

Hijab in the Western Workplace: Exploring Islamic Psychotherapeutic Approaches to Discrimination

Fatima Koura M.A.¹

Abstract

This study explores the experiences and the effects of employment discrimination on Muslim American women who don the hijab. I will explore issues dealing with realities when one expresses a religious identity in the workplace. For Muslim American women, discrimination is particularly challenging because of the various forms of oppressions experienced. Social experiences are based on a person's gender, race, and religious identities. Conducting a series of interviews this study will provide accounts of women who have been victims of discrimination and the effects on their mental health. Exploring ways in which Muslim women perceive their spiritual selves within a marginalized society, the participants in this research emphasize the importance of utilizing Islamic coping strategies. Specifically, I will illustrate examples of how the interviewees cope using Islamic spirituality or forms of worship. I will look into the role of psychotherapeutic techniques or other methods of healing oneself. According to my interviews, Muslim women are not passive recipients of discrimination and reflect on various methods of psycho-spiritual resistance. Particularly important Muslim women in this research find that faith-based coping generate positive definitions of self-valuation. This chapter provides research into the importance of self-identification within the framework of discrimination and ways in which Islamic coping strategies provide healing.

Keywords: *Hijab*, Discrimination, Islamic spirituality Islamic psychotherapy.

Introduction

Muslim women's voices are often absent from the existing literature on mental health concerns in the United States, but there is a category of experience unique to this population that warrants investigation. Wearing *hijab* can result in religious discrimination in the workplace, and the psychological symptoms arising from this intersectional, complex, and nonconforming stress have direct ramifications on Muslim American women's emotional well-being. In this chapter I outline the types of stigma associated with wearing *hijab*, discuss the psychological effects of being subject to them, and explore Islamic psychology as a form of therapy. This chapter will further explore the dynamics of utilizing psychotherapeutic methods as a form of treatment to discrimination.

This research explores how Muslim women wear *hijab* to implement their religious identity within a social setting, and then navigate ways to overcome the psychological consequences of the resulting discrimination through faith-based psychotherapy. Even though scholars have researched many topics related to the *hijab*, American Muslim women's relationships with *hijab* and discrimination has received minimal attention. Furthermore, scholarship specifically focusing on *hijab* and stress from a psychological perspective remains scant (Abu-Ras and Saurez, 2009). To address the current lack of research in this area, my study shares and analyzes the experiences and identities of fifty Muslim women working in the United States, relying on interviews for a comprehensive inquiry into the self-representation and self-perception of Muslim women.

¹Adjunct Faculty, Hudson County Community College, Jersey City, New Jersey, USA. fkoura@hccc.edu

In-person interviews were conducted with Muslim women whose ages range from 18 to 60 and whose occupations vary from professional careers to clerking in retail stores. The study participants were asked questions focusing on workplace interactions about the significance of *hijab*, types of misconceptions related to *hijab*, and their coping mechanisms when confronted with discrimination. In order to solidify our understanding of these issues, this research also incorporates a quantitative study based on the experiences and coping methods utilized by participants. The analysis uses pseudonyms and does not expose personal details such as job locations.

Self-Perception

According to a survey conducted by Pew Research Center (2013), 59% of Muslim women in the USA claim they wear *hijab* at least some of the time. Droogsma's (2007, 303) explanation about the role *hijab* has in the lives of Muslim women suggests that the "visible Muslim identity brings difficulties with it as well. While the women appreciate being recognized as Muslim women, people too often associate negative and erroneous attributes with this identity and treat the women according to stereotype." According to this study, participants reflected Islam is an integral part of their lives and they feel that *hijab* fulfills a component of their religious identity. Nevertheless, under the constant stress caused by Islam phobia, many of the women struggle to maintain a positive self-perception.

Wearing *hijab* occasionally operates as a public test of women's faith values. Participants were fully aware of how they were perceived in society, which studies suggest can have detrimental effects on self-identification (Kunst et al., 2013). The participants in this study explained that being identifiably Muslim because of their *hijab* made them feel more vulnerable to prejudice, and that they frequently experienced fear of being targets of hate crimes, stigmatization, and loss of social opportunities. Yasmeen, a computer programmer, expressed the emotional strength required to be visibly Muslim iterated by most women in my study: "I feel that when you are ready you should wear it [*hijab*]. You are ready to take peoples' sarcasm, opinions of you; you can actually handle yourself at the time. They have all these things to say that can actually break you or make you feel invisible."

