Chief Editor Introduction

Currently, there are no well-studied models of how to incorporate Islamic religious coping strategies into the clinical encounter. Adam and Ward’s study, “Stress, Religious Coping, and Wellbeing in Acculturating Muslims”, provides therapists and researchers further consideration of the role of Islam in counseling Muslims. In spite of the positive association between religious coping and higher life satisfaction, there was no association between religious coping and psychological symptoms. This negative finding is important for researchers who are interested in incorporating Islamic coping practices in counseling to consider and build upon; when appropriate, the Journal of Muslim Mental Health publishes negative studies to prevent publication bias that favors the role of spirituality in emotional health. However, the negative finding may be due to the relatively healthy sample of participants of the study as well as the tight range of psychological wellbeing scores. Furthermore, the study is cross-sectional and was not designed to test interventions that integrate religious coping to improve psychological symptom scores. Clinicians may find psychometric scales, and/or the constructs of the scales, such as the Muslim Religious Coping scale useful to better understand how their clients cope with stressful life events.

Sexual health in Muslim communities is another topic that is grossly understudied. Ali-Faisal, in her study “What’s Sex Got to Do with It? The Role of Sexual Experience in the Sexual Attitudes, and Sexual Guilt and Anxiety of Young Muslim Adults in Canada and the United States”, offers an important contribution to the field. She demonstrates that Muslim adults who reported having premarital sex were less likely to report feeling anxiety and guilt about sex. Although the majority (79%) of her 403 participants are female, she was able recruit an ethnically diverse group of participants. Approximately the same percentage of her sample of Muslim men and women reported having sex before marriage (37.8% of women and 31.7% of men surveyed), which is significantly lower than proportions reported among other North Americans. Ali-Faisal concludes that participants who engaged in premarital sex held more liberal views about sex and had less sexual guilt and anxiety. Unfortunately, religiosity and acculturation was not measured in this group and the role of religion, traditional values, and acculturation on sexual attitudes would be purely
speculative. Ali-Faisal’s study is a very important first step to better understand sexual health within the North American Muslim community.

The mental health — and particularly Muslim mental health — literature from Australia continues to grow. Khawaja and Khawaja provide a valuable review of the acculturation literature within the context of the Australian Muslim experience. While the majority of Muslim diaspora and acculturation research focuses on North America and Western Europe, these authors outline the distinct history and demographic trends of Muslims in Australia. Australian, European, and North American Muslims share many of the sources and experiences of acculturative stress, particularly with the recent impact of mainstream media and social media representations of Muslims, growing trends in xenophobia, and increasing Islamophobia. The role of government policies and social movements that further vilify rather than support Muslim diaspora varies across regions within North America, Europe, and Australia. However, compared to other regions, the Australian Muslim community is younger institutionally and has less established Muslim and/or Islamic institutions of learning, advocacy groups, and social service organizations than other regions. Khawaja and Khawaja offer recommendations for the Australian Muslim community as well as Australian policy stakeholders to better address acculturative stress.

The final article in this issue is by Mustafa and Javadani, titled “The Investigation of the Identity of First Generation American Muslim Youth Participating in Muslim Student Associations”. The authors examine the role of perceived religious discrimination and social activism in self-esteem and identity formation. For some young Muslims, the negative public attention toward Islam causes them to withdraw and disengage from publically expressing their religious identity and traditions. For others, if given the cultural and physical space to mobilize, they respond to adversity with increased social activism. Mustafa and Javandi demonstrate, among their participants, that for youth who reported higher participation in religious organizations, perceived discrimination was associated with higher self-esteem; for those who reported less participation in social activism, self-esteem did not correlate with perceived discrimination. Furthermore, increased self-esteem is associated with more social activism. Participants were recruited from Muslim student and community organizations and mosques. The authors acknowledge the selection bias: Participants recruited from mosques and Muslim organizations may engage in activism more and have stronger religious identity. Nevertheless, this study provides important evidence for the potential positive role of social activism among religious Muslim youth.
Stress, Religious Coping and Wellbeing in Acculturating Muslims

Zeenah Adam
Colleen Ward
Victoria University of Wellington
Correspondence regarding this paper should be addressed to Zeenah Adam.
E-mail: zeenahadam@gmail.com

Abstract

Situated within an international context of Islamophobia, this study examined acculturative stress, religious coping, and their interaction as predictors of subjective wellbeing in 167 New Zealand Muslims. A Muslim Religious Coping (MRC) scale was adapted for the purposes of this study, measuring religious coping across three domains of Cognitive, Behavioral, and Social MRC. Consistent with hypotheses: 1) acculturative stress predicted a lower level of Life Satisfaction and more psychological symptoms, and 2) Behavioral, Cognitive and Social MRC predicted greater Life Satisfaction. In addition, an interaction effect between Acculturative Stress and Behavioral MRC was found indicating that engaging in religious practices buffered the detrimental effects of acculturative stress on life satisfaction. Contrary to the hypotheses, however, MRC did not demonstrate a main or interaction effect on psychological symptoms. The implications of these findings are discussed in relation to positive and negative indicators of wellbeing, the importance of religious maintenance as a resource for acculturating Muslims living in a Western country, and the implications for counselors working with Muslim clients.

Keywords: acculturation, stress, coping, wellbeing, Muslim Stress, Religious Coping and Wellbeing in Acculturating Muslims

While coping with intercultural contact can be a stressful experience for minority ethnic, cultural, and religious groups in culturally plural societies, it presents particular challenges for Muslims living in Western countries in a post-9/11
world (Ward, Bochner, & Furnham, 2001; Jasperse, Ward, & Jose, 2012). Despite evidence that religiosity and spirituality are associated with positive outcomes for health and quality of life (Hackney & Sanders, 2003; Sawatzky, Ratner, & Chiu, 2005), widespread and increasing Islamophobia (Sheridan, 2006) may diminish the positive contribution that religion can make to coping with acculturative stress and enhancing wellbeing for Muslims. This research combines theory and research on acculturation (Berry, 1997; Berry, & Sam, 2016) and religion (Pargament, 1997, 2011) to explore the role of religious coping in buffering stress and enhancing subjective wellbeing in New Zealand Muslims.

Acculturation and Adaptation

Acculturation theory posits that crossing cultures, whether in reference to international migration or sustained intercultural interactions within national borders, is typically stressful (Berry, 2006; Ward, 2011). Intercultural contact evokes appraisal to determine the level of perceived stress and to assess coping resources, which are subsequently activated to master, tolerate, reduce, or control stress. A wide range of coping techniques are available, including problem- and emotion-focused coping, positive reframing and acceptance, and seeking social support (Aroian et al., 2009; Crockett et al., 2007; Jibeen & Khalid, 2010; Kloek, Peters, & Sijtsma, 2013). When these coping strategies are effective and successful, acculturation leads to adaptation, that is, psychological and emotional wellbeing.

Although the framework for the study of acculturative stress arises from Lazarus and Folkman's (1984) generic Transactional Model of Stress, in this case there are important conceptual and measurement issues that merit special consideration. First and foremost is the definition and assessment of acculturative stress, defined by Berry (2006, p. 294) as “a stress reaction in response to life events that are rooted in the experience of acculturation.” Clearly, stresses associated with aspects of cross-cultural transition (e.g., communication difficulties) and discrimination (e.g., exclusion on the basis of ethnic or religious background) are forms of acculturative stress (Joiner & Walker, 2002; Stuart, 2012); however, it has also been argued that more general life stresses, such as financial strain or conflict with family members, should be included among acculturative stresses when these occur in acculturating minority and immigrant groups (e.g., Ritsner, Modai, & Ponizovsky, 2000).

Not only are the domains of acculturative stress debated, but also the method in which they are assessed. It is not sufficient to quantify the number of stressors encountered as there are large individual differences in stress appraisal. Rather, it is important to include both the occurrence and evaluation of stressful life events in the assessment of acculturative stress (see Jose, Ward,
Stress in Acculturation

Finally, it is necessary to distinguish acculturative stress from stress outcomes (Rudmin, 2009). Far too often acculturative stress has been confounded with psychological symptoms or decrements in wellbeing. Berry’s (1997, 2006) framework for the study of acculturative stress clearly delineates the major components of the stress and coping process, including the appraisal of intercultural contact, the experience of acculturative stress, the implementation of coping resources and the resultant adaptive outcomes.

Although psychological adaptation is a broad and multi-faceted construct, in acculturation theory and research on stress and coping it is often discussed in terms of subjective wellbeing (Diener, 1994). According to Diener (2006, p. 399) subjective wellbeing refers to “the various types of evaluations, both positive and negative, that people make of their lives.” Life satisfaction is a key indicator of subjective wellbeing, although Diener (1994, 2006) argues that both positive and negative indicators of subjective wellbeing present a more comprehensive and informative picture of processes and outcomes. Along these lines, it is common for acculturation researchers to use both positive (e.g., life satisfaction) and negative (e.g., psychological and behavioral symptoms) indicators of subjective wellbeing in their research (e.g., Berry, Phinney, Sam, & Vedder, 2006; Jasperse et al., 2012; Stuart, Ward, & Robinson, 2016).

The Role of Religion in Coping with Stress

Religious coping refers to the use of cognitive-behavioral techniques to manage stressful situations in light of one’s spirituality or religious beliefs (Pargament, 1997). Epidemiological studies indicate people frequently rely on religion to cope with life stresses, with meta-analyses demonstrating positive impacts of religious coping on wellbeing (Ano & Vasconcelles, 2005; Harrison, Koenig, Hays, Eme-Akwari, & Pargament, 2001). Additionally, a smaller number of studies has found religious coping to moderate the relationship between stress and wellbeing, providing support for the buffering hypothesis (Aydin, Fischer, & Frey, 2010; Carpenter, Laney, & Mezulis, 2012; Fernandez & Loukas, 2014; Tix & Frazier, 1998). These findings elucidate the two mechanisms by which coping can affect adaptation outcomes (Ensel & Lin, 1991). The first positions coping resources as independently affecting adaptation (main effect hypothesis). The second situates coping resources as intervening variables, functioning to diminish the negative effects of stress on wellbeing (buffering hypothesis).

Research has identified a variety of ways that people use religion to cope, including engaging in religious practices, seeking social support through religious leaders and congregations, and reframing stressful events in reference to their relationship with God (Boudreaux, Catz, Ryan, Amaral-Melendez, & Liu, 2007; Szabo, Ward, & Jose, 2016). Finally, it is necessary to distinguish acculturative stress from stress outcomes (Rudmin, 2009). Far too often acculturative stress has been confounded with psychological symptoms or decrements in wellbeing. Berry’s (1997, 2006) framework for the study of acculturative stress clearly delineates the major components of the stress and coping process, including the appraisal of intercultural contact, the experience of acculturative stress, the implementation of coping resources and the resultant adaptive outcomes.

Although psychological adaptation is a broad and multi-faceted construct, in acculturation theory and research on stress and coping it is often discussed in terms of subjective wellbeing (Diener, 1994). According to Diener (2006, p. 399) subjective wellbeing refers to “the various types of evaluations, both positive and negative, that people make of their lives.” Life satisfaction is a key indicator of subjective wellbeing, although Diener (1994, 2006) argues that both positive and negative indicators of subjective wellbeing present a more comprehensive and informative picture of processes and outcomes. Along these lines, it is common for acculturation researchers to use both positive (e.g., life satisfaction) and negative (e.g., psychological and behavioral symptoms) indicators of subjective wellbeing in their research (e.g., Berry, Phinney, Sam, & Vedder, 2006; Jasperse et al., 2012; Stuart, Ward, & Robinson, 2016).

The Role of Religion in Coping with Stress

Religious coping refers to the use of cognitive-behavioral techniques to manage stressful situations in light of one’s spirituality or religious beliefs (Pargament, 1997). Epidemiological studies indicate people frequently rely on religion to cope with life stresses, with meta-analyses demonstrating positive impacts of religious coping on wellbeing (Ano & Vasconcelles, 2005; Harrison, Koenig, Hays, Eme-Akwari, & Pargament, 2001). Additionally, a smaller number of studies has found religious coping to moderate the relationship between stress and wellbeing, providing support for the buffering hypothesis (Aydin, Fischer, & Frey, 2010; Carpenter, Laney, & Mezulis, 2012; Fernandez & Loukas, 2014; Tix & Frazier, 1998). These findings elucidate the two mechanisms by which coping can affect adaptation outcomes (Ensel & Lin, 1991). The first positions coping resources as independently affecting adaptation (main effect hypothesis). The second situates coping resources as intervening variables, functioning to diminish the negative effects of stress on wellbeing (buffering hypothesis).

Research has identified a variety of ways that people use religion to cope, including engaging in religious practices, seeking social support through religious leaders and congregations, and reframing stressful events in reference to their relationship with God (Boudreaux, Catz, Ryan, Amaral-Melendez,
While some researchers have focused more exclusively on the cognitive aspects of religious coping (Pargament et al., 1998), others have explored the importance of outward religious practices and social support accessed via religious networks (Boudreaux et al., 1995) with results suggesting that different facets of religious coping may differentially impact wellbeing outcomes. These findings highlight the potential independence of cognitive, behavioral, and social dimensions of religious coping.

The vast majority of studies examining religious coping has focused on Christian populations living as a Western majority. More recently, however, ethnic minorities living as long-term residents in Western countries have begun to receive attention. This line of research indicates that disempowered and deprived groups, including women and ethnic minorities, not only tend to use religious coping more often, but also derive a greater sense of efficacy from it (Harrison et al., 2001). In addition, religious coping has been shown to be utilized more heavily at times when situations are appraised as uncontrollable or perceived as greatly exceeding one’s resources (Pargament, 1997; Tix & Frazier, 1998), thus providing an outlet for those at a social disadvantage and with limited access to external resources.

**Religious coping among Muslims.** Because the religious coping literature has focused predominantly on the Judeo-Christian population, relatively less is known about the efficacy of religious coping among Muslims (Abu Raiya, Pargament, Mahoney, & Stein, 2008). For many Muslims, Islam is considered a comprehensive way of life that permeates cognitive, affective, behavioral, and spiritual components of the self (Abu Raiya & Pargament, 2011). It is likely, then, that when confronted with a stressor, Muslims will consider religion a resource in managing their distress. Indeed, research indicates that Muslims engage religion as a coping mechanism in response to stress at high rates relative to other religious groups (Bhui, King, Dein, & O’Connor, 2008; Cinnirella & Loewenthal, 1999). Additionally, the multi-faceted nature of Muslim religious coping has been highlighted with specific emphasis on both its *inner* (i.e., one’s personal relationship with God) and *outer* (one’s religious rituals and interactions with others) aspects as crucial components of the faith (Abu Raiya et al., 2008; Khan & Watson, 2006).

Research focusing exclusively on Muslim populations has found mixed results for the efficacy of religious coping (Aflakseir & Coleman, 2009; Aflakseir & Coleman, 2011; Gardner, Krägeloh, & Henning, 2014; Hassouneh-Phillips, 2003; Khan & Watson, 2006). Hassouneh-Phillips’ (2003) investigation of the use of religious coping among Muslim women survivors of domestic violence provided evidence for religion as a source of both strength and vulnerability in this population. As a source of strength, religious practices such as prayer and Qur’anic recitation provided an important means for coping; as a vulnerability, religious and cultural beliefs prevented some women from seeking help by promoting an
attitude of acceptance and patience with their predicament. In contrast, Afkakseir and Coleman (2009, 2011) examined religious coping among Muslim students and war veterans in Iran. They found that religious coping predicted enhanced psychological adjustment in the student sample and reduced levels of PTSD and psychosomatic symptoms among disabled war veterans.

**Religious coping and acculturative stress among Muslims in the West.** While Muslims residing in the West represent an extremely diverse range of people, there are some common threads running through their experiences. Muslims in the West have been described as living on the ‘crossroads of global conflict’ (Sirin & Fine, 2007). In addition to the common difficulties associated with cultural transition, such as language barriers, financial struggles and social isolation, two particularly salient acculturative challenges currently facing Muslims include religious discrimination and barriers to practicing their religion as a consequence of Islamophobia (Sheridan, 2006).

A growing body of research has documented the increase in Islamophobic attitudes in many Western countries along with their negative consequences for Muslim immigrants and their descendants (Abu-Raiya, Pargament, & Mahoney, 2011; Pedersen, Dunn, Forrest, & McGarty, 2012; Sheridan, 2006). These include difficulties in obtaining employment, social exclusion, harassment and suspicion. Several studies have pointed towards the role of religion in coping with these acculturative challenges (Abu Raiya et al., 2011; Ahmed, Kia-Keating, & Tsai, 2011; Aydin et al., 2010; Gardner et al., 2014). Aydin et al.’s (2010) study of Turkish-German Christians and Muslims facing racial discrimination and segregation found religious coping to significantly buffer the effects of acculturative stress on wellbeing. A study of the experiences of American Muslims dealing with stressful events post-9/11 found that the use of religious coping was related to increased post-traumatic growth (Abu Raiya et al., 2011). Ahmed and colleagues (2011) surveyed the influence of cultural resources (ethno-cultural identity and religious coping) on acculturative stress among Arab-American Christians and Muslims. While acculturative stress predicted poor mental health outcomes, greater use of religious coping predicted less depression and anxiety. Taken together, emerging evidence points towards religion as a protective factor among Muslims experiencing acculturative stress, with religious coping independently enhancing wellbeing and moderating the negative effects of acculturative stress on adaptation.

