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# **The Experiences and Mental Health Impact of Islamophobia on Muslim Americans Following the 2016 U.S. Presidential Election: A Hermeneutic Phenomenological Study**

## **Abstract**

The purpose of the current hermeneutic phenomenological qualitative study was to understand the phenomenon of Muslim Americans' lived experiences of Islamophobia prior to and two years into Donald Trump's presidential administration. 14 participants from multiple regions in the United States completed a semi-structured interview via telephone. The data analysis revealed seven major themes: 1) Muslim Americans experience different dimensions of Islamophobia, 2) Muslim Americans experience various forms of Islamophobia, 3) Variables that impact the prevalence of Islamophobia, 4) Islamophobia impacts various areas of Muslim Americans' lives, 5) Muslim Americans may react differently to experiences of Islamophobia, 6) Islamophobia impacts the mental well-being of Muslim Americans, and 7) Coping with Islamophobia.

This study explores how Muslim Americans perceived the social and political climate during the Trump administration, the experiences of Islamophobia that have been present in the lives of Muslim Americans, and how Islamophobia has impacted the mental wellbeing of this population. Interpretations from the data analysis provide insight into the psychosocial consequences of experiencing Islamophobia. It also provides information detailing the coping strategies that have been used by Muslim Americans to manage the impact of Islamophobia, as well as preserve or grow their personal and social identity (Berjot & Gillet, 2011). Implications for clinicians and psychology training programs, educators, and Muslim Americans are also discussed.

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Following the 2016 U.S. Presidential Election: A Hermeneutic Phenomenological Study

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A Dissertation

Presented to

the Faculty of the Morgridge College of Education

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In Partial Fulfillment

of the Requirements for the Degree

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by

Hadeel Ali

August 2021

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Title: The Experiences and Mental Health Impact of Islamophobia on Muslim Americans Following the 2016 U.S. Presidential Election: A Hermeneutic Phenomenological Study

Advisor: Ruth Chu-Lien Chao, Ph.D.

Degree Date: August 2021

## **ABSTRACT**

The purpose of the current hermeneutic phenomenological qualitative study was to understand the phenomenon of Muslim Americans' lived experiences of Islamophobia prior to and two years into Donald Trump's presidential administration. 14 participants from multiple regions in the United States completed a semi-structured interview via telephone. The data analysis revealed seven major themes: 1) Muslim Americans experience different dimensions of Islamophobia, 2) Muslim Americans experience various forms of Islamophobia, 3) Variables that impact the prevalence of Islamophobia, 4) Islamophobia impacts various areas of Muslim Americans' lives, 5) Muslim Americans may react differently to experiences of Islamophobia, 6) Islamophobia impacts the mental well-being of Muslim Americans, and 7) Coping with Islamophobia.

This study explores how Muslim Americans perceived the social and political climate during the Trump administration, the experiences of Islamophobia that have been present in the lives of Muslim Americans, and how Islamophobia has impacted the mental well-being of this population. Interpretations from the data analysis provide insight into the psychosocial consequences of experiencing Islamophobia. It also provides information detailing the coping strategies that have been used by Muslim Americans to manage the impact of Islamophobia, as well as preserve or grow their personal and social identity (Berjot & Gillet, 2011). Implications for clinicians and psychology training programs, educators, and Muslim Americans are also discussed.

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## CHAPTER ONE: INTRODUCTION

“Donald J. Trump is calling for a total and complete shutdown of Muslims entering the United States until our country’s representatives can figure out what the hell is going on. We have no choice...” (Khan, et al., 2019, p. 10). This was declared by the soon-to-be President and broadcasted on media platforms in the midst of the 2016 United States (U.S.) Presidential race (Johnson, 2015; Khan et al., 2019). This statement foreshadowed the executive order Trump introduced in 2017 that sought to temporarily ban the entrance of citizens and refugees from multiple Muslim-majority countries into the U.S. (Exec. Order No. 13769, 2017; Exec. Order No. 13780, 2017).

Though several iterations of what has been commonly referred to as Trump’s “Muslim ban” had been rejected by lower courts around the time this study was conducted, the Supreme Court of the United States ruled to uphold the ban in *Trump v. Hawaii* (2018) following alterations that were made (Barnes & Marimow, 2018; Husain, 2018). A recent version of the executive order targeted those from Muslim majority countries, such as Iran, Libya, Somalia, Syria, and Yemen (Exec. Order No. 13780, 2017). Since the first version of the policy was presented, thousands of family members have been kept from one another (Brown & Travers, 2018).

A YouGov poll surveyed U.S. citizens who were 18 years or older and found that among the participants, 30% “Agree strongly” and 21% “Agree somewhat” when asked if they approved of a Muslim ban (Yougov, 2016). Lajevardi and Oskooii (2018) also

surveyed 1,044 White, Black, Latino, and Asian participants in December 2016 and found that a considerable number of participants endorsed “blatantly racist evaluations and rated Muslim Americans as the least ‘evolved’ group” (p. 112). The Muslim American Resentment scale (MAR) was administered and results indicated that these attitudes were highly associated with modern objections of Muslim Americans (Lajevardi & Oskooii, 2018). In addition, MAR significantly mediated the relationship between old-fashioned racism (OFR), support for Trump, and different opinions of policy related to patrolling Muslim neighborhoods and restricting the re-entrance of Muslim Americans who were abroad and those from Muslim-majority countries immigrating to the U.S. (Lajevardi & Oskooii, 2018).

However, following the approval of the June 2018 “Muslim ban,” Justice Sotomayor, with whom Justice Ginsburg joined, filed a dissenting opinion that suggested that this policy essentially contradicted the First Amendment, which includes freedom of religion (*Trump v. Hawaii*, 2018) (Sotomayor J., dissenting). The dissenting opinion in *Trump v. Hawaii* (2018) (Sotomayor J., dissenting) included the following statement:

The United States of America is a Nation built upon the promise of religious liberty. Our Founders honored that core promise by embedding the principle of religious neutrality in the First Amendment. The Court’s decision today fails to safeguard that fundamental principle. It leaves undisturbed a policy first advertised openly and unequivocally as a “total and complete shutdown of Muslims entering the United States” because the policy now masquerades behind a façade of national-security concerns. But this repackaging does little to cleanse Presidential Proclamation No. 9645 of the appearance of discrimination that the President’s words have created. Based on the evidence in the record, a reasonable observer would conclude that the Proclamation was motivated by anti-Muslim animus... (slip op., at 1)

Furthermore, this policy is just one clear example of how Muslims have been targeted by the federal government in the U.S. (Beydoun, 2018; *Trump v. Hawaii*, 2018).

The Runnymede Trust (1997) described *Islamophobia* as “the dread or hatred of Islam – and, therefore, to fear or dislike of all or most Muslims” (p. 1). Overtime, there have been numerous definitions that have attempted to explain this type of prejudice (Mondon & Winter, 2017). One of the most recent articulations has been postulated by Beydoun (2018), where he defined Islamophobia as “the presumption that Islam is inherently violent, alien, and unassimilable, a presumption driven by the belief that expressions of Muslim identity correlate with a propensity for terrorism” (p. 28; Beydoun, 2016).

When attempting to understand the multifaceted nature of Islamophobia, there are several factors that should be considered. Firstly, it is important to recognize that Islamophobia has been present in American history for centuries (Beydoun, 2018). Secondly, this phenomenon is comprised of various dimensions that include private Islamophobia, structural Islamophobia, and dialectical Islamophobia (Beydoun, 2018). Moreover, Islamophobia can be found in various forms, such as federal laws, stereotyping, discrimination, verbal harassment, physical harassment, and microaggressions (Beydoun, 2018; Nadal et al., 2012; Sheridan, 2006). Thirdly, Islamophobia may be described as illiberal or liberal (Mondon & Winter, 2017). Fourth, those who identify as Muslim, as well as those who are perceived to be Muslim, may be affected by Islamophobia (Beydoun, 2018). This prejudice not only harms the Muslim population, but also negatively impacts those who are presumed to be Muslim (Beydoun, 2018).

## **Islamophobia in the United States**

Beydoun (2018) presented an in-depth review of the history of modern Islamophobia in the United States. Through this, he emphasized that Islamophobia is not a novel phenomenon and that the foundation of this prejudice is based on the “misrepresentations and stereotypes of Islam and Muslims shaped by Orientalism” (Beydoun, 2018, p. 29). In fact, Islamophobia is so deeply embedded within American history that it dates back to the era of American slavery (Beydoun, 2018). Beydoun (2018) specifically described how Black Muslim slaves had to choose between converting to Christianity or being punished, with some slaves continuing their Islamic practices in secret (Turner, 1997). In addition, between 1790 and 1944, it was forbidden for Muslim immigrants to become naturalized citizens (Beydoun, 2018). The author highlighted how sentiments that targeted Muslims during the naturalization era were similar to that of the “Muslim bans” proposed by Trump: both perpetuated the notion that Muslim immigrants are different, unable to assimilate, and possibly terrorists (Beydoun, 2018). This displayed several examples of how America has embodied Islamophobia throughout its history (Beydoun, 2018).

### **Islamophobia After 9/11**

Those who identify as Muslim appear to be feared and targeted in Western societies (Strabac & Listhaug, 2008; Wilkins-Laflamme, 2018). It is also important to note that prejudice toward Muslims in the West took place before the tragic terrorist attacks on September 11, 2001 (Gerges, 1997; Halliday, 1999; Poynting & Mason, 2007; The Runnymede Trust, 1997). Slade (1981) found that Americans, in particular, have held negative views of Muslims since the 1980s. However, 9/11 has been thought of as being

a “collective trauma” for Muslim Americans (Abu-Raiya et al., 2011, p. 10). After 9/11, the Federal Bureau of Investigation (FBI) stated that hate crimes toward Muslim Americans increased by 1,600% from 2000 to 2001 (Uniform Crime Reporting Program, 2001). Years later, in 2009, a Gallup poll discovered that 4 out of 10 Americans disclosed having at least “a little” prejudice toward Muslims (Barkdull et al., 2011; Gallup Center for Muslim Studies, 2010). Even when individuals in the West denied being prejudice toward Arab-Muslims, in particular, they had a preference for names that sounded “White” compared to those that sounded Arabic or Muslim (Park et al., 2007).

### **Modern Islamophobia**

Fear struck the Muslim American community once again on February 10<sup>th</sup>, 2015 (Sledge, 2015). On that tragic day, three Muslim students, Yusor Abu-Salha, Razan Abu-Salha, and Deah Barakat, were all murdered execution style in their Chapel Hill apartment by Craig Hicks over what the news called a “parking dispute” (Beydoun, 2018; Blandford, 2017; Sledge, 2015). News sources reported that although Craig Hicks was charged with three counts of first-degree murder, he had not been charged with a hate crime (Blandford, 2017). However, as Beydoun (2018) reflected on this situation, he noted that both Yusor and Razan wore the hijab and that this was an indication that they were Muslim. He further suggested that this should be considered a hate crime related to the victims’ Muslim faith (Beydoun, 2018). Past research has referred to the display of one’s Muslim faith through wearing certain attire as clothing *markers* that would indicate that they are a follower of Islam (Brown et al., 2017).

The Council on American-Islamic Relations (CAIR) revealed a rise in anti-Muslim incidents following the 2016 U.S. Presidential Election and the Huffington Post reported

385 incidents in 2016 (CAIR, 2016; Mathias & Abdelaziz, 2016). Threatening, vandalizing, harassing, attacking, and robbing Muslims were among the incidents that took place (CAIR, 2016). Women who wore hijab (i.e., headscarf) also stated that they had their hijabs forcefully removed from their head (CAIR, 2016). Additionally, in 2017, arsonists targeted four mosques in America (Yan & Cuevas, 2017).

Islamophobia has also been found to impact social isolation and employment among Muslims (Adam & Ward, 2016; Barkdull et al., 2011; Hebbani, 2014). Muslims have reported experiencing instances of discrimination during traveling and job interviews, and have even faced job loss (Barkdull et al., 2011). Evidence suggested that Islamophobia has also specifically increased unemployment and underemployment among Somalis in Australia (Hebbani, 2014).

### **Negative Effects of Islamophobia**

Muslims who have perceived discrimination based on their Muslim identity were susceptible to mental and physical health issues (Kira et al., 2010; Nadal et al., 2012; Sheridan, 2006). Past studies have discovered that Muslim Americans endorsed an increase in depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation after 9/11 (Abu-Ras & Abu-Bader, 2008; Abu-Ras & Suarez, 2009; Clay, 2011; Zielinski, 2015). 82% of those surveyed from this population have reported feeling “extremely unsafe” following 9/11 (Abu-Ras & Suarez, 2009; Clay, 2011; Zielinski, 2015). A significant relationship has also been found between perceived religious discrimination and subclinical paranoia (Rippy & Newman, 2006). Additionally, Muslims have experienced “disbelief, confusion, shock, anxiety, fear, sadness, and anger” (Barkdull et al., 2011, p. 144). Muslims have disclosed feeling devalued in society

and Islamophobia has been found to impact Muslim identity (Kunst et al., 2012; Kunst et al., 2013; Zielinski, 2015). Furthermore, Muslims have reported feeling isolated and rejected, and some have changed their attire to decrease the possibility of appearing Muslim (Barkdull et al., 2011).

A study by the Pew Research Center (2017) explored the experiences of Muslim Americans in the Trump era, where 74% of U.S. Muslims believed that Trump was unfriendly toward the Muslim American population. 68% of participants in this Pew Research Center study reported feeling worried by Trump and 45% reported feeling angry (2017). In addition, 60% reported that the way American news portrayed Muslims was unfair, 64% reported that they were dissatisfied with the direction of the country, 75% of Muslims believed that there was a lot of discrimination toward the Muslim American population, and half of the U.S. Muslim participants reported experiencing discrimination in the year before the study was conducted (Pew Research Center, 2017). However, approximately half of the Muslims surveyed in the study also reported that Americans were friendly toward Muslim Americans (Pew Research Center, 2017).

A pilot study was conducted for this dissertation and involved interviewing two Muslim American undergraduate students about their experiences of Islamophobia (Ali et al., 2018). The results revealed that participants believed the general population in the U.S. was uneducated about Islam and held divided opinions about Muslims (Ali et al., 2018). They also believed that Donald Trump and his supporters targeted the Muslim American community, and that Islamophobia has been prevalent before the 2016 U.S. Presidential Election and continued to be prevalent in the U.S. (Ali et al., 2018). Participants also disclosed that they experienced Islamophobia in their occupational,

academic, and/or social areas of life (Ali et al., 2018). This prejudice seemed to negatively influence the psychological well-being of the participants (e.g., feeling othered, experiencing anxiety) (Ali et al., 2018). The present dissertation study used a phenomenological approach to expand the pilot study by Ali et al. (2018) through refining the interview questions and demographic questionnaire, as well as increasing the sample size to provide further insights regarding Muslim American experiences of Islamophobia (Creswell, 2013).

### **Resiliency**

It is also important to highlight the resiliency that the Muslim population has displayed in the face of an oppressive system (Barkdull et al., 2011). Previous research has shown that some Muslims have become more vocal about social justice issues, increased their involvement in politics, engaged in interfaith alliances, and experienced a stronger commitment to their religion after 9/11 (Barkdull et al., 2011). In addition, some Muslims have reported that they were motivated to wear Muslim markers to express their religious identity (Barkdull et al., 2011). Ali et al. (2018) also identified the various coping strategies undergraduate Muslim Americans utilized to manage the Islamophobia they experienced. These strategies included building social supports, connecting with others who have similar experiences, being involved in advocacy to counteract Islamophobia, and recognizing positive experiences in which they felt supported by those around them (Ali et al., 2018). Barkdull et al. (2011) further elaborated on the strengths of this population by noting that:

Despite frequent frustration with the pace of change, the participants consistently found hope in the vision of a more just and peaceful world. Many referred to the



fundamental values of Islam as a source of inspiration for this hope. These values included justice, fairness, peace, and the transformational power of love. (p. 149)

### **Intersectionality**

Intersectionality is “a term used to describe the intersecting effects of race, class, gender, and other marginalizing characteristics that contribute to social identity and affect health” (Seng et al., 2012, p. 1). Researchers have emphasized the importance of considering the intersectional identities (i.e., gender, race, class, sexual orientation) of Muslims in interpreting their experiences (Barkdull et al., 2011). A previous study by Rippy and Newman (2006) discovered significant differences in perceived discrimination between various ethnic groups, as well as between Muslim Americans who identified as converting to Islam, immigrating to the U.S., and second-generation. The authors indicated that perceived discrimination in this population was connected to endorsing more vigilance and a Muslim American’s group identity impacted how they perceived discrimination (Rippy & Newman, 2006). Therefore, the current study considered how participants’ group identification was related to the themes they disclosed regarding their experiences of Islamophobia (Rippy & Newman, 2006).

Hopkins (2016) further suggested that religiously and racially motivated violence was composed of gendered violence. Anti-Muslim hate crimes have been typically directed toward Muslims who wear Islamic attire (Lambert & Githens-Mazer, 2010). For men, this included an Islamic beard, and for women, this included burkas, hijabs, or niqabs (Lambert & Githens-Mazer, 2010). Lambert and Githens-Mazer (2010) have also reported that those who were victims of racist hate crimes were generally men and victims of anti-Muslim hate crimes were usually women, including many women who

wore Islamic clothing (Hopkins, 2016). Evidence has also found that although many hate crimes have taken place in public spheres, others did not typically intervene (Hopkins, 2016).

### **Purpose of the Study**

Muslims have been active participants in American history since its foundation (GhaneaBassiri, 2010). However, the deep history of Islamophobia in the U.S. and its growing trend in recent years is evident (Beydoun, 2018). This prejudice may be experienced within the daily lives of Muslim Americans (Beydoun, 2018; Nadal et al., 2012). Such incidents may include stereotyping, discrimination, verbal harassment, physical harassment, and microaggressions, upon other types of Islamophobia that may potentially impact the psychological well-being of Muslim Americans (Beydoun, 2018; Nadal et al., 2012; Sheridan, 2006).

Overall, there has been limited research in understanding the individual experiences of Islamophobia, its psychological impact, and the coping strategies that have been utilized to manage this particular type of prejudice. This has been especially true for the current social and political climate. Therefore, the present study hoped to add to the literature on Muslim Americans' experiences of Islamophobia in various areas of their lives, particularly following the 2016 U.S. Presidential Election. The study sought to understand the amount of Islamophobia Muslim Americans experienced, how Muslim Americans perceived Islamophobia, and the psychological effects of Islamophobia. It planned to uncover coping strategies that have been successful in managing the Islamophobia Muslim Americans have experienced in order to support the mental health of this population. This study also sought to counteract anti-Muslim sentiment through

providing a space for Muslim Americans to have a voice in this discussion, challenging negative stereotypes, and emphasizing that being Muslim and American are not mutually exclusive (Beydoun, 2018; GhaneaBassiri, 2010).

A social work master's thesis conducted by Ali (2017) explored the perceived psychological impact of Islamophobia with eight Muslim Americans in the Bay Area region of California around the time Trump was elected. The present dissertation study sought to further understand the experiences of Islamophobia under Trump's presidency. This included increasing the sample size, increasing the ethnic, racial, and cultural diversity of the sample, interviewing Muslims from various regions of the United States, and comparing the experiences between Muslims who typically presented with visible Muslim identities versus non-visible Muslim identities (Ali, 2017). The current study was also conducted approximately midway into Trump's presidency, a specific time in American history (Heidegger, 1962).

### **Research Questions and Methodology**

The current qualitative study interviewed Muslim Americans to assess for themes related to the impact of Islamophobia that has been experienced by this population. More specifically, the study sought to answer the following questions during the Trump era (Heidegger, 1962):

1. How do Muslim Americans perceive the social and political climate following the 2016 U.S Presidential Election?
2. What are Muslim Americans' experiences of Islamophobia?

3. What are the experiences of Muslim Americans who present with Muslim markers (e.g., *hijab* or headscarf, *kufi* or Islamic cap, other traditional Muslim attire)?
4. How does Islamophobia impact the social, occupational, academic, and/or psychological functioning of Muslim Americans?
5. How do Muslim Americans react when they experience Islamophobia directed toward them?
6. What coping strategies do Muslim American utilize to manage their experiences of Islamophobia?

Moreover, the study sought to explore Muslim Americans' experiences of Islamophobia by applying a phenomenological research methodology (Creswell, 2013). This involved carrying out semi-structured interviews with 14 participants (Vandermause & Fleming, 2011). Each interview consisted of 11 open-ended questions and follow-up probes for each question to explore the individual experiences of each person (Seidman, 2006). Participants also completed a demographic questionnaire (Salkind, 2010). Each interview was transcribed verbatim (Creswell, 2013). Data analysis involved horizontalization, or identifying important statements by participants regarding the phenomenon (Creswell, 2013; Moustakas, 1994). This methodology then used these statements to create clusters of meaning into themes and develop a summary that discussed the phenomenon experienced by the participants (Creswell, 2013).

Phenomenology appeared to be the most appropriate method for answering the current study's research questions for several reasons (Creswell, 2013). This qualitative research method focuses on exploring the lived experiences of a group of individuals in

an interview format (Creswell, 2013). Several advantages of this interview format include that it provides the researcher with the ability to establish rapport and empathy with participants, ask questions that guide the interview, and integrate probing questions to further explore the individual experiences of a participant (Smith & Osborn, 2008).

In addition, considering the nature of data analysis with qualitative research, it is important to realize that researchers may have experience with the phenomenon being studied and that may inform the manner they analyze data (Creswell, 2013). Furthermore, phenomenology integrates bracketing, in which the researcher attempts to set aside their own experiences to analyze the experiences of the subjects in the study (Creswell, 2013). This is particularly important due to my identity as a Muslim woman and my own experiences of Islamophobia (Creswell, 2013).

## **CHAPTER TWO: LITERATURE REVIEW**

### **Overview**

Chapter Two of this dissertation involves a more in-depth analysis of the various definitions of Islamophobia, including illiberal Islamophobia and liberal Islamophobia (Mondon & Winter, 2017). It also explores a history of Islamophobia in the United States and the connection it holds to the more recent negative sentiment toward Muslims (Beydoun, 2018). Moreover, the chapter discusses Islamophobia in various countries and the negative impact it has toward Muslims living in different regions of the world (Blackwood et al., 2013; Copsey et al., 2013; Luqiu & Yang, 2018; Nadal et al., 2012; Wilkins-Laflamme, 2018). It presents previous research evidence and dialogue regarding the various factors that may impact whether an individual experiences Islamophobia and whether non-Muslims endorse Islamophobic tendencies (Hopkins, 2016; Khan & Ecklund, 2013; Khawaja, 2016; Lambert & Githens-Mazer, 2010).

In addition, the current chapter notes previous evidence that has shown the psychological impact of Islamophobia on Muslims and the coping strategies utilized by Muslims to manage the Islamophobia they have experienced (Abu-Raiya et al., 2011; Adam & Ward, 2016; Aflakseir & Coleman, 2009; Ahmed et al., 2011; Eaton, 2015; Sheridan, 2006). It provides a brief background of Biopsychosocial theory and explores how perceived racism can impact an individual's well-being through a biopsychosocial lens (Clark et al., 1999; Engel, 1977). Lastly, it explains the relationship between

cognitive appraisal, stress, and coping and how these phenomena are impacted when an individual experiences discrimination (Berjot & Gillet, 2011; Folkman et al., 1986; Lazarus & Folkman, 1984).

### **Definitions of Islamophobia**

*Islamophobia* has been defined as “the dread or hatred of Islam – and, therefore, to fear or dislike of all or most Muslims” by The Runnymede Trust in 1997 (p. 1; Phillips & Lauterbach, 2017). Since then, various definitions of Islamophobia have been suggested and a consensus has yet to be determined regarding the term itself and the most accurate definition (Mondon & Winter, 2017). Bleich (2011) presented a possible definition of Islamophobia as being “indiscriminate negative attitudes or emotions directed at Islam or Muslims” (p. 1581). Furthermore, certain authors have indicated that Islamophobia can be understood as a sub-factor of racism (Meer & Modood, 2009; Mondon & Winter, 2017; Phillips & Lauterbach, 2017) and Halliday (1999) stated that the phenomenon can be referred to as “anti-Muslim hate” or “anti-Muslim racism.”

Mondon and Winter (2017) also noted the ambiguous distinction of experiencing inequalities based on race, ethnicity, and religion. They inferred that determining whether Islamophobia is about religion or race is based on what is being said about it and how they approached their explanation (Mondon & Winter, 2017). Werbner (2013) stated, “Whatever the case, the effects of securitisation and the attacks on Islamic symbols are racist, in the sense that they license the actions and discourses of individuals and groups who promote more offensive racist imaginaries” (p. 455; Mondon & Winter, 2017). Mondon and Winter (2017) did not suggest that the term Islamophobia *literally* means fear. Rather, they suggested that Islamophobia has been the most widely used term of

hate toward Muslims and referred to the numerous articulations that have been postulated that encompassed those referring to religion and others that refer to race (Mondon & Winter, 2017). Furthermore, Mondon and Winter (2017) stated the following:

We thus see Islamophobia as a construct, and, within it, the Muslim signifier as one which does not come from the individual Muslim in a subjective manner, but is defined by the onlooker in a position of power and imposed onto people through various types of generalization, misperception and stigmatization, such as the so-called secular and anti-terrorist laws, but also through the media coverage of Islam (Deltombe, 2007; Kundnani, 2014; Liogier, 2016). (p. 2157)

In addition, Beydoun (2018) further added to the definition of Islamophobia by specifically defining it as “the presumption that Islam is inherently violent, alien, and unassimilable, a presumption driven by the belief that expressions of Muslim identity correlate with a propensity for terrorism” (p. 28; Beydoun, 2016). The author further explained that this definition of Islamophobia is comprised of three components that include private Islamophobia, structural Islamophobia, and dialectical Islamophobia (Beydoun, 2018). He described *private Islamophobia* as “the fear, suspicion, and violent targeting of Muslims by private actors” (Beydoun, 2018, p. 32). Private actors “could be individuals or institutions acting in a capacity not directly tied to the state” and can target individuals, communities, institutions, or non-Muslims (Beydoun, 2018, p. 32).

Beydoun (2018) specifically noted a dimension of Islamophobia that appeared to be missing from most previous definitions: structural Islamophobia. He defined *structural Islamophobia* as “the fear and suspicion of Muslims on the part of government institutions and actors” (Beydoun, 2018, p. 36). This highlighted how Islamophobia is found within laws, policy, and programs under the inherent notion that being Muslim is connected with being a threat to national security (Beydoun, 2018). Structural



Islamophobia may be overt or present as neutral (Beydoun, 2018). However, though appearing neutral, structural Islamophobia may target those in the Muslim community when implemented (Beydoun, 2018).

Beydoun (2018) provided several examples of structural Islamophobia, which included the PATRIOT Act, counter-radicalization programming, the “Muslim bans,” and the surveillance of Muslims. Other examples included the war-on-terror policies enforced by Presidents George W. Bush, Barack Obama, and made more explicitly anti-Muslim by Donald Trump with moves such as promising to create a Muslim Registry (Beydoun, 2018). Through recognizing that structural Islamophobia has been present prior to the Trump administration, Beydoun (2018) further emphasized:

...the Trump administration should not be viewed as a marked departure or outlier, but rather as a more transparent and brazen step in a progression that has been, in great part, enabled by the stated war-on-terror aims and programs of the previous two administrations. (p. 39)

The third dimension of Islamophobia noted by Beydoun (2018) is *dialectical Islamophobia*, which is defined as “the process by which structural Islamophobia shapes, reshapes, and endorses views or attitudes about Islam and Muslim subjects inside and outside of America’s borders” (p. 40). This occurs when Islamophobic policing, programming, and laws further the misconceptions the general public holds about Muslims, which then increases private Islamophobia (Beydoun, 2018). This may negatively impact the lives of individuals who identify as Muslim, but also those who are perceived as Muslim (Beydoun, 2018).

Islamophobia has been fueled by other events, such as terror attacks in Western societies by extremist groups claiming to be Muslim, the war on ISIS, and an increase in

refugees from predominately Muslim countries, such as Syria (Wilkins-Laflamme, 2018). Various events have also furthered Islamophobia as a more significant political issue (Mondon & Winter, 2017). This has included Stop Islamization of America's (SIA) endorsement that former President Barack Obama was born a Muslim and SIA's Ground Zero Mosque campaign (Mondon & Winter, 2017). Another event that furthered Islamophobia in America included the hearings from the Chairman of the House Committee on Homeland Security, Peter King, which was entitled "The Radicalization of American Muslims and response of the community" (Mondon & Winter, 2017). Moreover, far-right movements in various countries have promoted Islamophobia as part of their platform, such as the "Alt-Right" in the United States, the United Kingdom Independence Party (UKIP) in the UK, and the Front National (FN) in France (Mondon & Winter, 2017; Southern Poverty Law Center, 2016).

### **Illiberal Islamophobia**

In addition, Mondon and Winter (2017) presented a distinction between illiberal Islamophobia and liberal Islamophobia, where illiberal Islamophobia has been thought of as being most similar to traditional racism. More specifically, the U.S. has demonstrated numerous illiberal practices that have led to the oppression of various marginalized groups throughout history (Mondon & Winter, 2017). This can be seen during colonialism and the massacres of Native Americans, slavery, the Jim Crow laws, and various groups that endorse White supremacy, such as the Ku Klux Klan (KKK) (Mondon & Winter, 2017). Illiberal Islamophobia places all Muslims in one group and fails to make a distinction between beliefs, ideology, behavior, or activities among Muslim subgroups and individuals (Mondon & Winter, 2017). Further, it has been

described as part of *new racism*, which has focused on cultural differences and the assumption that removing barriers between groups of people could be harmful due to differences in traditions and ways of life, rather than biological heredity (Balibar, 1997; Barker, 1982; Mondon & Winter, 2017; Taguieff, 1994).

### **Liberal Islamophobia**

With the same underlying agenda as illiberal Islamophobia lies its liberal counterpart (Mondon & Winter, 2017). Liberal Islamophobia describes the Islamophobic rhetoric found within the political and cultural mainstream context and appears more normalized and progressive (Mondon & Winter, 2017). Mondon and Winter (2017) stated:

what this article describes as mainstream Islamophobia is the creation of a loosely defined Muslim culture and community inherently and homogenously opposed to some of the core values espoused in a mythical essentialized culturally homogenous, superior and enlightened West. (p. 2163)

Kumar (2012) stated that although liberal Islamophobia appears milder, it is still based on racism and imperialism (Mondon & Winter, 2017).

Those who promote liberal Islamophobia state that their views are founded on democracy and preach a focus on the freedom and the rights of individuals (Mondon & Winter, 2017). Ironically, it appears that this agenda simultaneously fails to consider the freedom and rights of individuals who follow Islam, with Islamophobic rhetoric stripping the freedoms of those impacted by the prejudice inherent within it (Mondon & Winter, 2017). This can be found within gendered Islamophobia, in which there have been laws within various countries in Europe that have banned, or have proposed to ban, Muslim women from wearing certain religious attire (BBC News, 2018). In addition, it is important to note that there have been various individuals within the public light who

identify as liberal, but in fact, promote an *illiberal* Islamophobic rhetoric (Mondon & Winter, 2017).

As the refugee crisis in the world increased, those in Western countries have been hesitant to accept Muslims who have been fleeing from countries that may be afflicted with war and poverty (Briskman & Latham, 2017). Briskman and Latham (2017) noted that this is related to the belief that there would be a conflict between Islamic values and Western values. This argument was especially in relation to the manner that people perceived Muslim women to be treated (Briskman & Latham, 2017). More specifically, Islam has been presented in Western cultures as misogynistic (Ho, 2007). This belief has been endorsed by ex-Muslim Ayaan Hirsi, who has identified as an individual who is “enlightened but describes Muslim women as prisoners, slaves, submissive robots, and frightened birds” (Briskman & Latham, 2017, p. 109). Though she presented as having a progressive agenda and stated that she is an advocate of Muslim women, she has actually furthered the gendered stereotype that Muslim women are oppressed by Islam and their male counterparts (Briskman & Latham, 2017). Briskman and Latham (2017) stated that Muslims have been dubbed as “culturally inferior ‘others’” (p. 110). Moreover, this was further described as “white men saving brown women from brown men” (Spivak, 1988, p. 297). Briskman and Latham (2017) add that this belief has been used to rationalize colonialism and wars in Muslim-majority countries, such as Afghanistan and Iraq.