During my research, many of the interviewees reflected on their experiences post-September 11, 2001. Although Islam phobia has deep historical bearing in the United States, many of the participants recounted stories of feeling generally socially accepted prior to 9/11 (Barkdull, Khaja, et Al., (2011). A significant number of women recalled the attacks of 9/11 as having an impact on their identity as Muslims. According to Pew Research Center, 53% of Muslims express that it is more difficult to identify as a Muslim in the United States since the attacks on September 11, 2001. Furthermore, a study conducted by Abu-Ras and Suarez (2009) on PTSD in Muslim men and women post-9/11 showed more women reporting being affected negatively than men. Abu-Ras and Suarez (2009) also reveal in their study that women reported higher frequency than men concerning difficulty falling or staying asleep, feelings of sadness or being tearful, feelings of anxiety, and use of drugs. With the exclusion of drug use, the women in my study also expressed similar symptoms of sadness or anxiety related to life post-9/11.

Significantly, Abu-Ras and Saurez (2009) indicate that female participants were three times more reluctant than males to leave their home. Particularly, in my study women indicated that the workplace was a central location where stress related symptoms occurred. Participants whose jobs require them to be in contact with others reported feeling that their appearance is constantly judged; harassment and sensing others as uncomfortable with *hijab* have thus caused some of the women to reconsider how they dress. For instance, Najla, a teacher, proclaims to have felt content when she was able to express her unique identity through her clothes. After the 9/11 attacks, however, she was ostracized in public and thus changed her style of *hijab* to appear less overtly Muslim. Najla claims that changing her *hijab* affected her emotionally, but she persisted, fearing to re-experience traumatic events. Many other participants also similarly modify their *hijab* style in order to ease a lot of their own anxiety (Table 1). Furthermore, as Ghumman and L. Jackson (2010) assert, "Because Hijabis are stigmatized in the workplace, it is reasonable to assume that their self-perceptions are similarly influenced." Regarding the participants for the research I conducted, the following table illustrates the forms of head covering observed post 9/11.

Table 1

Forms of Head covering	N (%)
Headscarf	36 (72)
Less recognizable form of <i>hijab</i> (ex. hats, bandana, etc.)	8 (16)
Discontinued wearing <i>hijab</i>	6 (12)

While many of the participants attested that their religious appearance should not be a problem in the workplace, they quickly acknowledged that misconceptions of Islam influenced others' perceptions of them. Ghumman and Jackson's (2010) study suggests that "individuals whose stigma is visible (i.e., Hijabis) experience more discrimination than individuals with concealable stigma." Ghumman specifically indicates that the workplace is a domain where women suffer from discrimination because of their religious attire. Trying to represent themselves professionally while being plagued by bias stemming from misrepresentations of Islam led most participants to constantly self-evaluate not only their dress, but also their behavior. The women explained that they had to maintain an overly confident personality out of fear that they might emphasize stereotypes.

Implications of Discrimination in the Workplace

Since most of the interviewees are identifiably Muslim because of their *hijab*, they were more vulnerable to prejudice. Regarding public interactions, some of the participants found themselves in distressing situations. The women explained that they frequently experienced fear of being targets of hate crimes, stigmatization, and loss of social opportunities. The Equal Employment Opportunity Commission (2003) reports a 153% increase in workplace discrimination against Muslims after the September 11 attacks. Women have experienced many threats, varying from public harassment to being rejected from job positions. These forms of discriminatory practices have had severe implications on Muslim women's mental health. Jasperse et al. (2012) reveal that "women who have a strong psychological sense of Muslim identity experience a heightened reaction to threat, which elicits significantly more distress in response to religious discrimination." Furthermore, while religion remained just part of their identity after the September 11 attacks, *hijab* became the main identifier of their "Muslimness," (further) alienating the women within the workplace.