**The Present Study**

The present study investigates acculturative stress and religious coping as predictors of wellbeing in Muslim immigrants and their descendants in New Zealand. The study advances our understanding of the everyday experiences and subjective wellbeing of Muslims in Western countries by synthesizing theory
and research from acculturation psychology and the psychology of religion. To achieve these ends, the research employs a sophisticated measurement of acculturative stress and a culturally appropriate assessment of religious coping. Before we outline our hypotheses, however, we provide a brief description of the research setting as many readers may be unfamiliar with the New Zealand context.

**The New Zealand context.** New Zealand is traditionally a bicultural nation with the Treaty of Waitangi, an agreement between British colonizers and indigenous Maori, regarded as the foundation of contemporary New Zealand sovereignty (Liu, Wilson, McClure, & Higgins, 1999). However, changes in immigration policy in the late 1980s and early 1990s resulted in a dramatic increase in ethnic, cultural and religious diversity and New Zealand's evolution into a multicultural nation (Ward & Liu, 2012). Recent census data indicate that the population of Muslims in New Zealand is now 46,149, just over 1% of the country’s 4.5 million population (Statistics New Zealand, 2013).

While New Zealanders generally tend to endorse a multicultural ideology (Ward & Masgoret, 2008), they perceive immigrants originating from predominantly Muslim countries less favorably than those from other nations, indicating that this remote country is not immune to Islamophobic attitudes (Stuart, Ward, & Adam, 2010). However, in spite of this, preliminary findings within the New Zealand Muslim community consistently point to a population that is adapting remarkably well (Jasperse et al., 2012; Stuart, 2012; Stuart et al., 2010; Stuart & Ward, 2011). The current study aims to contribute to this growing area of research.

**Research aims and hypotheses.** In summary, this study explores acculturative stress, religious coping and their interaction as predictors of subjective wellbeing among Muslims in New Zealand. In light of the research reviewed in the previous sections, the hypotheses are:

1. Acculturative stress will negatively predict subjective wellbeing, and Muslim religious coping will positively predict subjective wellbeing (i.e., greater life satisfaction and fewer psychological symptoms).
2. Muslim religious coping will buffer the negative impact of stress on subjective wellbeing.

**Method**

**Participants and Procedure**

One hundred and sixty-seven Muslims living in New Zealand participated in this study. The participants had a mean age of 31.5 ($SD = 9.92$), and 64.7% were
female. A diverse range of ethnicities were represented in the sample, including Indian/South Asian (32.9%), East Asian (17.4%), Middle Eastern (16.8%), European (16.2%), African (9.0%), and Maori/Pacific Islander (4.8%). The participants identified as highly religious ($M = 4.88, SD = 0.45$) as assessed by responses to the question “How Important is Islam to you?” on a 5-point scale ($1 = \text{Not at all}, 5 = \text{Very}$).

The majority of participants were New Zealand citizens (69.5%), and 29.9% were New Zealand-born. The mean length of time spent in New Zealand for foreign-born participants was 15.81 years ($SD = 11.55$), and the level of self-reported English language proficiency was high; $M = 4.58$ ($SD = 0.68$) on a 5-point (very poor/very good) scale.

Participants were recruited through social media groups and community e-mail networks to complete an anonymous survey. The survey was available on-line via Qualtrics software and was administered in English.

Measures

The survey included background information of age, gender, citizenship, education level, ethnicity, generation status, English proficiency and religiosity along with measures of acculturative stress, coping, and subjective wellbeing (life satisfaction and psychological symptoms).

**Acculturative Stress.** The 26-item measurement of stressful life events was based on a compilation of instruments by Jose et al. (2007) and Stuart (2012), previously used to assess the acculturative stress experienced by short and long term immigrants in New Zealand, including New Zealand Muslims. The measurement by Jose and colleagues (2007) was designed to capture general stressors (e.g., relationship difficulties, financial strain) encountered by acculturating international students. The instrument’s construct validity was supported by established group differences with Asian international students, characterized by a high level of cultural distance, reporting more stress than either local or Western international students. Moreover, stress predicted negative adjustment over time. Jose et al. (2007) reported that the instrument possessed good internal reliability ($alpha = .87$). The measure by Stuart (2012) assessed cultural transition stress (e.g., communication difficulties, social isolation) and ethnic/religious discrimination stress (e.g., harassment, exclusion on the basis of ethnic or religious background) in Muslim youth in New Zealand. These measures demonstrated good internal consistency (alphas = .87-.90), were strongly inter-related ($r = .52$) and inversely correlated with English language proficiency (Stuart, 2012). The general, transition and discrimination stress measures from Jose and colleagues (2007) and from Stuart (2012) were subjected to confirmatory factor analysis as reported in Adam (2015) and demonstrated a good fit to a single factor model, i.e., a latent variable labelled Acculturative Stress.
For each of the 26 items on the Acculturative Stress measure participants first indicated if a specified event (e.g., disrespectful treatment) had happened to them in the previous three months, and if so, rated how much distress the event had caused them on a 5-point scale (endpoints: not at all/very distressed), so that higher scores indicate greater acculturative stress. The Acculturative Stress score was computed as a sum of the perceived distress associated with each individual’s unique combination of stressors. This resulted in large variation between individual scores, which ranged from a possible minimum of 0 and maximum of 130.

**Muslim Religious Coping.** The 24-item measure of Muslim Religious Coping (MRC) was based on scales by Aflakseir and Coleman (2011) and Boudreaux and colleagues (1995). Details about the construction and validation of the three-factor (cognitive, behavioral, social) religious coping measure designed for use with a heterogeneous minority Muslim population is reported in Adam (2015). Cognitive items examined the way participants interpreted God’s role in their stressful circumstances (e.g., seeing my situation as Allah’s will); behavioral items explored the use of religious rituals as a means of coping with stress (e.g., reading the Qur’an); and social items examined the ways participants sought help, advice and solace from the Muslim community (e.g., looking for love and concern from members of the mosque). A prompt advised participants to rate their use of each coping method according to the way they had responded to the stressors identified previously. For each item, participants rated the extent to which they had engaged in a given coping strategy on a 5-point scale (endpoints: not at all/a lot) with a higher score indicating a more frequent use of the coping strategy.

**Psychological wellbeing.** Positive and negative measures of subjective wellbeing were examined via two scales that have demonstrated good validity and reliability with immigrant populations across a variety of cultural contexts, including New Zealand (Berry et al., 2006; Jasperse et al., 2012; Kuppens, Realo, & Diener, 2008).

Life satisfaction was measured using Diener, Emmons, Larsen and Griffin’s (1985) 5-item Satisfaction with Life scale (SWLS). Participants responded on a 5-point agree/disagree scale indicating the extent to which they agreed with statements such as “The conditions of my life are excellent.” A higher score indicates a greater sense of satisfaction with one’s life. Diener et al. (1985) reported high internal consistency (alpha = .87) and temporal stability (test-retest coeff-
Stress in Acculturation

The initial construct validation was based on known group differences, i.e., low scores found in groups such as psychiatric patients, prisoners, and abused women. In their early review of the SWLS, Pavot and Diener (1993) provided additional evidence for convergent validity with alternative assessments of life satisfaction and subjective wellbeing. More recently, the SWLS has been used in International Comparative Study for Ethno-cultural Youth, a 13-nation cross-cultural study, which confirmed its unifactorial structural equivalence (Berry et al., 2006) and in studies of New Zealand Muslims, which demonstrated the measure’s internal consistency with alphas > .80 (Jasperse et al., 2012; Stuart et al., 2016).

Psychological symptoms were measured using a 15-item scale initially developed for the International Comparative Study for Ethno-cultural Youth (Berry et al., 2006). Participants rated on a 5-point scale (endpoints: never/very often) how often they had experienced a range of symptoms (depression, anxiety and somatic symptomatology) in the previous month. A higher score indicated higher levels of psychological symptoms (i.e., poorer psychological well-being). The initial psychometric analyses of the instrument confirmed its single factor structure and strong internal consistency across 13 countries (Berry et al., 2006). The measure has been subsequently used Jasperse et al.’s (2012) study of New Zealand Muslims and proved psychometrically robust (alpha = .94).

Results

Preliminary Analyses

The factor structure of Muslim Religious Coping (MRC). Due to the exploratory nature of the newly developed measure of Muslim Religious Coping, a principle components analysis of MRC items was computed via direct oblimin rotation (delta = 0), resulting in a three-factor solution (Table 1) and explaining 65.8% of the variance. A 0.91 Kaiser-Meyer-Olkin value exceeded the recommended requirement of 0.60, and Bartlett’s Test of Sphericity was significant ($\chi^2(190) = 2310.10, p < .001$). As predicted, the three factors loaded according to the hypothesized dimensions of Cognitive Religious Coping, Behavioral Religious Coping and Social Religious Coping. Factor loadings above 0.5 for the item’s converging factor and below 0.3 on divergent factors were taken as minimum criteria.

The three subscales of Muslim Religious Coping (MRC) were significantly positively correlated (Table 2), suggesting that they represent an underlying construct of religious coping. Social MRC was moderately correlated with the other two subscales (Cognitive $r(165) = .34$, Behavioral $r(165) = -.37$), whereas Cognitive and Behavioral MRC factors were strongly inter-correlated ($r(165) = 0.73, p < .01$).
Psychometric analyses, descriptive statistics and inter-correlations.

Cronbach alphas, means, standard deviations and inter-correlations are reported in Table 2. Psychometric analyses indicated that all Cronbach alphas exceeded .80, demonstrating an acceptable level of internal consistency for all measures. Correlational analyses revealed that acculturative stress was negatively correlated with life satisfaction ($r(165) = -0.17, p = .03$) and positively related to psychological symptoms ($r(165) = .38, p < .01$). Behavioral, cognitive and social dimensions of Muslim religious coping were positively and signifi-
Predicting Subjective Wellbeing

Hierarchical regression analyses were conducted with acculturative stress and Muslim religious coping as predictors of subjective wellbeing outcomes (life satisfaction and psychological symptoms), after controlling for demographic variables. To avoid problems of multicollinearity between MRC subscales, which were strongly inter-related, separate regression analyses were performed for each individual dimension of Muslim religious coping.

**Acculturative stress and Muslim religious coping as predictors of life satisfaction.** Table 3 reports the results of three separate hierarchical regression equations for the prediction of life satisfaction. In each regression, control variables included demographics, acculturative stress, and religious coping strategies. The table below summarizes these findings:

<table>
<thead>
<tr>
<th>Regression Step</th>
<th>Cognitive MRC</th>
<th>Behavioral MRC</th>
<th>Social MRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demographics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.14</td>
<td>.16</td>
<td>.16</td>
</tr>
<tr>
<td>Generation Status</td>
<td>-.03</td>
<td>-.09</td>
<td>-.04</td>
</tr>
<tr>
<td>Education Level</td>
<td>.07</td>
<td>.03</td>
<td>.03</td>
</tr>
<tr>
<td>English Proficiency</td>
<td>.07</td>
<td>.04</td>
<td>.08</td>
</tr>
<tr>
<td>2. Stress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acculturative Stress</td>
<td>-.22**</td>
<td>-.26**</td>
<td>-.51</td>
</tr>
<tr>
<td>3. MRC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive MRC</td>
<td>.20*</td>
<td></td>
<td>.13</td>
</tr>
<tr>
<td>Behavioral MRC</td>
<td></td>
<td>.19*</td>
<td>-.10</td>
</tr>
<tr>
<td>Social MRC</td>
<td>.30**</td>
<td></td>
<td>.30**</td>
</tr>
<tr>
<td>4. Interaction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress x Cognitive MRC</td>
<td>.28</td>
<td></td>
<td>.79*</td>
</tr>
<tr>
<td>Stress x Behavioral MRC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress x Social MRC</td>
<td></td>
<td></td>
<td>0.39</td>
</tr>
<tr>
<td>R²</td>
<td>.035</td>
<td>.078*</td>
<td>.11*</td>
</tr>
<tr>
<td>R² change</td>
<td>.035</td>
<td>.042*</td>
<td>.034*</td>
</tr>
</tbody>
</table>

*p < 0.05; **p < 0.01

The table reports the results of three separate regression equations for the prediction of life satisfaction by cognitive, behavioral or social Muslim religious coping. Steps 1 (control variables) and 2 (acculturative stress) are common to all equations and are presented in the far left column. The third and fourth steps are reported separately for each religious coping domain. For the first analysis, Cognitive MRC is entered as a main effect at Step 3, and interaction effect at Step 4 (results presented in the second column). Behavioural MRC is similarly presented in the third column, and Social MRC is presented in the final column.

Significantly associated with life satisfaction (rs ranged from .16 to .22), but unrelated to psychological symptoms.
variables are entered at Step 1, acculturative stress is entered at Step 2, and religious coping (cognitive, behavioral or social) is entered in the third step. In the final step, the interaction between acculturative stress and religious coping (cognitive, behavioral or social) is added to the equation.

At Step 1, the control variables of age, education, English proficiency and generational status were entered into the hierarchical regression analyses, as these variables have been previously identified in the literature as significant contributors to adaptation outcomes (e.g. Torres & Rollock, 2004). None of these variables were significant at Step 1. At Step 2, acculturative stress was entered into the analysis, emerging as a significant predictor ($\beta = -0.22$, $t = -2.54$, $p = .01$), and explaining a total of 7.8% of the variance ($\Delta R^2 = 0.042$, $F(1,141) = 6.46$, $p = .04$) in life satisfaction. Increased acculturative stress predicted lower life satisfaction.

MRC subscales were entered at Step 3 into three separate regression equations. All three MRC subscales independently predicted enhanced life satisfaction (Cognitive $\beta = 0.20$, $t = 2.30$, $p = .02$; Behavioral $\beta = 0.19$, $t = 2.19$, $p = .03$; Social $\beta = 0.30$, $t = 3.60$, $p < .001$), supporting our main effects hypothesis that both acculturative stress and Muslim religious coping would independently predict life satisfaction.

At Step 4, interaction variables of acculturative stress and MRC subscales were entered into the three regression analyses. As Cognitive MRC and Social MRC failed to moderate the relationship between acculturative stress and life satisfaction (Cognitive MRC x acculturative stress $\Delta R^2 = 0.003$, $F(1,139) = 0.39$, $p = .53$; Social MRC x acculturative stress $\Delta R^2 = 0.019$, $F(1,139) = 3.21$, $p = .08$), the final results of these equations were interpreted from Step 3. For Behavioral MRC, the significant main effect was qualified by an interaction with acculturative stress ($\beta = 0.79$, $t = 2.30$, $p = .02$), explaining a total of 14.1% of the variance in life satisfaction ($\Delta R^2 = 0.033$, $F(1,139) = 5.30$, $p = .02$).

This significant interaction was plotted in Figure 1 using Modgraph (Jose, 2013). The interaction plot revealed that acculturative stress was unrelated to life satisfaction under conditions of high Behavioral MRC (High slope = -0.003, $t(144) = -0.84$, $p = .40$); however, acculturative stress was associated with diminished life satisfaction for participants who engaged in medium or low levels of Behavioral MRC (Medium slope = -0.01, $t(144) = -3.84$, $p < .001$; Low slope = -0.02, $t(144) = -3.80$, $p < .001$). In support of the buffering hypothesis, these results indicate that engaging in high levels of behavioral Muslim religious coping attenuates the negative effects of acculturative stress on life satisfaction.

**Acculturative stress and Muslim religious coping as predictors of psychological symptoms.** In line with the first set of analyses, demographic variables of age, generation status, education and English proficiency were entered as controls in the first step. At Step 2, acculturative stress significantly predicted
increased psychological symptoms ($\beta = 0.37$, $t = -4.58$, $p < .001$), accounting for 16.8% of the variance ($\Delta R^2 = 0.12$, $F(1,141) = 21.00$, $p < .001$). Consistent with our hypothesis, higher rates of acculturative stress predicted increased psychological symptoms of distress.

Cognitive, Behavioral and Social MRC were entered into separate regression analyses at Step 3; however, contrary to hypotheses, all failed to explain additional variance in psychological symptoms (Cognitive MRC $\beta = -0.05$, $t = -0.62$, $p = .54$; Behavioral MRC $\beta = -0.05$, $t = -0.58$, $p = .56$; Social MRC $\beta = -0.13$, $t = -1.60$, $p = .11$). Furthermore, none of the interaction effects were significant on the final step (Cognitive MRC x acculturative stress $\beta = -0.11$, $t = 0.26$, $p = .79$; Behavioral MRC x acculturative stress $\beta = -0.12$, $t = -0.34$, $p = .73$; Social MRC x acculturative stress $\beta = -0.42$, $t = -1.95$, $p = .05$). These findings indicate that acculturative stress is a significant predictor of increased psychological symptoms, yet no dimension of Muslim Religious Coping exerts an independent influence on psychological symptoms, nor do they function as buffers.