### **Islamophobia as a Global Issue**

Islamophobia has increased in the U.S., Canada, Europe, and Australia following 9/11 (Allen & Nielsen, 2002; Dunn et al., 2007; Hanniman, 2008; Helly, 2004; Poynting & Mason, 2007; Sheridan & Gillet, 2005; Wilkins-Laflamme, 2018). It is important to

consider the degree that Islamophobia has been prevalent in other countries and regions and how this phenomenon has impacted Muslims in various parts of the world. Gaining a deeper understanding of this trend sheds light on the importance of counteracting Islamophobia and how to better support the Muslim community who has experienced prejudice based on their religious identity.

### **United Kingdom**

Overall, religious hate crimes in the United Kingdom have predominately been found to be directed toward Muslims compared to other religions (Copsey et al., 2013). Hopkins (2016) noted the anti-Muslim hate crimes and Islamophobia that have taken place in the United Kingdom have included:

unjust, regularly violent and relentlessly unpleasant verbal, physical and emotional attacks against Muslims and those who are perceived to be Muslim. These anti-Muslim attacks range from murder, serious assaults and arson through to spitting, threatening and abusive words or behaviour (Copsey et al., 2013; Lambert & Githens-Mazer, 2010). (p. 187)

Blackwood et al. (2013) also stated that Muslims who reported their treatment by airport security believed it was based on their Muslim identity and that people who *appeared* Muslim were treated similarly. When considering the vast amount of discrimination that Muslims have faced, it is vital to highlight that Copsey et al. (2013) found that over 50% of hate crimes were not reported in Great Britain. Though this may not be the case for all regions in the world, it is imperative to consider the possibility that the rates of hate crimes toward Muslims may be underreported (Copsey et al., 2013).

### **Canada**

In the year 2017, a Trump supporter in Quebec City murdered six Muslims in a mosque (The Globe and Mail, 2017). This occurred after Wilkins-Laflamme (2018)

reported that the General Social Survey (GSS) surveyed Canadian Muslims in 2014 and 18% to 35% (depending on the region) reported experiencing at least one instance of discrimination related to their religion, ethnicity, or culture in the five years prior to the survey. However, Wilkins-Laflamme (2018) also found that there was no statistical difference in the amount of religious, ethnic, or cultural discrimination between Muslim women and men in Canada. Muslim youth who were interviewed in Canada also disclosed experiences of Islamophobia and social pressure (Zine, 2001).

### **China**

It is also important to recognize that Islamophobia should be perceived as a global issue, as it takes place in Eastern cultures as well (Luqiu & Yang, 2018). Luqiu and Yang (2018) found that Chinese news generally displayed negative attitudes toward Muslims and an implicit association test found that non-Muslims in China held negative stereotypes of Muslims. Additionally, Chinese Muslims reported being aware of the negative media representation of Islam and some disclosed experiencing discrimination based on their religious identity, which was believed to be related to stereotypes of Muslims (Luqiu & Yang, 2018). Amnesty International (2021) added, “Since 2017, under the guise of a campaign against ‘terrorism’, the government of China has carried out massive and systematic abuses against millions of Muslims living in Xinjiang. The human suffering has been immense. The abuses are ongoing” (p. 152).

### **Mitigating Factors of Islamophobia**

Research has shown ambiguous evidence regarding whether integration with the dominant society may lead to more or less experiences of discrimination (Khawaja, 2016). For example, though a previous study by Foroutan (2008) found that second-

generation Muslim immigrants who reported being assimilated experienced less discrimination, evidence collected by Awad (2010) with Arab/Middle Eastern Americans found that those who identified as Muslims and being greatly immersed in the dominant society reported more incidences of discrimination (Khawaja, 2016). Moreover, research conducted on a diverse university campus with non-Muslim students found that negative attitudes toward Muslims increased in particular situations, specifically when boarding a plane with a Muslim American or when a Muslim American was selling a used car (Khan & Ecklund, 2013). The authors suggested that non-Muslims may hold more negative attitudes toward Muslim Americans when they find themselves in a circumstance that they perceive as threatening (Khan & Ecklund, 2013).

Evidence has suggested that a higher education level has mitigated negative attitudes of Muslims, particularly when compared to gender, religious minority status, or social class (Fetzer & Soper, 2003; Pew Research Center, 2010). Another factor that has impacted attitudes toward Muslims included the generation that an individual was born in, where younger generations have been less likely to exhibit negative attitudes toward Muslims (Pew Research Center, 2010). Research has also found evidence that supported that higher levels of religiosity, such as with Christian Fundamentalists, has been related to increased prejudice toward Muslims (Anderson & Antalikova, 2014; Fetzer & Soper, 2003), while other research has found that religiosity may be a mitigating factor for prejudice in certain situations (Daniels & Von der Ruhr, 2005; Knoll, 2009; Newheiser et al., 2015; Park & Bowman, 2015).

## Microaggressions

Owen et al. (2014, p. 283) described the definition of microaggressions by Pierce et al. (1978) as “a variety of direct and indirect (conscious and unconscious) insults, slights, and discriminatory messages.” A qualitative pilot study carried out by Nadal et al. (2012) explored the experiences of microaggressions among Muslim Americans and found six themes among 10 participants who resided in New York through carrying out focus groups. The first theme that emerged was the *endorsement of religious stereotypes of Muslims as terrorists*, which suggested that Muslims are violent and untrustworthy (Nadal et al., 2012). The second theme was the *pathology of the Muslim religion* (Nadal et al., 2012). This theme implied that non-Muslims may hold conscious or unconscious views that the beliefs of Muslims are incorrect or atypical, which may result in the mistreatment of Muslims (Nadal et al., 2010; Nadal et al., 2012).

The third theme was the *assumption of religious homogeneity*, where people believed that all Muslims participated in similar religious practices and have identical experiences (Nadal et al., 2012). This included the assumption that all Muslims are Arab, although about one-third of Muslims identified as South Asian, one-fourth identified as Arab, and one-fifth identified as being from African descent (Bukhari, 2003; Nadal et al., 2012). Specifically, in America, approximately 68% of the Muslim population have immigrated from more than 80 countries in the world (Nadal et al., 2012; Strum, 2003). The fourth theme was *exoticization*, where an individual may microaggress by frequently inquiring about Islam, exploiting religious attire, or carrying out an environmental microaggression in the media (Nadal et al., 2012). The fifth theme found was the participants’ experiences of *Islamophobic and mocking language*, where they were susceptible to being teased or



verbally bullied about their religion (Nadal et al., 2012). The sixth and final theme was *alien in own land*, which occurred when an individual who has at least lived in America for a substantial period of time has been treated as a foreigner (Nadal et al., 2012; Sue et al., 2007).

As a result of experiencing such microaggressions that may be related to one's Muslim identity, participants reported experiencing distress, anger, belittlement, frustration, sadness, and hurt (Nadal et al., 2012). Muslim Americans may also attempt to conceal their Muslim and/or racial identity in certain environments to prevent experiencing microaggressions and overt discrimination (Nadal et al., 2012). It is also important to note that it has been ambiguous as to whether the microaggressions that were reported by participants in the study were specifically based on the individuals' religious, racial, and/or ethnic identity (Nadal et al., 2012).

### **Coping Strategies Among Muslims**

Considering the psychological impact that Islamophobia may have on the Muslim community living in America, it is vital to consider how to best serve this population in a culturally-oriented manner (Amri & Bemak, 2013). In order to carry out culturally responsive mental health services, providers should consider the client's language, cultural background, and religious beliefs and practices (Amri & Bemak, 2013). This is particularly important, as stigma related to mental illness and seeking treatment is prevalent within the Muslim community and ignoring these factors may actually contribute to the oppression of this population (Amri & Bemak, 2013). In order to strive for culturally responsive mental health services, one step may be to identify coping strategies that are culturally specific (Hays, 2008).

A large number of Muslims perceive Islam as a religion that is related to the mental, emotional, behavioral, and spiritual aspects of the self (Abu-Raiya et al., 2011; Adam & Ward, 2016). Muslims may turn to Muslim Religious Coping (MRC), comprised of an inner and outer component, as a way of decreasing stress (Adam & Ward, 2016). The inner component can be understood as an individual's relationship with God and the outer component involves the religious practices that a Muslim may engage in (Abu Raiya et al., 2008; Adam & Ward, 2016; Khan & Watson, 2006). Moreover, behavioral, cognitive, and social MRC has been found to be related to higher levels of life satisfaction (Adam & Ward, 2016).

Muslims increased their religious practices after 9/11, such as praying, fasting, going to the mosque, and reading Quran (Abu-Raiya et al., 2011). However, research has shown varied results regarding the psychological influence of religious coping among the Muslim population. Adam and Ward (2016) suggested that MRC did not display a significant impact on psychological symptoms. In addition, Abu-Raiya et al. (2011) has demonstrated that Muslims reported utilizing positive and negative religious coping strategies to manage the stress related to 9/11. Abu-Raiya et al. (2011) described religious coping as the following:

The positive religious coping methods reflect the perception of a secure relationship with God, a belief that there is a greater meaning to be found, and a sense of spiritual connectedness with others. In contrast, the negative religious coping pattern involves expressions of a less secure relationship with God, a tenuous and ominous view of the world, and a religious struggle to find and conserve significance in life. (p. 3)

The authors found an increase in positive religious coping strategies, which they suggested may be related to utilizing religion as a means of support when experiencing stress or attempting to fortify their religious identity (Abu-Raiya et al., 2011; Pargament

et al., 1990). Praying and reciting the Quran have also been found to be helpful for Muslim women who were survivors of domestic violence (Hassounah-Phillips, 2003). Though negative coping strategies among Muslim Americans who attempted to manage stress after 9/11 were found to increase symptoms of depression (Abu-Raiya et al., 2011), evidence has indicated that Muslims and non-Muslims utilized positive religious coping more often (Abu-Raiya et al., 2011; Aflakseir & Coleman, 2009; Ano & Vasconcelles, 2005; Khan & Watson, 2006). Religious coping has also been found to increase the psychological adjustment among Muslim students and has decreased symptoms of PTSD with disabled war veterans in Iran (Aflakseir & Coleman, 2009; 2011). In addition, it has been found to decrease symptoms of depression and anxiety among Arab-Americans who identified as Christians and Muslims (Ahmed et al., 2011).

Abu-Raiya et al. (2011) also found that Muslim American participants utilized nonreligious coping methods. These means of coping led to higher posttraumatic growth and included reaching out to other Muslims or other religious Americans, educating others about Islam, and engaging in interfaith discussions (Abu-Raiya et al., 2011). However, participants who used isolation as a coping mechanism experienced negative effects on their psychological well-being, such as increased depression and anger (Abu-Raiya et al., 2011).

Previous studies have also explored the various protective factors among the Muslim American population (Eaton, 2015; Khawaja, 2016). Research has indicated that Muslims may become closer to their culture, heritage, ethnic group, and/or religion as a protective factor to gain social, emotional, and instrumental support and, in turn, improve their psychological well-being (Khawaja, 2016). Arab-American Muslim adolescents who had

higher religious coping, ethnic identity, and religious support endorsed less internalized and externalized psychological symptoms (Ahmed et al., 2011). However, this may specifically postpone Muslim immigrants' involvement with their host country (Khawaja, 2016).

One study by Eaton (2015) evaluated responses from 50 Muslim women in the United States, where half reported wearing hijab and the other half did not. The study found that wearing loose-fitting clothing was negatively correlated with internalizing psychopathology, including degree of depression and anxiety, regardless of whether participants wore the hijab (Eaton, 2015). In addition, the degree of religiosity reported by participants was also negatively correlated with internalized psychopathology (Eaton, 2015).

### **Biopsychosocial Theory**

“The boundaries between health and disease, between well and sick, are far from clear and never will be clear, for they are diffused by cultural, social, and psychological considerations” (Engel, 1977, p. 133). The current study investigates the manner in which Islamophobia effects Muslim Americans by considering George Engel's Biopsychosocial Theory (Engel, 1977). The Biopsychosocial Theory recognizes that a person's well-being may be influenced by the biological, psychological, and social factors in their life (Engel, 1977). Furthermore, Engel (1977) stated the necessity of considering the somatic, psychological, social, and cultural factors in understanding an individual's presenting concerns. This perspective also postulated that each level of the biopsychosocial hierarchy interacts with one another (Borrell-Carrió et al., 2004; Plsek, 2001). More specifically, Engel (1977) stated the example:

virtually each of the symptoms classically associated with diabetes may also be expressions of or reactions to psychological distress, just as ketoacidosis and hypoglycemia may induce psychiatric manifestations, including some considered characteristic of schizophrenia. (p. 132)

Furthermore, considering each of these elements presents a holistic approach to understanding individuals in a manner that humanizes and empowers them (Borrell-Carrió et al., 2004).

### **Psychological Impact of Biological and Environmental Factors**

The connection between a human being's physiological and mental health can be seen within the amygdala, which is the area of the brain that processes emotions (Berzoff, 2011). In addition, the foundation of numerous mental illnesses can be found within a person's biology, where an individual may encompass a genetic predisposition for certain medical conditions or mental health disorders (Berzoff, 2011). Berzoff (2011) stated that a person's brain development may be impacted by their social context and whether they have experienced stress, such as trauma, neglect, and/or abuse in their life. Trauma, in particular, has the ability to impact an individual's capacity to adapt (Berzoff, 2011). Individuals may have various reactions when they experience trauma, including fear and hypersensitivity, and such reactions may increase the likelihood of depression, anxiety, and PTSD (Berzoff, 2011).

Those who have experienced marginalization or trauma could also experience issues with emotion regulation and/or may perceive other people as threatening or uninterested (Berzoff, 2011). They may also experience a decrease in self-esteem (Berzoff, 2011). Berzoff (2011) noted that it is important to consider whether a person has experienced discrimination or if they have internalized the messages that society has endorsed toward

their identities. More specifically, racism, microaggressions, economic issues, and other various environmental stressors may impact an individual's physiological well-being (Berzoff, 2011). Carter (2007) noted that a person's body can be impacted by stress hormones that are released when a person experiences feelings such as frustration, fear, and anger (Berzoff, 2011). Stress hormones have also been found to negatively impact individuals who are financially disadvantaged (Berzoff, 2011; Carter, 2007). Therefore, it is necessary to understand how an individual has processed the factors in society and their environment and the ways in which stigma within society may impact their behavior (Berzoff, 2011).

### **Biopsychosocial Outcomes of Perceived Racism**

Previous research has sought to understand the biopsychosocial outcomes of perceived racism through a stress and coping model (Clark et al., 1999). Clark et al. (1999) defined racism as "beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics or ethnic group affiliation" (p. 805). Though the Muslim population is very racially diverse (Bukhari, 2003; Nadal et al., 2012), Islamophobia has been considered a sub-factor of racism (Halliday, 1999; Meer & Modood, 2009; Mondon & Winter, 2017; Phillips & Lauterbach, 2017) and previous research has suggested that research concentrated on racial attitudes should include appraisals of Muslim Americans as well (Lajevardi & Oskooii, 2018). Furthermore, the current research article applies the stress and coping model utilized by Clark et al. (1999) to understand the impact of racism on the biopsychosocial well-being of the Black population in America toward the experiences and effects of anti-Muslim hatred within the Muslim American community.

Clark et al. (1999) described perceived racism as the “subjective experience of prejudice or discrimination” (p. 808). The authors also stated that the subjective nature of this phenomena may lead others to discount racism compared to other sources of stress that individuals disclose (Clark et al., 1999). Research has presented evidence that if an individual is exposed to racism and that it is perceived as stressful, this may have biopsychosocial consequences, and particularly amplify the degree of physiological and psychological stress (Anderson et al., 1991; Burchfield, 1979; Clark et al., 1999; Herd, 1991; James, 1993; Lazarus & Folkman, 1984; Selye, 1983).

Physiological responses to perceived racism may impact a person’s immune, neuroendocrine, and cardiovascular functioning (Andersen et al., 1994; Cacioppo, 1994; Clark et al., 1999; Cohen & Herbert, 1996; Herd, 1991). Previous research has also implied that perceived stress has been related to a decrease in immune functioning that may make an individual more vulnerable to further health issues (Clark et al., 1999; Cohen et al., 1991; Cohen et al., 1998; Kiecolt-Glaser & Glaser, 1995). Clark et al. (1999) noted that previous research (Armstead et al., 1989; Bullock & Houston, 1987) has indicated that certain psychological stress responses following experiences of racism include “anger, paranoia, anxiety, helplessness-hopelessness, frustration, resentment, and fear” (p. 811). Such responses may lead to extended psychological reactions and sociocultural adjustment (Anderson, 1991; Clark et al., 1999; Pearlin, 1989). Additionally, perceived racism has previously been found to impact the origins of depression (Clark et al., 1999; Fernando, 1984).

## **Factors Influencing Perceived Racism and Health Outcomes**

The way a person perceives racism and the psychological and physiological outcomes they experience may also be influenced by constitutional, sociodemographic, psychological, behavioral, and coping factors (Clark et al., 1999). Previous research has found that constitutional factors that may impact the link among experiencing an event and health outcomes may include skin tone, occupation, and income (Clark et al., 1999; Keith & Herring, 1991; Udry et al., 1971). Past research has also explored how socioeconomic status (SES), a sociodemographic factor, impacts an individual's perception of racism, ethnicity, and biopsychosocial functioning (Clark et al., 1999; Forman et al., 1997; National Research Council, 1989; Williams & Collins, 1995). In addition, evidence has found that individuals of various ethnicities with low SES are more susceptible to adverse health outcomes compared to those who have a high SES (Clark et al., 1999). Other sociodemographic factors that may impact perceptions of discrimination may include age and gender (Clark et al., 1999). Psychological and behavioral factors may also impact the manner in which a person perceives a situation as being discriminatory and/or stressful (Adams & Dressler, 1988; Clark et al., 1999; Pearlin, 1989).

### **Coping**

In addition, the various ways in which individuals cope following an incident of perceived racism may impact the large range of health outcomes among a population (Clark et al., 1999). Coping strategies have been found to impact the length and intensity of stress responses (Burchfield, 1979; Clark et al., 1999). When considering the available coping strategies that individuals may utilize following an event that is perceived as



stressful, strategies that do not alleviate stress may actually result in negative health outcomes and persistent psychological and physiological activity that is amplified (Burchfield, 1985; Clark & Harrell, 1982; Clark et al., 1999; Selye, 1976).

There are certain coping strategies that are specific responses to an event that is perceived as racist (Clark et al., 1999). Whether a coping response is passive or active may also impact health outcomes in individuals when they experience discrimination (Clark et al., 1999). For example, previous research found that African American women who were 45 years or older and carried out passive coping responses to racism and gender discrimination were more likely to experience self-reported hypertension compared to those who utilized active coping responses (Clark et al., 1999; Krieger, 1990). In addition, certain coping strategies may be adaptive for some individuals, while the same strategy may be maladaptive for others, such as disclosing an emotional response to others (Clark et al., 1999).

### **Cognitive Appraisal, Stress, and Coping**

Lazarus and Folkman (1984) identified appraisal as an event or stressor that impacts a person's perception of a circumstance (Matthieu & Ivanoff, 2006). Cognitive appraisal has also been defined as the process of evaluating whether a situation is significant to an individual's own well-being and in what way(s) (Folkman et al., 1986). It has been described as the first stage of the Transactional Model of Stress and Coping, which describes the process an individual experiences when they evaluate and appraise an event (Berjot & Gillet, 2011; Lazarus & Folkman, 1984).

## **Stress**

Cognitive appraisal is necessary to determine whether a situation is stressful (Berjot & Gillet, 2011; Lazarus & Folkman, 1984). An event is considered as stressful if a person's internal or external needs are perceived as being exhausted or if they surpass a person's available coping resources (Lazarus & Folkman, 1984; Major, McCoy, et al., 2003). Lazarus (2006) stated that there are various types of stress that include harm or loss, threat, and challenge. The author noted that psychological stress depends on the person-environment relationship an individual has, which includes the characteristics of their personality and the factors found within their environment (Lazarus, 2006). Lazarus (2006) stated:

What connects the social structure and culture to stress is that certain conditions, such as sociocultural change, immigration, war, racism, natural disasters, and social crises, such as economic depressions, unemployment, poverty, social isolation, privation, and social anarchy, all breed stress reactions in individual persons and social groups, depending on their respective positions in the society. As I noted earlier, these sources of turmoil in the society are often referred to by sociologists as social strains, which produce psychological stress in individuals and collectivities or groups (Smelser, 1963). (p. 38)

Cognitive appraisal includes primary and secondary appraisal (Berjot & Gillet, 2011; Lazarus & Folkman, 1984). Primary appraisal involves evaluating the possible consequences of an event (Berjot & Gillet, 2011; Lazarus & Folkman, 1984). Secondary appraisal occurs when an individual evaluates whether they can cope with a situation by evaluating if they have the appropriate physical, social, psychological, and/or material coping resources to respond (Berjot & Gillet, 2011; Lazarus & Folkman, 1984).

## **Coping**

Coping has been understood as the second stage of the Transactional Model of Stress and has been defined by Folkman (1984) as “cognitive and behavioral efforts to master, reduce, or tolerate the internal and/or external demands that are created by the stressful transaction” (p. 843; Berjot & Gillet, 2011; Folkman & Lazarus, 1980; Lazarus & Launier, 1978). Coping strategies are utilized to regulate emotions or distresses that result from an event that elicits stress, as well as to manage the issue that leads to stress by altering the factors of the circumstance (Berjot & Gillet, 2011; Folkman, 1984).

## **Emotion**

As an individual interprets and judges the significance of an experience, they assess how to respond, which may include experiencing and/or expressing an emotion (Lazarus, 2006). Lazarus (2006) further explained that every emotion embodies a story about the relationship between a person and their environment. In addition to presenting evidence of how an individual appraises an event and whether they believe it is stressful or threatening, the emotion a person endorses can potentially display how they are coping with a circumstance (Lazarus, 2006). Furthermore, emotion and coping are understood to influence one another (Folkman & Lazarus, 1988; Lazarus & Folkman, 1984). Particular coping mechanisms may either increase positive emotions or negative emotions (Folkman & Lazarus, 1988; Lazarus & Folkman, 1984). This is important to consider, as individuals may cope with each type of stress in a different manner (Lazarus, 2006; Lazarus & Folkman, 1984; Matthieu & Ivanoff, 2006; Regehr & Bober, 2005). Therefore, one must consider the relationship between stress, emotion, and coping, where coping is understood to be an essential component of emotional arousal (Lazarus, 2006).

### **Cognitive Appraisal, Stress, and Coping with Stigma and Discrimination**

Crocker et al. (1998) defined stigma as “some attribute or characteristic that conveys a social identity that is devalued in a particular social context” (p. 505). Such traits that may hold stigma within a society may include an individual’s gender identity, socioeconomic status, sexual identity, cultural background, appearance, and in this case, religious identity (Berjot & Gillet, 2011; Casey, 2018). Moreover, it is essential to highlight the numerous negative outcomes that a person may experience if they face stigma (Berjot & Gillet, 2011). This includes discrimination, which can be overt or subtle, such as microaggressions (Berjot & Gillet, 2011; Owen et al., 2014).

Stigma and discrimination may lead to decreased self-esteem, anxiety, and stereotype threat (Berjot & Gillet, 2011). Stereotype threat, in particular, may negatively impact a person’s ability to successfully complete a task (Berjot & Gillet, 2011; Huguet & Régner, 2007; Steele & Aronson, 1995). Experiencing stigma, discrimination, and events that threaten a person’s identity may cause great stress in an individual’s life (Berjot & Gillet, 2011). These experiences may negatively impact one’s identity, physical well-being and reactions, and ability to function in social settings (Allison, 1998; Berjot & Gillet, 2011; Clark et al., 1999; Miller & Major, 2000; Miller & Kaiser, 2001). Moreover, discrimination may decrease an individual’s ability to cope with various types of stress (Berjot & Gillet, 2011).

Berjot and Gillet (2001) highlighted the difference of experiencing a situation that threatens a person’s identity and a threatening situation that is unrelated to identity. The previous definition of an appraisal that is judged as threatening has been thought to be too broad and did not concentrate on threats to identity (Berjot & Gillet, 2011). In addition, it

has been found that individuals engaged in different coping strategies depending on whether the situation is identity related or not (Berjot & Gillet, 2011). Previous research has also indicated that coping may not moderate the consequences that discrimination places on stress levels (Barnes & Lightsey Jr., 2005; Berjot and Gillet, 2011).

Furthermore, Berjot and Gillet (2011) proposed a model of stress and coping that took into account stigma and threats to an individual's personal and social identities. This model continues to consider antecedents, appraisal, and coping, while concentrating on events that are related to identity (Berjot & Gillet, 2011). It also considers both personal and social identities and what occurs when an individual experiences a threat or challenge to each of these identities (Berjot & Gillet, 2011).

### ***Antecedents***

The antecedents that are considered in Berjot and Gillet's (2011) model kept personal and situational factors as formerly recognized in the Transactional Model of Stress and Coping by Lazarus and Folkman (1984), and added stigma as a third category. In order to further understand various types of stigmas in society, it is important to recognize that stigmas can be visible or invisible, which denotes whether a person can be easily identified as being stigmatized based on their external presentation (Berjot & Gillet, 2011). The origin of a stigma can also be identified as being controllable or uncontrollable, which is placed on a spectrum (Berjot & Gillet, 2011). This signifies the degree of responsibility that is placed on an individual for being stigmatized and/or their ability to relieve oneself from the stigma (Berjot & Gillet, 2011). It is also vital to recognize that the causes of stigma may vary depending on the period of time and the culture (Berjot & Gillet, 2011).

A transactional model related to experiencing prejudice infers that there is variability in the manner that people respond to prejudice (Major, McCoy, et al., 2003). In terms of personal characteristics, there are various traits of an individual's personality that may impact the appraisal and coping process, such as self-efficacy and optimism (Berjot & Gillet, 2011). Additionally, the ability to identify a discriminatory event, the implicit theories a person holds about oneself, and motivation are all considered variables that may impact appraisal and the responses one may or may not carry out in an event that may be threatening (Berjot & Gillet, 2011). In addition to personal characteristics, characteristics of the situation may also impact the manner in which a person appraises and copes with a situation (Berjot & Gillet, 2011). The characteristics of the event that may guide the type of coping strategy that is utilized by a person include the stability of the social context, the position of a group in society and whether the status of the group is perceived as legitimate, and whether a person believes they are able to move to another group that is more valued compared to their current group (Berjot & Gillet, 2011).

### *Appraisal*

Berjot and Gillet (2011) highlighted that it is important to consider several factors to fully comprehend how individuals may appraise stigmatization related to one's identity. First, there may not always be a consequence for every person as a result of an event (Berjot & Gillet, 2011). Second, research has revealed that individuals have also appraised events related to their identity as a challenge, rather than a threat, and have perceived the circumstance as an opportunity for identity enrichment (Berjot & Gillet, 2011). Perceiving these events as a challenge motivates an individual to concentrate on the positive aspects of the event and the potential gains that one can have by successfully

overcoming the challenge (Berjot & Gillet, 2011). The third factor noted by Berjot and Gillet (2011) included that occurrences related to the stigma of one's identity may threaten and/or challenge a person's personal and/or social identity.

### ***Coping***

Coping strategies for situations that may threaten an individual's identity can be different than coping with other types of threatening situations (Berjot & Gillet, 2011). Furthermore, it can be helpful to categorize the different coping techniques when attempting to manage one's identity (Compas et al., 2001; Miller & Kaiser, 2001). Berjot and Gillet (2001) proposed that coping strategies for managing identity can be understood as strategies focused on preserving personal identity, preserving social identity, growing personal identity, and growing social identity.

Coping strategies that can be utilized to protect one's personal identity include attribution to discrimination, individual mobility or elimination of identity, and self-handicapping (Berjot & Gillet, 2011). Strategies that focus on protecting social identity include decreasing the significance of one's identity, domain disengagement, and selective affiliation (Crocker & Major, 1989; Deaux & Ethier, 1998; Siegel et al., 1998; Steele, 1997). Strategies that focus on growing social identity include social competition, social creativity, and reaffirmation of one's identity (Deaux & Ethier, 1998; Tajfel, 1978). Strategies to help flourish one's personal identity are self-affirmation and relishing in one's glory (Berjot & Gillet, 2011; Steele, 1988).

Schmitt and Branscombe (2002) found that discrimination increased group identification (Berjot & Gillet, 2011). Moreover, social support from other people in a person's in-group can also be beneficial when a person is in a circumstance that threatens

their identity (Berjot & Gillet, 2011). This support can be presented when a person from the in-group shares information, their own difficult experiences, and emotions they have experienced (Berjot & Gillet, 2011; Bourguignon et al., 2006; Haslam et al., 2005).

### ***Emotions***

Berjot and Gillet (2001) highlighted that certain emotions may be endorsed depending on whether the aspects of an event are palpable, if one can find a solution for the situation, and how the event may impact a person's identity. In addition, as Lazarus (2006) noted, these emotions rely on the traits of the person and the situation related to their identity. Situations that are related to a person's identity may lead a person to endorse basic emotions or self-conscious emotions, which are described as emotions of the self (Berjot & Gillet, 2011). Self-conscious emotions are experienced when an individual gains awareness that they have successfully or unsuccessfully met a standard that is placed upon them (Berjot & Gillet, 2011). These emotions may include shame, guilt, and pride (Berjot & Gillet, 2011).

### ***Prejudice and Self-esteem***

Major, McCoy, et al. (2003) noted that dealing with prejudice may lead to "self-stereotyping, group identification, collective self-esteem, outgroup-directed hostility, task performance, social interactions, and personal self-esteem" (p. 78; Crocker et al., 1998). As self-esteem has been found to have the highest association with life satisfaction in the U.S. compared to other demographic and psychological variables, past researchers have addressed the impact of prejudice on self-esteem through a transactional model (Diener, 1984; Major, McCoy, et al., 2003). They further presented that a person's affect and self-esteem are impacted by prejudice depending on the manner that they cognitively appraise



the situation and the coping mechanisms that are utilized to respond (Lazarus, 1999; Lazarus & Folkman, 1984; Major, McCoy, et al., 2003).

Several moderators of the effects of perceived prejudice on self-esteem have been identified (Major, McCoy, et al., 2003). Major, McCoy, et al. (2003) noted that if a person perceives a situation as prejudice due to their social identity, this may protect their personal self-esteem when they endure a situation that is a threat to their personal identity (Crocker & Major, 1989; Major & Crocker, 1993). It has been postulated that one's personal self-esteem may be protected because prejudice is considered to be outside the personal self and could deter an individual from assuming that negative consequences are purely related to internal causes (Crocker & Major, 1989; Major et al., 2002). Previous research has found that when women deduced that their negative evaluations were due to sexism, they indicated greater levels of self-esteem and lower levels of depressed affect compared to women who did not receive their negative evaluations from a sexist evaluator (Crocker et al., 1991). Evidence has also found that perceiving a situation as discriminatory can also foster self-directed emotions, which may include depression (Crocker & Major, 1989; Crocker et al., 1991; Major, Kaiser, & McCoy, 2003; Major et al., 2002). However, doing so does not influence other-directed emotions, such as hostility or anxious affect (Crocker & Major, 1989; Crocker et al., 1991; Major, Kaiser, & McCoy, 2003; Major et al., 2002). Previous research has shown that the degree of clarity regarding prejudice cues is another moderator, where obvious cues of prejudice shields self-esteem compared to cues that are not as clear (Crocker & Major, 1989; Major, Quinton, & Schmader, 2003). However, rejecting obvious discriminatory cues or

perceiving a situation as discriminatory with no cues has been found to have a negative correlation to self-esteem (Major, Quinton, & Schmader, 2003).

Research has found that those who have higher group identification may react to threats by increasing their group identification, but that the opposite occurs for those who have lower group identification (Ellemers et al., 2002). It is also important to recognize that group identification can be a helpful coping mechanism and may provide support in various realms of an individual's life when perceived prejudice occurs and can increase a person's psychological functioning (Allport, 1954/1979; Branscombe et al., 1999). However, research has also found that there is a positive correlation between an individual's group identification and the degree of threat that may occur when they perceive discrimination (Lazarus & Folkman, 1984; Patterson & Neufeld, 1987). Results have specifically shown that Latino/a American students who had higher ethnic group identification reported higher symptoms of depression after reading an article about prejudice toward their ethnic group (McCoy & Major, 2003).