Hijab-wearing Muslim women experience discrimination within the workplace based on their appearance (Pluralism Project, 2004). An article published by the American Civil Rights Union uncovers that 69% of surveyed women who wear *hijab* indicated they had felt discriminated against, compared to 29% of women who do not wear *hijab* (ACLU, 2015). Other studies consider the relationship between discrimination cases and symptoms of depression (Brown-Iannuzzi, et. Al, 2014), and research on marginalized groups "suggests that the experience of racism and/or discrimination can be a source of acute and chronic stress that may result in negative physical and mental health outcomes such as increased blood pressure, anxiety, depression, and symptoms of PTSD" (Abu-Ras and Saurez, 2009; Williams, Neighbors, & Jackson, 2003; Williams & William- Morris, 2000). Research also indicates women are at greater risk for PTSD (Gross and Graham- Bermann, 2006; Olf, Langeland, Drajjer, & Gerson, 2007; Tolin & Foa, 2006), a notable fact since there is credible evidence that Islam phobia has caused psychological distress in Muslim women. As Jamiliah, a school bus driver, exclaimed, "Sometimes I feel embarrassed because its hard. It's challenging to wear *hijab*. Sometimes I am sad no matter how much of a good person I am people are going to look at me in a negative light." Several participants shared similar sentiments of persistent stress or negative mood related to religious identity.

Furthermore, according to my research the participants suffered from anxiety connected to *hijab*-related discriminatory experiences. My findings indicate 42% of the women exhibited anxiety related to wearing *hijab* and reported an increase in self-awareness in public spaces. Several participants even reported that recurrent biased treatment made them reevaluate their outward religious identity. Sara, a teacher, explained to me that she does attend therapy and during the interview emotionally recounted her experience. Tearfully, Sara stated, "I cannot stand that I have to prove myself over and over. I was applying to different schools. Every time I have to prove myself. Why cannot they perceive me as a normal person?" Other participants shared similar sentiments, expressing that they felt under scrutiny and were constantly self-conscious of their actions.

To further understand how discrimination manifests socially, we must look at the intersectional oppressions Muslim women confront. Women experience discrimination based on different elements such as religion, and/or gender, race, class, and other variables (Collins, 1990).

For instance, Ayesha, an auditor, explained that people say certain things to her that make her wonder if her identity of “*hijab* or Muslim or brown, for that matter, is affecting them or their impression of me.” The ambiguous nature of this discrimination causes increased anxiety, and the brain reacts to anxiety-related pressure—such as subtle forms of biased treatment—with more negative effects (Salvatore and Shelton, 2007).

Focusing specifically on the workplace and the function of racism, psychologists reveal that overt racism is obvious and expected and does not need much cognitive reasoning (Salvatore and Shelton, 2007). However, when individuals are confronted with ambiguous forms of racism, they must exert more cognitive effort to process it (Salvatore and Shelton, 2007). Salvatore and Shelton’s study is consistent with what many of the participants implied about their common stress associated with their visual identity as Muslim women. Direct and subtle forms of harassment related to wearing *hijab* left women feeling isolated and worn down. For instance, Hala, a teacher, expressed feeling unacknowledged when parents avoid speaking to her at parent/teacher conferences and mostly communicated with her assistant. In the workplace, where making and maintaining relationships are essential when establishing a professional career, striving to be included takes toll on women’s mental well-being.

The responses by the participants regarding the types of discrimination are summarized in Table 2.

Table 2

Experience of Discriminatory Acts	N (%)
Overt discrimination (at work)	10 (20)
Verbal harassment	38 (76)
Ambiguous discrimination	41 (82)

Concerning a victim’s mental health, the nature of discrimination can possess short- or long-term consequences. A study conducted on Muslim patients in the US and UK reports that “workplace discrimination and ‘chronic daily hassles,’ including insults, can increase risk of common mental disorders” (Laird, Amer, & Barnes, 2009). This finding is consistent with many of the participants’ reflections on dealing with overt types of discrimination. Researchers studying the effects of discrimination on a person’s self-esteem have linked the perception of discrimination with poor self-reflection and health (Pascoe and Smart, 2009). Research by Rippey and Newman (2006) suggests that Muslim Americans exhibit high rates of paranoia and anxiety associated with religious discrimination. Indeed, factors such as the interview processes, job sustenance, and developing good relationships at work alongside displaying an Islamic identity can be highly stressful.

