Chief Editor Introduction

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Scholars tend to emphasize how Muslim minorities across the world, often including diaspora communities, share many challenges but their experiences as minorities are extremely varied, including the ways in which they forge their religious, ethnic, and national identities in the context of their local social conditions. The narratives of Muslims in Europe and North America dominate the Muslim minority literature even though the majority of Muslim minorities actually reside in the global south. For instance, over 20 million and 130 million Muslims live in China and India, respectively. Although Muslim minorities in these countries share a common cultural heritage with their compatriots of other faiths, they face challenges being a numerically and politically significant minority in twenty first century China and India, including local strains of Islamophobia and sweeping discriminatory policies justified in the name of the global War on Terror. In this context, Muslim minorities struggle to assert their claims of indigenous belonging alongside their religious distinctive differences from the religious and/or ethnic majorities. Similarly, Muslims in southern Thailand are a growing population and are developing their own indigenous Islamic institutions. Sateemae et al offers a political and cultural analysis of an Islamic education movement in Thailand and its potential impact on Muslim youths' wellbeing. The authors explore how Malay-Thai youth, as reported by their parents, practice Islam and engage in high-risk behaviors such as substance abuse, sexual activity, and gambling. Not surprisingly, parents who report higher religiosity report decreased high-risk behavior. The authors concede the limitations of this study include several potential confounders that may account for high-risk behavior as well as the possibility that parents may underreport high-risk behavior of their children. However, the report provides stakeholders in Thailand as well as other countries working with Muslim minorities preliminary evidence demonstrating the potential value of Islamic education in mitigating high-risk behavior. Although not discussed by these authors, given popular media reports of Islamic militants engage high-risk "un-Islamic" behavior such as prostitution and illicit drugs, future research

exploring risk behavior may be valuable in understanding and ultimately combating violent extremism.

Similar to other Muslim minorities, American Muslim women who wear the head scarf (*hijab*) often face the brunt of micro-aggressions as well as overt discrimination because of the public expression of their Islamic identity. However, as Qurat-ul-ain Gulamhussein and Nicholas Eaton explore in this issue of JMMH, Muslim women who wear the hijab may attach meaning, relate to other Muslims, and internalize external conflict differently. While clearly the study is not designed to test causal relationships between hijab, internalization of conflict, and psychological wellbeing, it does provide a window to the complex relationship between expressing identity, connectivity to religious community, internalizing conflict, and resilience. While their study replicates the finding that self-reported religiosity inversely correlates to anxiety and depression symptoms, wearing hijab did not contribute to symptoms of psychological distress. Interestingly, wearing “loose-fitting clothing”, for the purposes of modesty, was significantly inversely proportional to emotional distress. While the interpretation of this cross-sectional study must be taken with caution, it suggests that hijab may not be an adequate marker for studying the expression of Islamic religiosity and modesty. Furthermore, given how politically loaded hijab is, wearing loose-fitting clothing provides personal meaning to Muslim women in a way that hijab does not, and it is instructive for researchers who have focused unduly on the headscarf as a marker of modesty and fail to capture the spectrum of modesty practices of Muslim women. Finally, the study demonstrates that the study of mental health and religion requires not only the internal spiritual experience of subjects but also the complex external expression of religiosity and spirituality that informs interpersonal relationships.

Mary Martin draws from the transcultural approach to explore American Muslims’ perception of discrimination in the health care setting and offers recommendations to improving culturally sensitive services. She surveyed 227 American Muslims about their experience with the American health care system. Interestingly, there was no significant difference in reports of discrimination between Muslim men and women or between Muslims born in the U.S. or abroad. Many subjects perceived they were treated differently because of their dress and several subjects reported that their gender boundaries were not adequately respected. An interesting, and unfortunate, finding during the course of data collection is that the Boston Marathon bombing occurred and the mean discrimination score increased after the bombing. Martin concludes with recommendations for health service stakeholders on how to better accommodate American Muslims’ cultural needs and prevent perceived discrimination.