes of 29 different kinds of religious discrimination against 86 religious minorities in 27 Western democracies (coded yearly from 1990 to 2008). The results support the securitization argument showing that Muslims suffer from higher levels of discrimination in comparison with other religious minorities, especially since 2001.

Hassouneh D. (2017). Anti-Muslim Racism and Women's Health. *Journal of Women's Health*, 26, 401-2.

Author is in school of nursing. Despite ethnic and racial diversity among American Muslim Women, American Muslim women face systematic discrimination and inequities based on common identity. The term 'Islamophobia' is insufficient in fully addressing the discrimination Muslim women face, Anti-Muslim racism is more appropriate. Author argues that Anti-Muslim racism also gendered, and one that is greatly overlooked in healthcare, despite experiences of discrimination in healthcare settings, with little information available on health of Muslim women

in U.S. Editorial calls to action greater efforts on behalf of researchers and healthcare professionals to address the needs of Muslim Women.

Khan, F. (2019) Challenges of Islamophobia: Psychiatric Considerations for Effectively Working with Muslim Patients. In Moffic, H. S., Peteet, J., Hankir, A.Z., Awaad, R. Editors. *Islamophobia and Psychiatry Recognition, Prevention, and Treatment*. Cham: Springer International, 171-181.

Discusses barriers related to Muslims seeking treatment and suggestions to overcome them. Discusses the stigma and feelings of Muslims have towards mental health therapy as well as fears of experiencing from clinicians who are treating them. 70% reported feeling shameful; and 62% reported feeling embarrassed with regard to obtaining formal psychological services. Results also indicated that Muslim men had more negative attitudes and that Muslim women reported having a need for such services more often than men. The shame felt by Muslims often causes them to deal with their own problems themselves instead of seeking professional services or, worse, postponing doing so. Muslims are also often concerned with reputation within the community, and mental illness is thought to affect this reputation. Arabs have been linked with denying the existence of psychological problems due to fears of bringing shame and guilt to themselves and their families within their communities.

Khatun R., Saleh Z., Adnan S., Boukerche, F., and Cooper, A. (2021). Covered, But Not Sterile: Reflections on Being a Hijabi in Medicine And Surgery. *Annals of Surgery*, 273 (3): e83-e84.

Article describes hijab-wearing women's experiences in medical school and in hospital settings as surgeons. Authors describe feelings of responsibility for upholding good image for all Muslim women, imposter syndrome and worrying about acceptance into program based on diversity efforts rather than merit. Also state various instances that highlight that medical and academic institutions view faith as a barrier to successful career in medicine, and lack of inclusion for hijab-wearing women in operating room spaces with little information available on how to fulfill sterility requirements as hijab wearing women. Hijab wearing women want to be seen and feel welcome in medicine.

Mahr, F. and Nadeem, T. (2019). Muslim Women and Islamophobia. In Moffic, H. S., Peteet, J., Hankir, A.Z., Awaad, R. Editors. *Islamophobia and Psychiatry Recognition, Prevention, and Treatment*. Cham: Springer International, 295 – 305.

Authors are psychiatrists. Chapter gives an overview of Muslim women role as mother/sister, etc, and rights. Moves to generalised discussion of islamophobia impact on Muslim women and gives a list of recommendations directed at clinical care providers about how to interpret actions. E.g. not eating non-halal food should not be labelled oppositional "food avoidance."

McLean, A.J. (2019). Community Resilience. In Moffic, H. S., Peteet, J., Hankir, A.Z., Awaad, R. Editors. *Islamophobia and Psychiatry Recognition, Prevention, and Treatment*. Cham: Springer International, 361-373.

> Argues that Islamophobia is a public health issue. Chapter discusses resilient communities for all citizens not just Muslims. Touches on the studies done on religious communities and such communities are a source of social support to their members. Finds in terms of Islamophobia the effect it has on Muslims is that they either find solace in their religious communities or avoid the mosques in fear of being a target of hate. Muslims can engage in either positive coping through social connectedness with Muslims and non-Muslims or through negative such as isolation. In terms of isolation, those individuals are more likely to experience greater levels of anger and depression.

Mushtaq, S. and Bhatti, S. Understanding Islamophobia and Its Effects on Clinicians, In Moffic, H. S., Peteet, J., Hankir, A.Z., Awaad, R. Editors. *Islamophobia and Psychiatry Recognition, Prevention, and Treatment*. Cham: Springer International, 183-192.

> Discusses the effects of Islamophobia on Muslim clinicians. i.e the experience of patient discrimination toward Muslim clinicians. Argues this can be very demoralizing for physicians for whom Islam is central to their vocational calling. Experiencing routine discrimination often results in the same symptoms that comprise the syndrome of burnout: emotional exhaustion, depersonalization, and a low sense of personal accomplishment, to which physicians are already more susceptible than the general population.