Table 3

Psychological Consequences	N (%)
Sadness	15 (30)
Stress/anxiety	21 (42)
Self-awareness	21 (42)

Implications of Islamic Spirituality

Most participants in this research indicated that their challenges with wearing *hijab* pose a unique concern and they did not seek mental health professionals. Furthermore, the participants did not seek spiritual leaders or imams with whom to discuss their mental health issues related to workplace discrimination. From an Islamic perspective, however, it is a requirement that a believing Muslim seek treatment when afflicted with a sickness because “health is considered a gift from God” (Sabry and Vohra, 2013). Accordingly, participants in this study reported finding healing in personally directed, faith-based therapy. The relationship between religion and mental health has been extensively studied (Lowenthal et. al., 2001). Research indicates that religious and spiritual beliefs contribute to a more positive psychological well-being (Urry and Poey, 2008). Religious coping theory puts emphasis on the “sacred as a significant human motivation, value, and concern” (Abu-Raiya, Pargament, & Mahoney, 2011), and Islamic spirituality points an individual’s relationship with God towards formulating self-worth, sense of meaning, and connectedness with others and nature (Nasr, 1997).

Furthermore, Sabry and Vohra (2013) explain that “Islam provides Muslims with a code of behavior, ethics, and social values, which helps them in tolerating and developing adaptive coping strategies to deal with stressful life events.” Bonab et. al. (2013) reveals that “religious rituals are integral to Islamic spirituality as they provide a means to demonstrate and maintain relationship with Allah. Further, they are an outward expression of the believer’s desire to maintain closeness to Allah, especially during times of psycho-spiritual or physical threat.”

Every participant's discriminatory experience varied from minor to severe, but their universal coping methods focused on seeking Allah for constant resilience. The participants in this research particularly mentioned their Islamic religious practices as part of their spiritual routine that also served as a form of management of mental health issues. Coping methods used by participants in this research are classic examples of Folkman's (1984) description of them as "cognitive and behavioral efforts to master, reduce, or tolerate the internal and/or external demands that are created by the stressful transaction," with an Islamic twist. Among this study's participants, women practiced *tawakkul*, relied on prayer, believed in the power of supplications, and used the Qur'an as forms of healing. For example, as Layla explained her anxiety around co-workers who previously made clear their aversion for representations of Islam, she outlined how she acquired motivation by reflecting on the Qur'an. She specifically directed me to the verse, "so do not weaken and do not grieve, and you will be superior if you are believers" (3:139). Reflecting on this verse helped Layla overcome her insecurities and caused her to discover a spiritually elevating element related to her struggle.

Meditating on God's plan is a key aspect of Islamic spirituality. Fundamentally, the term 'Muslim' translates as "one who submits to the will of Allah" (Lumumba, 2003). Most participants described their trust in Allah that helped them move past discrimination with the Arabic term *tawakkul*. The Islamic significance of *tawakkulis* found in narrations by the Prophet Muhammad encouraging believers to place their trust in Allah, as well as in the Qur'an (8:2, 33:3). Psychologically speaking, Bonab and Koohsar (2011) suggest that *tawakkul* possesses cognitive, emotional, behavioral, and relational factors, defining these components as the *cognitive* conception, [in which] individuals perceive God as the first order cause of everyday events....In the *emotional* level, individuals attain readiness and inclination to put their trust in God, and find Him sufficient to take care of them. Its *behavioral component* which is easily observable means carrying out individuals' plan through permissible and lawful means of action. In a *relational* level seeking God's proximity and believing in His availability and support are considered crucial.

These fundamental components contribute to an individual's relationship with God while also providing inner strength when handling daily tribulations. When confronted with challenging experiences related to wearing *hijab*, participants found that their reliance on God served as a fundamental feature of their spirituality. When asked about the concept of *tawakkul*, or trusting in God, the participants indicated that identifying as Muslim is not easy and that hardships that arise are part of God's plans and tests. According to Bonab and Kooshar (2011), *tawakkul* can be recognized from a psychological perspective of Pargaments et al.'s (1997) argument regarding collaborative coping style. Pargament (1997) argues that collaborative coping style relating to religiosity as the active relationship an individual has with God that yields better self-esteem and lowers the risk of depression. Adopting a trust in God and in His plan helped relieve the stress associated with being Muslim in America. For instance, Maria, a convert to Islam, decided to wear *hijab* after being employed as a nurse for over twenty years. Maria explained that she receives numerous forms of blatant discrimination, such as having her hours reduced. Maria asserts, "I press on wearing *hijab* everyday to work. I feel that this is my commitment to my faith and to God and the Koran will help me in the end." For Maria, and evident within other participants' lives, having *tawakkul* (faith in God's plan) serves as a source of perseverance to continue wearing *hijab* even when confronted with adversity.