Discussion

This study aimed to investigate the inter-relationships between acculturative stress, religious coping and subjective wellbeing among New Zealand Muslims. It was of interest in this study to determine whether religion acted as a coping
resource among Muslims living as minorities in the West, who are experiencing unique acculturative stressors including religious discrimination and barriers to integration.

Hypotheses regarding the inter-relationships between acculturative stress, religious coping, and subjective wellbeing were partially supported. As predicted, acculturative stress predicted lower life satisfaction and greater psychological symptoms. Muslim Religious Coping independently predicted greater life satisfaction; however, it failed to produce a significant influence on psychological symptoms. Additionally, behavioral MRC emerged as a significant moderator of the link between acculturative stress and life satisfaction. Contrary to hypotheses, no dimension of Muslim religious coping moderated the relationship between acculturative stress and psychological symptoms.

The finding that acculturative stress directly predicts poorer life satisfaction and increased psychological symptoms of distress is consistent with previous research (Berry et al., 2006; Schmitt, Branscombe, Postmes, & Garcia, 2014). These findings suggest that the acculturative experiences of Muslims in New Zealand mirror the patterns of other ethnic minorities around the world. While different communities may be experiencing group-specific stressors, the link between appraised distress and poor wellbeing remains robust among this population.

The finding that religious coping both independently enhances life satisfaction, as well as moderates the stress-wellbeing relationship, provides some support for both the main effect hypothesis and the buffering hypothesis described by Ensel and Lin (1991). Both cognitive and social Muslim religious coping independently predicted life satisfaction, regardless of stress. Ensel and Lin (1991) describe such psychosocial resources as distress-deterring, hypothesizing that their effectiveness lies in strengthening and reinforcing a person’s base psychological state.

Cognitive religious coping may provide believers with a religious framework they can draw upon to apply sacred meaning to their lives, which is likely to provide an enhanced sense of coherence in times of blessing as well as times of distress (Aflakseir, 2012; Pargament, 1997). Belief systems may influence the way a specific life event is viewed and interpreted, the sense of control one feels over life events and the ability to persevere and achieve solutions (Park, Cohen, & Herb, 1990).

The finding that social religious coping directly predicts life satisfaction is consistent with previous research, which has demonstrated public religious participation as a reliable predictor of wellbeing (Koenig & Larson, 2001; Reyes-Ortiz et al., 2008). Social religious engagement may assist in cultivating a sense of religious identity or developing a shared sense of meaning and purpose. It may be that the presence of a community that bears a shared worldview
Stress in Acculturation

is reinforcing for individuals experiencing a sense of alienation from the wider society. It may also be that instrumental support is offered from a religious congregation, through charity or counseling services (Ai, Huang, Bjorck, & Appel, 2013; Stuart, 2012; Cohen & Wills, 1985).

In support of the buffering hypothesis, it was found that behavioral MRC buffered the negative relationship between acculturative stress and life satisfaction. Thus, actively maintaining religious behaviors, despite potential barriers to religious maintenance, enhances life satisfaction. It may be that an increase in religious behaviors alleviates the dissonance experienced by those who are struggling to maintain their Islamic practices in a non-Muslim country (Yousaf & Gobet, 2013). Additionally, while an increase in religious behaviors may predict increased discrimination frequency (Jasperse et al., 2012), the results here suggest that these behaviors also act as protective factors. These results are consistent with the findings of Jasperse et al. (2012) where Islamic practices protected against the detrimental effects of religious discrimination. This is also consistent with the Islamic concept of Taqwa (Divine protection and awareness of God), which is understood to be attained through the engagement of religious practices and may serve as spiritual protection in times of difficulty.

In contrast to the above findings, no dimension of Muslim religious coping emerged as predictive of psychological symptoms. This suggests that engaging in religious coping does not increase or alleviate symptoms of depression and anxiety. The reason behind this finding is unclear. Evidence from previous literature has demonstrated the independence of positive and negative outcomes, suggesting that subjective wellbeing is in fact a multi-dimensional construct (Diener, Suh, Lucas, & Smith, 1999). A distinction can also be drawn between cognitive and affective measures of subjective wellbeing, with life satisfaction representing a cognitive component, and psychological symptoms capturing affective and physiological components of wellbeing (Diener, 2000). Religious coping may primarily influence cognitive wellbeing, in line with the Islamic principle of Qadr, or Divine Will. Muslims are encouraged to seek Ridaa (contentment) with their Qadr, and frequently use the phrase “Alhamdolillah (Praise be to God)” to capture this sense of contentment with their current circumstances (Abdel-Khalek, 2011). The findings in this study suggest that a turning towards religion may be effective by facilitating a process of deriving Ridaa among Muslims facing adversity.

The results suggest there is no guarantee that contentment at a cognitive level will result in an immediate alleviating of affective and physical symptoms of distress. Symptomatic measures are more sensitive to situational factors and tend to be short-term and subject to constant fluctuation, whereas a measure of satisfaction with life tends to remain fairly consistent over time (Diener, 2000). It may be that religious coping operates more as a resilience mechanism, by en-
hancing more stable, positive measures of wellbeing and bolstering the psychological equilibrium of an individual. Although the short-term effects of stress are still apparent in anxiety and somatic symptoms, the use of religious coping appears to enhance an overall sense of satisfaction with one’s life, thus potentially protecting against the long term effects of distress (Heisel & Flett, 2004).

The field of positive psychology argues for a need to shift from a deficit model of health, where wellbeing is primarily determined by the absence of illness, to an additive model where wellness is the focus in its own right (Becker & Rhynders, 2012). There is a growing recognition that simply working towards the alleviation of negative symptomatology does not achieve wellbeing and that individuals who rate themselves highly on measures of happiness and life satisfaction are not necessarily free from physical illness. Sniders (2006) outlines 11 positive traits and qualities identified by Positive Psychologists as integral in achieving enhanced subjective wellbeing. Of these qualities, many are embedded in the worldview and teachings of Islam, including hope, optimism, resilience, forgiveness, and gratitude. These traits are expected to contribute towards a more developed sense of coherence and personal meaning in life, two central aspects offered by religion (Aflakseir, 2012). The results here indicate that while Muslim religious coping may not be efficacious in reducing physical symptoms of distress in the short term, it may hold a pivotal role in the enhancement of quality of life.

Strengths, Limitations and Future Directions

The research addresses the important and timely issue of the role of religion in Muslims’ experiences of acculturation and adaptation in Western societies. In doing so, the study synthesizes theory and research on acculturation and religion, advancing our understanding of coping with the challenges of intercultural contact. Just as importantly, the study has practical applications for the ways in which the reception of Muslim immigrants and their descendants in Western countries can foster their inclusion, subjective wellbeing and ultimately their capacity to make a valuable contribution to the wider society.

The study relied upon new instruments for the assessment of acculturative stress and religious coping. This is both a strength and a weakness. The strengths lie in the instruments’ constructions, which address criticisms of the measurements of acculturative stress (Rudmin, 2009) and provide a more comprehensive and culturally appropriate assessment of religious coping for Muslims based on earlier work by Aflakseir and Coleman (2011) and Boudreaux et al. (1995). At the same time, future research further confirming the scales’ reliability and validity would be beneficial. Additionally, while clear associations have been demonstrated among stress, coping and wellbeing, the limitations of
a cross-sectional study apply here. Longitudinal data would be valuable in doc-
umenting the temporal pattern of these relationships throughout ongoing cul-
tural transition and in response to local and global incidences of Islamophobia.

A further limitation is the nature of the sample, which self-reported a high
degree of religiosity. This may account for the efficacious nature of religious
coping found in this study (Krägeloh et al., 2012). Future research would need
to explore a broader cross-section of the Muslim community in New Zealand,
to determine the conditions under which religious coping is effective. Further,
this study only examined two indicators of subjective wellbeing. Further re-
search could look at other dimensions of wellbeing including positive affect
and flourishing as well as objective measures, including health status. Finally,
the research was conducted in a single country, New Zealand, which is known
to be relatively accepting of cultural diversity. The extent to which Muslim re-
ligious coping functions as a resource in relatively intolerant environments re-
mains to be examined.

Concluding Comments: Implications and Applications

In considering the findings that Muslim religious coping enhances positive
wellbeing outcomes, mental health research has increasingly recognized reli-
gion and spirituality as important variables to consider in therapeutic practice
(Pargament, 1997, 2011), with studies showing that many clients prefer to in-
clude their spiritual beliefs and resources in therapy (Tisdale, 2003). The move-
ment towards ‘spiritually-integrated therapy’ advocates for a more holistic par-
adigm, acknowledging mind, body, and spirit as components of mental health.
In particular, traditional cognitive therapy has been identified as a good fit for
a diverse range of religious traditions and mental disorders (Azhar, Varma, &
Dharap, 1994; Hodge, 2006; McCullough, 1999).

In line with the broader literature, a review of the research on Muslim mental
health has advocated for the importance of religiously integrated psychotherapy
when working with Muslim clients (Abu Raiya & Pargament, 2010; Hodge & Na-
dir, 2008). Many minority groups access mental healthcare at disproportionately
low rates, yet Muslims are recognized as under-represented even relative to other
ethnic and religious minorities (Cinnirella & Loewenthal, 1999; Kelly, Aridi, &
Bakhtiar, 1996). A key barrier identified for Muslims is a lack of perceived ‘fit’ be-
tween their needs and the current services offered by healthcare providers (Abu
Raiya & Pargament, 2010; Kelly et al., 1996). Nevertheless, a number of authors
argue that Western-based cognitive therapy is in fact a good fit for traditional Is-
lamic thought, drawing many parallels between Islamic teachings and core con-
cepts of cognitive therapy (Azhar et al., 1994; Hodge & Nadir, 2008).
The current research supports the notion of an Islamically-based cognitive therapy as a valuable contribution to psychological practice. Previous attempts to develop Islamically-integrated interventions have focused primarily on cognitive restructuring techniques that incorporate a religious worldview (Hodge & Nadir, 2008; Azhar et al., 1994). However, the present findings suggest that the strength of an Islamic model of therapy exists more broadly than within cognitive models alone, indicating the importance of the inward, outward, and collective aspects of the faith in coping with adversity. While cognitive religious coping techniques were indeed demonstrated as efficacious in enhancing wellbeing, similar effects were also apparent for the behavioral and social components of religious coping. Thus a Cognitive-Behavioral model that integrates the mind, body, and social environment of a client with their religious paradigm is likely to enhance effectiveness of treatment.

Further, the finding that religion is a valuable resource in the lives of Muslims is important not only at the individual level of psychosocial intervention, but also at a socio-political level. In the context of an Islamophobic climate, this research provides support for a growing voice arguing for the promotion of religious maintenance and freedom of practice for members of this faith group (e.g., Jasperse et al., 2012). The results provide further evidence to the ramifications of policy changes that restrict the rights of Muslims to practice their religion. Several European countries have established legislation to ban religious attire in public places, which has focused heavily on Islamic dress in its implementation. While most Western nations that emphasize integration and multiculturalism have not followed suit, the detrimental effects of Anti-Terror and surveillance laws on Muslim populations across the West are beginning to emerge. While this shift in policy purports the idea that Islam is a threat, our results suggest that the healthy practice of this religion is in fact associated with positive outcomes. This study points towards Islam as a source of benefit and positivity among its members, even where they live as minorities. This carries an important message towards individuals and policy makers alike- that there is still a place for the open practice of Islam in modern societies.

References


Ward, C., & Liu, J. (2012). Ethno-cultural conflict in Aotearoa/New Zealand. In D. Lan-


What’s Sex Got to Do with It? The Role of Sexual Experience in the Sexual Attitudes, and Sexual Guilt and Anxiety of Young Muslim Adults in Canada and the United States

Sobia Ali-Faisal
University of Windsor

Author Note

Sobia F. Ali-Faisal, Department of Psychology, University of Windsor, Windsor, ON, Canada. The current research presents part of the results of the author’s doctoral dissertation.

Sobia F. Ali-Faisal is now a postdoctoral fellow at Stony Brook University, Stony Brook, NY, US. I would like to acknowledge the Institute for Social Policy and Understanding for their financial support of this research. Additionally, much gratitude to my dissertation supervisor, Dr. Charlene Senn, for her guidance and help. Correspondence concerning this article should be addressed to Sobia F. Ali-Faisal at ali1l@uwindsor.ca.

Abstract

The literature regarding sex and Muslims in North America is limited. The small body of research suggests that Muslims are relatively conservative regarding sex, though there is nuance in these findings. The current paper presents research on the association between sexual experience of young Canadian and American Muslims adults and their sexual attitudes, sexual guilt, and sexual anxiety. Participants were recruited online and a final sample of 403 young Muslims adults, mostly women, completed online surveys and a demographics questionnaire.
Results revealed that more than half of participants had engaged in sexual intercourse, of which two-thirds had done so before marriage, while half of those who had not engaged in sex before marriage had thought about doing so. Analyses of variance were conducted to assess differences in sexual attitudes, sexual guilt, and sexual anxiety based on sexual experience. Young Muslim adults who had engaged in sexual intercourse held more liberal sexual attitudes, and reported less sexual guilt, and anxiety, than those who had not engaged in sexual intercourse. Similarly, those who had engaged in sex before marriage held more liberal sexual attitudes, and reported less sexual guilt and anxiety, than those who had waited until after marriage to have sex. Finally, those who had not had sex before marriage, but had thought about it, held more liberal sexual attitudes, and reported less sexual guilt and anxiety, than those who had not considered sex before marriage. These results indicate having sexual experience is associated with liberal sexual attitudes and relatively low levels of sexual guilt and anxiety. However, the directionality of this relationship is unclear, requiring further investigation. Despite the limitations of this study, the results have important implications for those working with young Muslim adults.

*Keywords*: Muslims, sexual guilt, sexual anxiety, sexual attitudes, sexual experience

Muslim youth growing up in a North American context negotiate a difficult sexual space which includes often conflicting messages regarding sexuality from Islam, from their cultures of origin, as well as the mainstream culture (Abu-Ali, 2003; Bekker et al., 1996; Ostberg, 2003; Sanjakdar, 2009a, 2009b); this situates Muslim youth in their own unique ethnocultural and religious identity groups. Yet, there is a dearth of empirical literature on the sexual experiences of Muslim youth living in North America, posing a problem for addressing Muslims’ sexual health, especially psychological sexual health. The current paper presents research on the role sexual experiences may have in the sexual attitudes and sexual guilt and anxiety of young Muslim adults, in an effort to better understand and address psychological aspects of Muslims’ sexual health.

**Sexual Attitudes of Muslims**

Research findings of the limited research on the sexual attitudes of Muslims living in the United States and Canada suggest that Muslims are a sexually conservative population. In a study of adolescent Muslim girls in the United States, Abu-Ali (2003) found that greater adherence to Islamic practices, rituals, and beliefs related to more conservative attitudes toward sexuality, and that religiosity was a significant predictor of these conservative attitudes. This comes
as no surprise as the research finds that the more religious individuals report themselves to be, the more conservative their sexual attitudes (e.g., Hong, 1983; Lefkowitz, Gillen, Shearer, & Boone, 2004; Maret & Maret, 1982; Medora & Burton, 1981; Miller & Olson, 1988). Research also suggests that Muslims living in Western countries (i.e., Britain, Australia) are more sexually conservative when compared to those of other religions, finding Muslims report engaging in significantly less premarital sex, being less tolerant of premarital sex (de Visser, Smith, Richters, & Rissel, 2007), and being more likely to believe premarital sex is wrong (Griffiths et al., 2011) than non-Muslim individuals.

Sexual Guilt and Anxiety of Muslims

Sexual guilt and anxiety are negative sexual affective-cognitive states, comprising a psychological aspect of sexual health. Sexual guilt is defined as a type of self-imposed punishment one assigns for either violating or anticipating the violation of one's standards of proper sexual conduct (Mosher & Cross, 1971), while sexual anxiety is an expectancy for external punishment for violating, or anticipating violating, perceived societal normative standards of acceptable sexual behavior (Janda & O'Grady, 1980). Both concepts have been linked to decreased sexual health. Sexual anxiety has long been thought to play an important role in the sexual dysfunction of both men and women (Aluja, 2004; Beggs, Calhoun, & Wolchik, 1987; Hensel, Fortenberry, O'Sullivan, & Orr, 2011), and at extreme levels can become a clinically disordered experience leading to sexual dysfunction and requiring therapeutic attention (e.g., Everaerd & Dekker, 1982; McCabe, 1992; Munjack, 1984; Nemetz, Craig, & Reith, 1978; White, Fichtenbaum, & Dollard, 1967). Sexual guilt has been implicated in decreased sexual drive and satisfaction and increased sexual dysfunction (Cado & Leitenberg, 1990; Darling, Davidson, & Passarello, 1992; Galbraith, 1969; Merrell, 2009; Morokoff, 1985; Nobre & Pinto-Gouveia, 2006; Woo, Brotto, & Gorzalka, 2011), and less sexual behavior including sexual intercourse (Love, Sloan, & Schmidt, 1976). Considering lower sexual frequency has been found to be related to higher rates of divorce (Yabiku & Gager, 2009) the presence of sexual guilt could create marriage instability. However, as the literature on the sexual guilt and anxiety of Muslims is nonexistent, the presence and level of sexual guilt and anxiety among Muslims is unknown.