Osman M. A., North, C.S. (2019). Psychiatric Cultural Formulation in the Islamophobic Context. In In Moffic, H. S., Peteet, J., Hankir, A.Z., Awaad, R. Editors. *Islamophobia and Psychiatry Recognition, Prevention, and Treatment*. Cham: Springer International, 111-121.

> Argues Islamophobia has the potential to worsen psychological distress experienced by a growing American Muslim population. Maintains changes in service delivery may be necessary to ensure that the most vulnerable among Muslims in America receive appropriate and timely mental healthcare.

Padela A.I., Adam H., Ahmad M., Hosseinian Z., Curlin F. (2016). Religious Identity and Workplace Discrimination: A National Survey of American Muslim Physicians. *AJOB Empirical Bioethics*, 7 (3), 149-159.

> First study to examine the relationships between religiosity and workplace discrimination through the experiences of American Muslim physicians. Muslim physicians from diverse backgrounds comprise 5% of the U.S. physician workforce. Hypothesis that given the sociopolitical climate, may face anti-Muslim discrimination in the workplace. Questionnaire including measures of religiosity, perceived religious discrimination, religious accommodation at the workplace, and discrimination-related job turnover was mailed to 626 Islamic Medical Association of North America members at random in 2013. Results: Two hundred fifty-five physicians responded

(41% response rate). Most were male (70%), South Asian (70%), and adult immigrants to the United States (65%). Nearly all (89%) considered Islam as the most or a very important part of their life, and most (63%) prayed five times daily; 24% reported experiencing religious discrimination frequently over their career, and 14% currently experience religious discrimination at work (e.g. nearly half of respondents struggled to find time for prayer at work).

Reitmanova, S., and Gustafson, D.L. (2008). "They can't understand it": Maternity health and care needs of St. John's immigrant Muslim women. Maternal and Child Health Journal,12(1): 101-11.

Authors are in faculty of medicine. Qualitative interviews with 6 women. Found that women experienced discrimination, insensitivity and lack of knowledge about their religious and cultural practices. Health information was limited or lacked the cultural and religious specificity to meet their needs during pregnancy, labor and delivery, and postpartum phases. There were also significant gaps between existing maternity health services and women's needs for emotional support, and culturally and linguistically appropriate information. This gap was further complicated by the functional and cultural adjustments associated with immigration. Argue "diversity responsive health care services" is a better concept for well-being in patients than the more common concept of "culturally competent care."

Rippy, A. E., and Newman, E. (2006). Perceived Religious Discrimination and its Relationship to Anxiety and Paranoia Among Muslim Americans. *Journal of Muslim Mental Health*, 1 (1), 5–20. http://dx.doi.org/10.1080/15564900600654351

Authors in department of Psychology. Examine the effects of perceived discrimination on mental health in Muslim Americans. Study involved 152 Muslim Americans, ages of 18-71. Used Perceived Religious Discrimination Scale to measure perceived discrimination, both the Endler Multidimensional Anxiety Scale - State and Trait to measure state and trait anxiety, and the Paranoia Scale to measure levels of subclinical paranoia. Study found that contrary to past research and hypothesis, there is a lack of statistically significant correlation between perceived discrimination and state and trait anxiety. Study also found that perceived discrimination is correlated with increased vigilance and suspicion, and that differences in Muslim population affect perceived discrimination - significantly less perceived discrimination experienced by immigrant and convert Muslims than second generation Muslims.

Rousseau, C., Jamil, U., Bhui, K., Boudjarane, M. (2015). Consequences of 9/11 and The War On Terror On Children's and Young Adult's Mental Health: A Systematic Review of The Past 10 Years. *Clinical Child Psychology and Psychiatry*, 20 (2), 173-193.

Note that both medical/psychiatric literatures and social science literature document negative impact on children and families due to the War on Terror after 9/11. Found that although the consequences of 9/11 for mainstream children and youth are mainly assessed through a psychological framework, the social impact of the WOT on minorities and in particular in Arab and/or Muslim communities is mostly represented in qualitative studies in terms of issues of

identity negotiation, belonging and social relations between them and the host society. Found that overall females had more psychological distress than males and tended to use more emotion-based strategies, while males reported higher levels of disengagement responses. Conclude that three major themes emerge from the literature: (1) increased negative stereotyping, discrimination and marginalization; (2) the challenges of identity negotiation as youth; and (3) the coping strategies of individuals and communities to live within this socio-political context.

Samari, G. (2016) Islamophobia and Public Health in the United States. *American Journal of Public Health*, 106 (11), 1920-1925.

Field of Public Health. Author draws on known impacts of stigma and discrimination on health to argue that Islamophobia can negatively influence health. Islamophobia involves processes that are known determinants of health including individual (stress reactivity, identity concealment), interpersonal (social relationships and socialization), and structural process (institutional policies and media coverage). There is a lack of information and research on relationship between Islamophobia and physical health and this area deserves more attention.