The women selected their Islamic spirituality-influenced coping mechanisms according to what they found best to help them overcome traumatic events on an individual basis. Supplications, which can be offered anywhere, were the most frequently implemented strategy for dealing with potential sources of stress or anxiety related to identifying as a Muslim woman. Supplication and ritual prayer can be recognized as forms of meditation, which studies suggest are correlated with healthier cognitive function and emotional stability (Wallace and Shapiro, 2006). Sara reflected on occasionally feeling depressed, and contemplated discontinuing wearing *hijab* because of discrimination related to finding employment. Sara claimed asking God for strength by reciting "There is no power, no strength, except from Allah" throughout her day has been specifically beneficial to her healing process. Amina, a chemist, explained after months of co-workers verbally harassing her, she had to confront them and stand up for herself. She claimed the reason was that, "I became more educated with Islamic studies and this learning pushed me to stand up for myself." When queried as to what "Islamic studies" meant to her, she explained that Islam teaches women perseverance, and that she finally felt motivated and confident to stand up for herself. Narratives of resilience from a Muslim women's perspective are not new within the Islamic tradition.

The Qur'an itself highlights narratives of women's pivotal roles in overcoming struggles and placing their trust in Allah. In my research, the participants referenced Mariam, the mother of Jesus, as having an impact on their lives as Muslim women. The participants related to Mariam's experiences for being publicly ostracized in regards to the virgin birth and overcoming this challenge by placing her trust in God (Ilmfeed.com). The Qur'an and Hadith confirms four women as the highest of moral examples in regard to persevering for the sake of God (Ilmfeed.com). In the hadith the Prophet Muhammad states:

From among the women of the world who have reached perfection and who are worthy of following are (the following four): Mariam the daughter of Imrân; Khadija daughter of Khuwailid; Fatima daughter of Muhammad and Asiyah wife of Fir'aun. (Tirmidhi, cited in Ilmfeed.com) Reflecting on Qur'anic verses concerning stories of women's perseverance such as these helped this study's participants realize they are not alone in their suffering, and find strength to carry on. For instance, Layla, an English professor, mentioned that it is specifically important to see oneself emulating spiritual figures in Islam, asserting "they struggled as we struggle, in the end we meet Allah." Relating to stories of resilience and Allah's promise to protect women who firmly believe in and strive for Him provided participants in this study with resources for furthering their commitment to their faith.

Table 4

Methods of Healing	N (%)
<i>Tawakkul</i> (Trust in Allah)	36 (72)
Supplications	41 (82)
Performing prayer	21 (42)
Qur'anic narratives of resilience	37 (74)

Reimagining Spirituality as a Form of Empowerment

Studies conclude that positive self-perception is evident in women who blame the discrimination act rather than themselves (Quinton and Schmader, 2003). Hodge et al. (2015) asserts that this coping mechanism helps "individuals manage the meaning attributed to the problem, or manage the stress symptoms that result from the experience." According to the Muslim American women interviewed, disassociating themselves or their faith from a discriminatory event helped them heal faster. The participants in this research agreed that Islamic psychotherapy is not only communicated through religious rituals, but reflected with how they interpret discrimination. Explaining how she deals with prejudiced treatment, Mona insisted that "Islam is not responsible, but others' ignorance of Islam." In other words, by disassociating themselves, Muslim women control how they perceive themselves. Hodge et al. (2015) argues that "altering perceptions about the nature of the threat, or the associated stress lessens the drain on individual's stores of psychological capital, resulting in salutary outcomes." Therefore, being able to modify discriminatory experiences to contribute to a positive self-perception and identity is important for the participants.

Utilizing Islamic practices and beliefs as a form of treatment is consistent with other studies that support incorporating religion to have positive effects on individuals (Abu-Raiya, Pargament, & Mahoney, 2010). My study's participants also made claims about the importance of manifesting an identity that represents a confident and empowered woman. Verses relating God promising relief were specifically indicating such as "O you who have believed, persevere and endure and remain stationed and fear Allah that you may be successful" (3:200).