Sexual Experiences of Muslims

The research on Muslims’ sexual experiences is as limited as that on their sexual attitudes, though findings mirror Muslims’ relative conservatism. Muslims
are less likely to report having engaged in premarital sex than Jewish (Adamczyk & Hayes, 2012) or Christian respondents (Adamczyk & Hayes, 2012; Agha, 2009). As research has already established a relationship between conservative sexual attitudes and less sexual experience (Miller & Olson, 1988; Oliver & Hyde, 1993; Zuckerman, Tushup, & Finner, 1976), it is not surprising that Muslims’ sexual experiences parallel their sexual attitudes. However, the literature also suggests some nuance. Bangladeshi British young women and men interviewed in a qualitative study generally felt that engaging in premarital sex was un-Islamic, but not all chose to adhere to what they felt were Islamic teachings regarding premarital sex. Although some of the young men favored following religious recommendations, many participants, both men and women, felt that the choice to have premarital sex was personal and that doing so did not mean one lacked faith (Griffiths, French, Patel-Kanwal, & Rait, 2008). Although many young Muslim adults may have conservative sexual attitudes and behaviors, it would be a mistake to conclude that sex is not a part of their lives. Indeed, in a recent study, Ahmed (2014) found 53.8% of never-married Muslim college students in the United States reported engaging in sexual intercourse, with no significant difference between men and women. It is clear, therefore, that Muslims’ psychological sexual health is in need of attention and investigation. Research on non-Muslim populations suggests increased sexual experience is related to decreased sexual anxiety (Hensel, Fortenberry, O’Sullivan, & Orr, 2011; Morrison, Harriman, Morrison, Bearden & Ellis, 2004), while sexual guilt is related to less sexual experience (D’Augelli & Cross, 1975; Gerrard, 1987; Mosher, 1979a; Sack et al., 1984). It is unclear, however, whether this relationship will hold for Muslims. Therefore, this paper presents data on Muslims’ sexual attitudes, sexual guilt, and sexual anxiety and the role sexual experience may play for Muslims. Specifically, this research seeks to examine how these factors relate to each other, and intends to provide insights into a specific aspect of the sexuality of young Muslim adults in the United States and Canada, enabling a better understanding of the sexual health of this population. Based on previous research conducted on non-Muslim populations, I hypothesized that young Muslim adults with sexual experience would hold more liberal sexual attitudes and would report less sexual guilt and anxiety than those with no sexual experience.

Method

Participants

The sample consisted of 403 heterosexual Canadian and American young adult Muslim women (n = 320) and men (n = 82) between the ages of 17 and 35 (M =
25.44; $SD = 4.80$). One participant identified as transgender. Most participants lived in the United States or Canada and were a relatively educated population. Approximately one-third of the participants were born outside of Canada or the United States and indicated moving to Canada or the United States at a mean age of 10.11 years ($SD = 7.23$). The participants were an ethnically diverse population with most participants identifying as South Asian or Arab. For more details on participant demographics please see Table 1.

**Measures**

**Demographics and Sexual Experience.** The 25-item demographics questionnaire asked participants to report on various demographic variables including their sexual experience, gender, age, ethnocultural group, education level, country of residence, country of birth, sexual orientation, and relationship status.

**Sexual Experience before Marriage.** Two sets of questions with dichotomous response options of ‘yes’ or ‘no’ were also included to assess the presence of sexual experience before marriage. Respondents were asked “Have you had sex before marriage?” If they answered ‘no’ they were asked if they had considered premarital sex.

**Brief Sexual Attitudes Scale (BSAS).** The 23-item BSAS (Hendrick & Hendrick, 2011; Hendrick, Hendrick, & Reich, 2006) is a multidimensional scale to assess sexual attitudes and consists of four subscales. For the current study, the entire scale was administered but only the 10-item, 5-point Likert scale, Permissiveness subscale, assessing an open and casual attitude toward sex, was relevant and included in the analysis. This subscale has been used independently in other research (e.g., Brelsford, Luquis, & Murray-Swank, 2011; Tobin, 2011) and had high validity for the current study (Cronbach’s alpha was .90).

**Revised Mosher Guilt Inventory (RMGI) – Sex-Guilt Subscale (Revised).** The 50-item sexual guilt measure is a subscale of the 114 item RMGI (Mosher, 2011) with each item using a 7-point Likert scale and consisting of a sentence completion stem with a pair of responses, in which one response represents presence of guilt while the other represents non-guilt. The use of the subscale separately has been approved (Mosher, 1979b, as cited in Mosher, 2011). Using feedback obtained from all-Muslim focus groups in a pilot study (not described here), 16 more items were added to this measure to make it a 66-item measure. The Cronbach’s alpha for this study was .97.

---

1. As questions were added to both the Sexual Guilt Subscale and the Sex Anxiety Inventory, both measures were assessed using a principle component analysis (not described here). As a result, four items were removed from the Sex Guilt Subscale, for a total of 62 items, and two items were removed from the Sex Anxiety Inventory, for a total of 25 items. All other measures remained the same.
Sex Anxiety Inventory (SAI). This 25-item, forced choice measure presents sentence completion stems with two possible response options (Janda & O'Grady, 1980). Respondents choose one of the two options which is closest to describing their feelings regarding sex; one response option reflected sexual anxiety (score of one) and the other reflected no sexual anxiety (score of zero). Based on the feedback of the focus groups in the pilot study, two more questions were added to this measure for the purpose of the current study, resulting in a 27-item measure. The Cronbach’s alpha for this study was .86.

Procedure

Data was collected using online surveys, using best practices in online data collection (Granello & Wheaton, 2004). Participants were recruited online, across Canada and the United States. Respondents were provided with a link to the study website where they were first presented with a brief electronic letter of information which included the option to accept the terms of the study and continue, or to not accept and exit the study. Acceptance served as informed consent. Those who continued were asked to complete a demographics questionnaire followed by the surveys.

Results

Sexual experience

More than half of the participants reported having engaged in sexual intercourse (54.8%). Of those who had engaged in sex, two-thirds had done so before marriage (67%). Among those who had not engaged in sex before marriage, half had thought about doing so (50.2%). When examined by gender it was found that around two-thirds of the women and men who had had sex had done so before marriage (68.4% and 60.5%, respectively). However, among those who had not had sex before marriage, almost two-thirds of men had thought about doing so (64.3%) compared to fewer than half the women (46.2%). Please see Table 1 for details.

Sexual Experience and Sexual Attitudes, Guilt, and Anxiety

Correlational analysis revealed positive correlations of sexual attitudes with sexual guilt ($r = .635$, $p < .01$) and sexual anxiety ($r = .591$, $p < .01$), such that more conservative sexual attitudes related to higher levels of sexual guilt and anxiety. Sexual guilt and sexual anxiety were also strongly correlated with each other ($r = .80$, $p < .01$). Analysis of variance tests were conducted to assess any differences in attitudes and sexual guilt and anxiety based on sexual experi-
Table 1. Demographics of Study Participants

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics</td>
<td>N = 403</td>
<td></td>
</tr>
<tr>
<td>Country of residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canada</td>
<td>135</td>
<td>33.5</td>
</tr>
<tr>
<td>United States</td>
<td>260</td>
<td>64.5</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>1.7</td>
</tr>
<tr>
<td>Ethnic group identification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Asian</td>
<td>175</td>
<td>43.4</td>
</tr>
<tr>
<td>Arab</td>
<td>101</td>
<td>25.1</td>
</tr>
<tr>
<td>European</td>
<td>30</td>
<td>7.4</td>
</tr>
<tr>
<td>African American/Canadian</td>
<td>24</td>
<td>6.0</td>
</tr>
<tr>
<td>Multiple ethnicities</td>
<td>22</td>
<td>5.6</td>
</tr>
<tr>
<td>Other</td>
<td>51</td>
<td>12.7</td>
</tr>
<tr>
<td>Birthplace</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canada</td>
<td>82</td>
<td>20.3</td>
</tr>
<tr>
<td>United States</td>
<td>180</td>
<td>44.7</td>
</tr>
<tr>
<td>Other</td>
<td>139</td>
<td>34.5</td>
</tr>
<tr>
<td>Level of Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ High school</td>
<td>4</td>
<td>1.0</td>
</tr>
<tr>
<td>High school diploma</td>
<td>20</td>
<td>4.9</td>
</tr>
<tr>
<td>Some university or college</td>
<td>76</td>
<td>18.9</td>
</tr>
<tr>
<td>College diploma/Associate’s degree (U.S. only)</td>
<td>21</td>
<td>5.2</td>
</tr>
<tr>
<td>Undergraduate degree</td>
<td>130</td>
<td>32.3</td>
</tr>
<tr>
<td>Graduate degree</td>
<td>150</td>
<td>37.2</td>
</tr>
<tr>
<td>Relationship Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single/no previous relationship</td>
<td>98</td>
<td>24.3</td>
</tr>
<tr>
<td>Single/relationship in the past</td>
<td>87</td>
<td>21.6</td>
</tr>
<tr>
<td>Married</td>
<td>114</td>
<td>28.3</td>
</tr>
<tr>
<td>Dating</td>
<td>64</td>
<td>15.9</td>
</tr>
<tr>
<td>Engaged</td>
<td>20</td>
<td>4.9</td>
</tr>
<tr>
<td>Divorced</td>
<td>11</td>
<td>2.7</td>
</tr>
<tr>
<td>Common-law</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>Other (e.g., separated, widowed and divorced)</td>
<td>4</td>
<td>1.0</td>
</tr>
<tr>
<td>Sexual Experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually experienced/Had sexual intercourse</td>
<td>221</td>
<td>54.8</td>
</tr>
<tr>
<td>Women</td>
<td>177</td>
<td>55.3</td>
</tr>
<tr>
<td>Men</td>
<td>44</td>
<td>50.0</td>
</tr>
<tr>
<td>Had sex before marriage</td>
<td>148</td>
<td>36.7</td>
</tr>
<tr>
<td>Women</td>
<td>121</td>
<td>37.8</td>
</tr>
<tr>
<td>Men</td>
<td>26</td>
<td>31.7</td>
</tr>
<tr>
<td>Did not have sex before marriage</td>
<td>253</td>
<td>62.8</td>
</tr>
<tr>
<td>Women</td>
<td>197</td>
<td>61.5</td>
</tr>
<tr>
<td>Men</td>
<td>56</td>
<td>68.3</td>
</tr>
<tr>
<td>Thought about having sex before marriage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>127</td>
<td>31.5</td>
</tr>
<tr>
<td>Men</td>
<td>91</td>
<td>28.4</td>
</tr>
<tr>
<td>Did not think about sex before marriage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>126</td>
<td>31.3</td>
</tr>
<tr>
<td>Men</td>
<td>105</td>
<td>32.8</td>
</tr>
<tr>
<td>Source of Sexual Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received sex education at the mosque</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>17</td>
<td>4.2</td>
</tr>
<tr>
<td>Men</td>
<td>14</td>
<td>4.4</td>
</tr>
<tr>
<td>Received sex education at school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>307</td>
<td>76.2</td>
</tr>
<tr>
<td>Men</td>
<td>239</td>
<td>74.7</td>
</tr>
<tr>
<td>Did not think about sex before marriage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>67</td>
<td>81.7</td>
</tr>
</tbody>
</table>

*Note.* Women n = 320, Men n = 82. Participants included in the category “Thought about having sex before marriage” were those who reported not having had sex before marriage.
ence. The Games-Howell post-hoc procedure was used with a significance value of .05. Please see Table 2 for all means and standard deviations. Those who reported having had sexual intercourse held significantly more liberal personal sexual attitudes, $F(1, 398) = 11.81, p < .01$, and reported less sexual guilt, $F(1, 398) = 32.34, p < .001$, and sexual anxiety, $F(1, 398) = 83.47, p < .001$, than those who had not had sexual intercourse.

Participants who had had sex before marriage held more liberal sexual attitudes, $F(1, 399) = 42.76, p < .001$, and reported less sexual guilt, $F(1, 399) = 78.76, p < .001$, and sexual anxiety, $F(1, 399) = 82.22, p < .001$ than those who had not had sex before marriage. Similarly, those who had sex before marriage held more liberal sexual attitudes, $F(1, 218) = 24.46, p < .001$, and experienced less sexual guilt, $F(1, 218) = 41.03, p < .001$, and sexual anxiety, $F(1, 218) = 15.28, p < .001$, than those who had waited until marriage to have sex. Finally, those who reported they had not had sex before marriage, but had considered it held more liberal sexual attitudes, $F(1, 251) = 37.34, p < .001$, and reported less sexual guilt, $F(1, 251) = 57.60, p < .001$ and sexual anxiety, $F(1, 251) = 39.49, p < .001$ than those who had not had sex before marriage and had not considered sex before marriage.

Discussion

Research on the sexual experiences, attitudes, guilt and anxiety of Muslims in Canada and the United States is virtually nonexistent. The results of this study provided some intriguing potential insights on young Muslim adults. Most young Muslim adults who reported being sexually experienced had engaged in sexual intercourse before marriage. Other recent research has found that, when asked, more than half of never-married Muslim college students in the United States reported engaging in sexual intercourse before marriage (Ahmed, 2009). The results of the current study paint an informative and illuminating picture of the sexual experience of these young Muslim women and men and its relationship to their sexual attitude and their levels of sexual guilt and sexual anxiety.

It was clear that having sexual experience was related to more liberal sexual attitudes and less worry about harsh judgement from oneself (sexual guilt) and from others (sexual anxiety). These results mirror research conducted with non-Muslim groups, which has found greater sexual experience to be related to lower levels of both sexual guilt (D’Augelli & Cross, 1975; Gerrard, 1987; Mosher, 1979a; Sack et al., 1984) and sexual anxiety (Hensel et al., 2011), as well as liberal sexual attitudes (Miller & Olson, 1988; Oliver & Hyde, 1993; Zuckerman et al., 1976). However, the differences found on sexual attitudes, guilt, and anxiety based on when sexual intercourse occurred, as well as differences based on the consideration of engaging in sex before marriage, were quite noteworthy. Those who had
Table 2. Variable Means and Standard Deviations

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sexual Intercourse</th>
<th>Sex Before Marriage</th>
<th>Sexually Experienced Participants</th>
<th>No Sex Before Marriage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Had Sexual Intercourse</td>
<td>M (SD)</td>
<td>Had Sex Before Marriage</td>
<td>M (SD)</td>
</tr>
<tr>
<td>Sexual Attitudes</td>
<td>39.40&lt;sup&gt;a&lt;/sup&gt; (9.39)</td>
<td>42.42&lt;sup&gt;b&lt;/sup&gt; (7.83)</td>
<td>37.20&lt;sup&gt;a&lt;/sup&gt; (9.68)</td>
<td>42.88&lt;sup&gt;b&lt;/sup&gt; (7.58)</td>
</tr>
<tr>
<td>Sexual guilt</td>
<td>149.10&lt;sup&gt;a&lt;/sup&gt; (70.85)</td>
<td>189.09&lt;sup&gt;b&lt;/sup&gt; (68.80)</td>
<td>128.66&lt;sup&gt;a&lt;/sup&gt; (64.52)</td>
<td>189.63&lt;sup&gt;b&lt;/sup&gt; (67.46)</td>
</tr>
<tr>
<td>Sexual anxiety</td>
<td>13.44&lt;sup&gt;a&lt;/sup&gt; (4.75)</td>
<td>18.03&lt;sup&gt;b&lt;/sup&gt; (5.29)</td>
<td>12.54&lt;sup&gt;a&lt;/sup&gt; (4.68)</td>
<td>17.23&lt;sup&gt;b&lt;/sup&gt; (5.17)</td>
</tr>
</tbody>
</table>

Note. Sexual attitudes: Higher scores indicate more traditional attitudes. Sexual guilt and sexual anxiety: Higher scores indicate more sexual guilt and sexual anxiety. Means sharing a subscript are not significantly different at the p < .05 level according to the Games-Howell procedure. Mean comparisons occur among the two columns under ‘Sexual Intercourse’, two columns under ‘Sex Before Marriage’, two columns under ‘Sexually Experienced Participants’, and two columns under ‘No Sex Before Marriage.’
sexual experience before marriage held more liberal sexual attitudes and reported less sexual guilt and anxiety than those who had waited until after marriage to engage in sex. Those who had thought about having sex before marriage held more liberal sexual attitudes and less sexual guilt and anxiety than those who had not thought about doing so. Similarly, permissive sexual attitudes have been found to predict intention to engage in premarital sex among non-Muslims as well (Cha, Doswell, Kim, Charron-Prochownik, & Patrick, 2007). Although it is clear that an association occurs between sexual experience and sexual attitudes, guilt, and anxiety, the directionality of such an association is unclear. However, the literature appears to suggest a bidirectional relationship. In a longitudinal study Hensel and colleagues (2011) followed African-American adolescent women over four years and found that as these young women gained sexual experience, their levels of sexual anxiety decreased. The researchers speculated that as these young women gained sexual experience they also gained sexual confidence (i.e., having a positive evaluation of one's sexuality, sexual thoughts, feelings, and behaviors, and one's body in a sexual context), which may have resulted in decreased levels of sexual anxiety. These decreased levels of sexual anxiety may then have created a positive environment in which the women felt comfortable engaging in more sexual behaviors. Nonetheless, further research is required to explore this association among Muslims.