Optimism has been found to be positively correlated with self-esteem and negatively correlated with symptoms of depression (Kaiser et al., 2004). Individuals who are more optimistic have been found to be more resilient in difficult situations (Scheier et al., 2001). Furthermore, an individual's level of optimism may also moderate the effects of perceived prejudice on self-esteem (Kaiser et al., 2004; Scheier et al., 2001). However, there is ambiguous evidence regarding whether a person's group status also moderates a person's emotional reaction to discrimination (Major, Kaiser, & McCoy, 2003; Schmitt & Branscombe, 2002).

Having appropriate self-esteem is particularly relevant for those who follow an Islamic way of life (Ghodrati, 2016). Ghodrati (2016) suggested that self-cognition and relying on God may have increased an individual's level of self-esteem, as well as their physical and psychological well-being. More specifically, seeking help from God has been found to decrease symptoms of depression and anxiety by strengthening one's level of confidence (Ghodrati, 2016). Through considering the aims of the current study, it was imperative to understand how Islamophobia impacted the self-esteem of Muslim Americans.

### ***Muslim Stigma***

Muslims may experience stigma from those in the dominant American society (Casey, 2018). Individuals with Muslim markers (e.g., hijab, prayer cap, Muslim-sounding names) have a higher chance of being identified as Muslim and are more vulnerable to negative stereotypes attributed to holding this religious identity (Casey, 2018). Findings from several studies conducted by Everett et al. (2015) demonstrated the perceptions that non-Muslims have toward Muslim women who are veiled. Everett et al. (2015) stated the following regarding their results:

Results revealed that responses were more negative toward any veil compared with no veil, and more negative toward the full-face veil relative to the hijab: for emotions felt toward veiled women (Study 1), for non-affective attitudinal responses (Study 2), and for implicit negative attitudes revealed through response latency measures (Studies 3a and 3b). (p. 90)

In addition to experiencing stigma from the out-group, Muslims may also face stigma for appearing “too American” or “not Muslim enough” from those in their in-group, particularly Muslims who are not American or who are not as integrated into American culture (Casey, 2018, p. 101).

Previous research has investigated the perceptions that Muslims have regarding the stigma that is held toward their religious identity (Khan, 2014). Results have shown evidence to support that Muslim Americans are aware of the stigma held toward their group and that they may try to prove how American they are (Khan, 2014). Moreover, having the perception that stigma is held toward their religious identity predicted negative cognitive and emotional responses among Muslim Americans (Khan, 2014). Research outside of the U.S. with Norwegian-Pakistani and German-Turkish Muslims conducted by Kunst et al. (2012) also found that the way religious stigma impacts a Muslim's national identity depends on context and culture.

In terms of how Muslims have managed the stigma they have experienced, research with Muslim American men has signified that they utilize various strategies to cope with the interactions they experience with non-Muslims (Naderi, 2018). Marvasti (2005) also found that Middle Eastern Americans, in particular, have attempted to manage the stigma they faced after 9/11 by using different forms of accounting that include "humorous, educational, defiant, cowering, and passing" (p. 525). However, evidence has suggested a negative correlation with stigma and active coping (Herzig et al., 2013).

### **Summary and Research Questions**

It is apparent that various forms of Islamophobia have been, and continue to be, embedded within American society (Beydoun, 2018). This includes negative media portrayals of Muslims, discriminatory laws toward the Muslim population, verbal or physical harassment, and microaggressions, among other forms (Beydoun, 2018; Nadal et al., 2012). Furthermore, Islamophobia, whether overt or covert, may potentially have a negative impact on the biological, psychological, and/or social functioning of Muslims

and those perceived to be Muslim (Abu-Ras & Abu-Bader, 2008; Abu-Ras & Suarez, 2009; Clark et al., 1999; Clay, 2011; Engel, 1977; Zielinski, 2015). Sheridan (2006) found that 35.6% of Muslim participants that were surveyed after 9/11 probably experienced mental health issues. However, there has been minimal research that explored the psychological effects of Islamophobia on the 3.3 million Muslims in America following the 2016 U.S. Presidential Election (Mohamed, 2016; Pew Research Center, 2015). Considering the Islamophobic rhetoric that has been present in the social and political climate within America, it is vital to provide space to hear the experiences of Muslims in order to better understand how to counteract the rise of Islamophobia and better serve this population within mental health settings to improve their overall well-being.

Furthermore, the central questions for the present dissertation study were explored when participants lived in the Trump era (Heidegger, 1962) and are as follows:

1. How do Muslim Americans perceive the social and political climate following the 2016 U.S Presidential Election?
2. What are Muslim Americans' experiences of Islamophobia?
3. What are the experiences of Muslim Americans who present with Muslim markers (e.g., *hijab* or headscarf, *kufi* or Islamic cap, other traditional Muslim attire)?
4. How does Islamophobia impact the social, occupational, academic, and/or psychological functioning of Muslim Americans?
5. How do Muslim Americans react when they experience Islamophobia directed toward them?

6. What coping strategies do Muslim American utilize to manage their experiences of Islamophobia?

## **CHAPTER THREE: METHODOLOGY**

### **Qualitative Research and Social Justice**

As researchers in the counseling psychology domain sought to analyze multifaceted phenomena, such as infrequent or inner experiences in the psychotherapy process, a sense of limitation with traditional quantitative approaches was experienced (Hill et al., 1997). Qualitative research involves gathering data that represents the voices of participants in a natural setting sensitive to the population and area being studied (Creswell, 2013). In addition, data analysis in qualitative research attempts to identify patterns or themes related to the phenomenon under study (Creswell, 2013). Furthermore, these methods present the ability to share “the voices of participants, the reflexivity of the researcher, a complex description and interpretation of the problem, and its contribution to the literature or a call for change” (Creswell, 2013, p. 44). In the current study, the phenomenon under study is the lived experience of Islamophobia among the Muslim American population during a specific point in time (i.e., the social and political climate in the Trump era) (Creswell, 2013).

Qualitative research also seeks to provide space for individuals to express their lived experiences in a narrative format that can be seen as empowering for those telling their story (Lorenzetti, 2013). It humanizes participants and avoids a pattern of seeing individuals as a number or statistic (Lorenzetti, 2013). Lorenzetti (2013) described the benefits of qualitative research in the following:

I believe that it is the individual narrative of a person, a human being whom we can consider as human as ourselves, which can transform us. It should compel us to solidarity and to action. It should make us ask the question, “How can we stop this?” The power of transformative and antioppressive qualitative research, I realized, can transform the observer to participant and move us to realize that yes, this indeed could be our story. (p. 456)

## **Phenomenology**

Phenomenology, or the “science of appearances,” is a philosophical movement and a qualitative research method that is discovery-oriented and grounded in constructivism (Gallagher, 2012, p. 8; Heppner et al., 2016). This approach was originated by Edmund Husserl, who delineated phenomenology as a “descriptive enterprise that would specify the structures that characterize consciousness and the world as we experience it” (Gallagher, 2012, p. 7). Creswell (2013) added that a phenomenological study is a qualitative method that attempts to explain a shared meaning of the experiences related to a phenomenon that multiple people have endured.

### **Features of Phenomenology**

Based on the work of Moustakas (1994) and van Manen (1990), Creswell (2013) stated that there are several defining features of phenomenology. The first includes a focus on studying a phenomenon and the second involves investigating this phenomenon among a group of individuals who have all experienced it (Creswell, 2013). The third feature entails a philosophical discussion regarding the foundational concepts of carrying out a phenomenological study, including that individuals have shared subjective and objective experiences of the phenomenon (Creswell, 2013).

The fourth feature typically involves the researcher bracketing themselves from the study by describing their own experiences with the phenomenon (Creswell, 2013).



Heppner et al. (2016) added that the researcher should also question their assumptions throughout the study. This encourages the researcher to focus on the participants' individual experiences of the phenomenon and identify significant, novel information (Creswell, 2013; McLeod, 2001). Moreover, this process promotes transparency about the researcher's biases to assist the reader in determining whether the researcher interjects their own experiences into the interpretations (Creswell, 2013).

The fifth aspect of phenomenology usually involves interviewing participants who have experienced the phenomenon (Creswell, 2013). This approach can include conducting in-depth, open-ended interviews with participants (Creswell, 2013; Heppner et al., 2016). It has been suggested that the number of participants interviewed in a phenomenological study can vary between 5 to 25 people (Polkinghorne, 1989). Phenomenological studies may also integrate other types of data, such as observations of the participant and collecting documents or poetry written by participants (Creswell, 2013).

Another feature involves a systematic approach to data analysis, which includes transcribing the interviews verbatim and identifying important statements from participants that explain how they experienced the phenomenon being studied, a process referred to as horizontalization (Creswell, 2013; Moustakas, 1994). These statements are utilized to develop themes, or clusters of meaning, and describe "what" the participant experienced and "how" they experienced it (Creswell, 2013; Moustakas, 1994). The seventh feature of this methodological approach utilizes these two aspects in the summary to write the essence of what the group of individuals have experienced with the phenomenon (Creswell, 2013).

## **Types of Phenomenology**

There are various types of phenomenological approaches, two of which are referred to as transcendental phenomenology and hermeneutical phenomenology (Creswell, 2013). Transcendental phenomenology places an emphasis on individuals' experiences and epoche, or bracketing (Moustakas, 1994). However, it pays less attention to the researcher's interpretations (Moustakas, 1994).

Hermeneutic phenomenology was greatly influenced by Martin Heidegger, who was trained by Husserl (Lavery, 2003). Similar to Husserl's phenomenology, hermeneutic phenomenology is focused on the lived experiences of human beings and recognizing the details of people's lives that may be overlooked in order to make meaning and formulate understanding (Lavery, 2003; Wilson & Hutchinson, 1991). In addition, Kvale (1996) noted that hermeneutics attempts to analyze "human cultural activity as texts with a view towards interpretation to find intended or expressed meanings" (as cited in Lavery, 2003, p. 24). Heidegger believed that consciousness is shaped by a person's lived experience and that phenomenology is associated "with the question of the meaning of Being" (Gallagher, 2012, p. 10; Lavery, 2003). He also emphasized that one cannot fully separate themselves from their experiences and background (Lavery, 2003).

Moreover, Heidegger perceived individuals as being lastingly connected to culture and noted that our background and history influence the process of interpreting events (Lavery, 2003; Munhall, 1989). Though bracketing is common in phenomenology, Hans-Georg Gadamer also presented the notion that human beings are unable to be completely objective or value-free (Annells, 1996; Lavery, 2003). It is vital to consider the social and historical contexts that a person may be impacted by (Koch, 1995).

Moreover, it is important to understand how a person is shaped by the world, while simultaneously impacting the world around them as well (Munhall, 1989).

### **Reflexivity**

Reflexivity is a common process within qualitative research and has been defined as “that which turns back upon, or takes account of, itself or the person’s self” (Holland, 1999, p. 2). Spence (2017) noted the importance, and difficulty, of examining the prejudices and preunderstandings that human beings encompass. Furthermore, Spence (2017) highlighted that it is important for a researcher to be transparent about one’s worldviews and understanding of the subject being studied. This may involve keeping a reflective journal and embracing reflexive engagement during the research process (Spence, 2017).

### **Suitability of a Phenomenological Approach**

By identifying as a human rights activist who seeks to detect and extinguish the origin of oppression, utilizing a qualitative approach in the current study is an appropriate approach to inquiring about the experiences and impact of Islamophobia on the Muslim American population under the social and political atmosphere of the Trump era (Lorenzetti, 2013). More specifically, utilizing phenomenology appears to be an appropriate qualitative method to study this phenomenon because it seeks “to capture as closely as possible the way in which the phenomenon is experienced within the context in which the experience takes place” (Giorgi & Giorgi, 2003, p. 27). Additionally, using a hermeneutic phenomenological approach appears to be suitable for this study, as this approach places an emphasis on recognizing the individual history and experiences of a person (Laverty, 2003). Heidegger noted the importance of considering the context of

time, temporality, and our situated positions within society when understanding a person's experience (Heidegger, 1962). This is essential for the current study because it attempts to explore the lived experiences of Islamophobia that a group of Muslim Americans have endured within a particular period in time and setting. The study will also utilize the demographic information of the participants when understanding the experiences among participants to consider intersectionality within the interpretation of the data (Barkdull et al., 2011).

Another reason that this method appears to be appropriate for the current study is because it highlights the importance of interpretation within the data analysis process, as this process reveals what may be concealed by the objective phenomena (Moustakas, 1994). Authors have even postulated that in order to engage in meaning making, one must utilize interpretation (Smith & Osborn, 2008). Overall, phenomenology allows for an in-depth analysis of the type of questions being studied regarding Islamophobia, seeks to explore a phenomenon, places a focus on the context in which participants are reporting their experiences, and encourages the researcher to become aware of their biases and assumptions throughout the study, particularly during data analysis and interpretation (Creswell, 2013; Heppner et al., 2016; Lavery, 2003).

The present study hopes to provide a voice to this population and offer Muslim Americans the opportunity to relate to participants that may share a similar story (Lorenzetti, 2013). In addition, it seeks to draw on clinical applications by understanding the mental health effects of Islamophobia and finding coping strategies that could be utilized as they navigate a society in which they may experience Islamophobia on a daily basis. Moreover, it hopes to expand the literature on Islamophobia and extends a call to

action for those within academia, as well as the general public, to understand the stories and resilience found among Muslim Americans and counteract the apparent growing prejudice toward Muslims (Creswell, 2007; Lorenzetti, 2013). Furthermore, through considering the research questions and goals of the current study, the qualitative approach that is used is phenomenology (Creswell, 2013).

### **Researcher Positionality**

I immigrated with my family to the United States from the United Arab Emirates as a child. I am the daughter of a Palestinian mother and Pakistani father who made numerous sacrifices to provide further opportunities for their children. Far from their family, friends, and mother tongue, they grew accustomed to a new culture and positively contributed to the society they now lived in. We eventually moved to the Southeastern region of the United States as we sought our citizenship. During that time, and particularly after 9/11, my family members and I were subjected to frequent Islamophobic incidents in our social, academic, or occupational lives. In addition, these incidents personally increased for me following my decision to wear *hijab* (e.g., headscarf) at the age of 22. Each incident my family and I experienced fostered my motivation to counteract Islamophobia in its various forms. This journey has led me to the current dissertation study I have chosen to pursue.

The present hermeneutic phenomenological study placed a focus on interpretation, indicating the need for reflexivity to explore my own assumptions (Moustakas, 1994; Spence, 2017). Furthermore, it was vital for me to embrace reflexive engagement and be transparent about the biases that I held to the best of my ability (Creswell, 2013; Spence, 2017). This provided me with the opportunity to reflect on novel realizations (McLeod,

2001). It was also important to consider that my own historical contexts have impacted the expectations I held for the results of this research study (Polkinghorne, 1989). My expectations of the study included that Muslim Americans would disclose themes of experiencing Islamophobia in various parts of their lives, particularly if they wore Muslim markers. I also believed that the messages portrayed by the Trump administration may have increased Islamophobic incidents in participants' lives and would potentially impact their psychological well-being. However, I assumed that participants would be hesitant to disclose their mental health issues, as there is mental illness stigma within the Muslim community (Ciftci et al., 2013).

As I recognize the privilege of pursuing my doctoral degree in Counseling Psychology, I hope to use this power to raise awareness of the daily lives of Muslims in American society. I hope to provide space for Muslim Americans to share their stories, to highlight the resilience they encompass, and to empower them in a society that sends daily messages to "other" them based on their religious beliefs. I also seek to better understand how to best serve the mental health of this population. In addition, I am a human being who has personally experienced Islamophobia and have witnessed the pain that Islamophobia has inflicted upon those dearest to me. Moreover, I yearn to decrease Islamophobia and stimulate the dominant society to question their own misconceptions and stereotypes about Muslims and Islam.

## **Participants**

### **Criterion-Based Sampling**

Criteria for the sample was created before gathering the data, referred to as criterion-based sampling (Goetz & LeCompte, 1984). Criterion-based sampling has been utilized

in phenomenological studies (Heppner et al., 2016). The current dissertation study sought to create a random sample of individuals who have some knowledge related to Islamophobia in the current social and political climate and have the ability to express their lived experiences (Creswell, 1998). The inclusion criteria for participants in the study included that they must: (a) identify as being a Muslim American, (b) be at least 18 years old when interviewed, and (c) be a permanent resident or citizen of the U.S. (Creswell, 2013). Data from participants that present with severe psychopathology or disturbance would be discarded to decrease the variability of pathology levels. However, there were no participants that presented with severe psychopathology in the study. There were no further eligibility criteria regarding individuals' identities.

### **Sample Size**

Heppner et al. (2016) stated that phenomenology does not require a specific number of participants for a research study. Creswell (2013) further noted the wide range of sample sizes found within different phenomenological studies (Dukes, 1984; Polkinghorne, 1989). The current study succeeded in the recruitment of fifteen participants. However, the data for one participant was discarded and not included in the study, as the individual did not meet the eligibility criteria of identifying as a Muslim American with experiences of Islamophobia. Furthermore, the sample size for the study consisted of 14 individuals. One interview was conducted with each individual, for a total of 14 interviews.

### **Sample and Participant Recruitment**

An application for the study was approved by the University of Denver's Institutional Review Board (IRB) prior to participant recruitment and data collection. Participants

were then recruited by advertising the study, requesting participation through social media platforms, and contacting Muslim organizations in the United States. The advertisement included a description of the study and my direct contact information in an effort to protect confidentiality. Snowball sampling was also utilized to recruit additional research subjects (Creswell, 2007). Participants were compensated with a \$20 gift card for completing the study.

### **Sample Characteristics**

There were 14 participants who were included in the study. The ages of the participants ranged from 18 to 30 years old at the time of the interview, with an average age of 24.57 years old. The study consisted of 13 females (92.86%) and one male (7.14%). The racial disposition of the sample were as follows: South Asian (50%,  $n=7$ ), Middle Eastern/North African (21.43%,  $n=3$ ), Black/African American (14.29%,  $n=2$ ), Latina (7.14%,  $n=1$ ), and Multiethnic (7.14%,  $n=1$ ). Participants were recruited from various regions of the United States, including the Northeast, (64.29,  $n=9$ ), Southeast (14.29%,  $n=2$ ), West (7.14%,  $n=1$ ), Midwest (7.14%,  $n=1$ ), and one participant who chose not to disclose her region (7.14%,  $n=1$ ).

With regards to wearing Muslim markers among the 14 participants, (a) four women (28.57%) usually wore the abaya and a headscarf, (b) four women (28.57%) wore the hijab without the abaya, (c) four women (28.57%) did not present with a Muslim marker at the time of the study, (d) one woman (7.14%) wore hijab regularly in the past and did not generally wear it during the time of the interview, and I one man (7.14%) presented with a beard (e.g., considered to be a form of modesty for Muslim men). In addition, 12 participants (85.71%) stated that they were born Muslim and two participants (14.29%)



identified as being converts to Islam. Please refer to the Participant Demographic Information (Table 1) as a reference below:

Table 1: Participant Demographic Information

Pseudonym	Age	Gender	U.S. Region	Muslim Marker	Race	Convert
Participant 1	26	F	Southeast	Y: Hijab	Black/African American	N
Participant 2	25	F	Northeast	Y: Hijab	Middle Eastern/ North African	N
Participant 3	24	M	Northeast	Y: Beard, occasionally thobe	Black/African American	Y
Participant 4	22	F	Northeast	Y: Hijab and abaya	Latina	Y
Participant 5	26	F	West	N	South Asian	N
Participant 6	28	F	Northeast	Y: Hijab and abaya	South Asian	N
Participant 7	25	F	Northeast	Y: Hijab and abaya	South Asian	N
Participant 8	21	F	Southeast	N	South Asian	N
Participant 9	30	F	Northeast	N	Multiracial	N
Participant 10	24	F	Midwest	Y: Hijab, occasionally abaya	South Asian	N
Participant 11	28	F	N/A	N: Hijab from adolescence to early adulthood	South Asian	N

Participant 12	24	F	Northeast	Y: Hijab	Middle Eastern/ North African	N
Participant 13	23	F	Northeast	N	South Asian	N
Participant 14	18	F	Northeast	Y: Hijab	Middle Eastern/ North African	N

### **Data Collection**

Phenomenology involves carrying out interviews with participants that incorporate open-ended questions (Creswell, 2013; Heppner et al., 2016). Open-ended questions and semi-structured interview formats have been utilized in qualitative studies to gather consistent areas of data among participants in a study, while providing space for each individual to elaborate on their own experiences with more depth (Hill et al., 2005; Vandermause & Fleming, 2011). Phone interviews have also been utilized in qualitative research to maintain participant confidentiality and decrease socially desirable responses (Hill et al., 2005). In addition, research by Sweet (2002) explored the advantages and disadvantages of telephone interviews when conducting a phenomenological study. The author found that carrying out telephone interviews in their phenomenological study was logistically more convenient, as this was helpful when “potential participants are geographically dispersed or have logistical barriers (such as childcare) restricting their attendance for face-to-face interviews” (Sweet, 2002, p. 63). Furthermore, the current study involved conducting semi-structured phone interviews that were audio-recorded and lasted approximately one hour (Creswell, 2013; Vandermause & Fleming, 2011).

## **Data Sources**

The primary source of data for this study included the semi-structured interview and demographic questionnaire of each Muslim American participant.

## **Interview Procedures**

Prior to carrying out any interviews, I conducted practice interviews (McGrath et al., 2018). Each semi-structured interview utilized a protocol to direct the interview (See Appendix A) (Creswell, 2013). The protocol encompassed 11 scripted questions. In addition, each question had several suggested questions to guide participants to examine the phenomenon further (Seidman, 2006). I also spontaneously asked other follow-up questions that I deemed to be appropriate to explore the phenomenon with each participant (Seidman, 2006).

Once a participant expressed interest in taking part in the study, the participant and I scheduled a time to complete the semi-structured interview over the phone. At the time of the scheduled interview, I called the participant over the phone and introduced myself. The informed consent was then read to the participant over the phone, which included a statement regarding the purpose, the procedures, and voluntary participation of the study (See Appendix B). It also included the risks, benefits, and incentives of taking part in the entirety of the study. More specifically, they were informed that their participation in the study was completely voluntary and that they could discontinue participation at any point in the interview. Lastly, I asked each individual if they had any questions or concerns with taking part in the study. Participants were also provided with an electronic copy of the consent form upon request. At the end of the consent form, participants were asked to proceed with the interview only if they consented to participate in the study.

Once the interview was complete, the participants verbally completed a demographic questionnaire over the phone (See Appendix C). I then thanked each participant for taking part in the study and inquired about any reactions they would like to process regarding the interview. I also provided each participant with a list of mental health resources for additional support. Lastly, I informed them that they will be receiving a \$20 gift card through email as compensation for their participation. The participants then needed to provide me with an email address to receive the gift card.

## **Data Analysis**

### **Confidentiality**

All research data was stored securely and password-protected. Participant audio recordings, transcriptions, and demographic questionnaires were saved as password-protected files on my computer, as the Principle Investigator (PI). An additional backup of each password-protected computer file was securely saved on an external hard drive, which was stored in a locked room unless it was in use. Demographic information was collected from each participant, if they chose to disclose it. Data was stored on my computer for three years. However, all participant data was de-identified and pseudonyms were used to maintain each participant's confidentiality. Only I, as the PI, had access to the raw data, which was then deleted after the transcription. Additionally, the transcriptions remained on the secured computer without intention to discard.

### **Analyzing the Data**

Creswell (2013) stated that the foundational aim of a phenomenological study is to explain the essence of a phenomenon. Van Manen (1990) further described the six research activities of a hermeneutic phenomenological research study, which include: (a)

Turning to the nature of lived experience, (b) Investigating experience as we live it, (c) Reflecting on essential themes, (d) The art of writing and rewriting, I Maintaining a strong and oriented relation, and (f) Balancing the research context by considering the parts and the whole (pp. 31-34). Van Manen (1990) added that there is no specific method for conducting a phenomenological study, but that one may refer to the literature to gain insights and examples to guide research practice. Furthermore, to facilitate this process, the current dissertation study utilized guidelines presented by Lichtman (2013) and Patterson and Williams (2002) to analyze the qualitative data.

Though Lichtman (2013) stressed that there is no “right” way to conduct qualitative analysis, the author provided several suggestions for engaging in this process. They specifically suggested utilizing a narrative or thematic analysis when analyzing data for a phenomenological study (Lichtman, 2013). Van Manen (1997) defined a thematic analysis as “the process of recovering the theme or themes that are embodied and dramatized in the evolving meanings and imagery of the work” (p. 78). Ho et al. (2017) argued the alignment of conducting a thematic analysis within hermeneutic phenomenological research. Furthermore, the present dissertation study utilized a thematic analysis to interpret the data.

In addition, to integrate a hermeneutic approach, Tesch (1990) further suggested creating an organizing system to make the analysis holistic. This organizing system is intended “to identify predominant themes through which narrative accounts (interviews) can be meaningfully organized, interpreted, and presented” (Patterson & Williams, 2002, p. 45). Lichtman (2013) described that having a systematic approach for data analysis and

interpretation of qualitative data can aid the order and understanding of one's research study.

The participants' interviews were first transcribed verbatim to assist in the process of the hermeneutic circle (Patterson & Williams, 2002). A transcription software, referred to as Otter.ai, was utilized to help facilitate this process (Otter.ai, 2021). The researcher also employed Patterson and Williams' (2002) suggestion of creating an indexing (numbering) system to help locate units of text. The researcher then read each interview completely at least once to gain an initial understanding of the information (Patterson & Williams, 2002). This was followed by analyzing and interacting with the transcripts in an in-depth manner to construct shared themes regarding participants' experiences of Islamophobia, the psychological effects of this type of prejudice, and the coping mechanisms that have been used by the Muslim American population (Lichtman, 2013).

It is necessary to highlight that the data analysis process is an interactive and nonlinear process (Lichtman, 2013). Lichtman (2013) described the approach of creating themes from raw data in The Three Cs: Coding, Categorizing, and Concepts. The author added that this process consists of six steps (Lichtman, 2013, pp. 252-255). The first step was described as the *initial coding*, which involves thoroughly and attentively reading each transcript and commenting on it with words, phrases, or the participant's words (Lichtman, 2013). This aligns with the step of horizontalization described previously (Moustakas, 1994) and Patterson and Williams' (2002) suggestion of detecting and marking meaning units, or statements from the interviews, in the transcripts that promote an understanding of the phenomenon (p. 47). The researcher may need to re-read or

reanalyze transcripts during the data analysis process to engage in the hermeneutic circle of analysis for new insights to emerge (Patterson & Williams, 2002).

The benefits of creating mind maps to assist in qualitative research analysis have been described by past research (Wheeldon & Ahlberg, 2017). Furthermore, a qualitative data analysis software entitled MarginNote 2 was employed in the study (Sun Min, 2017). More specifically, I used this software to analyze the data by making comments on the transcripts, identifying and connecting themes, and engaging in reflexivity (Creswell, 2013; Sun Min, 2017). The Mind Map feature was particularly useful in systematically organizing the data to find the interrelationship among the themes that emerged and assisting in the hermeneutic dialogue (Patterson & Williams, 2002; Sun Min, 2017).

Step two was *revisiting the initial coding* by identifying and grouping codes that appear redundant, followed by renaming and clarifying the codes (Lichtman, 2013). Step three included organizing these codes by *developing an initial list of categories*, where I created categories and placed each code from the second step into a general category (Lichtman, 2013). Codes were either converted to a major topic or a subset of a topic (Lichtman, 2013). The fourth step embraced the iterative process that Lichtman (2013) emphasized and was entitled *modifying the initial list*, where I determined which categories were more important and considered combining categories. *Revisiting categories* was the fifth step and involved reexamining the categories to delete redundant categories and detect important components (Lichtman, 2013).

The sixth step was entitled *from categories to concepts* (Lichtman, 2013). This required the researcher “to identify key concepts that reflect the meaning you attach to the data you collect” (Lichtman, 2013, p. 254). The concepts that were revealed from

utilizing The Three C's (Coding, Categorizing, and Concepts) approach to qualitative data analysis were then referred to as the major themes in the study (Lichtman, 2013).

The final step of identifying key concepts by Lichtman (2013) was similar to Patterson and Williams' (2002) suggestion of placing meaning units under interpretive thematic labels, which are the researcher's analysis of what the meaning units uncover about the phenomenon. Patterson and Williams (2002) noted that there are no specific rules for what constitutes a meaning unit or thematic label. Rather, the themes that emerge are a result of the information that the researcher has gained from the literature review, research purpose, research questions, interview questions, and understandings that have grown by the "hermeneutic dialogue" when the researcher interacts with the study's database (Patterson & Williams, 2002, p. 48). This process also aligned with Moustakas' (1994) step of creating clusters of meaning by using important statements from participants to develop themes. To further embrace the hermeneutic analysis, the present dissertation study moved beyond only identifying themes and also attempted to recognize, understand, and explain the interrelationships between the various themes that have been uncovered (Patterson & Williams, 2002).

Past research has noted the approach of combining different qualitative methods to analyze data (Lichtman, 2013). Furthermore, in order to enhance the organization and standardization of data analysis, the present study utilized suggestions by Hill et al. (1997) for frequency labels related to the occurrence of each theme that was revealed by participants, which have been traditionally used in Consensual Qualitative Research methodology (CQR) (Lichtman, 2013). The labels for the frequency of occurrence for



each category or code were as follows: *General* (all participants), *typical* (at least half, but not all), and *variant* (more than one and less than half) (Hill et al., 1997).

### **Writing the Results**

“Language is a central concern in phenomenological research because responsive-reflective writing is the very activity of doing phenomenology” (van Manen, 1990, p. 132). Sartre (1977) explained the necessary activity of writing and rewriting to create depth. Furthermore, the researcher must move between the parts and the whole, while rethinking, reflecting, and recognizing to attempt to explain the phenomenon adequately (van Manen, 1990).

The discussion of the results of the data in the present study involves “introductions, transitions, and summaries” to guide the reader through the interpretation of the data (Patterson & Williams, 2002, p. 49). It attempts to provide insights of the phenomenon and uses empirical evidence to provide justifications about the interpretations of the data (Patterson & Williams, 2002). This is supported by explaining how statements from the transcripts were chosen, discussing how the examples are representative of the data, as well as incorporating examples that may not be fully representative of the overall data (Patterson & Williams, 2002). A visual aid is also used to organize the themes and how they are connected (Patterson & Williams, 2002).

### **Ethical Considerations**

The American Psychological Association (APA) has published the Ethical Principles of Psychologists and Code of Conduct, which provided ethical standards for psychologists within each realm of the profession (APA, 2016). This Ethics Code highlighted that it is imperative that psychologists who carry out research strive to avoid

or minimize harm to all participants involved in psychological studies (APA, 2016). It is also essential that all research participants were dealt with in a manner that aligns with the fundamental principles of human rights (APA, 2016). Furthermore, the central ethical considerations that are directly related to the current research study were informed by APA (2016) and are discussed below:

#### **4.01 Maintaining Confidentiality**

As aforementioned, the research study ensured that all research materials, such as demographic questionnaires, audio recordings, transcriptions, and backup files, were saved as password-protected files and stored securely on my computer. All of the participants' data were de-identified and they received pseudonyms in an effort to maintain their confidentiality.

#### **8.02 Informed Consent to Research and 8.03 Informed Consent for Recording Voices and Images in Research**

Interviews for the study took place over the phone. It was imperative that I read each participant the entire informed consent. This included that the participants' voices were audio-recorded for data collection. Participants provided clear verbal consent to participate in the study before the interview began. In addition, a copy of the informed consent for the research study was provided to the participant upon request.

#### **8.08 Debriefing**

The current study was anticipated to have minimal risks for participants. However, participants were asked to provide their experiences of Islamophobia, which may have included trauma and how Islamophobia may have negatively impacted their mental health. Since participants were asked to explore potentially difficult incidents in their life,

they may have experienced emotional stress or discomfort. In addition to making participants aware that they could stop the interview at any time, I also provided space for each participant to debrief about the research experience at the end of the interview. This was particularly important to ensure that participants did not leave the interview in an emotionally elevated state that could potentially be harmful for their well-being. In addition, every participant received a list of referrals if they chose to receive mental health support following the interview.