When these Muslim women learned how to cope, they also expressed that they felt confident. Interestingly, many women concluded our interviews indicating feeling more secure in their identity as Muslim American after they had confronted discrimination against themselves. Rania recalls feeling "violated and disrespected, not only as a Muslim woman but as a human being" when she dealt with her episode of discrimination, especially since that time in her life was particularly stressful; while pursuing legal representation regarding discrimination at her place of employment, she was also in the process of transferring to a university and moving out of her parent's home. Rania's case of discrimination was also uniquely burdensome in that it received media attention. Rania asserted, however, "Through my experience I learned what Islam means to me. My faith gave me the support during a difficult time. I am stronger Muslim woman because of my experience. It solidified who I am as a person today." For Rania, faith served as a transformative tool to overcome hardship while also being a motivating factor to cultivate a stronger sense of self.

Similarly, Heba, another teacher who dealt with direct discrimination relating to parents' treatment of her, and who struggled to continue wearing *hijab*, said, "I feel stronger and more empowered after going through everything with [wearing] *hijab*." Learning to cope with discrimination helped Heba strengthen her Muslim identity. For Heba and other participants' Islamic psychotherapy functioned to elevate the women's self-esteem and allow them to assertively confront biased encounters. Consequently, the participants' confidence demonstrates their agency and reflects that their spirituality is essential to their self-perceptions.

Discussion

This research highlights the intersecting dynamics of *hijab*, Muslim identity, discrimination, mental health, and spirituality. The effects of discrimination on Muslim women are understudied, so this research adds significantly to previous research on spirituality's influence in effectively managing psychological conditions. The interviews provide insight about personal experiences while also exploring coping methods guided by Islamic psychology. Evaluating workplace interactions contributes to understanding how Muslim women negotiate their religious identities within a social setting, an especially salient endeavor as Muslim women gain increasing visibility in the workplace. Noteworthy in this research is the important role of religion for the participants as they establish themselves professional and negotiate relationships with colleagues. Suffering from discrimination when practicing their faith in public both tested the spirituality of these women and allowed them to discover their ability to use Islam as a coping tool. There is no denying that there is hardship in wearing *hijab*, as the participants explained repeatedly. Nevertheless, my research indicates that maintaining a healthy mental state via religiously grounded determination helped relieve this stress and allowed participants to find healing through faith practices.

Even though wearing the *hijab* may have provoked discriminatory experiences, choosing to continue wearing *hijab* while remaining at times Islam phobic social environments actually increased some women's spiritual connections. When confronted with discrimination, they learned how to deal with hardship by maintaining a positive perception of themselves by engaging Islamic spiritual practices and trusting in Allah's plan. Utilizing Islamic references from the Qur'an or hadith enabled *hijab*-wearing women to psychologically overcome the discrimination or other unpleasant experiences. My argument here is not to claim that spirituality is the single best coping method for dealing with discrimination, but my aim in this chapter is to highlight methods used by many Muslim women. Their narratives allow us to understand different perspectives in religious observance and coping methods. Cultivating spiritual connection functions as an adaptable tool in providing Muslim women with relief when confronting discrimination. Within Islam, the individualized relationship a person has with God is unique, and so in a sense, every woman found different coping methods, rendering the broader category of faith-based coping practices both infinitely expansive and incredibly precise.

Muslim, *hijab*-wearing women's identities have particularly made it difficult for them to easily assimilate into the workplace. Various stressors such as fear of being rejected or harassed on the job were common reflections made by the participants, and these anxieties increased for those women suffering from PTSD. For the Muslim women in this research, though, religion also manifests as a form of healing and self-help. Even though Muslim American women find it challenging to wear *hijab*, many exhibit positive psychological outcomes due to utilizing Islamic faith-based coping strategies to combat their various stressors. Although this research gains a deeper understanding of the impact of discrimination on Muslim women's identity and their relationships with the divine, the data is limited to a specific group of Muslim women. I suggest a more comprehensive research on Islamic psychotherapy to consider other populations of Muslim American women. In addition, assessing the interrelations between Islamic practices and healing outcomes will be fundamental to research regarding on Islamic psychotherapy

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