Limitations

The first limitation of this study was that the sample was highly educated and therefore relatively privileged. The second limitation was the lack of gender diversity as the sample consisted mainly of Muslim women, despite efforts made to recruit more Muslim men. As the focus was on the relationship of sexuality related constructs with sexual experience, religiosity was not included in this analysis, which was the third limitation. The final limitation was the use of a convenience sample, which reduces generalizability. As participants self-selected into the study, this sample may have had more concern with issues of sex and sexuality than those who chose not to participate (Wolchik, Braver, & Jensen, 1985), thus potentially making this sample unrepresentative. In addition, as data collection was conducted online, the sample may have excluded those who were uncomfortable with this format or did not have access to the internet.

Practice Implications

The results of this study have many practical implications for Muslims in North America as well as those who work with Muslim populations, both from with-
in and outside the Canadian and American Muslim communities, including practitioners, religious clergy, leaders, educators, and community workers. As mentioned previously, sexual dysfunction is often associated with sexual guilt and sexual anxiety. This relationship becomes all the more concerning given that, in women especially, decreased sexual functioning and dissatisfaction have been associated with decreased relationship (Witting et al., 2008) and marital satisfaction (Brezsnyak & Whisman, 2004; Trudel & Goldfarb, 2010). As rates of divorce among Muslims in North America rise (Macfarlane, 2012), understanding a possible role of sexual guilt and anxiety in marital discord could help counter this trend.

These findings suggest that sexual experience, including sex before marriage, are related to less fear of harsh self-judgement and judgement from others. However, advocating for young Muslim adults to engage in more sexual activities or sex before marriage as a means of reducing sexual guilt and anxiety levels would not only be unreasonable and unrealistic, it may also be offensive to many and premature as the direction of this relationship has not been established. As mentioned previously, Hensel and colleagues (2011) found increased sexual experience to result in decreased levels of sexual anxiety, speculating the decrease in sexual anxiety may have been related to an increase in sexual confidence. Therefore, attempts at decreasing the sexual anxiety, as well as sexual guilt, of young Muslim adults may be accomplished by creating methods of increasing their sexual confidence while remaining religiously and culturally sensitive, through educational programs and workshops, supportive groups and networks of peers and experts, and online and social media resources created by Muslim community workers. As abstinence-only educational programs have been found to be relatively ineffective at influencing sexual behaviors of adolescents (Kohler, Manhart, & Lafferty, 2008), educational programs from the community should be comprehensive and include factual information.

Future Directions in Research

Future research should examine the role of sexual experiences with more depth. Details about the meaning of sexual experience for Muslims could be gathered, providing a more complex understanding of the construct. As research suggests that contextual factors surrounding first intercourse may impact sexual guilt (Else-Quest, Shibley Hyde, & DeLamater, 2005), examining the context of sexual experience would provide greater insight into the issue. In addition, further exploration of the direction of the relationship between sexual experience and sexual guilt and anxiety should be undertaken, using longitudinal research methods to uncover the order in which events may occur.
Conclusion

The sexual attitudes, sexual guilt, and sexual anxiety of young Muslims adults are associated with their sexual experience such that those reporting experience are more liberal in their attitudes, with less self-reported degrees of guilt and anxiety than those without experience. As presence of sexual guilt and anxiety can be detrimental to the sexual health of individuals, understanding this association may be helpful in addressing the sexual health of young Muslim adults.

References

What’s Sex Got to Do with It?


Acculturative issues of Muslims in Australia

Nigar G. Khawaja¹ & Sunnya Khawaja²
School of Psychology & Counselling¹
School of Public Health & Social Work²
Queensland University of Technology

Address Correspondence to:
Associate Professor Nigar Gohar Khawaja
Queensland University of Technology
Rm 525, O Block, B wing
Ring Road,
Kelvin Grove
Ph: +61412742946
Email: n.khawaja@qut.edu.au

Abstract

Muslims in Australia are from a range of cultural and language groups. In spite of their long presence in Australia, research on this population is a recent development. The information that is emerging indicates that, in general, acculturation process is not problematic for the majority of Muslims. Most of them integrate well and report a blended identity. They value Australian institutions and contribute to the society in all spheres of life. However, acculturative stress has also emerged in the form of language barriers, employment challenges, financial disadvantages, and marginalization. These challenges have been associated with widespread negativity toward Muslims as a result of domestic and international terrorist attacks. Further, an adverse portrayal of Muslims in the media has contributed to the development of prejudices and Islamophobia among non-Muslim Australians, leading to discrimination and strained relations between the two groups. Although there is an ongoing attempt to repair relations between Muslims and the larger society in Australia, more effective strategies are required. Suggestions for stakeholders are discussed.

Keywords: Muslims, Australia, acculturation, acculturative stress
Acculturative issues of Muslims in Australia

Australia is one of the most multicultural societies in the world. The Australian population comprises of people from 300 language and cultural groups (Australian Bureau of Statistics, 2013a). A number of ethnic groups, which contribute to that vast diversity, identify as Muslims. Muslims in Australia are in the minority, based both on religion and ethnic origins. Islam is the third most common religion in Australia (Pratt, 2011), and is the fastest growing religion in that country (Foster, Cook, Barter-Godfrey, & Furneaux, 2011). Although Muslims have been living in Australia for centuries, the country has seen a rapid increase in the population of this group during the last three decades (Pratt, 2011). These Muslims, like all other immigrants, go through an adjustment and acculturation process. While their contributions were appreciated, since the 9/11 terror attacks, they report having been perceived as a threat (Poynting & Mason, 2006). Further, global terror activities and the negative portrayal of Muslims in the media have flared up anger and prejudices against them (Poynting & Perry, 2007). These biases have at times strained the relations between the Muslims and the general population, and have made the acculturation process more challenging. In the following sections, studies with Muslims in Australia are reviewed with reference to their acculturation experiences. Suggestions that can be incorporated to facilitate their acculturation process are discussed. It is important to note that, to the authors’ knowledge, acculturation and the acculturative stress have not yet been formally and systematically examined in Australia. Most of this information is inferred through other studies focusing on the experiences and challenges of Muslims in Australia.

Origin, history and demographics of Muslims in Australia

Historical records indicate that Muslims first sailed to the Australian continent in 17th century (Saeed, 2004). There is also evidence of some Muslims entering Australia as settlers and convicts in as early as 1802 (Saeed, 2003). However, the first significant settlement of Muslims occurred in the 1860s, when Afghan cameleers and their families migrated to Australia (Yasmeen, 2010). Due to Australia’s white-only policy1, very few Muslims entered Australia, and records of the few comprised of Afghan-and Malay-origin populations. A small number of Albanians arrived after World War I (Pratt, 2011). After World War

---

1. The ‘White Australia’ policy refers to legislation that restricted immigration of non-European (non-white) people to Australia. The Immigration Restriction Act was enforced in 1901. The ‘White Australia’ policy was dismantled in 1966. https://www.border.gov.au/about/corporate/information/fact-sheets/08abolition
II, Muslims from Yugoslavia, Cyprus, Poland, Hungary, Russia, and Turkey migrated to Australia (Foroutan, 2008). The numbers increased slowly in the 1970s, once the white-only policy was eradicated and immigration from non-European countries was permitted. The civil war in Lebanon in the late 1970s led to significant numbers of Lebanese migrants settling in Australia (Betts & Healy, 2006). Similarly, a series of global crises and conflicts, including the Iran-Iraq War, turmoil in Afghanistan, the first Gulf War, civil war in Somalia, and growing militancy in Pakistan contributed to the increased presence of Muslims in Australia (Yasmeen, 2015).

In Australia, just over 2% of the population identify themselves as Muslims (Australian Bureau of Statistics, 2013b). Of the entire Muslim population, 61.5% can be categorized as immigrants, born elsewhere and migrated to Australia. The remainder (39.5%) are Australian-born, second-generation Muslims. The immigrant population represent 183 Middle Eastern, Asian, Eastern Europe, and African countries of origin (Hassan, 2010). The largest populations, in descending order, are from Lebanon, Turkey, Afghanistan, Bosnia/Herzegovina, Pakistan, Indonesia, Iraq, Bangladesh, Iran, Fiji, Cyprus, Somalia, Egypt, and Malaysia (Saeed, 2003, 2004). Nearly half of the Australian-born Muslims are from Lebanese and Turkish descent, and heritage of the others is linked with a wide range of countries (Yasmeen, 2015). Muslims are dispersed across all of the Australian states and territories, with the highest number settled in New South Wales and the second highest in Victoria (Hassan, 2015). The vast majority of Australian Muslims live in urban settings, with 75% of them concentrating in Sydney and Melbourne (Hassan, 2015).

The Muslim population of Australia skews young: 77% are below the age of 44, with 37% below the age of 24 (Peucker, Roose, & Akbarzadeh, 2014). Being young, they are either in full-time education or working. Other biographical statistics reflect 80% of this population possesses a high proficiency of English (Hassan, 2015). Nearly 45% have completed high school and the rest have tertiary education (Peucker et al., 2014). Muslim males, compared with the mainstream males, have a higher level of postgraduate qualification (Hassan, 2010). Muslims are in administration and services (32%), blue collar (38%), and professional and managerial (30%) jobs (Hassan, 2015). Nine% earn more than $3000 per week, 38% earn between $1250 to $2999 per week, 32 % earn between $600-$1248 per week, 18% earn $599 or less per week and 3% have no personal income (Hassan, 2015). The number of people who own a house is half of the national level (Hassan, 2010). Compared to 14% of their countrymen, 27% of Australian Muslim children live in poverty (Hassan, 2015). Elderly Muslims, when compared to average Australian seniors, have a higher rate of disability and require assistance for everyday life (Hassan, 2015).
Acculturation

All those who immigrate to a new country undergo change, referred to as acculturation. It is an adaptation process where different ethnic groups meet and interact and subsequently change by adopting others’ beliefs, values, norms, outlooks, traditions, customs, and behaviors (Sam & Berry, 2010). Though it is a two-way process in theory, in reality the minority has to embrace the ways of the larger majority (Berry, 2005). Changes occur at the psychological and sociocultural level (Ward, 2008); Individuals from minority backgrounds can either marginalize and isolate, or assimilate and integrate into the dominant culture (Berry & Sam, 2012). Integration, which is an amalgamation of original and adopted cultures and belief systems, is regarded as the favorable outcome. However, integration is affected by the ideas and perspective of the newly arrived as well as the expectations, attitudes, and behaviors of the host society. It is important for the members of the larger society to accept and engage with its minorities (Bourhis, Moise, Perreault, & Senecal, 1997). Overall, acculturation is a complex multidimensional phenomenon, with changes occurring at numerous levels.

A review of the literature indicated limited information about the acculturation, adaptation, and integration of Muslims in Australia (Fozdar, 2011). To address this gap, researchers have recently started to focus on their settlement process, experiences, and challenges encountered. The information that is available indicates that, in the past, Muslim immigrants settled well, lived peacefully, valued their host society, and contributed to Australia's economic development (Pratt, 2011). They valued the significance of developing English proficiency (Sheppard, 2015) and respected Australian democratic and judicial systems (Rane, Nathie, Isakhan, & Abdalla, 2011). Additionally, Rane and colleagues (2011) identified Australian Muslim appreciation for the educational and health care systems in Australia. Surveys on Muslims in Australia have highlighted that majority of them are not “radicalized” (Kabir, 2008a) and are loyal to their adopted country (Yucel, 2015). Further, investigations on the values of the Muslims in Australia indicated that participants perceived their values to be aligned with universal moral and ethical values (Kabir, 2008a). Allegiance to Australia has become evident through a 2015 report based on the most recent (2011) census data, according to which 74% of respondents identified themselves as Australian (Hassan, 2015). Studies exploring identity issues found that Australian Muslims reported feeling that they can be good Muslims and good Australians (Woodlock, 2011); further, the majority of the respondents reported a bicultural identity (Kabir, 2011; Woodlock, 2011). Muslim immigrants to Australia like to adapt, but also want to retain their original culture, language, and religious identity (Poynting, 2009). Pratt (2011)
described Australian Muslims as using their value system and bicultural identity to uplift the status of their communities; this was indicated by the community’s establishment of institutions: a large number of restaurants and businesses, approximately 100 mosques, and 30 Islamic schools across the country (Pratt, 2011). As yet, there is inadequate information about Muslim engagement with mainstream Australian; however, the data emerging indicated that most of the skilled Muslim population interacted with members of the larger society (Fozdar, 2011). Studies examining the psychological factors identify varying levels of self esteem (Every & Perry, 2014). When assessed at the individual level, reports of wellbeing appeared to be similar to that of non-immigrant Australians; at the national level, however, it appeared to be lower than Australians (though still within average range; Woodlock, 2012). Acculturation is not an easy process and can precipitate psychosocial challenges for minorities and the larger majority.

Acculturative Stress

Psychosocial and cultural challenges experienced by the immigrant community resulting from the acculturation process are referred to as “acculturative stress” (Sam & Berry, 2010). Studies conducted in Australia reveal that Muslims have experienced acculturative stress. Acquisition of the English language has been a difficult task, leading to language barriers and a sense of isolation and psychological distress (Casimiro, Hancock, & Northcote, 2007; Khawaja, 2007). Some children of immigrants report feeling torn between their parents’ world and their peers’ world (Poynting, 2009), and describe integrating the two cultures as stressful. Securing employment has been a major difficulty due to discrimination (Casimiro et al., 2007). There is evidence that, when compared to mainstream applicants, Australian Muslims encounter severe problems securing jobs, and very often do not even get interviews (Centre for Muslim Minorities & Islam Policy Studies, 2009). Peucker and colleagues (2014) report similar findings. Subsequently, unemployment has aggravated poverty (Hassan, 2015). Socioeconomic marginalization and a sense of deprivation are hypothesized as salient factors associated with religious and non-religious “radicalization” (Hassan, 2010). Youth, a period of unemployment, is postulated to be more vulnerable and at risk due to being in a physical and emotional developmental stage (Hassan, 2015). Muslims have emerged as a disadvantaged section of the Australian population (Peucker et al., 2014).