## **CHAPTER FOUR: RESULTS**

The present hermeneutic phenomenological study utilized data from 14 transcriptions to identify common themes, also referred to as concepts, among 14 participants in order to provide insight regarding the phenomenon of Muslim Americans' lived experiences of Islamophobia (Lavery, 2003; Lichtman, 2013; Wilson & Hutchinson, 1991). Thematic analysis and the process of the hermeneutic circle were carried out to interpret the data in the study (Ho et al., 2017; Patterson & Williams, 2002). As outlined in Chapter Three, the data analysis involved detecting The Three C's (Codes, Categories, and Concepts) to identify themes between participants (Lichtman, 2013). This process included the initial coding, revising the initial coding, creating an initial list of categories, editing the initial list of categories, revisiting the categories, and moving from categories to concepts (Lichtman, 2013).

The themes derived from the interviews considered the historical context of participants' experiences of Islamophobia during various times and within different realms of their lives (Heidegger, 1962; Lavery, 2003). The themes also considered the temporal context of having experienced the political and social climate within the United States during the 2016 Presidential Election and for at least half of Donald Trump's period in office (Heidegger, 1962). Furthermore, these themes provided insight into the shared lived experiences of Muslims who live in America during a period of rising structural Islamophobia under the Trump administration (Beydoun, 2018; Creswell,

2013). The results highlighted how Islamophobia impacts the social, occupational, and academic areas of Muslim Americans' lives, while also exploring the effects that this type of prejudice places on the mental health of this population.

## **Themes**

Suggestions by Lichtman (2013) and Patterson and Williams (2002) were utilized for the qualitative data analysis. The data analysis between the 14 transcriptions identified seven overall themes, or concepts. These seven themes included:

1. Muslim Americans experience different dimensions of Islamophobia.
2. Muslim Americans experience various forms of Islamophobia.
3. Variables that impact the prevalence of Islamophobia.
4. Islamophobia impacts various areas of Muslim Americans' lives.
5. Muslim Americans may react differently to experiences of Islamophobia.
6. Islamophobia impacts the mental well-being of Muslim Americans.
7. Coping with Islamophobia.

Each concept consisted of several categories (Lichtman, 2013). Codes were also used as subordinate categories to further explain the phenomenon being explored (Lichtman, 2013).

Lichtman (2013) described the approach of combining multiple strategies to analyze qualitative data. Therefore, the following study also incorporated suggestions by Hill et al. (1997) for identifying the frequency of occurrence for categories or codes, which has traditionally been utilized with Consensual Qualitative Research methodology (CQR). This was integrated in the current methodology in order to aid the organization and standardization of the data analysis (Hill et al., 1997; Lichtman, 2013).

The frequency criteria used for the present study identified a *general* frequency as a category or code that was noted by all 14 participants in the study (Hill et al., 1997). A category or code was labeled with a *typical* frequency if it was described by seven (at least half) to 13 participants and *variant* if it was described by two to six participants (less than half) (Hill et al., 1997). These labels were used to describe the frequency of each category or code (i.e., sub-category) (Hill et al., 1997; Lichtman, 2013). Additionally, statements from participants were included to provide insight into the phenomenon of Muslim American's experiences of Islamophobia around the 2016 U.S. Presidential Election (Patterson & Williams, 2002). Please refer to Appendix D for the Concepts, Categories, Codes, and Frequencies Table (Table 2).

### **Muslim Americans Experience Different Dimensions of Islamophobia**

The first concept, or theme, identified was *Muslim Americans experience different dimensions of Islamophobia*. This concept consisted of four categories. The first three categories explored the participants' experiences with the multiple dimensions of Islamophobia described by Beydoun (2018), including structural, private, and dialectical Islamophobia. This concept also included a fourth category, entitled liberal Islamophobia (Mondon & Winter, 2017).

#### ***Structural Islamophobia***

The term structural Islamophobia was postulated by Beydoun (2018) to describe the Islamophobia perpetuated by the government and is the expression used for the first category identified by participants in the current study. This category consisted of three codes: a negative description of the political climate, Donald Trump as U.S. president

was a novel experience, and Donald Trump exhibited overt discrimination. The frequency for each code within this category was identified and described below.

### *Negative Description of the Political Climate*

Each of the 14 participants provided an adverse interpretation of the political climate during the 2016 U.S. Presidential Election and during the first two years of the Trump administration's presence. Therefore, a negative description of the political climate was labeled as a *general* occurrence among participants. Participants described feeling "shocked," "confused," and "disappointed" with the election results due to the rhetoric perpetuated by Trump. However, "Participant 8" stated the following quote: "I mean, we were all shocked by it. But, this is not something that is out of the blue. This is something that, I mean, if you really look at American history, let's say, 'Oh, well, yeah, that was expected.'" "Participant 11" described a similar reaction when she stated:

I feel like this isn't what I was expecting. This is not the country that I thought we were. But, then, I'm also hearing from so many [people of color], like, this has always been this country. So, I feel kind of blindsided and kind of I.

Overall, each participant described a negative reaction to the current political climate within the country that they reside in. This highlighted the importance of further inquiring about participants' experiences as they navigated a society that marginalizes their Muslim identity (Beydoun, 2018).

### *Donald Trump as U.S. President was a Novel Experience*

Twelve participants (85.71%) explained that they felt differently about Donald Trump's presidency compared to past U.S. presidents. The frequency of this code was labeled as a *typical* experience. Several participants noted that although they believe

Trump had a similar political agenda compared to other presidents in their lifetime and they have been critical of past foreign policies that targeted Muslims internationally, other presidents have been more politically correct in their discourse and provided more “comfort” to Muslim Americans domestically. “Participant 1” provided a summary of this code in the statement:

If anything, all the other presidents we’ve had, they’re all not great either. But, at least, they were well-spoken. And, I don’t know if they’re any better than Donald. Because, at least Donald is telling us the truth [about what he is thinking], even though we don’t like to hear it. But, then, I think of the past presidents and I think of Reagan, George H. Bush, George W. Bush, Clinton. And, they all did some bad stuff during their presidency. It’s just, no one talks about it and maybe they fooled us. So, maybe Americans really believe in that statement: “Ignorance is bliss.” Because, we don’t know exactly what they’ve done, we’re just kind of like, “Yeah. But, it’s okay. He’s a nice guy.” Like, Reagan, he was an actor. He was a very good-looking president and I think people got distracted by that. They didn’t really see what he did to other marginalized communities. George W. Bush...he was just a very quiet, respectful guy. No one saw what he did in the Middle East. And, Clinton, same. He’s got that funny accent from Arkansas and everyone focused on him cheating on Hillary, but didn’t realize what he did to the Black community and, then, Hillary Clinton. Same with Obama. Yeah, we loved him and everything. He’s great for America. But, look at Libya. It’s gone. You have to understand there are some good in them, but there’s also bad. I don’t know. Maybe we don’t like Donald Trump



because he's not being good to us or the world, whereas other presidents were good to us and not the world.

### *Donald Trump Exhibited Overt Discrimination*

The frequency of this code was *variant*, and borderline typical, as six of the 14 participants (42.86%) reported this perspective. Descriptions used to explain Trump's language and attitude were "callous," "racist," and "sexist." This further provided evidence for why Muslim Americans may have experienced Trump differently compared to other U.S. presidents.

### *Private Islamophobia*

Private Islamophobia has been described by Beydoun (2018) as the targeting of Muslims by private actors who are not associated with the state. This term is used to refer to the second category in this concept (Beydoun, 2018). This category is further described by one code: anti-Muslim sentiment is prevalent within the general American population.

### *Anti-Muslim Sentiment is Prevalent Within the General American Population*

This code was reported by nine participants (64.29%), which indicated a *typical* experience for Muslim Americans in this study. Participants that contributed to this code stated that non-Muslims in the general American public, which will also be referred to as private actors based on Beydoun's (2018) definition of private Islamophobia, hold an anti-Muslim sentiment. Examples of the anti-Muslim sentiment reported by participants included that the general non-Muslim American population hold hate, fear, and distrust of Muslims, believe that Muslims negatively impact the economy, and believe that Muslims

do not belong in America. Participant 11 described this private Islamophobia in the following statement:

I think there's a lot of fear. I think there's a lot of hate. I think there's a lot of anger that wants to be communicated via violence. I think there's a lot of misunderstanding and an inability to listen. I think it's just a lot of dehumanization.

“Participant 14” also described the anti-Muslim sentiment below:

The shooting of Muslims and the vandalism of the masjids and people protesting for the “Muslim ban,” like, clearly, there's—and, like, anti-Muslim organizations—clearly there are large populations of people in the U.S. that are against...that are just hateful...that have a hateful sentiment toward Muslims.

### ***Dialectical Islamophobia***

Dialectical Islamophobia was the third category within this concept (Beydoun, 2018). Beydoun (2018) defined dialectical Islamophobia as the manner in which structural Islamophobia impacts and changes attitudes about Islam and Muslims domestically and internationally. This dimension of Islamophobia has been postulated to increase private Islamophobia (Beydoun, 2018). The participants within the present study also discussed how private actors may contribute to structural Islamophobia (Beydoun, 2018). Based on these reports, dialectical Islamophobia has been expressed by one code: structural Islamophobia and private Islamophobia have an interdependent relationship (Beydoun, 2018).

### ***Structural Islamophobia and Private Islamophobia Have an Interdependent Relationship***

Thirteen participants (92.86%) provided insight into the relationship between structural and private Islamophobia (Beydoun, 2018). This indicated a *typical*, and almost general, frequency. Most participants reported that although they believed anti-Muslim sentiment has been prevalent within the general non-Muslim American population, Trump's Islamophobic rhetoric has "emboldened" these private actors to express their Islamophobia more openly.

Simultaneously, several participants noted that government officials may be more likely to endorse Islamophobia to reflect what is already present among private Islamophobic actors in society. Participant 1 contributed to this code by describing how the symbiotic relationship between structural and private Islamophobia has been displayed during the Trump administration (Beydoun, 2018):

He is verbally feeding ignorant statements. He's just saying what other people think. He's validating them and enabling them. It's shameful to say the things that he's saying out loud and now they're, like "The president said it. I can say it too." And, that's so dangerous. And, I think that Islam teaches us that the most dangerous weapon is your tongue. And, you see that with Donald. You're just, like, "You got a bad mouth." And, I think his word choices are very powerful and they're causing a lot of harm in the country.

Moreover, participants noted that Trump's brash manner when discussing such topics furthers the marginalization of Muslims in the United States.

### ***Liberal Islamophobia***

Liberal Islamophobia was the fourth category in this concept and describes one of the two types of Islamophobia that Muslim Americans may witness (Mondon & Winter,

2017). Liberal Islamophobia, as opposed to illiberal Islamophobia, has been described by Mondon and Winter (2017) as the Islamophobia within mainstream society that appears more progressive and neutral. Four participants in the current study (28.57%), a *variant* frequency, reported experiencing the phenomenon of liberal Islamophobia (Mondon & Winter, 2017).

Participant 1 noted that some non-Muslims she has encountered initially appeared accepting of Muslims, but she believed their displays of acceptance were a façade. “Participant 2” described the Islamophobia that was apparent among those who identified as liberal and progressive, but desired the oppression of Muslims. Additionally, “Participant 4” reported the belief that only certain expressions of Islam are accepted in America. Such descriptions indicated that Muslim Americans have encountered people who attempt to conceal their Islamophobia under the guise of liberal values (Mondon & Winter, 2017).

### **Muslim Americans Experience Various Forms of Islamophobia**

*Muslim Americans experience various forms of Islamophobia* was the second overall theme identified in the study. This theme consisted of eight categories that were experienced by participants. These categories included: stereotypes of Muslim Americans, verbal harassment, vicarious exposure to Islamophobia, disrespecting Islamic beliefs, negative body language, lack of representation, unequal treatment, and physical harassment.

#### ***Stereotypes of Muslim Americans***

A stigma has been defined by Crocker et al. (1998) as a characteristic or attribute that displays a social identity that is looked down upon in society. Biernat and Dovidio (2000)

also suggested that stigmas are justified by stereotypes, which is the first form of Islamophobia discussed within this concept. This category consisted of four codes, which described Muslims as terrorists, the “other,” and antithetical to progress. The last code identified was that Muslim women are oppressed.

It is imperative to understand the different stereotypes that have been perpetuated within our society, as Biernat and Dovidio (2000) suggested that stereotypes could be the consequences and causes of the negative reactions to those who hold historically stigmatized characteristics in society. Furthermore, negative stereotypes may have contributed to other forms of discrimination (Biernat & Dovidio, 2000). Please refer to the stereotypes discussed when understanding the subsequent forms of Islamophobia experienced by the participants within this overall concept.

### *Terrorists*

One *typical* stereotype that 11 participants (78.57%) reported was that Muslims are terrorists. More specifically, participants stated that they have witnessed messages from American society and in their personal lives that suggested that Muslims are aggressive, hateful, and anti-American. Participant 4 reported that she was mocked while playing sports, as onlookers inquired if she “was practicing for jihad.” “Participant 12” stated that she was confronted with this stereotype as a child when a peer joked that she was hiding a bomb on the school bus. “Participant 13” also reflected on an incident that occurred in high school when a teacher failed to intervene in a class discussion where her peers pushed stereotypes about Muslims being violent and anti-American:

And then people just started, like...half the class just started laughing and I just remember getting more angry and more angry...and, like, defeated. And, by this

point, the lunch bell rang. I was still, like...people saw me...I was visibly angry. My face was red. I was crying. And then, my friend, she took me and she said, "Are you okay? I'm so sorry." And then, everyone left the classroom and my teacher, he was like, "I'm so sorry. I didn't mean to have it escalate like that." And I looked at him and, like, in disbelief, "Like, you couldn't stop that?" And then I went to lunch.

Participant 8 described the stereotypes of Muslims she has witnessed since the 2016 U.S. Presidential Election:

I feel like now it's, like, the words are blending together. So, it's like at first it was like "terrorists," but now it's like "terrorists and refugees." So, it's like the language that people use is getting different, and it's getting blurred, which is also very scary, because it's like, if you don't clarify who the enemy is, then you could make the enemy anyone.

### *The "Other"*

Nine participants (64.29%) mentioned the second *typical* stereotype, which was that Muslims are seen as the "other." Participants stated that non-Muslims in America assume that Muslims are a homogenous group (e.g., all Muslims are Arab), un-American, as well as immigrants and/or refugees. Several participants also described non-Muslims who have doubted their English proficiency level. Participant 11 reflected on a significant aspect of her experience as a Muslim American and stated, "I think there's just a lot of narrative and a lot of discourse around how being American and being Muslim are just, like, antithetical to each other." She also noted that this narrative contributed to what she described as "internalized Islamophobia," particularly due to the erasure of Black Muslim American history that was not taught to her growing up.

### *Antithetical to Progress*

The third typical stereotype, endorsed by half (50%) of the participants in the study, was Muslims are antithetical to progress. Participants disclosed messages from society that promoted the notion that Muslims are uncivilized, backward, uneducated, and even barbaric. Participants mentioned confronting the negative assumptions that Muslims are unhygienic, as well as the belief that Islam and democracy are incompatible. For example, Participant 11 described experiences with therapists who have perpetuated this stereotype: “I have had therapists, I think, unintentionally communicate to me that I am not following cultural norms, and that that’s what I should be doing.” Furthermore, participants described both overt and covert displays of the assumption that Muslims are antithetical to being progressive.

### *Muslim Women are Oppressed*

Associated with the assumption that Muslims lack progress was the stereotype that Muslim women are oppressed. This stereotype was labeled with a *typical* frequency, as it was discussed by half of the participants (50%). Based on the reports of participants, it appeared that non-Muslims believe that Muslim women are oppressed by Islam and their Muslim male counterparts. Participant 4 stated that following her family’s conversion to Islam, she was asked, “Why did you become Muslims? What is wrong with your family? Did your dad force you?” and Participant 14 stated that she was asked by a peer, “Why do you wear [the hijab]? Is it because your dad forced you to?” Participant 2 indicated that the hijab is perceived as oppressive and Participant 11 added that non-Muslims believe Islam is incompatible with feminism.

### ***Verbal Harassment***

The second category, verbal harassment, was described by 13 of the 14 (92.86%) participants. The current study considered verbal harassment as aggressive words or phrases, threats, inappropriate questions, and/or passive aggressive comments regarding a person's Muslim identity. Verbal harassment appeared to be a *typical*, and nearly *general*, experience for Muslims Americans. Examples of the content within the verbal harassment from private actors included criticisms of the hijab, accusations of being a terrorist, and condemnations of Islam. Participant 4, who wears hijab and abaya, reported frequent experiences of bystanders yelling profanities and statements, such as, "Go back to your country." Additionally, three participants (21.43%) reported experiencing verbal harassment regarding their Muslim identity on social media.

### ***Vicarious Exposure to Islamophobia***

The third category, vicarious exposure to Islamophobia, was described by nine participants (64.29%) and appeared to be a *typical* experience among those interviewed. Participants reported that learning about Muslims being targeted due to their religious identity has impacted them. They described being affected by stories of Muslims being treated unfairly, verbally harassed, physically harassed, and murdered.

Participant 2 stated being impacted when she learned about mosques being targeted in the media, while "Participant 6" mentioned that hearing about the robbery and murder of a Muslim woman in her area caused her to experience significant fear whenever she or someone else she knew left their home. Participant 13 described how vicarious trauma from Islamophobic occurrences have also impacted her:



I've got my own trauma. I feel like after the death of "Our Three Winners," that really impacted me. I hadn't felt that moved or that upset and, you know, Deah, Yusor, and Razan were murdered, um, it was extremely difficult. Just because, at that point in college, I was only a couple months younger than Razan and it really, really freaked all of us out at the Muslim community at [university name] because we were just like, "That could have been any of us."

These examples provided a clear indication that although Muslims may not have a direct Islamophobic experience, they may still be impacted by Islamophobic incidents that take place toward other Muslims or Muslim communities.

### ***Disrespecting Islamic Beliefs***

Eight participants (57.14%) reported an incident when they felt that their religious beliefs and practices were disrespected. This *typical* pattern involved mocking the belief of God and Islamic practices, such as fasting during Ramadan or avoiding the consumption of pork. Several participants also described the act of misinterpreting Quranic scriptures to further stereotypes of Muslims and the miseducation of Islamic beliefs and practices in the classroom. Participant 12 detailed an experience in her high school social studies class when her teacher miseducated her peers about beliefs in Islam:

Social studies, we have to learn about different religions, including Islam. And, [the teacher] went on to say that Allah was the name of the moon and that Islam came about and [Muslims] just took that name and applied it to the Muslim God.

Participant 4 also described "intellectual debates" with others during adolescence and in college that resulted in attacks on her religious belief system.

### ***Negative Body Language***

Half of the participants (50%), all of whom presented with a Muslim marker (e.g., women who wore hijab and/or abaya, men who have grown a beard), reported that they experienced negative body language from others. This *typical* experience among those interviewed was predominantly demonstrated when others were staring at them.

Participant 4 also described several nonverbal behaviors that have been carried out by strangers toward her that she believed to be related to her Muslim identity: “You know, you can tell by, like, the sounds, like sucking the teeth or, like, sighing, rolling the eyes.” However, negative body language was not reported by any participants who did not present with a Muslim marker.

### ***Lack of Representation***

Five participants (35.71%) reported the *variant* occurrence that they observed a lack of Muslim representation in various areas of their life. This was particularly salient within work and educational settings. Participant 1 reported that this was apparent when she applied for jobs and provoked her to move to another state:

I know when I was applying for jobs in [city]. I don’t know if it was just my name that wasn’t getting me an interview. Maybe they were just rejecting my resume. Or, I have LinkedIn, so I can tell when someone’s looked at my profile and I have the hijab on my profile picture. So, I don’t know if they saw my LinkedIn and were just like, “Nah, we’re not doing that.” I don’t also feel like [city]’s a very open city. I think that the community is [open] when you’re interacting socially. But, when you want to get higher up in education or higher up in the medical field or anything like that, there’s definitely a lot of barriers and you see who’s up top of the leadership and if the

leadership doesn't reflect the city population, then there's no hope for me. How do you tailor to the needs of your community if you don't even have people from the community working in the hospital asserting their needs?

This participant also believed that lack of representation led her Muslim identity to be tokenized throughout her graduate program.

The lack of Muslim representation in educational settings also led several participants to experience significant pressure to speak up for Muslims when their religion was discussed in the classroom. This was particularly evident when their peers or teachers miseducated others about Islamic beliefs and furthered stereotypes about Muslims. "Participant 7" discussed a lack of Muslim representation within undergraduate art programs and stated that her professor inquired about her religious practices in front of the class. She detailed the incident that took place in the following excerpt:

He was like, "Why don't you talk about your particular form of meditation or praying or something?" And, it was just, like, singling me out in a weird situation. Like, he knows that I have to stop...I always, you know, I told him in the beginning [of the class], "I might step out to pray because it's, like, a five-hour graduate class"...They can be a little insensitive and not realize it, maybe, when it comes to certain things.

### ***Unequal Treatment***

Unequal treatment was the seventh category and was noted by five participants (35.71%), specifically within academic and work settings. This indicated that it was a *variant* experience among the Muslim Americans in the study. Examples of this treatment in the educational setting were provided by "Participant 9," who reported that Muslim students were required to sit on the floor of her elementary school cafeteria while

they fasted during lunchtime. She also believed that she experienced grade discrimination in her undergraduate course due to her Muslim identity. Additionally, three participants who wore hijab detailed an account of an Islamophobic work experience when someone from the population they served (e.g., customer, patient, resident) did not want to interact with them due to their Muslim identity. This was demonstrated by Participant 12 when she stated, “One of the adults who was a patient refused completely to be seen or treated by a Muslim.” Each of these events depicted the unequal treatment of Muslims compared to non-Muslims.

### ***Physical Harassment***

Physical harassment was a *variant* experience that was reported by two women (14.29%) who wore Muslim markers at the time of the incident and occurred on their commute. Participant 11 noted that another driver was unusually aggressive while driving next to her. Additionally, Participant 7 described an occurrence when she was physically harassed on the subway:

Someone got off and then they smacked me in a way that, like, pulled my hijab. And, I had a pin and I feel like it kind of choked me a little bit. And, I remember, everyone at the train, like, the doors getting closed here and she smacked me and started laughing and she started running and she turned around and, you know, cursed.

These examples indicate that Islamophobia may be experienced by Muslim Americans in an overt manner that could threaten their physical safety.

### **Variables That Impact the Prevalence of Islamophobia**

The results revealed a third concept among the data: *variables that impact the prevalence of Islamophobia*. This theme consisted of two categories: Muslim markers

and the environment impacted the degree of Islamophobia experienced by Muslim Americans. These variables provided further clarification regarding the role of intersectionality in the experiences of Muslims who live in America.

### ***Muslim Markers***

Among the 14 participants, (a) four women usually wore the abaya and what has traditionally been referred to as the hijab (e.g., headscarf), (b) four women wore the hijab without the abaya, (c) four women did not present with a Muslim marker at the time of the study, (d) one woman wore hijab regularly in the past and did not generally wear it during the time of the interview, and (e) one man presented with a beard (considered to be a form of modesty for Muslim men). The data revealed that 12 participants (85.71%), a *typical* and almost *general* pattern, indicated that those who presented with Muslim markers were at increased risk of experiencing Islamophobia. It was further reasoned by participants that Muslim women who wore the hijab, and particularly those who wore loose-fitting clothing like the abaya, are the most vulnerable group to experience Islamophobia. This pattern is based on the report of participants who wore Muslim markers in public and those who did not wear physical Muslim markers at the time of the interview, regardless of gender.

“Participant 5” stated, “Growing up, I didn’t wear the hijab. So, I think I was sheltered from a lot of it because I wasn’t a visible representative of Islam.” Participant 7 recounted an experience of how Muslim stereotypes, particularly those associated with Muslim markers, contributed to an Islamophobic experience that required the expenditure of excessive energy to prove she belonged in higher education. She noted that she wore a

hijab and abaya when she experienced the following interaction with her graduate school advisor:

She asked me if English is my first language. And I was like, “Yeah.” [She said], “Oh, you know, because of what you’re wearing? You know, sorry, like, because of what you’re wearing.” She was like, “Where are you from?” [Participant 7 responded with], “Like...[State].” Because, I’m not going to tell [her] where I’m from. There’s no need. The fact that I spent two years of my non-verbal life in Bangladesh, you know, like I am from [State]...She actually made me prove that I grew up in [State]. So, what happened was, just before graduation...I was about to graduate. And, she tells me that I need to take the TOEFL [Test of English as a Foreign Language; ETS, 2021] exam, which is the English language exam. And, I need to sit in on one more class that’s specific for English. She was like, “You know, we just want to make sure.” And, then, she was like, “Well, if you can prove that you went to school here when you were younger...” I was like, “I have my high school transcript.” She’s like, “No, before high school. You have to prove that you were here when you were younger.” I had to go home, we had to go into storage, into a cabinet in my mom’s closet and find first grade report cards. Who holds onto their first grade report cards? You know what I mean? It was, like, she wanted a consecutive report card to prove primary education here. So, I literally took out a “Student of the Month” certificate from when we were little. You know, the certificate you hear about in first grade, perfect attendance awards, and whatever, stuff like that. I literally took out a bunch. And, then I scanned them in and emailed them to her and all this. I sent her, like, 20 things and those standardized tests and stuff like that and then she was, like, “Thank

you. I hope you enjoyed looking back at memories.” And that was it. That was how she waved it.

In addition, participants also reported other Muslim markers that increased vulnerability to Islamophobia, such as having a Muslim name, reading the Quran in public, and speaking Arabic in public. Participant 9 reflected on having a Muslim name and stated:

If your name sounded Islamic for any reason, that’s it. Like, I’ve heard from other people, “Oh, I don’t think I’m going to get this job when they see my name. They’re not going to want to hire me. Forget it. I’m just going to give up.”

This example indicated that there are additional characteristics that identify a person as Muslim, which could make them vulnerable to Islamophobia in American society.

#### *Race*

At least six participants (42.86%) reported that a person’s race may increase their vulnerability to Islamophobia, which is a *variant* frequency. Participants who did not present with physical Muslim markers discussed how their race made them more susceptible to discrimination or protected them from Islamophobia because they were able to pass as non-Muslim. Participant 9, who does not wear a Muslim marker, demonstrated this phenomenon when she described the difference in treatment toward her and her father:

My father is more tan than I am. And, he has an accent and stuff. So...I’ve gone to the same grocery store, for example, and I just shop and buy what I have to buy and I’ll leave. But, I’ve been there with my dad and it’ll be the same store. But, I see how

he's treated differently. I see, like, sometimes they give him an attitude, even when my dad is trying to be friendly.

Furthermore, participants indicated that experiences of Islamophobia appeared dependent on whether a person's physical characteristics, such as a lighter or darker skin tone, fit the stereotypes of Muslims.

### ***Type of Environment***

Another variable that appeared to impact the degree of Islamophobia experienced by Muslims was the type of environment they were surrounded by. Participants recounted that there were certain social norms in their environment that may have made a Muslim more susceptible to Islamophobia. This category consisted of one code, which explored the direct relationship between a diverse environment and positive overall experience.

#### ***Diverse Environments and Positive Overall Experience***

Seven participants (50%) discussed the *typical* pattern that the degree of diversity in the environment they were exposed to impacted their level of satisfaction. Participants reported that being in an environment they perceived as "diverse" led to a more positive overall experience. Conversely, participants also reported that being in an environment that lacked diversity led to a more negative experience as a Muslim. Further, participants stated that dealing with a lack of representation and feeling othered contributed to this negative overall experience in homogeneous communities. For example, four participants (28.57%) specifically noted that having a more diverse academic setting led them to having a more favorable experience. Participants in less diverse academic settings reported the opposite to be true for them due to oppressive interactions, such as frequent microaggressions.



The current study interviewed participants from the Midwest, Northeast, Southeast, Southwest, and Western regions of the United States. One noteworthy finding from the data analysis was that there were mixed results among reports of Islamophobia in certain regions of the United States. More specifically, at least five participants (35.71%) who have visited or lived in a large, diverse city in the North Eastern area of the United States reported significant experiences of Islamophobia. Therefore, an exception to having a positive overall experience in diverse areas was found for Muslim American participants in the North Eastern region of the United States.

### **Islamophobia Impacts Various Areas of Muslim Americans' Lives**

The fourth theme derived from the data analysis is that Islamophobia impacts multiple dimensions of Muslim Americans' lives. The four areas that were significantly impacted by Islamophobia made up the four categories within this concept. These four categories included: academic, social, occupational, and Islamic practice.

#### ***Academic***

“Why don’t you be quiet before I send you to Guantanamo Bay?” This was Participant 14’s account of a professor’s reaction to her brother’s joke in class. She explored her reaction to this attempt at furthering stereotypes of Muslims with the following statement:

And, that was just, like, “Wow...” He made a lot of jokes before and he always, always...like, no one brings it up. When he said this comment, he was just taking it way too far. And, like me and my brother just kind of sat there in shock. We didn’t respond. We just stayed silent for, like, the rest of the meeting that we were having ...it was a club meeting. And, then, we just, like, went home. And, we just lost respect

for [him] completely. And, like, we didn't bring it up with administration for many reasons, because we didn't think that they would be responsive to our needs. Participants reported experiencing Islamophobia throughout various stages and among various realms of their life. This was most apparent in the academic setting. The following two codes discuss the evidence from the data analysis that suggested that Islamophobia is prevalent in both higher education and in grade school.

#### *Islamophobia is Prevalent in Higher Education*

10 of the 14 participants (71.43%) reported that they experienced Islamophobia in higher education. This suggested that it was a *typical* occurrence for Muslim Americans. Participants explored accounts of experiencing Islamophobic incidents in both undergraduate and graduate school. Although over half of the participants reported that they believed their Muslim identity was supported on campus, nevertheless, they were confronted with prejudice regarding their Muslim identity as they navigated this already arduous part of their lives.

Participants specifically stated experiencing Islamophobia from professors, such as not recognizing Islamic holidays, being offended by Islamic practices (e.g., not shaking hands with a person of another gender), miseducating students about Islamic beliefs and practices, furthering stereotypes of Muslims, and even verbal harassment. Participants also reported hearing Islamophobic rhetoric on campus while walking to class, navigating microaggressions, experiencing grade discrimination, and carrying the additional burden of clarifying misconceptions about Muslims in the classroom.

These instances of Islamophobia have impacted the experience of students in higher education so significantly, it has led students to change their environment in an effort to

avoid future Islamophobia. “Participant 1” reported that she switched her dorm room due to a roommate who frequently made Islamophobic comments. Participant 2 reported that she experienced such elevated stress and shock while attending a Predominantly White Institution (PWI) as a Muslim American that she eventually transferred to another institution. Participant 14 specifically stated that Islamophobia has negatively impacted her academic performance.

### *Islamophobia is Prevalent in Grade School*

Seven participants (50%), a *typical* frequency, also reported experiencing Islamophobia growing up in grade school. They explored the isolation and othering they experienced by teachers and peers, particularly when teachers furthered stereotypes of Muslims by miseducating classrooms regarding Muslims and Islamic practices. This led Muslim students to bear the burden of clarifying such misconceptions.

Participants also noted experiencing discomfort when navigating Islamic practices at school. Participant 8 highlighted an experience when she was confronted with a lack of separation of church and state in her public school classroom. She stated, “I think, another time was actually when a preacher or some person from the church came and handed out Bibles to the class...I think that is also a moment where I felt very, like, confused.” She added that this was a random occurrence that did not relate to the material being taught in the classroom and that the course did not teach other religious beliefs. This experience led her to believe that they had the intention to convert students to Christianity. This was one example of how othering took place in an educational setting.

## *Social*

The second category within this theme described how participants' social lives have been impacted by Islamophobia. This category featured four codes that represented the different realms participants' navigated in their social life. These codes were referred to as being in public, academic social life, social circle, and online.

### *Being in Public*

The area of participants' social life that Islamophobia most often impacted was the simple act of being in public settings and interacting with the general population in American society. This was a *typical* experience reported by nine individuals (64.29%) in the study, which included grocery shopping, going to the park, and eating at a restaurant. This was especially prevalent when participants walked in public spaces or used public transportation services (e.g., subway, rideshare services, airplanes). Participant 6 mentioned an incident when her sister, who wore hijab, was pushed by a stranger in a subway station. Participant 4 also reflected on how hearing of others being pushed in the subway station have impacted her:

I don't know if the next time I'm going to be walking near the train and if someone pushes me in. That terrifies me. Especially because I'm a big commuter. I spend a lot of time commuting to different places for the things that I have to do, so that really affected me. I do feel afraid, at times, when I see that people are looking at me a little too much. I worry, like, "What's going on in their minds?" Like I mentioned, I am already on edge because of the neighborhood I live in. I have to be...make sure everything's okay. But now, it's more...like, now, it's not just a neighborhood thing.