Samari, G., Alcalá,, H. E., and Sharif,, M. Z. (2018). Islamophobia, Health, and Public Health: A Systematic Literature Review. *American Journal of Public Health*, 108(6), e1-e9.

Authors are in field of Public Health. Study looked at understanding racism and health, by analyzing Islamophobia as a form of racialization of religion. Using a systematic literature review, study looked at 53 peer reviewed articles discrimination against Muslims or Muslim-like identities (groups commonly perceived as Muslims like Arabs), and a health outcome. Majority of articles quantitative (n=34), with fewer reviews (n=10), qualitative (n=7), and mixed methods (n=2). Almost half of the articles assessed mental health outcomes (n= 24), with the remaining assessing mental health (n=13), both mental and physical health (n=10), or healthcare seeking (n=7). Findings showed an "association between Islamophobia and poor mental health, suboptimal health behaviours, and unfavourable healthcare seeking habits."

Shahzad, F. (2014) The Discourse of Fear: Effects of the War on Terror on Canadian University Students. *The American Review of Canadian Studies*, 44 (4), 467-482.

Qualitative study, multimethod study based on written narratives, demographic questionnaires, and interviews, 99 Muslim and non-Muslim students at a Canadian university to explore how the War on Terror has affected them. Most of the non-Muslims either discussed their fear for their families/friends going to fight in the war, or said it had no effect on them. The Muslim respondents had more emotional and psychological distress over the war with an identity crisis and sense of fear. Study points out how Muslims have taken on a new and further stigmatized visibility post-9/11 Western media.

Sheehi, L. (2019). The Islamophobic Normative Unconscious: Psychoanalytic Considerations. In Moffic, H. S., Peteet, J., Hankir, A.Z., Awaad, R. Editors. *Islamophobia and Psychiatry Recognition, Prevention, and Treatment*. Cham: Springer International, 157-170.

> Discusses how a clinician's own Islamophobic biases and Islamophobic normative unconscious emerges and has the potential to cloud the psychoanalytic theory and technique and unwittingly create hegemonic collusion within the therapeutic space. The ideological profile that is activated in the therapeutic space creates anxiety because it is activated by a real, fearmongering, fundamentally racist, and Islamophobic atmosphere that has led to witch-hunts and "setting an example" convictions, detailed at length in many scholarly works. It is a testament to what cultural historian Stephen Sheehi refers to as the way in which Muslims and Arab-Americans are enlisted personally and institutionally to police themselves, becoming actively complicit with a culture of political surveillance.

University of Toronto, Provostial Advisory Group. (2017). *Voice Of The Resident*.

> A survey done in 2017 for the University of Toronto's Provostial Advisory Group found that among medical residents, 44% reported experiencing discrimination and/or harassment. Of the 33% that reported discrimination only, 60% were identifiably Muslim. Of the 33% that reported discrimination, out of many subgroups, more females than males reported discrimination (44% vs 21% overall). For Muslims it was 58% female and 31% male.

Wilkins-Laflamme, S. (2018). Islamophobia in Canada: Measuring the Realities of Negative Attitudes Toward Muslims and Religious Discrimination. *Canadian Review of Sociology*, 55:1 86-110.

> Quantitative study using data from Statistics Canada's 2013 General Social Survey. Argues discrimination has been conceptualized as a form of stress that can lead to increases in negative emotion and also decreases in positive emotion. Discrimination has been empirically linked to many unfavourable outcomes, such as psychological distress, depression, anxiety, and self-esteem. Group-level discrimination can have indirect effects through limiting access to societal resources, such housing, education, and employment. Unfair access to these resources can increase their exposure to chronic strains (e.g. poverty) and undesirable life events (e.g. unemployment) and constrain their capacity to cope with stress, raising their chances of psychological impairment.

Younus, S. and Mian, A.I. (2019). Children, Adolescents, and Islamophobia. In Moffic, H. S., Peteet, J., Hankir, A.Z., Awaad, R. Editors. *Islamophobia and Psychiatry Recognition, Prevention, and Treatment*. Cham: Springer International, 321-334.

> Chapter discusses how Islamophobia as well as how the family handles interactions with non-Muslims impacts children's identity development. Suggests Muslim children may feel discriminated against, marginalized, and alienated from society and may believe that they are under

constant scrutiny and surveillance. They may face conflicts about their identity and may find it difficult to adjust to their surroundings. They may struggle internally about their religious beliefs and externally about the expression of religion. Exposure to Islamophobic acts and attitudes puts adolescents at a greater risk of developing lack of self-esteem, self-confidence, and a sense of belonging. Major effect on mental health is on identity development, youth can develop hyphenated identities to attempt to balance their Muslim and American identity.