Investigations are indicating that Muslims in Australia tend to feel less safe (Centre for Muslim Minorities, 2009) and worry about their future safety and security (Woodlock, 2012). There in an overwhelming concern regarding the media, as it is not viewed as trustworthy (Rane & Hersi, 2012). There
has been a large number of negative stories about Muslims in the media since 2000; This is a consequence of tragic events, such as a gang rape of woman in Sydney by Muslim men, insensitive comments by someone claiming to be a Muslim leader, and the Cronulla riots (Bouma, 2011; Dunn, Klocher, & Sallabey, 2007); media reports on Muslims have similarly worsened after international and national terror attacks. Muslims report being frustrated with the attention on the behavior of an infinitesimal percentage of Muslims (Poynting & Perry, 2007). Media reporting, which is perceived by Muslims as one-sided (Kabir, 2008b), has presented them as illiterate and ill-informed traitors and sympathizers of terrorists (HREOC, 2004; Poynting & Mason, 2006). There is a general impression that Muslim do not assimilate in with the majority (Fozdar, 2011). This notion has been reinforced by politicians, some of whom have used a narrow definition of integration based on cultural indicators (attire worn, language used, and food consumed) instead of the broader financial, political, and social indicators (contributing to society through paid and unpaid work, and social interaction with the majority). Some media reports have represented hijab and niqab in an inaccurate and biased manner (Hebbani & Wills, 2012; Kabir, 2006). Subsequently, Muslim women, particularly those who wore hijab and niqab, report encountering more prejudicial treatment (Yasmeen, 2007). Suspicion has increased toward those who appear to be from the Muslim world (Foster et al., 2011); consequently these individuals have been at a higher disadvantage (Dellal, 2004). Australian governments, past and present, have tried to curb terrorism through their “war on terror” campaign. This approach has led to surveillance, interrogation, and mandating Muslim leaders and schools to teach “Australian” values (Pratt, 2011; Spalek & Imtoual, 2007). These efforts have been perceived as an intrusion by the state into the religious and cultural affairs of Muslim citizens (Poynting & Mason, 2008) and have increased stress upon them (Michael, 2009). Muslims are more likely to be stopped and searched for security reasons, and more likely to be tried in the courts (Poynting & Perry, 2007). Consequently, media and governmental policies have contributed to the rising rates of Islamophobia, which is present in the form of unfounded fears, and prejudicial and stereotypical thinking (Bouma, 2011; Dunn et al., 2007; Ho, 2007; Kabir, 2007). There is an element of “us versus them” thinking on the behalf of non-Muslim Australians, which is tarnishing the social inclusivity and harmony in Australia (Ata, 2015; Hopkins, 2011; Poynting & Mason, 2006). Contrary to the “war on terror” strategy, a softer approach is also being tried, which is more socially inclusive, involves community engagement, and is perceived more favorably by Australian Muslims as they appreciate being actively involved in the safety and wellbeing of their adopted country (Spalek & Imtoual, 2007).
Implications

The outcome of the studies conducted on Muslims in Australia is mixed and inconclusive. Muslims appear to be well-adjusted, and appreciative of their host society and optimistic about their lives (Pratt, 2011). Nevertheless, there is an indication of acculturative stress. The psychosocial and financial challenges appear to be associated with the prejudices and discriminations in Australia (Centre for Muslim Minorities, 2009; Casimiro et al., 2007; Khawaja, 2007). The negative representation of Muslims has exacerbated Islamophobia, leading to strained relations between Muslim and non-Muslim Australians (Hopkins, 2011; Poynting & Mason, 2006). Acculturation is a multifaceted issue, therefore, to acculturate and integrate well into the society, there are multiple factors that need to be taken into consideration by the Muslims (Bourhis et al., 1997). Firstly, they need to play an active role in their process of acculturation by continuing to learn the English language and acquire relevant knowledge and skills for successful adaptation into Australian society. Muslim immigrants need to draw on their resilience and personal and collective strengths to manage the stressors associated with migration to a new country and with being a minority. Due to the negative portrayal of Muslims through media and heightened level of terror, it may be difficult for non-Muslim Australians to completely trust their Muslim neighbors. It is therefore vital for Muslims to continue engaging with the larger majority in order to offer insights on themselves and their religion. Interactions like this will diffuse misconceptions and misunderstandings about Islam and address stereotypes about Muslims. To regain the lost trust, Muslims need to inform the public that extremism and terrorist activity has no place in Islam and these negative actions should not be generalized to all Muslims. Moreover, the Australian perspective and definition of ‘integration’ needs revision and modification. Integration, in multicultural Australian society, should not be restricted to speaking fluent English, wearing western clothing, and consuming local food; rather, it should be measured by a person’s social harmony and contribution to the wider society. Further, stakeholders including politicians need to ensure that policies are inclusive and accepting. The “war on terror” campaign can be equitable, fair, and socially inclusive. The media has to play a more ethical role by presenting facts only, with context, and avoid divisive rhetoric. Finally, stakeholders need to pay urgent attention to Muslims who are socially disadvantaged, through unemployment, poverty, and marginalization. It is critical to assist these individuals in order to prevent them from being susceptible to criminal temptations, radicalization, or serious mental health issues. Youth, who are often more vulnerable due to the developmental stage and emotional immaturity, require the most immediate attention.
Limitations and Future Directions

Research with the Australian Muslim population is limited. Investigations have increased only in the last two decades, once Muslims became visible due to internal social issues and terrorist attacks. Most of the studies conducted are qualitative or based on small quantitative data sets. Though this is a helpful first step, extensive mixed-method investigations with large samples that represent Australian Muslims nationally are warranted. Although, past research has extensively explored the impact of the media and Islamophobia, there has been a dearth of studies examining the acculturation process, acculturative stress, and other mental health issues. There is a need for the future studies to examine these psychosocial aspects of adaptation.

Conclusion

A review of the literature indicates that while a majority of Australian Muslim immigrants acculturate and adjust adequately, a minority appears to struggle. Moreover, a few outliers have damaged the reputation of Muslim community with their criminal and terror-related activities. The disproportionate attention paid by the media to the disreputable activities of a handful of people has polarized Australian society and intensified Islamophobia. All these developments have hindered the adjustment of Muslims and stained their relationship with the larger society. Muslim immigrants and broader society have to work together to address these problems.

References


Sheppard, J. (2015) Australian attitudes towards national identity: citizenship, immi-


An Investigation of the Identity of First Generation American Muslim Youth Participating in Muslim Students Associations

Rania Mustafa, BS
Palestinian American Community Center

Shabnam Javdani, PhD
New York University
Steinhardt School of Culture, Education, and Human Development

Abstract

American Muslim youth comprise a minority group at risk for maladaptive identity development and, in turn, a host of negative psychological outcomes. Research on American Muslim youth suggests that an identity that integrates both American and Muslim aspects of self is associated with positive outcomes such as well-being. One common way of assessing “integrated” identity is through examining the extent to which American Muslim youth endorse high collective self-esteem in relation to both their American and Muslim cultural groups. In this study, three hypotheses were examined to better understand the predictors and outcomes of American Muslim collective self-esteem in American Muslim youth: (1) higher perceived discrimination will be related to higher collective self-esteem; (2) the relationship between perceived discrimination and collective self-esteem will depend on the degree to which American Muslim youth are embedded and participate in religious settings; (3) higher collective self-esteem, in turn, will be associated with greater social action. Three hundred 18 to 25 year-old, self-identified American Muslim youth were administered a self-report survey in collaboration with the Inspiring American Muslim Youth (IAMY) think tank. Participants were recruited from Muslim students associations, mosques, and community-based organizations across the United States, with a focus on one large metropolitan area. A series of hierarchical linear multiple regressions suggest support for our hypothesis.
Namely, higher discrimination was associated with greater American and Muslim collective self-esteem only when youth reported higher levels of religious participation, and greater collective self-esteem in turn promoted greater social action.

**Keywords:** Identity, Youth, Collective Self-Esteem, Acculturation, Discrimination, Social Action

Research across various disciplines has evidenced that emerging adulthood is a crucial time for identity development (Tsang, Hui, & Law, 2012). Identity can be understood as the capacity to develop a unified self-concept that enables an individual to function with coherence (Markstrom-Adams & Smith, 1996). Erikson (1968) describes identity as “a sense of psychosocial well-being. . . . a feeling of being at home in one's body, a sense of ‘knowing where one is going’” (p.165). Nurturing high self-esteem, developing life satisfaction, reducing self-discrepancies, fostering self-exploration and commitment, and cultivating the want to influence change (i.e., social action) are among the many benefits of positive (i.e., healthy) identity development (Tsang et al., 2012). The developmental stage of emerging adulthood is characterized by rapid and extensive physical and psychosocial changes, often accompanied by developmental crises that challenge emerging adults’ coping abilities. In the present study, we use the term “youth” to refer to emerging adults between the ages of 18 to 25, in keeping with previous research (Sirin & Fine, 2007).

Several critical life experiences are associated with youths’ identity development, including developing self-reliance, achieving life goals, and the capacity to successfully navigate life crises (Chen, Lau, Tapanya, & Cameron, 2012). Importantly, however, research has problematized singular identity and instead emphasized that a given individual may have multiple self-concepts which influence an individual’s global identity (Markstrom-Adams & Smith, 1996). Religion, identified as a salient component of ideological identity, influences identity development greatly (Erikson, 1965). It has the ability to serve as an enhancing experience for adolescent youth through its ability to provide answers to complex issues of existence and to promote feelings of importance and purpose in life (Erikson, 1964; Erikson, 1965).

However, the integration of one’s religious identity with other salient aspects of identity may pose unique and significant challenges, particularly for youth who identify with a religious community that is not necessarily or uniformly portrayed positively by one of the cultural group(s) with which they identify (Ahmed, 2009). This is a developmental challenge identified for many American Muslim youth who are growing up in an important historical moment during which they may struggle to integrate or allow their identities as both American and Muslim to coexist in nonconflicting ways (Sirin & Fine, 2010). For instance, though their religious identity may be important, Ameri-
American Muslim youth can also face greater discrimination and isolation from American culture because of their religious affiliation (Ahmed, 2009). Research on American Muslim youth suggests that the process of “hyphenating selves” describes the struggle to join identities (e.g., Muslim and American) separated by history, sociopolitical forces, and geography (Sirin & Fine, 2008). In turn, the development of hyphenated selves (i.e., integrated or parallel identity; Sirin & Fine, 2008) is associated with a host of positive mental health outcomes, including sense of purpose and motivation to volunteer and contribute to the greater good (Sirin, Abo-Zena, & Shehadeh, 2012).

The need for further research on American Muslim youth

American Muslims constitute between three and seven million individuals in the United States (Haddad, 2004; Pew Research Center, 2007), and are one of the fastest growing segments of the U.S. population. They are projected to be the largest religious minority subgroup in the U.S. within the next decade (Kobeisy, 2004; Kosmin, Mayer, & Keysar, 2001), underscoring the need to better understand the developmental challenges they face. In the wake of the 9/11 terrorist attacks, identity has become particularly complicated to navigate for American Muslims because of the struggle to integrate their dual identities as both American and Muslim (Sirin & Fine, 2010). In one sense, as Americans, American Muslims face the same threat and fear of attack by extremist Muslim groups as do their non-Muslim counterparts. However, on the other hand, as Muslims, they may be perceived as part of a homogenous group which poses a potential threat to the country they call home and in fact, have experienced both overt and covert oppression through detention, deportation, and spying by security and police forces in the last decade in particular (Sirin & Fine, 2010; Sirin et al., 2012). Reconciling these two aspects of identity remains a challenge, especially as this dichotomy between the two aspects of American-Muslim identity is reinforced in situations where threats to security arise (Sirin & Fine, 2010; Sirin et al., 2012). Belonging to a religious minority, American Muslims exhibit a greater need to understand and evaluate American Muslim religious beliefs and values in the face of alternatives (Ahmad, 2009); despite the importance of understanding healthy identity development, little research has examined what factors influence healthy identity development in one of the fastest growing segments of the US population.

One common way of assessing identity is through examining American Muslim collective self-esteem, which is the extent to which American Muslims endorse high collective self-esteem in relation to both their American and Muslim cultural groups. As per Erikson’s definition of identity, collective self-esteem describes one’s self-concept and self-worth as a member of a specific
social group and, in this case, American Muslim collective self-esteem serves to distinguish healthy identity development of American Muslim youth (Erikson, 1965; Luhtanen & Crocker, 1992). In examining healthy identity development, research has not investigated the factors that promote American Muslim collective self-esteem, and what, if any, are the benefits of this high collective self-esteem. For instance, though the concept of “hyphenated selves” was derived through mixed-methods research, no quantitative study has examined the correlates of American Muslim identity (Sirin et al., 2012). For the purposes of this quantitative study, American Muslim collective self-esteem will be used to assess identity, whereby identifying positively with both dimensions of identity will be reflected in higher overall collective self-esteem.

Religious participation as a potential contextual buffer in the face of discrimination

Religious exploration can be integral to identity formation during young adulthood (Ahmed, 2009) because religion can provide a set of standard actions and processes that provide guidance and a point of reference through which to understand the social world (Ahmed, 2009; Erikson, 1965). Although prior research is limited on the effects of religious participation in American Muslim youth, research based on non-Muslim populations suggests religious participation can serve as a protective factor for youth in general (Ahmed, 2009). This buffering effect may arise because religiosity can be accompanied by a sense of belonging which manifests through shared rituals and goals, and a connection to social networks and communities (Ahmed, 2009; Sirin & Fine, 2008). This promotes the development of interpersonal relationships, often spanning multiple generations (Ahmed, 2009; Sirin & Fine, 2008).

In face of the oppression, religious settings can provide members with opportunities to understand difficult experiences (e.g., discrimination; Ahmed, 2009; Todd, 2010; Todd & Allen, 2011), develop self-regulatory behaviors and coping mechanisms, provide access to role models, and provide the space and opportunity to congregate and develop a sense of collective belonging and self-worth (Ahmed, 2009; Cook, 2000; Erikson, 1965). These processes can allow American Muslim youth with high participation in religious settings to cope with oppressive experiences they are subject to as Muslims and, ultimately, develop greater collective self-esteem. However, it is also important to consider an alternative line of research, which suggests that religious participation can also serve as a risk factor. For instance, social identity theory suggests that a change in events, contexts, and experiences can activate a greater identification and affiliation with the more prevalent and affected part of identity (Ahmed 2009; Tajfel, 1981; Turner, 1987). In the case of American Muslim youth, as
a result of the tragedies of 9/11 and the discrimination that followed, religion can also serve as a potential risk factor. Thus, it is important to investigate the extent to which participation in religious settings can buffer and/or heighten the effects of discrimination through the development of collective self-esteem.

The role of discrimination

American Muslims have been regarded as the most recent recipients of America’s long tradition of public support and institutional sanction of the moral exclusion of minority groups, which both creates and strengthens an imposing discharge of social prejudice, media stereotypes, and public hysteria (Sirin & Fine, 2008). The practice of exclusion and oppression is reflected in particularly discriminatory behaviors that can include the abrogation of rights, denial of economic opportunities, and physical exclusion through institutionalization (Opotow, 1990). These institutionalized discriminatory practices have been documented to affect American Muslims and are coupled by a public support for such discrimination (Sirin & Fine, 2008). For example, after 9/11, 60% of Americans favored racial profiling directed at Arabs and Muslims (Howe, 2001) and more than 39% of Americans favored the proposal that American Muslims, including U.S. citizens, carry a special ID (Elias, 2006, as cited in Sirin & Fine, 2008). Indeed, according to a Newsweek poll (2007), the average American perceived the majority of American Muslims as glorifiers of suicide bombings and condoners of violence. In a study of Muslims five years later, 84.3 percent of the survey participants reported that they had experienced discrimination because of their religion or ethnicity during the past year, either at school, on the playground, while shopping, on the street, or in other public settings. These statistics suggest that American Muslim youth may be subject to real and/or perceived discrimination on a daily basis (Sirin & Fine, 2008).

Despite the potential negative effects associated with discrimination, some evidence suggests that discriminatory experiences can also promote heightened awareness (Watts, Griffith, & Abdul-Adil, 1999), particularly if youth are able to process such experiences in supportive contexts (Sirin, 2008; Watts et al., 1999). For instance, discrimination can allow American Muslim youth to grow conscious of their identity and shift the perception of discrimination from an individual’s problem to an ecological one (Caplan & Nelson, 1973), thus allowing them to understand their discriminatory experiences as part of a broader context of oppression and increase their critical consciousness regarding oppression and its various manifestations (Freire, 2000). Participation in religious settings may be one avenue through which youth contextualize and understand experiences of discrimination (Ahmed, 2009; Chen et al., 2012), suggesting that once American Muslim youth are able to “externalize” the dis-
crimination and attribute it to an oppressive social context, they may be at a lower risk for internalizing the oppression they face (Kunst, Tajamal, Sam, & Ulleberg, 2011; Prilleltensky & Gonick, 1996).

Integrated identities as a vehicle to promote social action

Finally, higher American Muslim collective self-esteem may be associated with other positive developmental outcomes. Indeed, research conducted with American Muslim youth demonstrates that individuals with an integrated sense of self are cognizant of the forces of oppression and have a heightened awareness for educating others (Sirin & Fine, 2008). Unlike American Muslims of the past, who sometimes changed their names or hid their religion to escape mistreatment, research shows that those of the present are more willing to publicly assert their Muslim identity (Sirin & Fine, 2008). In fact, a study conducted by Sirin & Fine (2008) indicated that 75% of Muslim participants wanted to educate others about Islam and Muslims in general. Additionally, according to a 2004 Zogby poll, 82% of American Muslims are registered to vote, which reflects their willingness to assert their political rights, have their voices heard and participate in processes related to community engagement through social action (Sirin & Fine, 2010; Sirin et al., 2012). In addition, several studies have shown that increased affiliation with a religious aspect of identity can increase motivation to engage in the social and cultural affairs of one’s community (Sirin et al., 2012). For instance, religion often promotes social action through the emphasis on values that are consistent with being a “good citizen” and being socially responsible (Ahmed, 2009; Sirin et al., 2012). This study investigates the extent to which higher American Muslim collective self-esteem—a phenomenon hypothesized to be influenced by religious participation and discrimination—is associated with greater propensities to engage in social action (e.g., educating others, volunteering efforts to raise awareness).

Present study

The current study examines the relationships between American Muslim youth identity, perceived discrimination, and social action, using a cross-sectional self-reported survey of 300 American Muslim youth. We examine the construct of collective self-esteem by assessing the degree to which youth endorse high levels of esteem relative to both their American and Muslim identities—we term this duality American Muslim collective self-esteem. Specifically, this study is guided by the following hypotheses: (1) higher levels of perceived discrimination will be associated with higher American Muslim collective self-
American Muslim Youth Identity  61

(1A) 

(2B) 

(3C) 

Figure 1. Conceptual Models pertaining to research questions 1(A), 2(B), and 3(C), respectively.