Like, I have that...I have to be *on* all the time. And, I think that has been affecting me about Islamophobia.

Overall, participants reported experiencing physical harassment, verbal harassment, and negative body language while being in public.

### *Social Circle*

Six participants (42.86%) reported that their social circle has been impacted by Islamophobia. This was a *variant*, and almost typical, experience for Muslim Americans in the present study. Several participants reported that they were challenged for their religious beliefs or blatantly disrespected by people in their social circle. Additionally, Participant 1 reported that two of her friends ended their friendship with her when she decided to wear a hijab regularly in college.

Moreover, Participant 11 noted the importance of spending time with others who understood her experience, and Participant 12 stated that she appreciated a non-Muslim friend who spoke out against Islamophobia. Participant 13 also indicated that she has been mindful of who she became friends with. She added that she attempted to surround herself with people who celebrated her intersectional identities and made her feel seen. Furthermore, multiple participants reported that their social circles typically consisted of Muslims, non-Muslim people of color, as well as non-Muslim allies who they considered to be open-minded and supportive.

Participant 11 further described the factors that were important for her when she would decide who she spent time with:

I stick with Muslims because I just assumed they're going to get it more than anybody else. That has had implications on my social life, because I am just, like,

socially anxious. I don't think people know that about me. But, I really fear judgment, rejection, being embarrassed. I prefer to not put myself in situations that I will perceive an attack on my identity. So, that includes that, like, continuing of the "othering," right? So, that means, you know, not really going to bar spaces or not really wanting to hang out with people unless I have, like, a lot of trust with them and that they see and can honor this part of me.

The excerpt of Participant 11's interview detailed the significant effort that Muslim Americans must often exert in order to avoid the possibility of experiencing Islamophobia in their daily social lives.

#### *Academic Social Life*

The second area of participants' social life that was impacted by Islamophobia involved the intersection between Muslim American students' social life and their academic life. This intersection was disclosed by six participants (42.86%), which indicated a *variant* pattern in the study. As mentioned earlier, participants noted the experience of navigating stereotypes of Muslims in the classroom. Additionally, they noted that their educational settings intersected with their peers and friends in their social circles. Therefore, when Islamophobia was perpetuated in the classroom, this further isolated Muslim students from their friends.

For example, Participant 8 reported that a classmate furthered the misconception among her peers that Muslims do not believe in God when she lived in a predominately White and Christian region of the United States. Participant 14 also depicted how the stigma of wearing hijab impacted her social life in grade school:

I was respected at the school. But, I was also, like, kept at a distance from other people. Like, they almost thought of hijab as, like, a boundary between me and them. They would almost hesitate to say something to me, like, even hesitate to just, like, joke around and think that I would take things really seriously. I'm not sure if that...because, like, I am or I consider myself to be a really, like, social person. So, it was weird that certain people acted that way toward me. But, the people who did know me, and I would talk to them about this, [they] didn't really understand why...it was happening. And, like, I thought it had something to do with my hijab...

Furthermore, participants indicated that Islamophobia was present in both the verbal discussion of Islamic beliefs and practices in academic settings, as well as the body language that advanced the othering of Muslim students.

Three participants (21.43%) also noted the difficulty of navigating graduate school social events that failed to consider the practice of abstaining from alcohol. Participant 1 noted that she avoided such social events altogether and Participant 5 added that when she attended such events, she was subjected to managing the shock and surprise of her peers and a barrage of questions regarding her decision to avoid alcohol consumption. One exception was with Participant 9, who stated that Islamophobia did not negatively impact her academic social life. However, she believed that this would have been more of a significant concern for her if she presented with a Muslim marker, such as wearing the hijab.

#### *Online*

The fourth code identified in this concept was that Islamophobia impacted the social life of Muslim Americans online. This was expressed by six participants (42.86%),

almost half of the sample, which depicted a *variant* pattern among those interviewed. Participants expressed being susceptible to Islamophobic comments and experiencing verbal harassment toward their Muslim identity on social media and being subjected to news that reminded them of Islamophobic incidents that have taken place. Two participants (14.29%) noted their urge to defend Muslims when Islamophobic rhetoric was perpetuated online, which eventually led them to deleting their social media accounts.

### ***Occupational***

Muslim Americans in the present study also reported that their work life has been negatively impacted by Islamophobia. This was present during various stages of employment. Participants revealed being confronted with Islamophobia when they applied to jobs and while working.

#### ***Job Applications***

Eight participants (57.14%) reported that they believed Islamophobia has impacted their job application process, a *typical* occurrence. Participant 7 described how she felt about applying to jobs as a Muslim woman who wears hijab and abaya:

Maybe in terms of professional life, you know, because again, wearing abaya I remember, like, you know, anytime you go to a first interview, you have no idea, like, what is going to happen...because, you know, interviews are stressful as it is for a job, right? But, like, it's another layer when you're wearing an abaya and hijab. It's a complete other layer because you're wearing a religion...whereas everyone else gets to be ambiguous, right? Everyone else gets to have whatever religion, it's more of an internal thing. We wear it externally. So, when I go into an interview, I have no idea



who is Islamophobic, pretty much. [They could] hide that all [their] life. You know, being Islamophobic, you don't have to share that with anyone. So, what if they are, right? What if they think I'm backwards for wearing clothing like this or whatever?...It's just that added layer of stress when it comes to interviews. And, also, to a certain degree, feeling like you need to prove yourself even more so than just being your worth...like, you actually need to prove yourself...more.

Participant 9 stated that she believed an applicant was less likely to get offered a job if they had a Muslim name, while Participant 14 noted that she felt worried she would not have a job because she wore hijab. Additionally, Participant 1 expressed that she was unable to find employment due to discrimination toward her Muslim identity and that this resulted in her moving to a different state. Participants 3 and 4 declared that potential employers have been offended with religious practices during interviews, such as not shaking hands or being alone with someone who identifies as another gender. They both disclosed that this cost them a potential job opportunity. Moreover, participants explained that they have made an effort to avoid Islamophobia in their occupational life, such as pursuing a career they believed would make them less likely to experience an Islamophobic incident or compromising their religious practices (e.g., shaking hands with someone of another gender during an interview).

### *While Working*

The impact of Islamophobia while working was felt by eight participants (57.14%) who were interviewed, a *typical* experience. Two participants (14.29%) stated they have felt worried about how others would perceive them on the job due to stereotypes about Muslims. Several individuals reported negative interactions with customers, co-workers,

and employers. These interactions included rude comments, being ignored, having their language proficiency questioned, or refusing the service or support of the individual due to their Muslim identity. Participant 13 reported the following incident while she was working at a store:

I remember, there was this one time where a customer...she saw me. She was in the other line and she was whispering about me and then the other cashier was like, "Oh, they didn't want to come to you because you were Muslim." I'm like, "Really?"

Additionally, Participant 6 noted that she eventually left one workplace due to negative interactions that may have been due to Islamophobia. These examples clarified how Islamophobia significantly impacted the occupational lives of several Muslim Americans in the study.

### ***Islamic Practice***

Five participants (35.71%) reported that their experiences with Islamophobia negatively impacted their Islamic practices, a *variant* pattern. Participant 1 reported that the rise of Islamophobia in the United States prevented her from attending the mosque during large gatherings, such as during the holy month of Ramadan, out of fear for her safety. One participant stated that she considered abandoning her faith because of Islamophobia, while two participants (14.29%) stated that Islamophobia has prevented them from expressing their faith through the practice of wearing hijab. Participant 14 provided another example of how Islamophobia has impacted her demonstration of faith:

[Islamophobia has] definitely made me more cautious in the decisions I make. So, I make sure not to be overly, like, how do I say this...if I want to pray in a public space, I try to find a really closed off location to pray so, like, the minimum amount of

people can see me. Because, then, I feel like that would almost further alienate me from others, like performing the prayer in public. Also, making wudu [ablution before prayer] in the bathroom. Like, if there's someone using the sink next to me, I literally wait...like, I waste time just waiting for them to leave, so I can make wudu on my own. Like, I make it really quickly if there's someone else in the bathroom. And, like, I hate that I let myself do that. But, it's like, I just do because I'm afraid of being judged, or, you know, people looking at me weirdly and I'm like, "Wow...yeah I shouldn't care what other people think." But...I do.

### **Muslim Americans May React Differently to Experiences of Islamophobia**

The fifth theme that was established in this study was that *Muslim Americans may react differently to experiences of Islamophobia*. The translational model of experiencing prejudice postulated that people may respond to prejudice in a variety of ways (Major, McCoy, et al., 2003). The current concept provided evidence of the type of reactions that Muslim Americans described when confronted with Islamophobia. This concept is made up of four categories: avoidance, letting it go, defending beliefs, and resiliency.

#### ***Avoidance***

The first category within this concept was avoidance. Avoidance was proclaimed by nine participants (64.29%), a *typical* experience for Muslim Americans in the study. More specifically, participants appeared to use avoidance to decrease the possibility of experiencing an Islamophobic incident. This category consisted of three codes, which were being unobtrusive, avoiding social situations, and avoiding Muslim markers.

#### ***Being Unobtrusive***

This code was given a *typical* frequency label, as eight participants (57.14%) reported this disposition in public. Examples of being unobtrusive included participants who mentioned that they would “lay low,” “get out of the way,” and “tread lightly.” Participant 12 reported that she made a conscious effort to appear non-threatening in public by narrating her thoughts out loud or inserting English words when speaking in Arabic. “Participant 10” also reported:

I do find myself being more cautious, saying sorry, or letting people cut me off and not saying anything, or you think, just being more cognizant of not making people angry. Because, I don’t want to...I don’t want to be a name in a news article. You know what I mean? I don’t want to be someone who was killed because I cut a man off [in traffic] and he was just angry. You know what I mean? I don’t want to be that person.

#### *Avoiding Social Situations*

Three participants (21.43%) reported that they have avoided social situations to decrease the potential of an Islamophobic incident. This code was labeled with a *variant* frequency. For example, two participants (14.29%) reported that they did not go out in public on September 11<sup>th</sup>. Participant 7 stated:

Throughout my high school experience, racism or, like, Islamophobia was just adamant everywhere. Like, it was just everywhere. I felt it every time, you know, every September 11<sup>th</sup>, like, we would stay home or if we could avoid going to school, we would. Because it was just a moment of, like, awkwardness everywhere. Like, everyone’s staring at you. Everyone’s looking at you.

Participant 5 also noted that she avoided social interactions that involved alcohol to decrease the chances of experiencing an Islamophobic remark about the practice of abstaining from alcohol.

#### *Avoiding Muslim Markers*

Participants reported that they have made efforts to avoid Muslim markers in public to hide their religious identity. This was a pattern that was noted by three participants (21.43%), another *variant* frequency. Participant 7 disclosed that she has considered discontinuing the practice of wearing hijab. Participant 10 also recounted her journey with wearing hijab below:

I do remember in second grade, I think this was very recent after 9/11 had passed, I wanted to wear hijab. And, my mom, she wears hijab. So, I thought when I told her she'd be so happy. And, she was like, "You know, I think you're too young."

Regardless of how much I pressed for it, she was like, "No" and she was like, "No, you cannot wear hijab to school." And, it wasn't until I was older that I realized she was fearful that if I wear hijab to school, that there will be these people that have a prejudice about 9/11...about Muslims...they would have done something to me or harmed me in any way or bullied me in any way. So, for then, I kind of just realized that as a Muslim in America, you have to tread very lightly. You have to. In my head, I just had to kind of downplay [my] identity.

This participant also described various strategies she took to avoid displaying her Muslim identity:

I mean, I just know now, more than ever, a sense of fear about being proud of who I am. Nowadays, you know, you hear a lot more news stories about people being

targeted for being Black or for being Muslim, or being killed. So, like, now, I've noticed myself, when I stop at a stoplight, and there's cars next to me, I put my hood up so they can't see my hijab or I make sure that my car is not in their direct view because I'm so scared of, like, just being shot at stoplights, you know what I mean?...Even when me and my husband are flying or at an airport, he is like...he has a big habit of just always being like, "Alhamdulillah" [Arabic for "Praise be to God"] or "Allahu Akbar" ["God is the Greatest"]. And, I'm like, "You can't say those things. You can't say those things now because we can easily get off, get kicked off the plane, or be detained by TSA." So, these are things that I've never had to worry about before or really was fearful about before. You know, growing up, I'm always taught that America was this place you could come and be proud of who you are. You know, freedom of religion. Freedom of speech. You can be who you are, but that's not the reality of today's America.

With these statements, Participant 10 illustrated that Muslim Americans may avoid physical displays of their Muslim identity and verbal disclosures of their Islamic practices and beliefs.

### ***Letting It Go***

Eight participants (57.14%) disclosed that another *typical* reaction they had when faced with an Islamophobic event was to let it go. Participants disclosed that they grew "thick skin," became desensitized to Islamophobia, tried to ignore prejudice toward their Muslim identity, or decided not to respond to a perpetrator. When Participant 2 reflected on the Islamophobia she faced from her non-Muslim family members, she stated, "There's really no way to deal with that except smile and move on."

### ***Defending Beliefs***

Simultaneously, there were eight participants (57.14%) who made up the third *typical* reaction to Islamophobia, referred to as defending beliefs. Participants stated that Muslims should defend themselves to prove that they belong in America and noticed that they were more vocal during discussions with Islamophobic content. Participant 6 also noted that she has made an effort to educate the public by providing pamphlets to strangers and giving them the opportunity to inquire about Islamic beliefs with the intention of dispelling the misconceptions and stereotypes about Muslims that have been perpetuated by the media.

### ***Resiliency***

Five participants (35.71%) discussed multiple demonstrations of resiliency, which indicated a *variant* response to Islamophobia. Several participants particularly expressed that they have transformed the negative emotions experienced from Islamophobia into energy for initiatives that have given them purpose. These initiatives included giving back to underserved communities, improving their Islamic knowledge, or pursuing a career that seeks to counteract oppressive systems. Participant 13 reflected on how Islamophobia has led her to have passing thoughts of not being Muslim. However, she described the resiliency she embraced when she stated:

It truly motivated and shaped me as a person. Like, I would...if I didn't have that experience in high school, I wouldn't have been such an active leader in the Muslim community at my university, I wouldn't have taken that internship with [organization], which I wanted to take for so many years and I finally got it to work. I think, as much as it all sucked, I think I used it as a means to just be like, "I'm going

to prove them all wrong and I'm going to do something positive with it." Even if, in the moment, I was just angry, like, I feel like it pushed me careerwise, it's pushed me to grow, it's pushed me to really understand myself and really understand the Muslim identity that I do have. It's also just made me, I think, more resilient.

### **Islamophobia Impacts the Mental Well-Being of Muslim Americans**

The sixth concept found among the data across participants was that *Islamophobia impacts the mental well-being of Muslim Americans*. Participants specifically reported three categories of symptoms that were related to experiences of Islamophobia, including those related to anxiety, depression, and trauma (American Psychiatric Association, 2013). Each category covered the onset and triggers of symptoms to provide further information for contributing factors.

#### ***Anxiety-Related Symptoms***

The most prevalent way that Islamophobia negatively impacted the mental health of Muslim Americans in the study included increasing anxiety-related symptoms. Eleven participants (78.57%) reported at least two or more symptoms, which indicated that it was a *typical* experience among those in the study. Anxiety-related symptoms that were reported by participants and aligned with the American Psychiatric Association's (APA) (2013) 5<sup>th</sup> edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) included nervousness, difficulty managing worries, restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbance.

Five participants (35.71%) stated that they experienced anxiety-related symptoms prior to the 2016 U.S. Presidential Election. However, at least three participants (21.43%) reported that the onset of their anxiety-related symptoms occurred around the election or



the initial period that Trump took office. Additionally, four participants (28.57%) reported that anxiety-related symptoms were triggered during the period that followed an Islamophobic event they had experienced or learned about.

Five participants (35.71%) indicated that their anxiety-related symptoms were also triggered in public. This was particularly salient when they traveled, drove in a car, or commuted on the subway. Participant 1, who wore a hijab, reflected on how she felt when she traveled on a plane:

I travel every couple of months. So, I think, I would say I feel it every couple of months. So, like, TSA [Transportation Security Administration] at the airport. Getting on an airplane. Oh my God...that's the worst. It's, like, a walk of shame when you're looking for your seat. So uncomfortable. I do travel at least once a month or every couple of months. So, pretty often.

Overall, participants appeared to experience anxiety-related symptoms when they were in public, traveled, experienced or learned about an Islamophobic event, or became aware of an increase in structural Islamophobia (e.g., when Trump was elected president) (Beydoun, 2018).

### ***Depression-Related Symptoms***

Islamophobia also increased depression-related symptoms among Muslim Americans in the study. Depression-related symptoms mentioned by participants that aligned with the DSM-5 included a depressed mood, irritability, loss of interest or pleasure in activities, change in appetite or weight, change in sleep, change in activity, fatigue or decreased energy, guilt, sense of worthlessness, difficulty concentrating, and suicidal ideation (APA, 2013). Eight individuals (57.14%) stated that they experienced at least

three or more of these symptoms, which suggested that it was *typical* to have depression-related symptoms associated with an Islamophobic event. Additionally, at least six participants (42.86%) who reported depression-related symptoms due to Islamophobia noted that the onset of their symptoms began around the 2016 U.S. Presidential Election or when Trump was in office. The two following codes were further identified as being associated with depression-related symptoms among the sample: negative impact on self-esteem and negative impact on belonging.

#### *Negative Impact on Self-Esteem*

Eight participants (57.14%) reported that Islamophobia has negatively impacted their overall self-esteem, which was a *typical* occurrence. Three participants (21.43%) specifically discussed struggling with the internalization of Islamophobic rhetoric during their lifetime. Several participants' reports included feeling insecure and having low self-worth. Participant 11 stated that Islamophobia has even stagnated her identity development and confidence growing up when she stated, "I think it's prevented me from living a life in which I feel comfortable integrating all of the different parts of myself. I feel like it's put me behind developmentally in terms of feeling secure with who I am."

#### *Negative Impact on Belonging*

At least half of the participants (50%) in the study reported that they have felt "othered" and a lack of belonging in American society. The frequency of this type of experience among the sample indicated that this was a *typical* experience. Participant 6, who wore hijab and abaya, explored how educational settings have perpetuated messages of Muslims as "backward" and "uneducated" in the following statement:

I look differently. The tune of the conversation with a couple of different [professors] that made me...that lowered my self-confidence. I had the insecurity that I don't belong here. I don't feel comfortable. And, that pretty much affected it. It verified my Insecurity.

Participant 6's description of these Islamophobic incidents suggested that professors have furthered the assumption that those who have Islamic beliefs and practices do not belong in a progressive educational environment.

### ***Trauma-Related Responses***

Eight participants (57.14%), over half of those in the study, stated that they experienced at least five trauma-related responses due to having experienced or learned about the details of a traumatic Islamophobic event (APA, 2013). This was considered a *typical* occurrence among the sample. Trauma-related responses mentioned by participants that aligned with the DSM-5 included memories, nightmares, flashbacks, psychological distress or physiological reactions, avoidance of stimuli that reminded them of the event (e.g., memories, thoughts, feelings), negative changes in mood or thoughts, hypervigilance, irritability, and difficulty concentrating. Additionally, three people (21.43%) experienced significant distress due to an Islamophobic incident in at least one area of their life (APA, 2013). Four participants (28.57%) reported that the onset of their trauma-related responses occurred around the 2016 U.S. Presidential Election.

### ***Coping with Islamophobia***

The seventh, and final, concept derived from the data was *coping with Islamophobia*, and consisted of the coping strategies that were utilized by Muslim Americans to support

their mental well-being when confronted by Islamophobia. This theme consisted of nine categories, including social support, Islam, positive psychology, therapy, setting boundaries, self-care techniques, and giving back. A ninth category, entitled maladaptive coping strategies, was also identified.

### ***Social Support***

A *general* pattern that was noted by all participants was the reliance on social support when coping with Islamophobia. The overarching category of social support consisted of five predominant realms. These sources of social support have been organized into the following codes: the Muslim community, family, friends, online support, and professional networking.

#### ***Muslim Community***

All 14 participants reported that they relied on the Muslim community for social support. This indicated a *general* theme among those in the study. Participants identified various activities with the Muslim community that were helpful for them, such as attending a mosque, having Muslim mentors, being surrounded by Muslims who are confident in their religious identity, joining Muslim organizations, holding leadership roles in the Muslim community, and attending Muslim conferences. Participant 1 explained her relationship with the Muslim community in her hometown:

I think it's important to be in spaces where Muslims are. I try to attend the masjid every week on Friday nights or Saturday nights. I think it's very important. You know, because I grew up there. They've known me since I was a kid and stuff. You know, every time I come home for summer break, you know, everyone tells me how proud they are of me. And, so, I feel like I can't let my people down. Like, I'm here

for them. They're here for me. When I look at it [from] more of, like, a collective perspective, rather than individual, it makes it a lot better.

In addition, Participant 14 stated "I think exchanging experiences with other Muslims has helped...knowing you're not alone." She also added:

With my friendships, like, I have really close friends on campus. A lot of them are Muslim because we just find sisterhood or brotherhood among each other really easily. So, that is something I know I will always...can rely on. So, like, even though I do have a lot of non-Muslim friends, I always know that if I didn't, I could always rely on the Muslim community here to be, like, my backbone and my support. Like we'll always have each other's back.

Though being involved in the Muslim community provided support to each participant, still some participants reported negative interactions with others in the Muslim community. For example, Participant 4, who converted to Islam, stated feeling unsupported by other Muslims. Participant 1 also noted that she did not have a positive experience in a Muslim organization because there was an emphasis on South Asian and Middle Eastern culture, which othered her Black identity.

### *Family*

Eleven participants (78.57%) reported receiving social support from their family members, which was a *typical* pattern. The most prevalent support was from primary caregivers, such as parents. Participants also mentioned receiving support from their partner, siblings, and cousins. However, Participant 5 noted that she sought support from her family more often during her childhood compared to her adulthood, which indicated a shift in her support system over time.

### *Friends*

Seven participants (50%) noted that they sought support from their friends when coping with Islamophobia, a *typical* response among those interviewed. Almost all of these participants reported that they have specifically received support from friends who also hold marginalized identities, such as other Muslims and/or ethnic/racial minorities. Participant 11 discussed how these support systems have been supportive for her in her journey:

Just, like, similarly-minded Muslims. Mostly women. I think there's, like, a shared pain and struggle. And, even if they're not the same racial identity as me, there's an understanding that we are, like, in a positive way, a bridge...but, also in a negative way, really, you know, between two worlds, at times. So, honestly, a lot of even biracial people, individuals who are not religious, I feel connected to...or, like, Mexican-American stories. Some Asian...a lot of, like, third space type Muslim spaces.

Participant 8 also noted the support from allies in her community:

So many of the people who work there...they are very, like, focused on social justice and awareness in that regard...Those are the kinds of people I interact with...And, also too, I mean, there's a concept of intersectionality, where it's, like, the oppression of one group, like, we won't rest until, like, everyone is for you.

### *Online Support*

Five participants (35.71%) noted the use of online support as a method of coping with Islamophobia, which is considered a *variant* frequency. Participants stated that anti-Islamophobic online press and Muslim representation in the media were specifically

helpful. Participant 10 declared the importance of seeing both unapologetic Muslim representation online, as well as the support of prominent individuals in society as non-Muslim allies:

I think social media. It's been kind of helpful to me to see this generation of visible Muslims very vocal about just being proud of who they are and, you know, just talking about not compromising on your identity. Not trying to fit someone's image, you know? That's very helpful to see. You know, people who look like you, but then it's also, like, crazy to see, I don't know, famous celebrities speaking out, like, "We like Muslims. We want them to be treated equally..." It's kind of cool to see that too. It's kind of comforting.

#### *Professional Networking*

Four participants (28.57%) noted that they utilized professional networking opportunities as a means of social support. This *variant* pattern among participants appeared to be particularly helpful for Muslim American students in higher education. Two participants (14.29%) noted the importance of connecting with faculty who are supportive, such as Muslim faculty or faculty who are allies to the Muslim community. Participant 2 also explained how seeing other Muslim women in academia was supportive for her:

That made me feel like, "Okay, there's more...there's more than one person [laughs] in the academy that wears the hijab. I can do this. I can survive." And, I don't want to take off my hijab for people. Like, you know, I didn't wear it for 13 years to, you know, get to this point and be like, "Oh, I'm just going to, you know, conform and take it off because you guys make me feel bad about myself."

Participant 1 noted how she engaged in fostering her professional networking opportunities during graduate school:

I'm really trying to live my life peacefully and, also, in a purposeful way. So, I can be cordial at work and be respectful. But, in my personal life, I don't really want to go to a bar and socialize there. I don't really think cocktail hours are appropriate for me.

People always tell me, "You're ruining your networking opportunities." And, I'm like, "No, I'm not. I can attend a conference. I can schedule a meeting with someone.

There are other ways to network."

Participant 1 also added other ways she engaged in professional networking opportunities by stating, "I do attend conferences. I do schedule informational interviews. I do pay attention to what type of leaders are in the field and personally email them."

### ***Islam***

The second category under the present concept involved the ways that Muslim Americans rely on Islamic beliefs and practices to cope with Islamophobia. This was found to be a *typical* experience, as 11 participants (78.57%) specifically disclosed relying on Islam as a means of coping. The most prevalent Islamic practice that participants reported was praying to God. Five participants (35.71%) noted that interpreting their struggles as "a test" has been helpful for them in moving through struggles in life. Several participants also noted the importance of reading the Quran, as well as learning about Islam and the Abrahamic prophets (may peace be upon them). Two participants (14.29%) specifically noted that dressing modestly, such as wearing hijab, abaya, or culturally modest attire, has also been helpful for them as well.



Participant 1 also noted the importance of reflection and contemplating her purpose as a Muslim in the following statement:

I think the older I've gotten, I've been really adamant about learning about Islam and our beloved prophets. And, one thing that makes me be okay with everything that's going on is that being Muslim is never going to be easy, we're all going to be tested. And, when you look at the lives of like, Prophet Muhammad or any of the prophets [may peace be upon them], they all went through [struggles] too. Like, their lives were not easy. And, I feel like they went through worse things than I'll ever go through. You know? And, learning that being a prophet is also burdensome. Like, that must have been really hard for them. So, like, when I reflect on that, it's just kind of, like, I'm okay with the tests that are given to me. I can't control what other people do to me, but I can control my reaction. That's the only thing I can be in control of. So, I'm just kind of like, alright, that's a good strategy right there. Like, reflecting on like, "Why am I even Muslim? Do I even have to be Muslim?" And, like, making sure that I'm straight on that, you know? I feel like I have a good foundation in why I'm choosing to be Muslim. I'm not being Muslim because my parents are Muslim. Being Muslim because I actually want to be Muslim. You know? And then, I wear the hijab because I understand why I wear the hijab. So, that helps me understand it better. So, when we find purpose in things and we understand the meaning of it, I think that's a good strategy for me.

### ***Positive Psychology***

Five participants (35.71%), a *variant* frequency, noted utilizing positive psychology techniques (Sin & Lyubomirsky, 2009). Examples of techniques that participants reported

using included practicing positive affirmations, positive self-talk, self-compassion exercises, and journaling. For instance, Participant 7 utilized positive self-talk during times when she felt uncomfortable in public due to her Muslim identity by reminding herself that the moment is temporary. In addition, when participants described the hope they had for the future, two patterns were identified: Muslim allies and progressive representation in government.

### *Muslim Allies*

Eleven individuals (78.57%), a *typical* frequency, noted that being supported by Muslim allies has given them hope for the future. Participants explained how allyship has been demonstrated by individuals, educational institutions, and society as a whole. Six participants (42.86%) identified several ways that non-Muslim allies of the Muslim community have shown their support. Demonstrations of support included the display of empathy and validation, unlearning Islamophobic biases by educating themselves, and intervening when an Islamophobic incident occurred. Participant 12 reflected on one example of an incident when her friend spoke against Islamophobic rhetoric that was perpetuated at her workplace and how meaningful that was for her.

Nine interviewees (64.29%) noted the importance of being supported by American society as a whole. Several individuals stated that it has been hopeful to witness the increase in social justice awareness and the unification of various marginalized communities coming together as allies when Trump was elected president. Participant 7 noted the meaningful support that Muslims experienced following the “Muslim bans” that went into effect during the Trump administration, such as public demonstrations against the “Muslim bans” and Muslims receiving legal support from allies (Doubek,

2017). Participant 1 also highlighted the hope that celebrating diversity in society has brought to her.

Four participants (28.57%) explored ways that educational institutions have been supportive of them, which instilled a sense of hope. Examples of this type of support included recognizing and honoring Islamic holidays, educators vocalizing their support to Muslim students, providing a prayer room, and increasing Muslim representation.

Participant 10 stated the following regarding how her institution has been supportive of her:

I feel like [University Name] had a very big Muslim community. We had a lot of people, a lot of hijabis, a lot of visibly Muslim students on campus. A lot of guys who had beards and would wear jeans and thobes...And, the [Muslim organization] had a very strong presence on campus. I remember when they were renovating and the reflection room in the student center was where we went to pray. And, when they were re-doing it, they actually reached out to the [Muslim organization], asking, “What can we do to accommodate you guys or make it easier for you guys to [do wudu]?” And, you know, whenever we wanted our events catered, they would get *halaal* food for us. So, it was just very, like, a good experience. I got my Bachelor’s in [title of major]. Very, very, very small. I think I graduated with, like, seven other people. We had, like, four professors in our department, but those people were very open-minded too. They were all very great, they were all very nice about me not wanting to shake hands with other men, or you know, going to, like, bars to hang out. Just stuff like that. It was just a very inclusive community. I mean, even when Donald Trump was elected, there was, like, a week of just protests that I could hear from my

apartment. People were just so angry and in such disbelief that...it was so comforting to think that I'm in a community that stands up for me when I can't stand up for myself.

### *Progressive Representation in Government*

A *variant* frequency of five participants (35.71%) reported that they felt hopeful when progressive candidates were running for government positions. Participants specifically mentioned progressive representatives, such as Ilhan Omar, who were elected to Congress and progressive candidates running for the United States presidency, such as Bernie Sanders. Participant 12 stated, "Ilhan Omar and, like, the other females having a say in congress, you know, that does give me hope a lot. So, I am still hopeful because of these changes." Participant 6 reflected on holding on to a sense of hope with the following statement:

You know, I think that all these things that's happening is a temporary thing. There are times where you think about it...it gets to us now, where we stress thinking about our future, we lose hope. But, I think we should not lose our hope. We should keep on going. People are...the media is doing a very awesome job spreading all the negative. At the same time, there are people who are speaking in media and then there are people out there who are working in the public. So, I think we should march forward, keep our hope up, keep on working wherever we are working as our profession, you know...to just be who we are. Be good Muslims, you know, and not lose hope. And, don't ever let anyone tell you who you are. Know yourself. Because, if you do not know who you are, anybody can come in and tell you who you are and then you're going to start believing in that and then you won't be you anymore.

## *Therapy*

Five participants (35.71%), another *variant* frequency, disclosed that they have utilized therapy to cope with Islamophobia. Participant 2 noted the additional support of a psychiatrist and Participant 10 stated that she learned behavioral techniques to support her mental health. Participant 8 stated the following related to how counseling has provided a supportive and empowering environment for her to move through difficult circumstances and grow as a person:

I think it's allowed me to, like, be more confident in coming to my own answers.

Like, it's allowed me to take hold of my narrative again and to take hold of my experiences and be like, "Well, you know, this is actually a very empowering thing for me, rather than something that's going to bring me down." So, that's something, like, I mean, I'm still working on: how do you like, how do you cope with past failures or past traumas and see that as, like, this is an opportunity to grow. And, you know, being able to be kind to yourself is really important too. But, just having that free space, like accessing that free space has been really fantastic. Because, I remember as a kid, being able to play at recess was so important, because it's, like, you don't have any expectations about how you're going to play on the playground. And, like, in counseling, you don't have any expectations about how you're going to get through your problems. And, with journaling, you don't have any expectations about, like, what you're going to write down. Like, you don't, you don't need to have expectations, because nobody's going to look at that. So that's a really nice place to be in, I think.