(A) 

(B) 

(C) 

Method 

Participants 

Participants were 300 young emerging adults (71.7% women, 28.3% men) who self-identified as American Muslim youth, ranging in age from 18 to 25 years (Mean = 20.38, SD = 1.071). A majority of participants (74.6%) were born in the United States, reported speaking English as their first language (68%) and
were American citizens (93%). Participants represented a wide range of ethnic backgrounds: 39.5% identified as Arab, 26.1% identified as South Asian, and the remaining participants came from a diverse group that identified as Asian, South East Asian, Turkish, White, Hispanic, African, African American, and Iranian. This is consistent with the literature that has stated that Arabs and South Asians are the largest immigrant Muslim groups in America (Leonard, 2003; Sirin & Fine, 2007). A majority of participants’ parents were born outside of the United States (95.5% of fathers, 90.6% of mothers), suggesting that almost all participants were firstborn generation American Muslims. In terms of parental education, 59% of fathers and 51.2% of mothers of participants had completed college or advanced degrees. Among American Muslim youth participants, 11.3% were high school students, 74.3% were undergraduate students, and 14.5% were pursuing advanced degrees. These statistics parallel the trends in the overall American Muslim population (Sirin & Fine, 2007). Finally, information on religious practices was collected to characterize the sample, over half of whom identify as practicing Muslims (see Table 1).

Procedure

Data from this study came from a self-report survey administered by Inspiring American Muslim Youth (IAMY) think tank. Young men and women who self-identified as “American Muslim Youth” were recruited from a number of mosques, community-based organizations, and university-based organizations, (e.g., the Muslim Students Association) across the nation. Specifically, 10 states are classified as having the highest concentration of American Muslims according to the U.S. Census (i.e., New Jersey, New York, Virginia, Maryland, Michigan, California, Illinois, Indiana, Texas and Ohio). The majority of the participants came from New York and New Jersey. The top ten universities in each state (according to www.4icu.org) were contacted and invited to participate in the study via email and social media (e.g., Facebook). If the college had a Muslim Students Association (n = 65), the survey was emailed to them and they were asked to forward it to their constituency and ask their constituency to forward it to other interested groups or individuals, consistent with snowball sampling methods. In addition, a Facebook event was created and sent to the Muslim Students Associations. Interested participants were directed to an online self-report survey hosted by fluidsurveys.com. Participants were informed that the study was aimed at understanding the development of American Muslim identity with a focus on the influence of religious participation, discrimination, and social activism. Once the electronic signature of consent was obtained, participants completed questionnaires on each relevant study construct. Each consenting participant was entered into raffles for three
50-dollar Amazon gift cards. Surveys were administered from September 2013 to February 2014.

Measures

Demographic and basic religious practice questionnaires were collected in order to characterize the sample (see Table 1).

**Religious participation.** Items were adapted from Sirin and Fine (2010) and assesses American Muslim youth's engagement in Muslim-related reli-

### Table 1. Demographic Information

<table>
<thead>
<tr>
<th>(a) DEMOGRAPHIC INFORMATION</th>
<th>Mean (Range)</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>20.38 (18-25)</td>
<td>1.07</td>
</tr>
<tr>
<td>Categories</td>
<td>Percentage</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>28.3%</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>71.7%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Arab</td>
<td>39%</td>
</tr>
<tr>
<td></td>
<td>South Asian</td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>14%</td>
</tr>
<tr>
<td>Born in the USA</td>
<td>Yes</td>
<td>74.6%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>25.4%</td>
</tr>
<tr>
<td>English as first language</td>
<td>Yes</td>
<td>68%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>32%</td>
</tr>
<tr>
<td>Education</td>
<td>High school</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Undergraduate</td>
<td>74%</td>
</tr>
<tr>
<td></td>
<td>Higher Degrees</td>
<td>15%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(B) RELIGIOUS DEMOGRAPHICS</th>
<th>Mean (Range)</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activeness</td>
<td>3.89 (1,6)</td>
<td>1.42</td>
</tr>
<tr>
<td>Categories</td>
<td>Percentage</td>
<td></td>
</tr>
<tr>
<td>Head Scarf*</td>
<td>Yes</td>
<td>64.3%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>35.7%</td>
</tr>
<tr>
<td>Fasting Ramadan</td>
<td>Always</td>
<td>88.2%</td>
</tr>
<tr>
<td>Attend the mosque</td>
<td>at least once a week</td>
<td>54.1%</td>
</tr>
<tr>
<td>Prayer</td>
<td>5 times a day</td>
<td>54.2%</td>
</tr>
<tr>
<td></td>
<td>Once a day</td>
<td>8.5%</td>
</tr>
<tr>
<td></td>
<td>Once a week</td>
<td>5.0%</td>
</tr>
<tr>
<td></td>
<td>Occasionally</td>
<td>11.8%</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>2%</td>
</tr>
</tbody>
</table>

*The question specified, “For girls only.”
religious activities (e.g., “For girls only, how often do you cover your hair, if at all?”; “If you are affiliated with a Muslim organization, how would you characterize your involvement?) and participation in formal organizations (e.g., mosques) in the past 6 months (e.g., “how often have you attended or heard an Islamic Lecture?” (see Table 2). Items were assessed on a 6-point scale ranging from 1 (Never) to 6 (Always). Higher scores indicated a higher degree of religious participation. Cronbach’s alpha for the items was .89, suggesting excellent internal consistency.

American Muslim youth identity. This modified Collective Self-Esteem measure (CSE; Luhtanen & Crocker, 1992) assesses the extent to which American Muslim youth perceive affiliation with, and belonging to, both their Muslim and American identities (Sirin et al., 2012). This measure has been used in previous research to examine a sense of belonging and importance (Luhtanen & Crocker, 1992), including for American Muslim Youth (Sirin et al., 2012). In this study, both the spheres of Muslim and American identity were measured separately in terms of three collective self-esteem components: (a) group membership (i.e., one’s judgment of self-worth as a member of one’s cultural group); (b) private regard (i.e., one’s personal evaluation of one’s cultural group); and (c) identity importance, (i.e., how the significance of one’s social group membership(s) influences one’s own self-concept). An example item of

<table>
<thead>
<tr>
<th>Religious Activities</th>
<th>Participation in organizations in the last 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>For girls only, how often do you cover your hair, if at all?</td>
<td>How often have you participated in an Islamic convention or conference?</td>
</tr>
<tr>
<td>If you are affiliated with a Muslim organization, how would you characterize your involvement?</td>
<td>How often have you volunteered at a Muslim based organization?</td>
</tr>
<tr>
<td>How often do you pray?</td>
<td>How often have you made a charitable donation to or on behalf of a Muslim organization?</td>
</tr>
<tr>
<td>How often do you go to a mosque?</td>
<td>How often have you helped organize an event related to a Muslim organization?</td>
</tr>
<tr>
<td>Overall, how active are you in your religious group?</td>
<td>How often have you spoken at a Muslim organized event?</td>
</tr>
<tr>
<td>How frequently do you fast Ramadan?</td>
<td>How often have you engaged in creative projects as a way to express your identity as a Muslim?</td>
</tr>
<tr>
<td>How often have you attended or heard an Islamic Lecture?</td>
<td></td>
</tr>
<tr>
<td>How often have you participated in activities as part of a Muslim-related community?</td>
<td></td>
</tr>
<tr>
<td>How often have you volunteered at a Muslim based organization?</td>
<td></td>
</tr>
<tr>
<td>How often have you made a charitable donation to or on behalf of a Muslim organization?</td>
<td></td>
</tr>
<tr>
<td>How often have you helped organize an event related to a Muslim organization?</td>
<td></td>
</tr>
<tr>
<td>How often have you spoken at a Muslim organized event?</td>
<td></td>
</tr>
<tr>
<td>How often have you engaged in creative projects as a way to express your identity as a Muslim?</td>
<td></td>
</tr>
</tbody>
</table>
the American version for group membership is, “I feel I don't have much to offer to the American community.” A demonstrative item of the Muslim version for private regard is, “I feel good about the Muslim community I belong to.” Illustrative examples of identity importance for American and Muslims versions are, “In general, belonging to my Muslim community is an important part of my self-image”; “The American community I belong to is an important reflection of who I am.” The seven-point scale ranges from 1 (Strongly Disagree) to 7 (Strongly Agree). For the current sample, the total American CSE and Muslim CSE scores were used, and Cronbach’s alpha were .89 and .82, respectively. In order to understand the extent to which youth reported a sense of identity importance regarding both their American and Muslim CSE, a sum composite score was created and used in substantive analyses, consistent with conceptualizations of American Muslim youth identity in previous research (Sirin et al., 2012). This sum composite of American and Muslim Collective Self Esteem is termed AMCSE.

**Perceived discrimination.** A 13-item modified version of the Societal, Attitudinal, Familial, and Environmental - Revised- Short Form (SAFE-Short; Mena, Padilla, & Maldonado, 1987) was used to measure the perceived discrimination against American Muslim youth (Sirin et al., 2012). Sirin, Abo-Zena and Shehadeh (2012) further adapted the measure based on Amer and Hovey’s (2005) study with Arab Americans, to increase construct validity and reliability. The measure assesses experiences of perceived discrimination from mainstream American society. Some examples of the items included are: “It bothers me when the media portrays a negative image of Muslims or Muslim Americans”; “I am upset that most people consider the Muslim American community to be more dangerous than other groups”; “I feel uncomfortable when others make jokes about or put down Muslims” (Sirin et al., 2012). Response options were on a 6-point scale ranging from 2 (Strongly Disagree) to 7 (Strongly Agree), 1 signified that the participant had no relevant experience. The Cronbach’s alpha for the current sample was .90. A composite perceived discrimination score was calculated as the mean across all 13 items.

**Social action.** A modified version of the social activism questionnaire was derived to assess social action behaviors in the past six months under the pretense that these activities would challenge assumptions and/or address misconceptions about American Muslims to increase acceptance; promote integrating American Muslim’s identities and cultures; promote equal rights and practice for American Muslims; and develop relationships between American Muslims and other groups (Stake, Roades, Rose, Ellis, & West, 1994; Calogero, 2013). Each of the behaviors was followed by a set of seven questions assessing engagement in social action in regards to a behavior. An example of an item is, “Have you attended meetings, conferences, or workshops for social action.” The 32-item measure was assessed on a 7-point scale that ranges from 1
(Never) to 7 (All the time). Higher scores indicate greater engagement in social action. The Cronbach’s alpha for the current sample was .97, suggesting excellent internal consistency.

Data Analysis

Substantive analyses followed three steps, paralleling the study hypotheses. For all analyses, education and gender were used as covariates, given their relationship to healthy identity development in previous research (Sirin, Bikmen, Mir, Fine, Zaal, & Katsiaficas, 2008). American Muslim collective self-esteem was the dependent variable for both research questions 1 and 2. First, in order to analyze the relationship between perceived discrimination and AMCSE, a hierarchical regression was conducted. The covariates were entered in block 1 and perceived discrimination (i.e., the independent variable) was entered in block 2. Second, in order to analyze the main and interactive effects of religious participation and perceived discrimination on AMCSE, a hierarchical linear regression was conducted. Covariates were entered in block 1, the main effects (i.e., perceived discrimination and religious participation) were entered in block 2, and the centered interaction term between perceived discrimination and religious participation was entered in block 3. Lastly, for hypothesis 3, the relationship between American Muslim collective self-esteem and engagement in social action behaviors was also assessed through a hierarchical linear regression. Social action was the dependent variable, block 1 consisted of the covariates and block 2 consisted of American Muslim collective self-esteem (i.e., the independent variable).

Results

Descriptive Characteristics

**American Muslim collective self-esteem.** Overall, the sample’s American collective self-esteem was relatively high ($M=5.10$, $SD=1.21$). This was also the case when considering the specific facets of American CSE, the participants’ judgment of self-worth as Americans (i.e., group membership) was particularly high ($M=5.42$, $SD=1.24$). Further, American identity was regarded as relatively “highly important” in relation to participants’ own self-concept (i.e., identity importance; $M=5.01$, $SD=1.29$). The lowest of the 3 composites of the American identity was private regard ($M=4.86$, $SD=1.31$), which measures one’s personal evaluation of the American culture.

Overall, the sample’s Muslim identity was also high ($M=5.42$, $SD=1.32$). The participants’ judgment of self-worth as Muslims (i.e., group membership) was also particularly highly regarded ($M=5.33$, $SD=1.38$). Participants re-
garded their Muslim identity as highly important to their sense of self-concept (i.e., identity importance; $M=5.43$, $SD=1.33$). The highest of the 3 composites of the Muslim identity was private regard ($M=5.82$, $SD=1.27$), which measures one’s personal evaluation of the Muslim culture (see Table 3).

**Religious Participation and Discrimination.** Based on the demographic questionnaires, participants scored relatively high on religiosity. Specifically, the majority of females (64.3%) always observe the practice of wearing the Muslim headscarf, over two-thirds of all participants consistently pray 5 times daily (69%), half attend mosque at least once a week (54.1%), and a majority always fast during the holy month of Ramadan (88.2%). When asked how active they are in their religious groups, 56.8% of the participants indicated they do so “often”, “almost always”, or “always”. The median religious participation score was 3.0, corresponding to a moderate level of religious participation. Similarly, participants reported an average level of moderate participation in religious settings ($M=3.23$, $SD=1.16$) with the mean falling around the mid-point of the scale. Discrimination was assessed through participant’s self-reports of the extent to which they perceived being discriminated against, covertly or more subtly. The rates at which participants perceived discrimination were high ($M=3.95$, $SD=1.27$), with about half of American Muslim youth indicating moderate-to-high perceived discrimination.

**Social Action.** The social action measure assessed the degree to which participants had a tendency to engage in specific social action-related behaviors in the past 6 months. The social action measure specifically assessed direct action such as passing out flyers, attending meetings, and attending demonstrations. Participants, on average, report variability in their social action tendencies, with about half reporting lower to moderate levels of social action ($M=2.98$, $SD=1.51$).

<table>
<thead>
<tr>
<th>Table 3. Descriptive characteristics Among Key Study Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (Min, Max)</td>
</tr>
<tr>
<td>American Collective Self Esteem</td>
</tr>
<tr>
<td>Group Membership</td>
</tr>
<tr>
<td>Private Regard</td>
</tr>
<tr>
<td>Identity Importance</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Muslim Collective Self Esteem</td>
</tr>
<tr>
<td>Group Membership</td>
</tr>
<tr>
<td>Private Regard</td>
</tr>
<tr>
<td>Identity Importance</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>American Muslim Collective Self Esteem</td>
</tr>
<tr>
<td>Perceived Discrimination</td>
</tr>
<tr>
<td>Religious Participation</td>
</tr>
<tr>
<td>Social Action</td>
</tr>
</tbody>
</table>
Substantive Analyses

**Bivariate correlations** among key study variables were examined (see Table 4). American Muslim Collective Self Esteem (AMCSE) was moderately positively correlated with religious participation ($r = .33, p < .001$), perceived discrimination ($r = .23, p < .001$), and social action ($r = .20, p < .05$). Discrimination was not correlated with religious participation or social action. Religious participation was moderately correlated with social action ($r = .36, p < .001$).

**Hierarchical Multiple Regressions.** For all analyses, education and gender were included as covariates in all models. Education ($B = .16, SE = 1.74, p = .02$) was significantly related to American Muslim collective self-esteem while gender was not. In order to address the first research question, only perceived discrimination was entered into the second block of the model to ascertain its relationship with AMCSE. The results indicated that perceived discrimination ($B = .23, SE = .92, p = .001$) was significantly positively related to AMCSE.

In order to address the second research question, a hierarchical linear regression was conducted to assess the extent to which participation in religious settings would moderate the relationship between discrimination and American Muslim collective self-esteem (see Table 5). After entering covariates, the

Table 4. Bivariate correlations among key variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean (SD)</th>
<th>Range</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) AMCSE</td>
<td>62.366 (13.62)</td>
<td>12-84</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Religious Participation</td>
<td>3.23 (1.16)</td>
<td>1-6</td>
<td>.33**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Perceived Discrimination</td>
<td>3.95 (1.27)</td>
<td>1-6</td>
<td>.23**</td>
<td>.06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Discrimination Frequency</td>
<td>1.15 (1.24)</td>
<td>0-4</td>
<td>-.33**</td>
<td>-.11</td>
<td>-.26**</td>
<td></td>
</tr>
<tr>
<td>(5) Social Action</td>
<td>2.98 (1.51)</td>
<td>1-7</td>
<td>.19*</td>
<td>.36**</td>
<td>.13</td>
<td>.09</td>
</tr>
</tbody>
</table>

Note. **$p < .001$. *$p < .05$.

Table 5. Regression analysis examining the influence of religious participation and discrimination on AMCSE

<table>
<thead>
<tr>
<th>Block</th>
<th>B</th>
<th>SE</th>
<th>p-value</th>
<th>R square</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block 1 Gender</td>
<td>.08</td>
<td>2.25</td>
<td>.24</td>
<td>.035</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>.16*</td>
<td>1.74</td>
<td>.02</td>
</tr>
<tr>
<td>Block 2 Gender</td>
<td>.09</td>
<td>2.29</td>
<td>.21</td>
<td>.007</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>.17*</td>
<td>.77</td>
<td>.02</td>
</tr>
<tr>
<td></td>
<td>Religious Participation</td>
<td>.11</td>
<td>3.56</td>
<td>.571</td>
</tr>
<tr>
<td></td>
<td>Perceived Discrimination</td>
<td>.03</td>
<td>2.78</td>
<td>.90</td>
</tr>
<tr>
<td>Block 3 Gender</td>
<td>.09</td>
<td>2.09</td>
<td>.19</td>
<td>.170</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>.14*</td>
<td>.70</td>
<td>.03</td>
</tr>
<tr>
<td></td>
<td>Religious Participation</td>
<td>.29</td>
<td>3.28</td>
<td>.09</td>
</tr>
<tr>
<td></td>
<td>Perceived Discrimination</td>
<td>.30</td>
<td>2.61</td>
<td>.09</td>
</tr>
<tr>
<td></td>
<td>Interaction Term</td>
<td>.43**</td>
<td>.16</td>
<td>.00</td>
</tr>
</tbody>
</table>

Note. **$p < .001$. *$p < .05$; American Muslim collective self-esteem = American Muslim Collective Self Esteem; SE = Standard Error
main effects of religious participation and perceived discrimination were entered, and neither were significant predictors of American Muslim collective self-esteem (when both variables were included in the model). However, the interaction between religious participation and perceived discrimination was a significant predictor ($B = .43, SE = .16, p < .001$) of AMCSE. In order to address the directionality of the variables, a post-hoc analysis was conducted. Specifically, a median split of religious participation was created and split religious participation into dichotomous categories of high and low. The interaction graph (see Figure 2) was examined under the presence of high and low religious participation. Results showed that there was no association between discrimination and American Muslim collective self-esteem when participants reported low religious participation. However, there was a significant positive association ($r = .46, p < .001$) between discrimination and American Muslim collective self-esteem in the presence of high religious participation. A follow-up Fisher’s z-test was conducted, and suggests a significant difference in the
correlation between discrimination and American Muslim collective self-esteem in high versus low religious participation groups ($z = 3.4, p < .01$).

In order to address the third research question a hierarchical linear regression was conducted to assess the relationship between American Muslim collective self-esteem and social action. Both gender and education were entered into block 1, and neither were significant predictors of AMCSE. However, American Muslim collective self-esteem ($B = .21, SE = .01, p = .01$) was significantly positively associated with social action, suggesting that higher degrees of American Muslim collective self-esteem were associated with higher self-reports of social action.

One other set of exploratory analyses was conducted in order to examine the relationship between all substantive variables and social action in the context of one model. Specifically, a hierarchical linear regression (3-blocks) was conducted. The effects of the covariates (block 1), the main and interactive effects of religious participation and discrimination (block 2), and American Muslim collective self-esteem (block 3) on social action were all explored. The interaction term between religious participation and perceived discrimination ($B = .352, SE = .02, p < .001$) significantly relates to social action. However, American Muslim collective self-esteem and the covariates were not significantly related to social action.

Discussion

The purpose of this study was to examine the influence of religious participation and perceived discrimination on American Muslim collective self-esteem, and the influence of collective self-esteem on social action. This study has two primary implications. First, results indicate the relationship between perceived discrimination and collective self-esteem depended on the extent to which American Muslim youth were active participants of their religious settings. Specifically, for youth who report higher relative participation in Muslim student organizations, greater perceived discrimination predicts greater collective self-esteem. On the other hand, for youth who report lower relative participation in Muslim student associations, there is no relationship between perceived discrimination and collective self-esteem. This set of findings suggests that active participation in organized student organizations may not only buffer the potential negative impact of discrimination, but may actually promote a process by which discriminatory experiences translated in meaningful ways to the integration of youth’s American and Muslim identities (i.e., higher overall American Muslim collective self-esteem).

A second implication of the current study is that a greater degree of American Muslim collective self-esteem was associated with greater endorsements
of social action. This suggests that integration of the American and Muslim dimensions of identity is associated with the propensity of youth to engage in civic action and potentially become active change agents in their communities. In the following sections, we discuss these findings in light of 3 key areas: 1) perceived discrimination and its potential to promote greater identity integration, 2) the impact of participation in settings and their potential to buffer negative threats to identity, and 3) the role of healthy collective self-esteem as a springboard for social action.

**Discrimination and its potential to promote greater identity integration**

Discrimination has often been perceived as a risk factor for healthy identity development (Krieger, Rowley, Herman, Avery, & Phillips, 1993). However, findings from the current study suggest that perceived discrimination, in the context of high religious participation, can in fact work to promote American Muslim collective self-esteem (i.e., a marker of integrated identity), despite its negative impact. Though causal inferences cannot be drawn, discrimination may provide an opportunity for American Muslim youth to grow conscious of their identity and search for the roots of discrimination. Greater consciousness, a precipitant of self-reflection, is associated with collective self-esteem and other related experiences such as self-efficacy, empowerment, and empathy/understanding, and is part of the process of externalizing oppression (Kunst et al., 2011) and the development of critical consciousness around multiple dimensions of identity. However, this relationship is only evident in instances when youth report high levels of religious participation suggesting that connection to religious settings can create a space in which American Muslim youth are able to understand their experiences of discrimination in ways that promote healthy identity negotiation (Kunst et al., 2011). In this way, the combination of perceived discrimination and connection to a religious setting may facilitate a process by which American Muslim youth are able to acknowledge their experiences of discrimination, locate it in an oppressive social context, and allow for the integration of their American and Muslim identities. Importantly, we also note that, overall, participants from this study reported relatively high levels of perceived discrimination, further underscoring the need to understand the ways in which the impact of discrimination can be mitigated for Muslim American youth.

**The role of religious settings in healthy identity development**

Relatedly, the second main finding suggests that discrimination is only associated with higher American Muslim collective self-esteem in the presence of
high religious participation. This suggests that religious settings can play an important role in helping youth process discriminatory experiences and promote healthy collective self-esteem, which may be the case for several reasons. Religious settings provide a set of standard actions and processes for youth to follow while exposing youth to people and mentors of similar beliefs, values and experiences (Ahmed, 2009; Erikson, 1965). Furthermore, religious settings can promote a sense of community and belonging (Todd, 2010), often through the development of interpersonal connections with peers, mentors, and institutions that can aid the process of identifying niches (Ahmed, 2009; Sirin & Fine, 2008). By providing a space to congregate and experience belonging, religious settings can promote opportunities for youth to develop and negotiate healthy identity (Ahmed, 2009; Cook, 2000; Erikson, 1965).

Indeed, the potential power of settings to influence healthy development is not a new concept, as suggested by research examining the influence of settings on pro-social outcomes (Barker, 1968; Moos, 1973). Seminal work in the field of community psychology has documented the influence of settings on individual and collective wellbeing (Barker, 1968; Moos, 1973). According to Barker (1968) settings have considerable importance in determining an individual’s behavior because they are characterized by behavioral “scripts”, which are a set of rules or norms that direct behavior. In this study, high religious participation could have promoted a set of behavioral scripts that allowed for youth to share and reflect upon experiences of discrimination, and in turn, promote the development of collective self-esteem. This parallels research on other types of religious settings, which have been shown to impact personal beliefs (e.g., social justice prioritization) and behaviors (e.g., social justice participation; Todd, 2010). This study supports the current literature by suggesting that, in face of perceived discrimination, religious settings may provide youth with the behavioral scripts and opportunities to develop self-regulatory behaviors and coping mechanisms that ultimately promote healthy identity development (Ahmed, 2009; Cook, 2000).

Another way in which settings can accord influence is through the social climates they invoke (Moos, 1973). A social climate refers to the shared perceptions and value systems that settings can foster for the individuals that they encompass (Moos, 1973). Particular dimensions of social climates included the extent to which they foster relationships (i.e., mutual supportiveness, involvement and cohesion of its members), personal development (i.e., whether individual autonomy, growth, and skill development are fostered) and system maintenance and change (i.e., emphasis on order, clarity of rules, and expectation, and control of behavior; Moos, 1973). In this study, participants’ may have experienced one or more dimensions of positive social climate by virtue of their participation in religious settings. Their religious settings may have
fostered personal development and stronger interpersonal connections, which, in turn, contributed to healthier identity development.

Current research further suggests that engagement with and connection to a variety of settings is a critical part of healthy development because settings provide a collective socialization experience whereby youth learn to cope with differing sets of activities, roles, expectations, and relationships (Jencks & Mayer, 1990). Salient examples include the association between engagement in school and higher academic achievement (McLoyd, 1998), as well as the relationship between higher resourced neighborhoods and lower high school dropout and teenage pregnancy (Brooks-Gunn, Duncan, Klebanov, & Sealand, 1993), even after accounting for the effects of individual level variability (e.g., in socioeconomic characteristics; Black & Krishnakumar, 1998).

Healthy identity as a springboard for social action

The final implication of the current study is that healthy and integrated identity, as measured through higher levels of collective self-esteem, is associated with greater self-reports of specific social action behaviors. This is consistent with the mixed-methods literature on American Muslim youth that suggests that integrating American and Muslim aspects of identity is associated with greater desire to educate others (Sirin & Fine, 2010; Sirin et al., 2012). To better understand this finding we can examine the subdimensions of the American Muslim collective self-esteem, which includes an individual’s identity importance, private regard, and group membership for both their American and Muslim identities. Regarding both identities as important (i.e., social group membership(s) significantly influences self-concept), may promote the prioritization of both identities and the integration of both identities into a youth’s self-image. Having high private regard (i.e., personal evaluation of cultural group) for both identities may promote the desire to contribute to American society as an American Muslim and, in turn, having high group membership (i.e., judging self-worth as a member of a cultural group) can enhance feelings of worthiness and usefulness in both communities, increasing motivation to be a catalyst for positive change in Muslim and American cultures (Sirin et al., 2012; Todd & Allen, 2011). Though future research is needed to identify the specific mechanisms by which American Muslim collective self-esteem can influence social action, this study is one of the first to evidence the link between American Muslim collective self-esteem and social action.

Current mixed methods research on American Muslim youth identity suggests that high American Muslim collective self-esteem is an indicator of either parallel or integrated identity (Sirin & Fine, 2010; Sirin et al., 2012). Integrated
identity refers to blending the Muslim and American identities fully and in a nonconflicting way. Youth with integrated identities are able to view their multiple identities as components of a larger identity that can exist with little or minimal conflict. In qualitative studies with American Muslim youth, integrated identity has been associated with experiences related to social action, such as the desire to educate others (Sirin et al., 2012). Parallel identity refers to the development of both aspects of identity in equally strong ways, but without full integration. Thus, youth may engage in “code switching” and identify more or less with one dimension of identity depending on time and place (Ewing, 1998). Results from this study suggest that parallel identity can also promote social action, and underscore the need for future research to examine the extent to which different forms of identity (i.e., integrated versus parallel) are related in different ways to social action.

Limitations and Strengths

Findings must be interpreted with attention to strengths and limitations of the current study. Limitations of this study include the inability to distinguish between the different groups of hyphenated selves (i.e., conflicted, parallel, and integrated). Future studies can incorporate other quantitative ways to measure American Muslim collective self-esteem that can distinguish between different categories of hyphenated selves (Sirin et al., 2012). It must be noted that the overall participant sample came from individuals associated with Muslim groups which does not address “unmosqued” individuals (religious adherents who do not affiliate with any particular Islamic center or community). Additionally, this study investigated relationships between discrimination, religious participation, American Muslim collective self-esteem, and social action using multiple regression models. Future studies can examine the interrelationships among these variables using more sophisticated methodology, such as structural equation modeling. Furthermore, this study conceptualizes high religious participation as a proxy for engagement in religious settings. Though survey questions specifically ask participants to think about religious settings, this study did not directly examine setting level variability. It is thus important for future research to examine religious settings directly in relation to American Muslim youth identity, utilizing methods such as hierarchical linear modeling.

In addition, there were relatively fewer male than female participants in this study. This discrepancy was addressed by controlling for gender in all models of analysis. Still, future research should incorporate a larger pool of American Muslim youth, which would enable them to view the data through a more gendered lens, and potentially discover other trends. In relation to this point, it is important to contextualize the nature of youth’s religious participation based
American Muslim Youth Identity  75

on their gender. For instance, women’s engagement in religious settings can be limited due to different cultural rules that dictate the particular settings of which they are a part. Similarly, particular religious requirements may be more pronounced depending on an individuals’ gender (e.g., participation in Friday prayer for men; use of hijab for women). These limitations are important for future research that may seek to examine Muslim American youth identity with a gender-specific lens; However, we note that this study attempted to reduce the impact of some of these limitations by recruiting from Muslim student associations and assessing a broad array of indicators that could assess religious participation.

Additionally, although the study focused on American Muslim youth at a national level, the majority of our participants came from New York and New Jersey, limiting the universality of the findings. Future studies should take into account different contexts and statuses (e.g., home state, immigration status, etc.) that characterize American Muslim youth. Finally, since self-report data were used, these findings are subject to potential social desirability bias. However, anonymity of the participants was enforced and established scales were used for all constructs assessed in order to control for the potential bias.

Despite the limitations, this study contributes to a burgeoning but relatively new literature on a growing population of youth within the US. One of the strengths of this study is that it is one of the first to examine the effect of identity integration quantitatively in a population of 300 American Muslim youth across multiple states in the US. The inclusion of reliable and valid measures provided a systematic and uniform way to operate and analyze constructs of interests (e.g., religious participation, perceived discrimination, American Muslim collective self-esteem, and social action), and results replicate and extend previous research on American Muslim youth.

Conclusion

This study addresses an important gap in research related to youth identity development in American Muslim youth. It focused on the factors that predict (e.g., religious participation and discrimination) and the outcomes (e.g., social action) that are related to overall American Muslim collective self-esteem, which is a marker of integrated (i.e., healthier) identity development. This examination distinguished between high and low religious participation and investigated religious participation in the relationship between perceived discrimination and collective self-esteem, and, in doing so, contribute to the understudied area on the impact of discrimination for American Muslim youth. In fact, the results indicate that within the population of American Muslim youth, perceiving discrimination, in the context of high religious participation,
accords to higher levels of American Muslim collective self-esteem. However, in the context of low religious participation, perceived discrimination is not related to American Muslim collective self-esteem. In addition, American Muslim collective self-esteem is related to a propensity to engage in social action. These findings were interpreted with respect to literature on American Muslim collective self-esteem and the role of religious settings. The study provides implications for future research and intervention programming on action that may promote higher collective self-esteem and provide opportunities to engage in social action.

References


Cook, K. V. (2000). “You have to have somebody watching your back, and it that's God then that’s mighty big”: The church's role in resilience of inner city youth. *Adolescence, 35*, 717-730.


Howe, S. (2001, September 23). A nation challenged: Civil liberties; Americans give in
the front line to foster systems change in the response to intimate partner vio-
ence. American Journal of Community Psychology, 48(3-4), 208-221.
Jencks, C., & Mayer, S. (1990). The social consequences of growing up in a poor neighbor-
hood. In L. Lynn & M. McGeary (Eds.), Innercity poverty in the United States (pp.
the people. Westport, CT: Praeger.
New York: City University of New York Press.
social class: Implications for studies of health, disease, and well-being. American
The effects of religious stigma on Muslim minorities’ identity formation. Interna-
tional Journal of Intercultural Relations, 36(4), 518-532.
Markstrom-Adams, C., & Smith, M. (1996). Identity formation and religious orienta-
tion among high school students from the United States and Canada. Journal of
Adolescence, 19(3), 247-261.
Psychologist, 53, 185-204.
Moos, R. H. (1973). Conceptualizations of human environments. American psycholo-
gist, 28(8), 652.
46 (1), 1-20. Pew Research Center. (2007). Muslim Americans: Middle class and
Phinney, J. S., Cantu, C. L., & Kurtz, D. A. (1996). Ethnic and American identity as pre-
dictors of self-esteem among African American, Latino, and White adolescents.
Journal of Youth and Adolescence, 26(2), 165-185.
Prilleltensky, I., & Gonick, L. (1996). Polities change, oppression remains: On the psy-
chology happiness and politics of oppression. Political Psychology, 17(1), 127-148.
exploring positive youth development among Muslim American youth. In A. E.
Warren, R. M. Lerner, & E. Phelps (Ed.). Thriving and Spirituality Among Youth:
Research Perspectives and Future Possibilities (pp. 233-253). New Jersey: John Wiley &
Sons, Inc.
dual identification among Muslim-American emerging adults: A mixed methods
identities through multiple methods. NYU Press.