### ***Setting Boundaries***

Five people (35.71%) noted the conscious act of setting boundaries in their daily life to engage in self-preservation and advocate for their mental well-being, a *variant* pattern among the sample. Two participants (14.29%) noted that they limited their consumption of media and news. Participant 2 stated that she distracted herself by focusing on her academic work. When interacting with co-workers who inappropriately inquired about her hair, Participant 1 put boundaries in place by redirecting the conversation to focus on their professional obligations.

### ***Self-Care Techniques***

Four participants (28.57%) reported the *variant* experience of utilizing other self-care techniques. Examples that participants shared included taking a warm shower, exercising, reading, listening to music, writing, reading poetry, and engaging in solitude. Participant 11 provided an example of various methods of support she combined to cope with Islamophobia in the following excerpt: “A lot of social support from other Muslims. A lot of poetry. A lot of writing. A lot of music. A lot of solitude, prayer, therapy.”

### ***Giving Back***

Three participants (21.43%) reported that they experienced benefits from volunteering and giving back to underserved communities, a *variant* experience. All three participants were adamant about the importance of providing guidance and support for the Muslim youth in their communities. “Participant 3” reflected on his experience supporting Muslim youth in his area and stated, “I go every Saturday and I tell the kids about religion itself and tell them to be proud of who they are. So, I guess that actually

helps me, you know?” Participants specifically noted that helping others increased their confidence and helped them cope with the stress they experienced from Islamophobia.

### ***Maladaptive Coping***

Most participants noted that some aspects of their coping strategies with Islamophobia have changed over time. For example, participants reported that they sought therapy later in their life, that their social supports changed as they were confronted with Islamophobia among non-Muslim friends, or that they learned more productive ways of navigating Islamophobic rhetoric in society. Although there were several coping strategies that appeared to be supportive for Muslim Americans when dealing with Islamophobia, participants also identified strategies that they learned have been unhelpful for them in the past.

Four participants (28.57%), a *variant* frequency, stated that one maladaptive strategy for coping with Islamophobia was engaging in unproductive conversations. This included debating and educating non-Muslims who were unwilling to listen or genuinely learn about Islamic beliefs and practices. Participant 14 noted that such conversations have been unproductive for her in the past. Participant 7 added that although educating non-Muslims to help counteract Islamophobia is important, it is imperative that the person who is learning holds humility and engages in active listening. Participant 3 provided further insight into this experience by stating:

Some people...we can, like, debate with them as much as you want and try to tell them the truth and pull up as much statistics as you want, but it's not really going to change their mind. So, like, I've tried to cater to people, but they're ignorant. That doesn't really help.

## Summary

This chapter addressed the seven themes, or concepts, that were derived from the data analysis of 14 interviews to explore the phenomenon of Muslim Americans' experiences with Islamophobia, particularly following the 2016 U.S. Presidential Election. These seven themes included:

1. Muslim Americans experience different dimensions of Islamophobia.
2. Muslim Americans experience various forms of Islamophobia.
3. Muslim Americans may react differently to experiences of Islamophobia.
4. Islamophobia impacts the mental well-being of Muslim Americans.
5. Variables that impact the prevalence of Islamophobia.
6. Islamophobia impacts various areas of Muslim Americans' lives.
7. Coping with Islamophobia.

Additionally, the respective category and codes for each theme were discussed utilizing statements and quotes from the transcriptions of each interview.

Chapter Five will review the purpose and research questions of the study. I provide a discussion of the interpretations from the data analysis, while evoking past research studies that have aligned or contradicted the current study, in order to explore the Islamophobic experiences of Muslim Americans during a particular context in time. The chapter also consists of suggestions and implications for mental health clinicians and training programs, educators, and Muslim Americans. The limitations of the study, recommendations for future research, as well as my reflections as the researcher are also discussed.



## **CHAPTER FIVE: DISCUSSION**

The purpose of the current study was to gain insight into the phenomenon of Muslim Americans' experiences of Islamophobia in various areas of their lives, particularly following the 2016 United States Presidential Election and approximately two years into Donald Trump's administration. More specifically, the study sought to understand the degree of Islamophobia experienced by Muslim Americans, how Muslim Americans perceived Islamophobia, the impact of Islamophobia on mental health, as well as coping strategies that have been helpful and unhelpful for this population. The study utilized a hermeneutic phenomenological qualitative approach to understand the lived experiences of Muslim Americans (Lavery, 2003; Lichtman, 2013; van Manen, 1997). It employed aspects of Berjot and Gillet's (2011) model of cognitive appraisal, stress, and coping with stigma and discrimination (Lazarus & Folkman, 1984). It also drew from Engel's (1977) biopsychosocial theory and Clark et al. (1999)'s biopsychosocial model of perceived racism. Furthermore, the study interviewed participants while they lived in the context of the Trump era and attempted to answer the following research questions:

1. How do Muslim Americans perceive the social and political climate following the 2016 U.S Presidential Election?
2. What are Muslim Americans' experiences of Islamophobia?

3. What are the experiences of Muslim Americans who present with Muslim markers (e.g., *hijab* or headscarf, *kufi* or Islamic cap, other traditional Muslim attire)?
4. How does Islamophobia impact the social, occupational, academic, and/or psychological functioning of Muslim Americans?
5. How do Muslim Americans react when they experience Islamophobia directed toward them?
6. What coping strategies do Muslim American utilize to manage their experiences of Islamophobia?

A data analysis was conducted utilizing the methodology discussed in Chapter Three. These findings from the analysis discovered seven themes in the current study. These seven themes included:

1. Muslim Americans experience different dimensions of Islamophobia.
2. Muslim Americans experience various forms of Islamophobia.
3. Variables that impact the prevalence of Islamophobia.
4. Islamophobia impacts various areas of Muslim Americans' lives.
5. Muslim Americans may react differently to experiences of Islamophobia.
6. Islamophobia impacts the mental well-being of Muslim Americans.
7. Coping with Islamophobia.

Each of these themes consisted of multiple categories and subordinate categories, referred to as codes, to further explain the essence of the participants' experience (Creswell, 2013; Lichtman, 2013). The themes that were derived from the data provided additional insight

into the shared experiences of Islamophobia among Muslim Americans within a context of heightened anti-Muslim rhetoric (Beydoun, 2018).

This chapter will provide a discussion of the results as they relate to the research questions and previous research studies that have been conducted on the topic. The findings from the current study supported and built upon research from past studies to provide additional evidence of how Muslim Americans from multiple regions of the United States, with diverse ethnicities, races, and cultures, and who wear Muslim markers have been impacted by Islamophobia (Ali, 2017; Ali et al., 2018). Additionally, the interviews from the current study were conducted approximately two years into Trump's presidency, which indicated that the Muslim Americans in the current study continued to experience structural Islamophobia during various stages of Trump's administration (Beydoun, 2018).

Additionally, a hermeneutic dialogue will be interwoven throughout the discussion to postulate the interrelationship between the patterns that have been derived from the data (Patterson & Williams, 2002). The current chapter will also consider the implications of the findings, the limitations of the study, and recommendations for future research studies. The chapter will close with a reflection from the researcher.

## **Discussion of Research Questions**

### **Question One: How do Muslim Americans Perceive the Social and Political Climate Following the 2016 U.S Presidential Election?**

The first research question in the study was addressed with the theme entitled *Muslim Americans experience different dimensions of Islamophobia*. Islamophobia has been defined by Beydoun (2018) as “the presumption that Islam is inherently violent, alien,

and unassimilable, a presumption driven by the belief that expressions of Muslim identity correlate with a propensity for terrorism” (p. 28; Beydoun, 2016). The findings for this theme suggested that Muslim Americans have witnessed or experienced structural, private, dialectical, and liberal Islamophobia (Beydoun, 2018; Mondon & Winter, 2017). Moreover, these experiences of Islamophobia have impacted the manner in which the Muslim Americans in the study perceived the social and political climate following the 2016 Presidential Election.

### ***Structural Islamophobia***

Structural Islamophobia has been defined as Islamophobia carried out by those in the government (Beydoun, 2018). This category consisted of three codes: *Donald Trump exhibited overt discrimination*, *Donald Trump as U.S. president was a novel experience*, and *a negative description of the political climate*. A hermeneutic approach to the data postulated that these codes appeared to be connected to one another (Patterson & Williams, 2002).

Several Muslim Americans in the study described Trump’s attitude as callous and overtly discriminatory. These descriptions aligned with quantitative findings from the Pew Research Center (2017) that revealed 74% of Muslims believed Trump was unfriendly toward Muslims. There was a distinct difference in the manner that the participants in the current study described their perception of Trump compared to past U.S. presidents. Although these individuals highlighted foreign policies carried out by other presidents that they believed targeted predominately Muslim countries internationally, such as the War on Terror, there was a common sentiment among multiple participants that Trump overtly targeted Muslims domestically as well

(Beydoun, 2018). This aligned with Beydoun's (2018) inference that anti-Muslim policies have been made more explicit by Trump, such as his promise to create a Muslim registry. Therefore, the manner in which the Muslim American participants interpreted Trump's demeanor and anti-Muslim policies appeared to result in a negative overall description of the political climate in the U.S. two years into Trump's presidential term. This corresponded with findings from 2017 that revealed 64% of Muslims were unsatisfied with the direction of the country (Pew Research Center, 2017).

The descriptions from multiple participants regarding the policies of past administrations and Trump's anti-Muslim rhetoric and policies (e.g., the "Muslim ban") demonstrated their awareness that structural Islamophobia has been present in the U.S. prior to the 2016 U.S. Presidential Election and continues to be perpetuated under the Trump administration (Beydoun, 2018). Several participants experienced shock related to the election of Trump. However, upon reflection of the historical context of the foundation of this country, they recognized ample evidence that Islamophobia and racism have existed throughout American history (Beydoun, 2018).

### ***Private Islamophobia***

Private Islamophobia has been defined as the targeting of Muslims by individuals who are private actors and not connected with the government (Beydoun, 2018). This dimension of Islamophobia was described by the code *anti-Muslim sentiment is prevalent within the general American population*. Participants in this study described how they perceived the social climate in the U.S. when they indicated that Muslim Americans live in an environment with anti-Muslim sentiment and the othering of the Muslim population. They clarified how this anti-Muslim sentiment was pronounced through

discrimination from private actors toward Muslims, such as the display of hate, fear, and distrust (Beydoun, 2018).

These reports correlated with findings from Nadal et al. (2012) that found that Muslim Americans faced discrimination that suggested they were violent and untrustworthy. The participants' reports also aligned with data from the Pew Research Center (2017), which revealed that 75% of Muslim Americans believed there was a lot of discrimination toward the Muslim population in the Trump era and the approximately 50% of participants who reported that they experienced discrimination one year before the study was carried out. Furthermore, experiences of private Islamophobia have been documented before and after the 2016 U.S. Presidential Election (Nadal et al., 2012; Pew Research Center, 2017).

*Variables that impact the presence of Islamophobia* was another theme that shed light onto the perceptions of the social climate experienced by participants. One category within this theme focused on the type of environment that surrounded a Muslim American, which appeared to impact the experiences they had and the manner they perceived the social climate. Results indicated that being in environments within the U.S. that lacked diversity led to Islamophobic incidents, feeling othered, encountering a lack of representation, and an overall negative experience. Simultaneously, results indicated that being in environments within the U.S. that had a more diverse population mitigated incidents of Islamophobia and led to a more positive experience for participants in the study. This finding corresponded with a previous study by Pauker et al. (2018). This longitudinal study found that living in a racially diverse and highly multicultural

population decreased race essentialism among White participants, which was related to an increase in cognitive flexibility and a decrease in modern racism (Pauker et al., 2018).

One exception to this pattern within the present study was identified among participants who lived in diverse areas within the Northeastern region of the United States. Nadal et al. (2012) also documented the Islamophobia that Muslim Americans experienced in New York. I postulate that the physical proximity to where 9/11 occurred may have resulted in this exception (Nadal et al, 2012). However, more data is needed to clarify this claim.

### ***Dialectical Islamophobia***

Dialectical Islamophobia has been described by Beydoun (2018) as the dimension of Islamophobia in which structural Islamophobia has influenced, shaped, and endorsed attitudes about Islam and Muslims. This phenomenon was described by the code *structural Islamophobia and private Islamophobia have an interdependent relationship*. The participants in the study explored how structural Islamophobia from the Trump administration impacted private Islamophobia and vice versa (Beydoun, 2018).

Participants in the current study identified the presence of structural Islamophobia throughout the Trump administration and how Trump's rhetoric perpetuated private actors to engage in Islamophobic acts (Beydoun, 2018). However, the phenomenon of Islamophobia in the U.S. would be remiss if it did not consider that Islamophobia has been interwoven in the fabric of American society, tracing back to its colonizing roots and continued to be prevalent into the 2016 U.S. Presidential Election and Trump's administration (Ali et al., 2018; Beydoun, 2018). While some participants disclosed that they witnessed how Trump's bombast language impacted the sentiment toward Muslims

in the U.S., others also noted that private Islamophobia may have impacted Trump's rhetoric regarding Muslims as well (Beydoun, 2018). One example was found in the following statement by Participant 10:

To him, it's whatever he can do to remain relevant or remain popular. So, to me, to have a leader of my country, who doesn't care about me, who only cares about being popular with these people who are so prejudice... it instilled a lot of fear in me, because obviously, it isn't the well-being of Americans, it's his own well-being. It's, "How can I become president for another term?"

Participant 1 also clearly summarized the interdependent relationship between structural Islamophobia and private Islamophobia when she described the phenomenon that Trump perpetuated Islamophobic rhetoric in order to appeal to private actors in society who held an anti-Muslim sentiment (Beydoun, 2018). She explained how private actors then felt emboldened to express their Islamophobia, as they witnessed this negative sentiment overtly displayed by the President of the United States (Beydoun, 2018).

### ***Liberal Islamophobia***

Multiple participants noted that they have witnessed the phenomenon of liberal Islamophobia, which is Islamophobia that has appeared progressive in mainstream society (Mondon & Winter, 2017). Individuals in the study witnessed or experienced overt Islamophobia from individuals who justified their disapproval of Muslims with a biased interpretation of progressive values. This was demonstrated when Participant 4 reported that non-Muslims in American society accepted only certain expressions of Islam, which appeared to be those that fit within a liberal or progressive narrative. However, what is considered progressive in the United States is heavily based



on Euro-centric values (Wiarda, 1981). Participants also reported experiences of covert Islamophobia by those in society whose acceptance of Muslims appeared to be inauthentic. Furthermore, the themes gathered from this study provide evidence that suggests liberal Islamophobia has fueled and been utilized to justify structural and private Islamophobic incidents against Muslims within America (Beydoun, 2018; Mondon & Winter, 2017).

The current study focused on the voices and interpretations of Muslim Americans who have lived through an election and a significant portion of a president in power who has exhibited blatant Islamophobia (Beydoun, 2018). Based on the results, many of the subjects in the study perceived evidence of the three dimensions of Islamophobia: structural, private, and dialectical Islamophobia (Beydoun, 2018). Several participants also identified how liberal Islamophobia has been weaponized to perpetuate anti-Muslim rhetoric (Mondon & Winter, 2017).

### **Question Two: What Are Muslim Americans' Experiences of Islamophobia?**

The second question of the current study was addressed with the theme *Muslim Americans experience various forms of Islamophobia*. This theme described the various types of Islamophobic prejudices that have been exhibited toward Muslim Americans. In addition to witnessing structural Islamophobia from those with government positions, participants also reflected on how private Islamophobia has existed in their daily lives (Beydoun, 2018).

### ***Stereotypes of Muslim Americans***

The present study drew from the cognitive appraisal, stress, and coping with stigma and discrimination model by Berjot and Gillet's (2011) to interpret participants'

experiences (Lazarus & Folkman, 1984). Berjot and Gillet (2011) discussed that stigma may lead to negative outcomes, such as discrimination. This was found in the present study, as the stereotypes that were sowed in society regarding Muslims were revealed through multiple forms of discrimination in the participants' lives. Furthermore, it was essential to understand the stereotypes that Muslims have faced regarding their beliefs and practices, as these stereotypes have constructed the foundation for other Islamophobic experiences (Berjot & Gillet, 2011).

### *Terrorists*

The most prevalent stereotype that was expressed by the participants was that Muslims were seen as terrorists. Participants experienced blatant declarations that they were associated with terrorism, some even since childhood. Participants also encountered this stereotype when they received messages that their faith indicated that they were un-American and aggressive, characteristics that would be used to describe that of a terrorist. This evidence further supported the findings from both Nadal et al. (2012) and Ali (2017) that identified that Muslim Americans have experienced messages that suggested that Muslims were associated with terrorism.

An executive order during Trump's presidency was entitled "Protecting the Nation From Foreign Terrorist Entry Into the United States" (Exec. Order No. 13780, 2017). The title of this executive order indicated that it served to protect the U.S. from foreign terrorism (Exec. Order No. 13780, 2017). However, the executive order halted the travel of nationals from predominately Muslim countries to the U.S, which could further perpetuate the association of Muslims with terrorism (Beydoun, 2018; Exec. Order No. 13780, 2017).

Participant 8 also noted that she believed stereotypes of Muslims have evolved during the Trump administration. More specifically, she stated that the terms “refugee” and “terrorism” have recently become interchangeable in society. This can be understood by recognizing that Exec. Order No. 13769 (2017) discontinued the resettlement of refugees from Syria. This may have further perpetuated the assumption that refugees from predominately Muslim countries were considered terrorists, which demonized some of the most vulnerable populations in the world (Beydoun, 2018). This is one example of how structural Islamophobia appeared to channel the stereotype of Muslims as terrorists within governmental policies in the U.S. to justify the stigma associated with Muslims and refugees (Beydoun, 2018; Biernat & Dovidio, 2000).

#### *The “Other”*

Another stereotype that was disclosed by the Muslim American participants in this study was that they were perceived as the “other.” Participants experienced messages from society that indicated that Muslims are a homogenous group, un-American, immigrants, and/or refugees. Perceiving Muslims as the “other” aligned with the definition of Islamophobia by Beydoun (2018), which described Muslims as being “unassimilable” and “alien” (p. 28). This stereotype was present in the lives of the participants when non-Muslims doubted their English proficiency level. It became evident that such assumptions were associated with the stereotype that Muslims, particularly those who wear Muslim markers, did not speak English fluently because they were perceived as un-American. Previous research has also found that Muslim Americans were treated as foreigners, although they had lived in the U.S. for a significant amount of time (Nadal et al., 2012; Sue et al., 2007).

This stereotype additionally paralleled the description of Islamophobia seen in Western societies that have assumed Muslims are a homogenous population (Mondon & Winter, 2017). This was also demonstrated by Nadal et al. (2012), which uncovered that Muslims were assumed to engage in the same religious practices and have the same experiences. Participant 13 also noted another example of how the stereotype of Muslims as the “other” was furthered in grade school when her class discussed why Muslims burned the American flag. Consequently, these microaggressions appeared to promote the assumption that being Muslim and American could not occur simultaneously (Beydoun, 2018; GhaneaBassiri, 2010).

#### *Antithetical to Progress*

Another stereotype that was identified from the current study was the assumption that Muslim Americans were antithetical to progress. Participants in the current study dealt with Islamophobic incidents that suggested their belief system and practices were uncivilized, backward, uneducated, barbaric, unhygienic, and incompatible with democracy. This corroborated with evidence from Nadal et al. (2012) that suggested that a prejudice Muslim Americans experienced was the pathology of Islam, which indicated that those who were Muslim were seen as abnormal.

#### *Muslim Women are Oppressed*

Another typical stereotype that was identified from the study was that Muslim women are oppressed by Islam and their male counterparts. Participants noted dealing with the assumption that Islam was antithetical to feminism and wearing the hijab was perceived as oppressive. This supported a previous research study that documented the experience of a Muslim woman who was told she was oppressed (Ali, 2017).

However, Briskman and Latham (2017) note that colonial feminist ideals do not comprehensively represent Muslim women. It is imperative to recognize that assumptions of Muslim women have been rooted in Western opinions of feminism and failed to consider the opinions of Islamic feminists that have highlighted that the oppression of women is antithetical to Islam (Saadallah, 2004; Shahin, 2020). Additionally, such a perspective fails to recognize the narrative that Muslim women can feel empowered by wearing the hijab and/or abaya, as exhibited by past research and several participants in the current study (Blakeman, 2014; Williams & Vashi, 2007).

The Muslim American participants in this study indicated that their religious identity has been stigmatized in the U.S., which suggested that those who follow Islam have been devalued in society (Crocker et al., 1998). The awareness of such stigma by Muslims in this study was correlated with findings by Khan (2014). Furthermore, participants identified four stereotypes that they encountered related to their Muslim identity. These stereotypes included: Muslims are terrorists, Muslims are the “other,” Muslims are antithetical to progress, and Muslim women are oppressed. Moreover, the discrimination experienced by participants appeared to be rooted in the various stereotypes about Muslims that were identified in the study (Berjot & Gillet, 2011).

### ***Verbal Harassment***

Muslim American participants in the study reported experiencing various types of discrimination in their lives. Almost all of the participants reported experiencing some form of verbal harassment. Participant reports of Islamophobic words or phrases, threats, inappropriate questions and/or passive aggressive comments were considered verbal harassment in the present study. This type of harassment was often times related to

devaluing modest clothing (e.g., the hijab and abaya), associating Muslims with terrorism, or expressing vocal or written disdain toward the religion of Islam. The experiences of verbal harassment found in the present study correlated with past findings of Muslim American participants being exposed to Islamophobic language through verbal bullying and teasing (Nadal et al., 2012) and South Asian American Muslims who faced derogatory terms or comments (Ahmed, 2020).

### ***Vicarious Exposure to Islamophobia***

A significant number of participants in the study explored the manner in which learning about Islamophobic events impacted them. This included learning that other Muslims have been verbally harassed, physically harassed, or experienced unjust treatment. This also included learning that mosques have been targeted. This finding supported past literature that identified Muslim Americans experienced vicarious trauma (Ali, 2017). The pattern of vicarious Islamophobia disclosed by participants in the current study also aligned with a study by Ahmed (2020) that explored the health implications of perceived Islamophobia on South Asian American Muslims and identified the vicarious exposure to Islamophobic incidents that were also mentioned by participants.

### ***Disrespecting Islamic Beliefs***

Participants reported that they experienced the mocking of Islamic beliefs and practices, as well as the frequent misinterpretation and miseducation of Quranic scriptures. Participant 7 detailed an experience when she felt that her religious practices were being disrespected in the following excerpt, “It was Ramadan and I was fasting, and I just remember somebody just backhand laughing about like, ‘Why do you suffer for

your God?”” The unearthing of this pattern also supported a finding by Nadal et al. (2012) that claimed Muslims experienced mocking language about Islam.

### ***Negative Body Language***

Participants who wore Muslim markers reported that they experienced negative body language from non-Muslims. Body language that was described in the study included witnessing someone staring, sighing, sucking their teeth, or rolling their eyes. Previous studies have also documented similar body language and uninvited attention experienced by Muslims, such as hostile staring toward Muslim women in Hungary (Aytar & Bodor, 2019) or having strangers stare when Muslims go through airport security (Ali, 2017).

### ***Lack of Representation***

Several participants in the study also noticed a lack of Muslim representation within their occupational and educational settings. Participants reported feeling tokenized, the expectation to educate those around them, or the pressure to counteract Islamophobic rhetoric, particularly in the classroom. Participant 1 described this experience in graduate school in the following statement:

I felt like the token Muslim girl because I was American and I have an American accent and my experience is American and I wear hijab. Maybe the school saw me as some diversity token. So, they always had me speak on panels. They put me on brochures and stuff.

This lack of representation of Muslim Americans is important to highlight due to the negative impact that tokenization may have on minorities (Niemann, 2011).

Although the participants in the study reported a lack of Muslim representation in educational and work settings, it was notable that participants in a study by Barkdull et. al

(2011) indicated that society does have exposure to Muslims: negative Muslim representation in the media, especially since 9/11. In fact, 60% of Muslim Americans surveyed believed the manner in which Muslims are portrayed in American news is unfair (Pew Research Center, 2017). Furthermore, based on the results within the current study and previous findings by Barkdull et al. (2011), Western society's exposure to Muslims appears to be restricted to biased media representations. FitzGerald et al. (2019) noted that the exposure to counterstereotypical exemplars has been helpful in decreasing implicit prejudice. Additionally, one can deduce that a continuous cycle of negative representation of Muslims in Western media, coupled with a lack of direct exposure in academic and occupational settings, has provided the groundwork for the perpetuation of Islamophobic rhetoric in American society (Barkdull et al., 2011; FitzGerald et al., 2019).

### ***Unequal Treatment***

Research by Nadal et al. (2010; 2012) have suggested that prejudice about Islamic beliefs can lead non-Muslims to mistreat this population. The present study found that several participants reported unequal treatment within their work and academic settings. In the workplace, multiple individuals highlighted that people did not want to interact with them due to their Muslim identity while they were on the job. Another example of unequal treatment was detailed by Participant 10, who noted that her teacher reprimanded her for responding to a peer who verbally harassed her during class. She concluded the description with the following quote, "I mean, just from a young age, you kind of just get this... 'I'm different, and I will be treated differently. And, I'm held to a different standard because of my skin color or because of my religion.'"



### ***Physical Harassment***

The blatant form of discrimination through physical harassment toward Muslim Americans following the 2016 U.S. Presidential Election has been documented by CAIR (2016). Two participants in the study also revealed their own experiences of physical harassment while commuting in public. Participant 11 provided an account of an incident of unusual road rage when she wore hijab in the past. Additionally, following the election, Participant 7 noted that she was struck and had her hijab pulled by a stranger on the subway. Moreover, although this form of discrimination was the least likely to occur among the current sample of Muslim Americans, it is imperative to highlight the extent to which Islamophobia can harm populations who are stigmatized in society (Berjot & Gillet, 2011).

The Muslim Americans in the current study described facing various forms of discrimination related to their Muslim identity. These experiences included stereotyping, verbal harassment, vicarious exposure to Islamophobia, disrespecting Islamic beliefs, negative body language, lack of representation, and physical harassment. Participants' accounts of discrimination were present both before and after the 2016 U.S. Presidential Election.

### **Question Three: What are the Experiences of Muslim Americans Who Present with Muslim Markers?**

A characteristic or trait that is stigmatized in society may be visible or invisible (Berjot & Gillet, 2011). However, when an individual holds a stigmatized characteristic that is visible, that would make them more vulnerable to the stereotypes that were associated with the stigma (Berjot & Gillet, 2011). Past research has provided evidence

of this phenomenon among Muslims who present with Muslim markers (Casey, 2018). Furthermore, one can deduce that having a Muslim marker may lead to higher levels of discrimination (Berjot & Gillet, 2011; Lambert & Githens-Mazer, 2010).

Literature has noted the importance of considering intersectionality among the Muslim population when understanding their experiences (Barkdull et al., 2011). Therefore, the current study sought to understand the experiences of Muslim Americans who present with Muslim markers (e.g., hijab, abaya, kufi, thobe). The process of data analysis considered the presence, or lack of presence, of Muslim markers when interpreting the experiences of Islamophobia among participants to gain a deeper understanding of whether Muslim markers continued to be stigmatized and devalued among American society (Crocker et al., 1998). Thus, the third question is best explained by the theme entitled *variables that impact the presence of Islamophobia*, and further by the category labeled *Muslim markers*.

### ***Muslim Markers***

Most participants in the current study expressed that presenting with a Muslim marker increased the risk of experiencing an Islamophobic incident in American society. Moreover, the data suggested that Muslim women who wore hijab, and especially Muslim women who also wore abaya, experienced heightened Islamophobia. These findings were analogous to previous experiences that were documented of challenges faced by Muslim women who wore hijab in Ali (2017).

The existence of this phenomenon was also present with the participant who identified as a Muslim man. Participant 3 reported the following:

People make jokes about being a terrorist all the time. Um, more incidents in college and some guy who's known to be a White supremacist came up to me and my friend and said, "You know, your time is coming." You know, me and him had on thobes that day... I've been harassed about the whole growing the beard thing...so, they'll call me an extremist for that, as well, because I don't cut my beard anymore.

Overall, it is apparent that both Muslim women and men who present with Muslim markers may be vulnerable to experiences of Islamophobia (Lambert & Githens-Mazer, 2010).

In general, the results of this study indicated that those who wore Muslim markers reported heightened discrimination, such as stereotyping, verbal harassment, negative body language, unequal treatment, and physical harassment, compared to those in the study that did not present with traditional Muslim markers. This aligned with evidence by Casey (2018) who suggested that individuals in dominant American society held negative attitudes toward Muslim women who were veiled, and that such attitudes were even more negative toward Muslim women who also wore a full-face veil. Furthermore, it appeared that vulnerability to Islamophobia was more present when participants in the current study presented with Muslim markers that were strongly stigmatized in American society. However, Participant 13 noted that she experienced assumptions about her, although she did not wear a traditional Muslim marker. Moreover, the results of the study highlighted that there were other additional characteristics in a Muslim American's life that may make them recognizable and vulnerable to discrimination, such as having a Muslim name or reading the Quran in public (Casey, 2018).

### *Race*

Results from the present study revealed the stereotype that Muslims are seen as a homogenous group. Past research has discussed the incorrect assumption that all Arabs are Muslim and all Muslims are Arab (Bukhari, 2003; Nadal et al., 2012). The current study also revealed that participants who did not present with a race that has been stereotypically associated with Islam and did not wear a Muslim marker may pass as non-Muslim, which decreased the chances of an Islamophobic experience (Mondon & Winter, 2017). These findings added to previous literature that has indicated that an individual's race may make them more or less vulnerable to Islamophobia, whether or not a person identifies as Muslim (Bukhari, 2003; Mondon & Winter, 2017; Nadal et al., 2012).

**Question Four: How Does Islamophobia Impact the Social, Occupational, Academic, and/or Psychological Functioning of Muslim Americans?**

This question has been best answered with information from two themes in the study. *Islamophobia impacts various areas of Muslim Americans' lives* focused on how anti-Muslim sentiment and discrimination has been prevalent and has influenced multiple areas of life among the Muslim Americans interviewed in this study. *Islamophobia impacts the mental well-being of Muslim Americans* also provided additional insight into how living in an environment with Islamophobia has impacted the psychological functioning among Muslim Americans.

***Islamophobia Impacts Various Areas of Muslim Americans' Lives***

One of the two themes that addressed the fourth question in this study was *Islamophobia impacts various areas of Muslim Americans' lives*. The findings from the study indicated that Islamophobia impacted the academic, social, occupational, and religious lives of Muslim Americans. These findings were supported by the pilot study,

which revealed participants experienced Islamophobia in multiple realms of their lives (Ali et al., 2018).

### *Academic*

Islamophobia appeared to be a typical experience in grade school and higher education among participants in the study. They reported facing frequent othering by teachers and peers, as well as the miseducation of Islam in their grade school classroom. Islamophobic experiences that occurred in higher education ranged from professors who did not recognize Islamic holidays, an obstacle to engaging in religious practices, to the overt verbal harassment of Muslim students.

Results indicated that Islamophobic experiences from professors, other students, or roommates in higher education compelled Muslim students to change their institution or living situation. The Islamophobia exhibited by professors in higher education was particularly notable, as past research indicated that higher education level has been found to mitigate negative attitudes of Muslims (Fetzer & Soper, 2003; Pew Research Center, 2010). Overall, the reports of Islamophobia in educational settings among the participants upheld findings by Ali (2017) that indicated Islamophobia impacted participants' educational experiences and Saeed (2018), which analyzed Islamophobic incidents among Muslim women who attended universities in England.

### *Social*

Berjot and Gillet (2011) discussed the impact that discrimination can have on an individual's social functioning. Findings from the current study supported this claim by providing evidence that Islamophobia has impacted the social lives of Muslim Americans. This was present in multiple social atmospheres that participants navigated,

including when they were in public, among their social circles, within the intersection of their academic and social life, and online.

*Being in Public.* Many participants reported Islamophobic incidents that they, or someone they knew closely, experienced while engaging with the general public and specifically while commuting on public transportation. Additionally, being aware of Islamophobia in American society led some participants to be vigilant in public spaces. Participant 1 noted how structural Islamophobia by the Trump administration also impacted how she has navigated public spaces (Beydoun, 2018):

When you have the president constantly attacking people who come from multicultural backgrounds, it definitely affects the way you see yourself in doing basic things. Going to the grocery store is hard. Going to the gas station to fill up my gas tank because you're just like "Is someone going to throw rocks at me? Is someone going to try to hurt me? I don't know." It also makes me very fearful of people who have the highest privilege in this country, which I think are the White male.

*Social Circle.* Participants noted that the disrespect and othering of their religious beliefs and practices altered the make-up of their social circles. This was especially salient when Participant 1 reported that her friends ended their friendship with her when she decided to wear the hijab. Multiple participants consciously attempted to be surrounded by Muslims, non-Muslim people of color, and/or non-Muslim allies. This appeared to function as a means of both preventing the possibility of an Islamophobic experience and to be around individuals who understood, supported, and celebrated their religious identity.

*Academic Social Life.* Several participants described how the miseducation of Islam and Muslims in the classroom furthered stereotypes of Muslims, as well as othered and isolated Muslim students from their peers. Participant 14 noted that her peers may have perceived her hijab as a “boundary” that limited their interactions with her. Although, I would argue that the negative attitudes and assumptions about Muslim women who wear the hijab were the true boundary that confined their exchanges (Casey, 2018).

Graduate school social events that centered around alcohol consumption also further marginalized Muslim American students in higher education from engaging with their peers. Chen et al. (2019) stated:

Consumption of alcohol is prohibited in Islam. Believers of Islam are not allowed to consume alcohol and foods in which alcohol is used. Muslims often feel uncomfortable in an environment where alcohol is served. In university settings, the source of entertainment during gatherings often involves alcohol. Therefore, in this way, Muslim students often feel socially lonely from their peers because they have insufficient options for entertainment and social outlets (S. R. Ali & Bagheri, 2009). (p. 939)

Participants noted that they were either dissuaded from attending these social events or they felt uncomfortable with the various questions about abstaining from alcohol they were faced with by their peers when they did attend these events.

*Online.* Research has explored how the demonization of Islam through social media has increased the stigmatization and Islamophobia that Muslims have faced in society (Civila et al. 2020). It is imperative to consider that social media platforms can make Muslim Americans more vulnerable to Islamophobia, as they interact with individuals who may feel more comfortable expressing prejudice online (Alizai, 2017). Moreover, several participants in this study noted that they were impacted by Islamophobia online. This was experienced when they read discriminatory comments, read online news

articles, or interacted with individuals who perpetuated Islamophobic rhetoric. The experiences of Islamophobia online deterred at least two participants in the study from utilizing certain social media platforms.

Ali (2017) also noted the experience of at least one participant who reported stress induced by social media posts that contained Islamophobic rhetoric. In addition, Alizai (2017) highlighted that although one participant had not experienced overt Islamophobia on her Ontario university campus, she was confronted with racist and Islamophobic comments on a confessional Facebook page with other students. Furthermore, the results from the current study corroborated with evidence from past studies that highlighted the impact of Islamophobia on the social lives of Muslim individuals (Ali, 2017; Alizai, 2017).

### *Occupational*

The present study also found evidence that indicated Islamophobia impacted the occupational lives of Muslim Americans during the job application process and while working, particularly for Muslim women who wore Muslim markers. Participants in the study even noted the belief that their Muslim identity or practices kept them from receiving job interviews or being hired. They also noted negative interactions with customers, co-workers, and employers. Several participants reported that Islamophobia shaped their career decision, led them to work in an environment where they felt more comfortable with their Muslim identity, or pressured them to move to a different region of the United States with more opportunities for Muslims. This finding is supported by Barkdull et al. (2011), which highlighted that Muslims experienced discrimination related



to their employment, such as not receiving job interviews, being isolated from their co-workers, or losing a job.

### *Islamic Practice*

Islamophobia impacted the religious practices of Muslim Americans in the current study, as participants avoided mosque gatherings, praying in public, or completing *wudu* in public restrooms. This is a particularly salient finding, as past research has indicated that religious practices have been used to cope with stress among Muslims (Abu-Raiya et al., 2011; Aflakseir & Coleman, 2009; Ano & Vasconcelles, 2005; Khan & Watson, 2006). Furthermore, this provided another illustration of how Islamophobia may have impacted the religious, and potentially psychological, functioning of the Muslim American participants in the study.

### ***Islamophobia Impacts the Mental Well-Being of Muslim Americans***

Stigma and discrimination have been found to impact the mental health of individuals, such as increasing anxiety and decreasing self-esteem (Berjot & Gillet, 2011). Past research prior to the 2016 U.S. Presidential Election and soon after the election of Donald Trump displayed the negative impact that Islamophobia has had on the psychological functioning of Muslims (Abu-Ras & Abu-Bader, 2008; Abu-Ras & Suarez, 2009; Ali, 2017; Clay, 2011; Khan, 2014; Kira et al., 2010; Nadal et al., 2012; Sheridan, 2006; Zielinski, 2015). A survey by the Pew Research Center (2017) also identified evidence that 68% of Muslim Americans were worried by Trump and 45% felt angry. The findings from this study supported past research and builds upon the generalizability of the impact of Islamophobia on the mental well-being of Muslim Americans prior to and following the 2016 U.S. Presidential election. This was

particularly significant during a time of heightened structural Islamophobia in America (Beydoun, 2018).

#### *Anxiety-Related Symptoms*

The present study revealed that over half of the participants reported anxiety-related, depression-related, and/or trauma-related symptoms described in the DSM-5 as a reaction to Islamophobia (APA, 2013). Most participants who reported anxiety-related symptoms described in the DSM-5 as a result of Islamophobia noted that the onset of their symptoms occurred prior to the 2016 U.S. Presidential Election, while others reported that their symptoms occurred around the time of the election or during Trump's presidency (APA, 2013). These reports aligned with a quantitative study by Amer (2005), which found significantly elevated levels of anxiety among Muslim Arab Americans following 9/11 and a time of elevated Islamophobia. Ali (2017) also noted the narrative experiences of anxieties that were felt by participants immediately following the election of Trump. Furthermore, the results from past research and the current study have indicated that the impact of Islamophobia has increased anxiety among Muslim Americans since at least 9/11 and has continued to be prevalent approximately two years into Trump's presidency (Ali, 2017; Amer, 2005).

#### *Depression-Related Symptoms*

Perceived racism has been found to contribute to symptoms of depression (Clark et al., 1999; Fernando, 1984). Amer (2005) found that Muslim Arab Americans reported elevated levels of depression following 9/11. Ali (2017) also noted that participants experienced a depressed mood after they learned about Islamophobic incidents. The current study inquired further about other depression-related symptoms found within the

DSM-5 and uncovered that it was typical for participants to experience such symptoms as a result of Islamophobia (APA, 2013). Moreover, compared to anxiety-related symptoms, more Muslim Americans in the study reported that their depression-related symptoms began around the time of the 2016 U.S. Presidential Election.

*Negative Impact on Self-Esteem.* Symptoms of depression have been found to be strongly correlated with self-esteem among young adults (Choi et al., 2019). Past research has discussed how stigma and discrimination have been found to negatively impact self-esteem (Berjot & Gillet, 2011). Previous research has also studied the inverse relationship between self-esteem and internalized racism (Roberson & Pieterse, 2021). In addition, an earlier research study by Suleiman (2017) further explored how internalized Islamophobia negatively impacted Muslim American youth. This is particularly important, as Malik (2017) highlighted the saliency of Muslim Americans' religious identity.

Over half of the participants in the current study noted that Islamophobia has negatively impacted their self-esteem, such as contributing to low self-worth or internalized Islamophobia. Therefore, if an individual's sense of who they are has been frequently attacked in various areas of their life, one can deduce that this could impact their mental health (Berjot & Gillet, 2011). Since the majority of participants in the current study reported that their Muslim identity was connected to their self-esteem, it is imperative to highlight that internalized Islamophobia may negatively impact the self-esteem of a Muslim American. However, this may be dependent on how an individual cognitively appraises the Islamophobic incident and the coping strategies that they utilize (Lazarus, 1999; Lazarus & Folkman, 1984; Major, McCoy, et al., 2003). Therefore, the

current study provided narrative evidence to suggest that low self-esteem due to Islamophobia may be correlated with depression-related symptoms among Muslim Americans.

*Negative Impact on Belonging.* Previous research has revealed that a lack of belonging has been found to be related to symptoms of depression (Fisher et al., 2015). Feeling othered and a lack of belonging were reported among various areas of participants' lives in the present study, where individuals reported feeling othered following the 2016 U.S. Presidential Election. This evidence suggested that structural Islamophobia may contribute to depression-related symptoms among Muslims, although further data is needed (Ali, 2017; Beydoun, 2018).

#### *Trauma-Related Responses*

Ali (2017) explored the collective trauma that Muslim Americans experienced around the time of the 2016 U.S. Presidential Election. The current study supported Ali's (2017) findings, by discerning that eight participants reported trauma-related responses due to Islamophobia. Half of these participants reported that the onset of their trauma-related responses occurred around the 2016 U.S. Presidential Election. Participant 2 in particular experienced significant mental health challenges following an incident of structural Islamophobia that directly impacted her family members (Beydoun, 2018):

Yeah, I mean, I was really struggling, um, for a while and...so, like, for maybe seven...eight months after it happened, I'm just kind of floating around. Like, I knew my mental health was in hell and was really suffering, but didn't really know what to do about it because I was, like, you know, moving...I can't really start with a therapist. It's very exhausting to tell people, like, your whole life story and, then, you know,

have to up and do it again. And, so, I...um...I was very, very depressed, um, extremely depressed. I had PTSD—I, um, still have depression and PTSD...

#### **Question Five: How Do Muslim Americans React When They Experience Islamophobia Directed Toward Them?**

A transactional model of experiencing prejudice suggests that people respond to discrimination in different ways, which depends on the type of situation, the person's personality, the theories the person holds about themselves, the motivation they can leverage in the moment, and/or their ability to identify the event (Berjot & Gillet, 2011; Major, McCoy, et al., 2003). Furthermore, Berjot and Gillet (2011) noted that a person may appraise a stigmatization regarding their personal and/or social identity in multiple ways, such as a threat or as a challenge for identity development. However, it is also possible that they may not experience a negative impact from the circumstance (Berjot & Gillet, 2011). Furthermore, the fifth question in the study has been addressed with the theme *Muslim Americans may react differently to experiences of Islamophobia*. Muslim participants in the study responded to experiences of Islamophobia in a variety of ways, which aligned with findings from Malik (2017). Reactions to Islamophobia among participants included avoidance, letting it go, defending their beliefs, and resiliency.

#### ***Avoidance***

One manner that the Muslim American participants reacted to Islamophobia was through avoidance, which was also documented in previous literature (Ali, 2017). This avoidance among participants in the present study was demonstrated through being unobtrusive, appearing less threatening, avoiding social situations, and avoiding Muslim markers. This was further discussed in past research by Barkdull et al. (2011), as the

oppression of Muslim women led them to feel resentment and avoid wearing Muslim markers. However, it was the fear of experiencing Islamophobia that impacted the behaviors, interactions, and decisions of Muslim Americans within the current study, especially Muslim women, as they navigated the world.

Islamophobia among non-Muslims has been espoused on the basis that Islam oppresses Muslim women and that wearing the hijab has been a symbol of oppression (Blakeman, 2014; Sirin & Katsiaficas, 2011). However, past research has found evidence that Muslim women have felt empowered by veiling (Blakeman, 2014). Furthermore, the irony from the findings of the current study, which predominately consisted of Muslim women, indicated that such a stereotype about Muslim women has failed to consider how American society further alienates, isolates, and silences Muslim women. This was particularly prominent among Muslim women who wore religious markers in the present study.

#### *A Hermeneutic Understanding of Avoidance Among Muslim American Women*

A hermeneutic phenomenological approach of interpreting qualitative data was utilized to postulate the interrelationship between the themes found in the study (Patterson & Williams, 2002). The findings of the current study provide evidence to suggest that the experiences of structural, private, dialectical, and liberal Islamophobia can contribute to negative emotions among Muslim women, such as fear (Beydoun, 2018). This fear has led some Muslim women in the study to change their behaviors in an effort to avoid Islamophobia, such as being unobtrusive and non-threatening, avoiding Muslim markers, and avoiding social situations. I believe that these behaviors are understandable reactions to oppression and have appeared to serve as a function of

protecting Muslim women from Islamophobia. However, Western society has chosen to dissociate how they have contributed to this oppression (Briskman and Latham, 2017; Mondon & Winter, 2017). Instead, they have utilized such behaviors to justify the stereotype that Muslim women are oppressed and further vilify Islam and the Muslim community (Briskman and Latham, 2017; Mondon & Winter, 2017). The normalization of these messages then increase the various forms of Islamophobia experienced by Muslim women (Briskman and Latham, 2017; Mondon & Winter, 2017).

Findings from the current study demonstrated that stereotypes about Muslim women are a self-fulfilling prophecy perpetuated in the West and has discounted how Western ideals of feminism have contributed to the oppression of this population (Briskman and Latham, 2017; Mondon & Winter, 2017; Saadallah, 2004; Shahin, 2020). Please refer to Figure 1 as a visual aid to demonstrate the author's interpretation of the avoidance demonstrated by several Muslim American women participants in the study due to Islamophobia, which is one of several reactions. The present study also found that there is variability with how Muslim American women respond to Islamophobia, and this may depend on how the individual has appraised an Islamophobic event (Berjot & Gillet, 2011). For example, one participant noted that wearing Muslim markers helped her cope with Islamophobia.

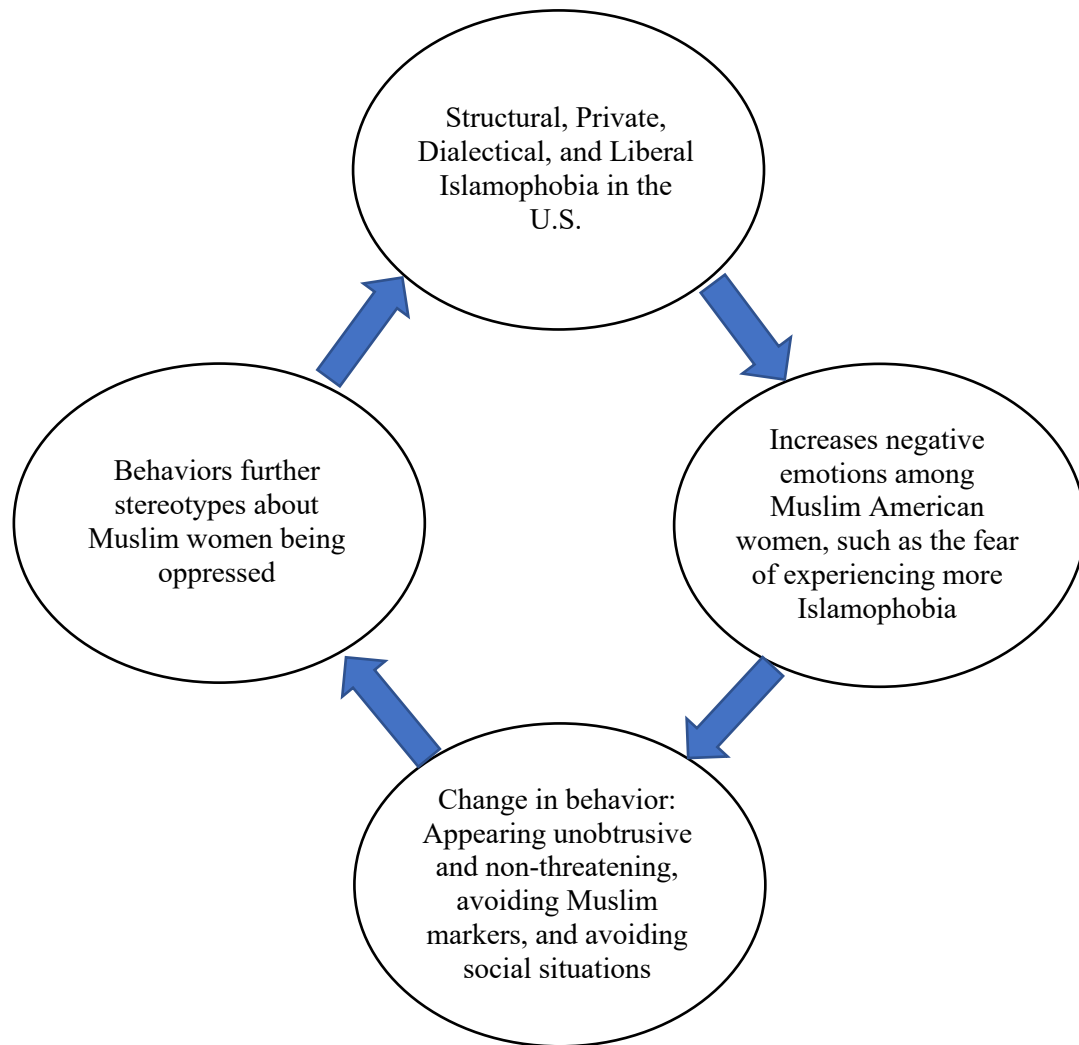


Figure 1: The Impact of Islamophobia on Muslim American Women: A Hermeneutic Model

*Note.* This visual aid depicts the interrelationship between experiences of Islamophobia (Beydoun, 2018; Mondon & Winter, 2017) and the avoidance among Muslim American women to decrease the possibility of experiencing an Islamophobic event and preserve their well-being.

### ***Letting It Go***

Avoidance was not the only way that Muslim Americans reacted to Islamophobia among the sample in the study. Some participants noted that they became desensitized to Islamophobia or practiced letting the Islamophobic experience go by ignoring the



perpetrator. This further demonstrated that Muslim Americans have utilized passive responses when dealing with Islamophobia (Clark et al., 1999; Krieger, 1990).

### ***Defending Beliefs***

Participants additionally reported moments of defending their religious beliefs or practices, particularly to counteract negative stereotypes of Muslims and to prove their national identity. This reaction has also been documented by Khan (2014), who noted that Muslims attempted to prove how American they were. Furthermore, these findings also aligned with Marvasti (2005), who noted that Middle Eastern Americans managed the stigma they faced following 9/11 in multiple ways, one of which was educating others.

### ***Resiliency***

I witnessed each of the participants in this study fundamentally channel a degree of resiliency as they took part in the current research study, reflected on different Islamophobic experiences in their life, and have navigated a society that has marginalized their religious identity. Additionally, the participants discussed various moments that they were able to demonstrate resiliency in their everyday lives. This was displayed by transforming their reactions from negative Islamophobic experiences to volunteering, increasing Islamic knowledge, and pursuing their purpose. These findings align with previous literature that has documented the resiliency of Muslims following a collective trauma, such as 9/11 (Ali, 2017; Barkdull et al., 2011).

### **Question Six: What Coping Strategies Do Muslim Americans Utilize to Manage Their Experiences of Islamophobia?**

The theme that best addressed the sixth question in the study was *coping with Islamophobia*. Berjot and Gillet (2011) have postulated a modification to Lazarus & Folkman (1984)'s Transactional Model of Stress and Coping when an individual experiences an event that may threaten their identity. This model continued to highlight the importance of considering a person's personality and social context (Berjot & Gillet, 2011; Lazarus & Folkman, 1984). Additionally, it also considered the details of the stigmatizing event (Berjot & Gillet, 2011). The first stage of appraisal involves determining the consequences of an event as primary appraisal and evaluating whether one has the resources to cope as secondary appraisal (Berjot & Gillet, 2011; Lazarus & Folkman, 1984). Coping in the second stage involves utilizing strategies to manage the stress from the event and the circumstance that has led to stress (Berjot & Gillet, 2011; Folkman, 1984). Moreover, the emotions that a person experiences and the coping strategies that one utilizes may impact one another (Folkman & Lazarus, 1988; Lazarus & Folkman, 1984; Lazarus, 2006).

The model suggests the importance of considering the social context when understanding how a person appraises the stress related to a threat on their identity (Berjot & Gillet, 2011; Lazarus & Folkman, 1984). This signifies that the social and political context of living in the United States for approximately two years into Trump's administration may have prompted unique insights and responses in the way that Muslim Americans appraise and cope with navigating a society with heightened Islamophobia (Beydoun, 2018). Individual differences may also lead to a variety of coping strategies,

while certain coping strategies may have been helpful for some and maladaptive for others (Lazarus, 2006). Therefore, Muslim Americans in the present study utilized a variety of coping strategies to manage the Islamophobia that they encountered in their lives. These means of coping included social support, Islam, positive psychology, therapy, setting boundaries, self-care, and giving back.

### ***Social Support***

Berjot and Gillet (2001) noted the benefits of receiving social support from others who are in a person's in-group when there is a threat to a person's identity. Results from previous research conducted around the time of the 2016 U.S. Presidential Election with the Muslim community supports this notion (Ali, 2017; Ali et al., 2018; Malik, 2017). Additionally, participants in the current study channeled various methods of social support, such as the Muslim community, family, friends, online support, and professional networking. Having social support from other Muslims who shared their own experiences and emotions related to Islamophobia appeared to be an adaptive coping strategy for many participants as they faced an environment with anti-Muslim rhetoric (Berjot & Gillet, 2011; Bourguignon et al., 2006; Haslam et al., 2005). This was demonstrated when Participant 14 stated that it was helpful for her to know that she was not alone when she dealt with experiences of Islamophobia.

### ***Islam***

Ghodrati (2016) noted the benefits of self-cognition and reliance on God as a means of increasing self-esteem and caring for one's psychological and physical well-being. Therefore, relying on Islam also appeared to be a common coping mechanism for dealing with Islamophobia among those in the study. Praying, reading the Quran, learning about

Islam, and reflecting on reasons why a person is Muslim were found to be helpful for participants. This indicated that those in the study found that inner and outer components of Muslim Religious Coping (MRC) helped them cope with Islamophobia (Adam & Ward, 2016). This aligned with past research by Adam and Ward (2016) that suggested that Muslims had a higher life satisfaction when they utilized various forms of MRC.

### ***Positive Psychology***

Being optimistic has been found to impact a person's ability to cope (Berjot & Gillet, 2011). Past research has also identified a positive association between optimism and self-esteem, as well as a negative association between optimism and depression (Kaiser et al., 2004). The benefits of optimism were present in the current study, as several Muslim American participants utilized traditional methods of positive psychology to cope with Islamophobia, including positive affirmations, positive self-talk, self-compassion exercises, and journaling (Sin & Lyubomirsky, 2009).

### ***Hope for the Future***

More specifically, almost every participant in the study was able to identify hope that they had for the future. This included having Muslim allies in their social circles, educational institutions, and society in general. Several participants noted the significance of witnessing an increase in social justice awareness and movements, as well as the support for Muslims in American society.

Additionally, observing progressive representation in the government was another experience that increased hope for the future among Muslim Americans in the study. I believe that this is due to the hope that progressive representation among elected officials who support the Muslim community may alleviate the structural Islamophobia that has

been historically found within the United States government (Beydoun, 2018). It is also worth noting that one exception arose with the male participant, who denied having any experiences that would give him hope for the future since the 2016 U.S. Presidential Election. However, more data should be collected to explore where there were gender differences regarding the optimism of Muslim Americans under the Trump administration.

### ***Therapy***

Past research has indicated that Muslims have typically relied on religious leaders in the Muslim community to cope with mental health concerns (Abu-Ras et al., 2008). However, several participants in the study reported that they have utilized mental health interventions to cope with Islamophobia, such as therapy. This was consistent with findings by Suleiman (2017), which found that a number of Muslim female youth utilized therapy as a means of support.

### ***Setting Boundaries***

Another variant way that participants coped with Islamophobia included setting boundaries in their life. Whether this was with limiting their media intake, choosing the individuals they surrounded themselves with, expressing their barriers during conversations, or focusing on another activity, each person made a conscious decision to set a boundary when they experienced a threat to their identity (Berjot & Gillet, 2011). For example, Participant 14 depicted how she set boundaries in a past a friendship when she experienced Islamophobic rhetoric in their conversations:

I felt whenever we'd start having deep discussions, like I'd always, like, try to move to a different topic, something lighter, because I was afraid that if we did have a

discussion like that, it would only become more condescending and I didn't want to be treated that way. So, now we don't talk to each other. So yeah, it has. We don't talk to each other anymore. We're still on friendly terms. Like, we say “Hi” when we see each other, but nothing more than that.

### ***Self-Care Techniques***

Integrating self-care activities has been suggested for individuals who have experienced racist-incident-based trauma (Bryant-Davis & Ocampo, 2006). Participants in the present study also engaged in self-care strategies to help cope with Islamophobia. Examples of self-care strategies that were mentioned by those in the study included relaxation techniques, exercising, reading, listening to music, writing, reading poetry, and engaging in solitude.

### ***Giving Back***

Participants also noted that they coped with Islamophobia by giving back to their community, such as by volunteering or providing support to Muslim youth. This aligned with findings by Suleiman (2017) that sought to explore internalized Islamophobia among Muslim American youth. Suleiman (2017) found that participants who were involved in charity and volunteering with an Islamic organization did not report being hindered by Islam or their Muslim identity.

### **Transactional Model of Stress and Coping with Islamophobia**

Berjot and Gillet (2011) noted that coping strategies that have been utilized to manage an individual's identity when dealing with discrimination can be categorized into methods of either preserving or growing their personal or social identity. The findings in the present study revealed various examples of how Muslim Americans demonstrated

these means of coping to preserve their identity (Berjot & Gillet, 2011). One participant attempted to preserve her personal identity through eliminating the identity that was being targeted when she had previous thoughts of leaving Islam (Berjot & Gillet, 2011). However, positive self-affirmation was also practiced by several individuals as a means of growing their personal identity (Berjot & Gillet, 2011). Participants also tried to preserve their social identity by decreasing the significance of their Muslim identity through avoiding Muslim markers in public (Berjot & Gillet, 2011). Participants also engaged in growing their social identity, thus reaffirming their identity, when they surrounded themselves with other people who celebrated and protected their Muslim identity (Berjot & Gillet, 2011). Furthermore, the present study provided evidence that supported the use of the translational model of stress and coping with stigma and prejudice when a Muslim American has been exposed to an Islamophobic occurrence (Berjot and Gillet, 2011; Lazarus & Folkman, 1984).

### **Biopsychosocial Theory of Perceived Islamophobia**

Past research has found that perceived racism may result in biopsychosocial consequences, which may increase physiological and psychological stress (Anderson et al., 1991; Burchfield, 1979; Clark et al., 1999; Herd, 1991; James, 1993; Lazarus & Folkman, 1984; Selye, 1983). For example, experiencing racism has the ability to impact a person's physical health, such as the release of stress hormones when confronted with environmental stressors (Berzoff, 2011; Carter, 2007). Previous research has also revealed that those who experience racism may respond with an array of negative emotions (Armstead et al., 1989; Bullock & Houston, 1987, Clark et al., 1999, p.

811). This may lead to long-term psychological and sociocultural difficulties (Anderson, 1991; Clark et al., 1999; Pearlin, 1989).

Additionally, Baum-Baicker (2020) discussed the toxic stress reactions related to the Trump presidency that have resulted in physical, behavioral, emotional, and interpersonal effects, referred to as the “Trump stress effect” (p. 730). It has been imperative to gain a deeper understanding of the potential short- and long-term mental and physical consequences of the stress experienced by those who have been targeted under this administration due to an identity they hold (Beydoun, 2018). Furthermore, the current study revealed evidence related to perceived experiences of different types of Islamophobia among Muslim Americans, particularly with the structural Islamophobia that has been perpetuated by Trump approximately halfway through his presidential term (Beydoun, 2018).

Participants in the current study reported anxiety, depression, and trauma-related responses as a result of structural and private Islamophobic experiences (APA, 2013; Beydoun, 2018). This has indicated the psychological effects that Islamophobia can have on the Muslim American population. Additionally, individuals in the study noted the various areas of life that Islamophobia has impacted, including their educational, social, occupational, and religious functioning. Furthermore, the findings from this study suggested that there were psychosocial outcomes of perceived Islamophobia among participants (Clark et al., 1999). This supported that the psychological well-being of Muslims has been influenced by the social and cultural factors that were present in their everyday lives in the United States, prior to and following the 2016 U.S. Presidential Election (Engel, 1977).



## **Implications**

The findings from the current study highlight the experiences of Islamophobia that Muslim Americans have faced and the various ways that these events have impacted them in multiple realms of their life. These experiences of Islamophobia have implications for clinicians, psychology training programs, educators, and Muslim Americans.

### **Implications for Clinicians and Psychology Training Programs**

The current study identified the anxiety, depression, and trauma-related symptoms that have been endorsed by Muslim Americans due to Islamophobic incidents (APA, 2013). Multiple participants in this study also indicated that they have utilized mental health interventions in the past, including seeking therapy. Furthermore, the findings indicate several implications for clinicians and psychology training programs to consider when teaching and learning about how to work with Muslim clients, particularly since stigma related to mental health has been found to be an additional barrier for Muslims in seeking mental health support (Ciftci et al., 2013).

Clinicians should develop multicultural sensitivity when working with Muslim clients and seek to understand how potential experiences of Islamophobia may impact the presenting concerns of this population (Carter et al., 2017; Sue & Sue, 2012). It is essential that training programs and clinicians engage in introspection to unlearn the Islamophobic biases they hold (Sue & Sue, 2012). It is also important for clinicians to avoid the assumption that Muslims are a homogenous group and to, instead, consider the diversity and intersectionality that exists within this population (Barkdull et al., 2011).

Additionally, the current study emphasizes that it is imperative to consider the social and political context of the environment when providing therapy for Muslim Americans.

Clinicians and psychology training programs should emphasize the importance of learning and respecting Muslim clients' religious beliefs and practices (such as the Pillars of Islam), questioning the generalizability of Euro-centric ideals of feminism, and moving away from overpathologizing reactions to Islamophobic oppression (Briskman & Latham, 2017; Saadallah, 2004; Shahin, 2020; Sue & Sue, 2012). One suggestion for unlearning Islamophobic biases may involve seeking out and exposing clinicians and those in training to diverse Muslim voices and counterstereotypical exemplars of Muslims (Barkdull et al., 2011; FitzGerald et al., 2019). This also includes learning to be intentional when conceptualizing Muslim clients in therapy to avoid furthering stereotypes of this already vulnerable population (Sue & Sue, 2012). More specifically, as counseling psychology is a field rooted in social justice, it is imperative that clinicians do not replicate the oppression within the counseling space that Muslim Americans have experienced in society (DeBlaere et al., 2019; Sue & Sue, 2012).

The present study provided evidence that suggested Muslim Americans may react to Islamophobia in a multitude of ways, such as with avoidance, letting the incident go, defending their beliefs and practices, and channeling their resiliency (Berjot & Gillet, 2011). Although the results of this study have highlighted the mental health impact of Islamophobia, it is imperative that clinicians do not assume that this is the experience of all Muslim Americans or that the participants in the study necessarily met criteria for a psychological disorder in the DSM-5 (APA, 2013; Berjot & Gillet, 2011). Additionally, while the experiences of Muslim Americans have been referred to as a collective trauma

(Abu-Raiya et al., 2011; Ali, 2017), the present study also highlighted the resiliency that this population has channeled each day as they navigate an environment that perpetuates rampant Islamophobia. Furthermore, clinicians should identify the strengths and resiliency that Muslim American clients demonstrate (Jones-Smith, 2018).

The multiple coping strategies utilized by participants in this study may be helpful for clinicians to consider when working with Muslim American clients who have experienced Islamophobia. Connecting with social support, particularly with the Muslim community, and engaging in Islamic practices appeared to be valuable coping methods for individuals in the current study (Adam & Ward, 2016). Therefore, this study suggests that some Muslim Americans may lean on their religion to cope with oppression. The results also provide evidence that positive psychology techniques may be beneficial for Muslim Americans as they cope with Islamophobia, such as optimism, positive affirmations, positive self-talk, self-compassion exercises, and journaling (Kaiser et al., 2004; Sin & Lyubomirsky, 2009). The participants also revealed that coping may include practicing boundary-setting for self-preservation, such as limiting social interactions or news and social media intake that may make them susceptible to further Islamophobic rhetoric.

The current study identified examples of self-care strategies that appeared to be helpful for several Muslim American participants, including relaxation techniques, exercising, reading, listening to music, writing, reading poetry, and engaging in solitude. Furthermore, clinicians may find it helpful to remind Muslim American clients that Islam emphasizes self-care and to support these clients by collaboratively creating a strong self-care regimen to cope with Islamophobia (Bryant-Davis & Ocampo, 2006; Ghanbari &

Bahadorimonfared, 2020). Clinicians should also consider that several participants in this study noted that giving back, particularly to the Muslim community, supported their healing when confronted with Islamophobia in society.

### **Implications for Educators**

The results from the current study highlighted the presence of Islamophobia within academia, particularly through liberal Islamophobic incidents from educators and peers that have negatively impacted the academic experience of Muslim American students (Mondon & Winter, 2017). Furthermore, these findings suggest that there is a need to redefine the manner in which we educate the American population regarding the religious beliefs and practices of Muslims in America, as well as internationally (Ahmadi & Cole, 2020). This is with the hope that Islamophobic biases and prejudices are deconstructed in society (Ahmadi & Cole, 2020).

As the current study noted that there are various avenues that perpetuate Islamophobic rhetoric, suggestions for educators broadly include reevaluating the messages and stereotypes that are sent about Muslims throughout different educational platforms. These platforms consist of the curriculum taught in educational settings, such as grade school and higher education, as well as the manner in which Muslims are portrayed in the media (e.g., news, social media, television). Moreover, educators should challenge themselves to unlearn the biases they hold about Muslims (Ahmadi & Cole, 2020). In addition, it is imperative to learn about the range of beliefs and practices found among Muslims, including that there are multiple sects of Islam and interpretations of the Quran (Rosyada, 2017; Sue & Sue, 2015). Another implication from the current study includes the importance for educators to be more accommodating with Muslim students

who may be observing religious practices, such as praying five times per day or celebrating Islamic holidays. One suggestion for doing so includes conducting diversity trainings in academic settings to increase knowledge about Islam and counteract Islamophobic stereotypes (Ahmadi & Cole, 2020).

The study also revealed the importance of increasing Muslim representation among faculty and staff within academic institutions and the benefits of educators who demonstrate support for Muslim students. It may also be useful for educational institutions to form partnerships with their Muslim community to better learn how to support their Muslim students, staff, and educators (Ahmadi & Cole, 2020). Overall, it is essential that educators recognize the power that they hold in the perpetuation or dismantling of Islamophobia within society, and strive to take active steps to decrease anti-Muslim rhetoric in the classroom and within their institutions (Ahmadi & Cole, 2020).

### **Implications for Muslim Americans**

Based on the findings from the present study and previous literature, there are several considerations for Muslim Americans. A study by Malik (2017) revealed that young Muslim Americans (ages 18 to 30 years old) emphasized that being Muslim was their primary identity. However, findings from the current study exhibited how anti-Muslim rhetoric may impact the mental health of Muslim Americans and contribute to internalized Islamophobia (Suleiman, 2017). Although Islamophobia may not impact a Muslim's religiosity or practices, Voas and Fleischmann (2012) also noted that this type of discrimination could influence Muslims living in the West by encouraging or discouraging their religiosity. The current study also suggests that Muslim Americans

may engage in various coping strategies after they have experienced Islamophobia to preserve or grow their personal or social identities (Berjot & Gillet, 2011).

Furthermore, it is imperative that Muslim Americans and parents raising Muslim children are aware of how Islamophobia may impact a Muslim American's mental health and relationship to their religious identity (Berjot & Gillet, 2011; Malik, 2017; Voas & Fleischmann, 2012). In addition to the coping strategies utilized by Muslim Americans in the current study, the participants within the study conducted by Malik (2017) voiced advice for young Muslim Americans. This advice included seeking support from the Muslim community, maintaining religious practices, seeking education and knowledge, and advocating for oneself (Malik, 2017).

Further, the data from this study aligned with past research that suggested it may be helpful to increase Islamic knowledge and engage in Islamic practices (Malik, 2017). Multiple participants noted the importance of learning about Islam, the Quran, and the prophets (may peace be upon them). Moreover, participants from Malik (2017) also noted that the saliency of their Muslim identity became stronger over time, in which participants noted "active and consistent religiosity and consistent spiritual practices" (p. 101). The results of this study also indicate that Muslim Americans and parents raising Muslim Americans should encourage introspection and self-reflection about one's Muslim identity. Encouraging self-reflection among Muslim Americans may include helping them reflect on the reasons that they choose to follow Islam and the reasons behind the practices within Islam.

Optimism and hope for the future have been found to increase resiliency (Scheier et al., 2001). Based on the participants' reports of significant childhood experiences of

Islamophobia, it may be beneficial for parents of Muslim Americans to consider encouraging optimism to build resiliency in the face of this type of discrimination. Simultaneously, it is imperative that parents who raise Muslim children advocate for them if they experience an Islamophobic incident growing up. The findings from this study also suggest that living in a diverse environment may mitigate the degree of Islamophobia that Muslims experience. This indicates that it may be helpful for Muslim Americans, and particularly children, to grow up in a diverse environment that has a Muslim community and celebrates the religious identity of Muslims.

### **Limitations and Future Research**

The current study sought to understand the lived experiences of Muslim Americans, specifically following the 2016 U.S. Presidential Election and halfway into Trump's administration through employing a hermeneutic phenomenological qualitative analysis (Laverty, 2003; Lichtman, 2013; Wilson & Hutchinson, 1991). The study utilized components of a translational model of stress and coping with stigma (Berjot & Gillet, 2011; Lazarus & Folkman, 1984) and the biopsychosocial model of perceived racism to assist in the meaning-making and interpretation of the data (Clark et al., 1999; Engel, 1977; Smith & Osborn, 2008). It highlighted the impact of various dimensions of Islamophobia, including those perpetuated by the government, on the mental well-being of Muslim Americans during a specific social and political context of heightened anti-Muslim rhetoric (Beydoun, 2018). Moreover, this study clearly defined an unfortunate reality: two years into Trump's administration, Islamophobia continues to be prevalent. As this study sought to understand the experiences of Muslims during a particular time in social and political history in the United States, future recommendations for research

include the continued assessment of how various dimensions of Islamophobia, particularly under future political administrations, impact the well-being of Muslim Americans (Beydoun, 2018).

Past research has shown the connection between an individual's mental health and physical health (Berzoff, 2011). However, the current study predominantly focused on the psychosocial effects of Islamophobia. Therefore, one recommendation for future research includes investigating how Muslims who have experienced Islamophobia following the Trump administration have also been impacted physiologically to provide a holistic, biopsychosocial understanding of the negative consequences of this type of prejudice (Clark et al., 1999).

Due to the great diversity of the Muslim population, it is imperative to consider intersectionality when conducting research with this religious population (Barkdull et al., 2011; Nadal et al., 2012; Strum, 2003). The current study considered how the intersectionality of being Muslim American and whether or not one presents with a Muslim marker may have impacted the experiences of Islamophobia. The results provided evidence that this prejudice has been most pronounced toward Muslim Americans who present with religious markers. It also emphasized that Islamophobia has continued to impact the lives of Muslim Americans across the U.S. and with diverse racial and ethnic backgrounds.

However, another limitation within the current study included that out of the 14 participants, only one of them identified as a Muslim man. This is particularly salient to consider, as perceptions of discrimination may be impacted by an individual's gender and Islamophobic experiences have been found to be gendered (Clark et al., 1999; Hopkins,



2016). For example, one stereotype about Muslim women that was identified within the current study includes that they have been oppressed by Islam and Muslim men (Briskman & Latham, 2017). The experiences, responses, and reactions of Muslim men may also differ compared to Muslim women (Clark et al., 1999; Hopkins, 2016; Naderi, 2018). Due to the lack of gender diversity within this sample, it is important to practice caution with generalizing the findings to Muslim American individuals who do not identify as Muslim women. Additionally, future studies should seek to recruit more gender diverse samples to understand whether there is variability regarding experiences of Islamophobia across genders.

Although the study additionally sought to understand the experiences of Islamophobia in various regions of the United States, more data is needed to clarify the factors that impact these experiences within each unique region. Variables to consider include exploring the experiences of presenting with a Muslim marker in each region, whether experiences differ if a Muslim American lives in a populated city versus a less populated town, and whether distance from the Northeastern region of the United States (e.g., where 9/11 occurred) impacted experiences of anti-Muslim rhetoric.

### **Author's Personal Reflections**

My initial interest in conducting the present study was rooted in my own experiences of Islamophobia growing up as a Muslim woman of color and immigrant in the United States, and later in life, as a woman who donned the hijab as a symbol of social justice and empowerment. Additionally, as I witnessed the oppression that took place toward the Muslim community globally, I believed the most appropriate research method was that of

a phenomenological study that sought to humanize Muslim American voices who have been demonized throughout history (Beydoun, 2018).

One particular moment during an interview continued to resurface in my mind as I engaged in the qualitative research process. As a participant reflected on a deeply traumatizing Islamophobic experience that occurred to her family, I heard her voice change. Although we were over the phone, I could sense the deep pain she continued to feel, and we were both brought to tears. There was silence. We held the space together in that moment and I engaged in a demonstration of empathy from one human being to another, which phenomenology provided room for (Finlay, 2006). This phone call was an interview for a research study, but we both understood that we shared the common pain experienced in the Muslim community that led us to cross paths in that moment in time. Experiences such as this throughout the study played a lasting role in the way I have understood the intersection between my role as a clinician and a researcher. I further reflected on a quote by Finlay (2006):

Researcher and participant engage in a dance, moving in and out of experiencing and reflection while simultaneously moving through a shared intersubjective space that is the research encounter. If researchers are to empathise – imaginatively project themselves into participants' experience – they need to be open to this intersubjective space. (p. 1)

Whether that was learning to ease into my role as a researcher in the field of counseling psychology or encouraging me to engage in my own introspection, the whole of this study has been one that has challenged me to grow in a multitude of ways.

Among the plethora of personalities, I was deeply moved by the resiliency and sheer strength of every single participant in the study. I witnessed each person confront novel questions that elicited difficult memories, yet continue to trudge forward to complete the

interview. This was demonstrated when one participant described her memories with Islamophobia as a mountain and the interview as an opportunity to share her experience and feel relief from what she carried with her. The moments shared by participants appeared to be opportunities for self-reflection and nuanced revelations across participants. As they reflected on the interview process, there were themes of feeling heard and empowered by sharing their lived experience.

Simultaneously, as I was exposed to the experiences among participants, I also encountered vicarious Islamophobia. There were even moments that I felt the weight of vulnerability as I etched my own experiences of trauma into a vault of academic writing. However, I was inspired by the resiliency demonstrated by these participants. Through pacing myself while I transcribed and analyzed the data, taking breaks when my body, mind, and soul called for, and embracing the cathartic experience of documenting my reactions, I was able to move forward and complete the study.

As I reflect on the earlier stages of the research process, I recall wondering if I would experience any obstacles when conducting phone interviews. However, I soon gathered that the phone interviews allowed for understanding the experiences of Muslim Americans from various regions of the United States (Sweet, 2002). I believe it also nurtured the interview process, as participants may have felt more comfortable exploring their experiences with additional confidentiality over the phone (Hill et al., 2005). If I could have enhanced the study, I would have also inquired about how participants felt regarding the method of completing the interview over the phone to inform future studies that work with the Muslim population. In addition, another element that I would have changed within the methodology included receiving feedback from each participant about

their transcript (Hill et al., 2005). I believe that if time permitted, this is something I would seriously consider implementing in a future study.

Ultimately, I hope that this study sheds light on the experiences of Muslim Americans and serves as support for counteracting the oppression that this population has faced. This is with the purpose of moving toward a nation that celebrates diversity. With this, I would love to close with the following quote from a participant that deeply moved me:

I think, in 2019, we're a lot better at recognizing our identity and embracing our differences and diversity. I know some people, even myself, I stopped using the term "a melting pot..." because that just implies that we dilute ourselves. So, I think we're getting better at recognizing our identities, and appreciating it and embracing however you want to choose to identify. I feel, like, hopefully that creates a better future for our kiddos that are Muslim American.

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## **Appendix A**

### **Interview Questions**

1. Tell me about your personal experience of being Muslim in America during various times in your life.
  - a. How about the experiences you had when you were a child/as a teen/in undergrad?
  - b. If the participant is in school: As a Muslim American, how do you feel about your interactions with professors and peers?
2. What experiences of Islamophobia have you had as a Muslim American during various times in your life (i.e., stereotyping, discrimination, verbal harassment, physical harassment, microaggressions)?
  - a. Where were you born?
  - b. Where did you grow up? Did you have any experiences of Islamophobia there?
  - c. Have you noticed any differences in the way people treat you depending on where you were living or have traveled to? If so, how?
3. In what areas of your life have you experienced Islamophobia?
  - a. Work?
  - b. School?
  - c. Social settings?
  - d. Engaging in different hobbies or organizations?
4. How do you feel about the current political climate?
  - a. What does having Donald Trump as U.S. president mean to you?

- b. Is this the same or different compared to other U.S. presidents?
- 5. Have you experienced a different degree of Islamophobia since the 2016 U.S. Presidential Election (i.e., stereotyping, discrimination, verbal harassment, physical harassment, microaggressions)? If so, please elaborate.
  - a. How much has it changed?
  - b. If you had to rate on a scale of 1 to 5 (where 1 is very negatively and 5 is very positively), how do you think the general American population feels toward Muslims?
  - c. How do you think that people perceive Muslims since the 2016 U.S. Presidential Election?
- 6. How has Islamophobia impacted your life?
  - a. How has it impacted your academic life?
  - b. How has it impacted your work life?
  - c. How has it impacted your social interactions or decisions?
  - d. How has it impacted your relationships?
- 7. How has Islamophobia influenced your mental health?
  - a. Do you experience any of the following symptoms as they relate to Islamophobia?
    - i. PTSD: Symptoms related to traumatic event: experiencing, witnessing, learning about, or exposed to details of traumatic event; memories, distressing dreams, flashbacks, psychological distress or physiological reactions when exposed to cues related to a traumatic event; avoidance of stimuli related to event (memories,

thoughts, feelings, external reminders); negative alterations in cognitions and mood related to event; hypervigilance, irritability; difficulty concentrating; clinically significant distress/impairment in social, occupational, or other important areas of functioning (APA, 2013, pp. 271-280)?

ii. How often do you experience this?

iii. For how long has this been going on?

b. Do you experience any of the following symptoms as they relate to Islamophobia?

i. Depression: Depressed mood, irritability, loss of interest or pleasure in daily activities, change in appetite or weight, change in sleep, change in activity, fatigue/decreased energy, guilt/worthlessness, difficulty concentrating, suicidal ideation (APA, 2013, pp 160-168)?

ii. How often do you experience this?

iii. For how long has this been going on?

c. Do you experience any of the following symptoms as they relate to Islamophobia?

i. Anxiety: Nervousness, difficulty controlling worry, restlessness, fatigue, difficulty concentrating, irritability, muscle tension, sleep disturbance (APA, 2013, pp 222-226)?

ii. How often do you experience this?

iii. For how long has this been going on?

- d. How would you rate your self-esteem on a scale of 1 to 5, where 1 is very low and 5 is very high?
- 8. What strategies have you used to help you cope with the Islamophobia you may have experienced as a Muslim American?
  - a. How have these strategies changed over time?
  - b. Which strategies have been the most helpful?
  - c. Which strategies have been least helpful?
- 9. What support systems and resources have been important for you throughout your life?
  - a. How do you feel like they've been supportive for you?
  - b. How have your support systems changed over time, if they have?
  - c. Do you feel that your Muslim identity is supported in your city?
  - d. Do you feel that your Muslim identity is supported in your campus?
- 10. Since the 2016 U.S. Presidential Election, have you had any experiences that have given you a sense of hope for the future? If so, please describe the event.
- 11. What else would you like to share about your experience as a Muslim American?

Interview questions adapted from Ali et al. (2018)

## **Appendix B**

### **Consent Form of Participation in Research**

#### **University of Denver Consent Form for Participation in Research**

##### **Title Of Research Study: The Experiences And Psychological Impact of Islamophobia on Muslim Americans Following The 2016 Presidential Election**

**Researcher(s):** Hadeel Ali, M.S.Ed., University of Denver; Ruth Chao, Ph.D., University of Denver

**Study Site:** The study will occur off-campus at your individual location.

##### **Purpose**

You are being asked to participate in a research study because you identify as a Muslim who lives in America. The purpose of this research is to further understand the experiences of Muslim Americans.

##### **Procedures**

If you decide to participate in this research study, you will be invited to complete an over-the-phone interview, which will be audio-recorded. The researcher will first read the consent form to you on the phone and you will be provided with the opportunity to ask questions about the research study. Should you wish to receive a digital copy of this consent document, please contact the Principal Investigator. The phone interview will begin if you provide your verbal consent after the entire consent form is read to you. You will then be asked to answer questions about instances of Islamophobia you may have experienced as a Muslim in America. The study will last about 45-60 minutes.

**Audio-Recording:** Your interview will be audio-recorded. The audio-recording will be transcribed for the purpose of data analysis. After transcription, the audio file will be destroyed.

##### **Voluntary Participation**

Participating in this research study is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time. You may choose not to continue during the study for any reason without penalty or other benefits to which you are entitled.

##### **Risks or Discomforts**

Potential risks and/or discomforts of participation may include minimal emotional distress during self-reflection of your experiences.

##### **Benefits**

Possible benefits of participation include contribution to the scientific community and to individuals who identify as Muslim American.

### **Incentives to participate**

You will receive a \$20 gift card for participating in this research project.

### **Confidentiality**

This research is only for permanent residents or citizens of the U.S. who are 18 years old or older. The researcher will automatically de-identify data to keep your information safe throughout this study. The de-identified data will be stored on the principle investigator's computer for current and future use. Your individual identity will be kept private when information is presented or published about this study.

However, your confidentiality will be maintained to the degree permitted by the technology that is used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties. In addition, should any information contained in this study be the subject of a court order or lawful subpoena, the University of Denver might not be able to avoid compliance with the order or subpoena. The research information may be shared with federal agencies or local committees who are responsible for protecting research participants.

### **Questions**

If you have any questions about this project or your participation, please feel free to ask questions now or contact Hadeel Ali at [Hadeel.Ali@du.edu](mailto:Hadeel.Ali@du.edu) or Ruth Chu-Lien Chao at [Chu-Lien.Chao@du.edu](mailto:Chu-Lien.Chao@du.edu).

If you have any questions or concerns about your research participation or rights as a participant, you may contact the DU Human Research Protections Program by emailing [IRBAdmin@du.edu](mailto:IRBAdmin@du.edu) or calling (303) 871-2121 to speak to someone other than the researchers.

**Please take all the time you need to read through this document and decide whether you would like to participate in this research study.**

If you decide to participate, your completion of the research procedures indicates your consent. Please keep this form for your records.

**If you consent to participate in this research, the interview will begin.**

## Appendix C

### Demographic Questionnaire

1. What is your age?
2. What is your gender?
  - a. Male
  - b. Female
  - c. Transgender
  - d. Other: \_\_\_\_\_
3. What is your ethnicity?
4. How would you describe your race?
  - a. American Indian or Alaska Native
  - b. Asian or Asian American
  - c. Black or African American
  - d. Hispanic or Latino/Latina
  - e. Middle Eastern
  - f. Native Hawaiian or other Pacific Islander
  - g. White
  - h. Biracial/Multiracial
  - i. Other: \_\_\_\_\_
5. Where were you born?
  - a. The United States
  - b. Outside of the United States
    - i. Where?
    - ii. How long have you lived in the U.S.?
6. Where were your parents born?
  - a. The United States
  - b. Outside of the United States
    - i. Where?
    - ii. How long have they lived in the U.S.?
7. Do you wear any Muslim markers in your daily life (i.e., hijab, kufi)?
8. Did you convert to Islam?
9. Which of the following best describes your sexual orientation?
  - a. Straight
  - b. Bisexual
  - c. Gay

- d. Lesbian
  - e. Not Sure/Questioning
  - f. Queer
  - g. Other: \_\_\_\_\_
6. What is the highest level of education you have completed?
- a. Elementary school
  - b. Middle school
  - c. High school
  - d. Associate's (2-year) degree
  - e. Bachelor's (4-year) degree
  - f. Master's degree
  - g. Doctoral degree (e.g., JD, MD, PhD, PsyD, PharmD)
7. Are you in school?
- a. Undergraduate or graduate school?
  - b. What year are you in?
8. What is your political orientation?
- a. Democrat
  - b. Republican
  - c. Independent
  - d. Libertarian
  - e. None
  - f. Other
9. How would you describe your Socioeconomic Status (SES)?
- a. Lower class
  - b. Working class
  - c. Lower-middle class
  - d. Middle class
  - e. Upper-Middle class
  - f. Upper class
  - g. Other
10. What other identities are salient to you?



## Appendix D

Table 2: Concepts, Categories, Codes, and Frequencies

Concept	Category	Code	Frequency
Muslim Americans Experience Different Dimensions of Islamophobia			
	Structural Islamophobia		
		Negative description of the political climate	General
		Donald Trump as U.S. president was a novel experience	Typical
		Donald Trump exhibited overt discrimination	Variant
	Private Islamophobia	Anti-Muslim sentiment is prevalent within the general American population	Typical
	Dialectical Islamophobia	Structural Islamophobia and private Islamophobia have an interdependent relationship	Typical
	Liberal Islamophobia		Variant
Muslim Americans Experience Various Forms of Islamophobia			
	Stereotypes of Muslim Americans		
		Terrorists	Typical
		The “other”	Typical
		Antithetical to progress	Typical
		Muslim women are oppressed	Typical
	Verbal harassment		Typical

	Vicarious exposure to Islamophobia		Typical
	Disrespecting Islamic beliefs		Typical
	Negative body language		Typical
	Lack of representation		Variant
	Unequal treatment		Variant
	Physical harassment		Variant
Variables That Impact the Prevalence of Islamophobia			
	Muslim markers		Typical
		Race	Variant
	Type of environment	Diverse environments and positive overall experience	Typical
Islamophobia Impacts Various Areas of Muslim Americans' Lives			
	Academic		
		Islamophobia is prevalent in higher education	Typical
		Islamophobia is prevalent in grade school	Typical
	Social		
		Being in public	Typical
		Social circle	Variant
		Academic social life	Variant
		Online	Variant
	Occupational		
		Job applications	Typical
		While working	Typical
	Islamic Practice		Variant
Muslim Americans May React Differently to Experiences of			

Islamophobia			
	Avoidance		Typical
		Being unobtrusive	Typical
		Avoiding social situations	Variant
		Avoiding Muslim markers	Variant
	Letting it go		Typical
	Defending beliefs		Typical
	Resiliency		Variant
Islamophobia Impacts the Mental Well-Being of Muslim Americans			
	Anxiety-related symptoms		Typical
	Depression-related symptoms		Typical
		Negative impact on self-esteem	Typical
		Negative impact on belonging	Typical
	Trauma-related responses		Typical
Coping with Islamophobia			
	Social support		General
		Muslim community	General
		Family	Typical
		Friends	Typical
		Online support	Variant
		Professional networking	Variant
	Islam		Typical
	Positive psychology		Variant
		Muslim allies	Typical
		Progressive representation in government	Variant
	Therapy		Variant
	Setting boundaries		Variant

	Self-care techniques		Variant
	Giving back		Variant
	Maladaptive coping		Variant

*Note.* Frequency criteria was determined using “A Guide to Conducting Consensual Qualitative Research,” by C. Hill, B. Thompson, and E. Williams, 1997, *The Counseling Psychologist*, 25(4), pp. 517–572. There were 14 participants in this study. A General frequency label was given to a category or code that was reported by all 14 participants; A Typical label was given for seven (at least half) to 13 participants; A Variant label was given for two to six participants (less than half) (Hill et al., 1997).

## **Appendix E**

### **Glossary of Terms**

#### **Appraisal:**

Lazarus and Folkman (1984) described appraisal as an event or stressor that impacts a person's perception of a circumstance (Matthieu & Ivanoff, 2006).

#### **Biopsychosocial Theory:**

Biopsychosocial Theory recognizes that a person's well-being may be influenced by the biological, psychological, and social factors in their life (Engel, 1977). Furthermore, Engel (1977) stated the necessity of considering the somatic, psychological, social, and cultural factors in understanding an individual's presenting concerns. This complexity perspective also postulates that each level of the biopsychosocial hierarchy interacts with one another (Borrell-Carrió et al., 2004; Plsek, 2001).

#### **Bracketing:**

Bracketing is a part of the phenomenological data analysis process (Creswell, 2013). This is when a researcher attempts to place their assumptions and experiences of a phenomenon to the side as much as possible to improve their understanding of the experiences that participants have had with the phenomenon (Creswell, 2013; Moustakas, 1994). The researcher may also explain their own experiences with the phenomenon (Creswell, 2013).

#### **Cognitive Appraisal:**

Cognitive appraisal has been defined by Folkman et al. (1986) as the process of evaluating whether a situation is significant to an individual's own well-being and in

what way(s). It includes primary and secondary appraisal (Berjot & Gillet, 2011; Lazarus & Folkman, 1984).

### **Coping:**

Folkman (1984) defined coping as “cognitive and behavioral efforts to master, reduce, or tolerate the internal and/or external demands that are created by the stressful transaction” (p. 843; Folkman & Lazarus, 1980; Lazarus & Launier, 1978).

### **Dialectical Islamophobia:**

Dialectical Islamophobia has been defined by Beydoun (2018) as “the process by which structural Islamophobia shapes, reshapes, and endorses views or attitudes about Islam and Muslim subjects inside and outside of America’s borders” (p. 40).

### **Hermeneutical Phenomenology:**

van Manen (1990) described this type of phenomenological research as one that attempts to interpret the lived experiences and texts of life.

### **Horizontalization:**

This step in a phenomenological study requires the researcher to identify important statements from participants that explain how they experienced the phenomenon being studied (Creswell, 2013; Moustakas, 1994).

### **Illiberal Islamophobia:**

Illiberal Islamophobia has been described as part of new racism, which focuses on cultural differences and the assumption that removing barriers between groups of people can be harmful due to differences in traditions and ways of life, rather than biological heredity (Balibar, 1997; Barker, 1982; Mondon & Winter, 2017; Taguieff, 1994).

Mondon and Winter (2017) presented the following description of illiberal Islamophobia:

This type of Islamophobia is closest to traditional racism and often presents Islam as monolithic and innately threatening and inferior (in terms of ‘race’ if not also culture). It is essentialist and total as it includes all Muslims without making distinctions in terms of the specific belief, background ideology, behaviour or activity of individuals or sub-groups. Muslimness becomes an immutable characteristic (akin to biology): Muslims are innately Muslim and there is no loyalty test possible. It often targets those belonging to visible racial or ethnic groups associated with Islam, most notably Asians and North Africans, regardless of their faith or religious identification. This is most obvious in attacks on Sikhs. Illiberal Islamophobia can be witnessed in attacks, whether discursive or physical, against Muslims and mosques, but also in calls for repatriation or even genocide. However, illiberal Islamophobia is not synonymous to traditional, biological forms of racism, and is not restricted to white supremacist circles. (pp. 2158-2158)

### **Intersectionality:**

Intersectionality has been defined as “the intersecting effects of race, class, gender, and other marginalizing characteristics that contribute to social identity and affect health” (Seng et al., 2012, p. 1).

### **Islamophobia:**

There have been numerous definitions that have been used to describe the term Islamophobia (Mondon & Winter, 2017). Several definitions have been described below:

Beydoun (2018) defined Islamophobia as “the presumption that Islam is inherently violent, alien, and unassimilable, a presumption driven by the belief that expressions of Muslim identity correlate with a propensity for terrorism” (p. 28; Beydoun, 2016).

Bleich (2011) defined Islamophobia as being the “indiscriminate negative attitudes or emotions directed at Islam or Muslims” (p. 1581).

Halliday (1999) stated that Islamophobia should be referred to as “anti-Muslim hate” or “anti-Muslim racism” and certain authors have indicated that Islamophobia can be understood as a sub-factor of racism (Meer & Modood, 2009; Mondon & Winter, 2017; Phillips & Lauterbach, 2017).

The Runnymede Trust (1997) defined Islamophobia as “the dread or hatred of Islam – and, therefore, to fear or dislike of all or most Muslims” (p. 1).

### **Liberal Islamophobia:**

Mondon and Winter (2017) described liberal Islamophobia as the Islamophobic rhetoric found within the political and cultural mainstream context and appears more normalized and progressive. In addition, Mondon and Winter (2017) present the following description of illiberal Islamophobia, as well as the similarities and differences between illiberal and liberal Islamophobia:

The liberal articulation of Islamophobia can be contrasted with the illiberal one by its proclaimed allegiance to fantasized liberal and democratic principles, but both share a basic structure. In both cases, hate and prejudice against Muslims focuses on culture, as in the case of colonial Orientalism, which current articulations have inherited and can draw on (Said, 2003; Meer, 2014). The difference is that the illiberal articulation, finding its roots in traditionally racist movements, draws on the anti-Arab racism of earlier colonial and cold war discourses, and the liberal articulation takes its cultural understanding of racism a step further by explicitly distancing itself from, and even repudiating openly traditional racism and hate, by appearing to focus only on “religion”, “culture” and/or values, and/in relation to rights and tolerance as values inherent to Western societies. (p. 2162)

### **Microaggressions:**

Owen et al. (2014, p. 283) described the definition of microaggressions by Pierce et al. (1978) as “a variety of direct and indirect (conscious and unconscious) insults, slights, and discriminatory messages.”

### **Negative Religious Coping:**

Abu-Raiya et al. (2011, p. 3) described the definition of negative religious coping by Pargament et al. (2000) as “expressions of a less secure relationship with God, a tenuous and ominous view of the world, and a religious struggle to find and conserve significance in life”



**Perceived Racism:**

Clark et al. (1999) defined perceived racism as the “subjective experience of prejudice or discrimination” (p. 808).

**Phenomenological Study:**

Creswell (2013) described a phenomenological study as a qualitative study that explores the shared meaning of a lived experience of a phenomenon among multiple people. This includes studying the essence of the experience (Moustakas, 1994).

**Positive Religious Coping:**

Abu-Raiya et al. (2011, p. 3) described the definition of positive religious coping by Pargament et al. (2000) as “the perception of a secure relationship with God, a belief that there is a greater meaning to be found, and a sense of spiritual connectedness with others.”

**Primary Appraisal:**

Primary appraisal involves evaluating the possible consequences of an event (Berjot & Gillet, 2011; Lazarus & Folkman, 1984).

**Private Islamophobia:**

Private Islamophobia has been defined by Beydoun (2018) as “the fear, suspicion, and violent targeting of Muslims by private actors” (p. 32).

**Racism:**

Clark et al. (1999) defined racism as “beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics or ethnic group affiliation” (p. 805). Though the Muslim population is very racially diverse (Bukhari, 2003; Nadal et al., 2012), Islamophobia has been considered a sub-

factor of racism (Halliday, 1999; Meer & Modood, 2009; Mondon & Winter, 2017; Phillips & Lauterbach, 2017).

**Reflexivity:**

Reflexivity is a common process within qualitative research and has been defined as “that which turns back upon, or takes account of, itself or the person’s self” (Holland, 1999, p. 2). Creswell (2013) added to this definition by noting that reflexivity is when a qualitative researcher describes their positionality in their study and uses reflexivity to explain their biases, values, and experiences connected to the study.

**Secondary Appraisal:**

Secondary appraisal occurs when an individual evaluates whether they can cope with a situation by evaluating if they have the appropriate physical, social, psychological, and/or material coping resources to respond (Berjot & Gillet, 2011; Lazarus & Folkman, 1984).

**Stigma:**

Crocker et al. (1998) defined stigma as “some attribute or characteristic that conveys a social identity that is devalued in a particular social context” (p. 505).

**Stressful Event:**

An event is considered as stressful if a person’s internal or external needs are perceived as being exhausted or if they surpass a person’s available coping resources (Lazarus & Folkman, 1984; Major, McCoy, et al., 2003). Lazarus (2006) stated that there are various types of stress that include harm or loss, threat, and challenge.

**Structural Islamophobia:**

Structural Islamophobia has been defined by Beydoun (2018) as “the fear and suspicion of Muslims on the part of government institutions and actors” (p. 36).

**The Three Cs: Coding, Categorizing, and Concepts:**

The Three Cs is a qualitative approach to data analysis described by Lichtman (2013) that attempts to create themes from raw data. The six steps of this process include initial coding, revisiting the initial coding, developing an initial list of categories, modifying the initial list, revisiting categories, and categories to concepts (Lichtman, 2013).

**Thematic Analysis:**

van Manen (1997) defined a thematic analysis as “the process of recovering the theme or themes that are embodied and dramatized in the evolving meanings and imagery of the work” (p. 78).