

# **The Everyday Struggle: Muslim Experience as Professionals in the Mental Health and Psychology Fields**

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## **Abstract**

The purpose of this study is to examine the lived experiences of Muslim professionals in the mental health and psychology fields, the lack of cultural competency experienced in the form of microaggressions and the effect it has on mental and physical health. This study was done as a graduate-level thesis in an attempt to fill the current research gap around the experience of Muslims as professionals within the mental health and psychology fields. Semi-structured, in-depth interviews were conducted with four participants in order to provide insight into each individual experience in order to inform institutions and organisations, setting the stage for inclusive policies and efficient outreach. There is a brief look at Islamophobia in the west in order to provide social and political context. The four participants spoke of their exposure to uncomfortable and at times offensive occurrences, having experienced all three forms of microaggressions: microinsults, microassaults, and microinvalidations. The four participants shared similar thoughts on uncertainty and being uncomfortable with how they handled a situation, struggles with articulating what has happened to them and processing their thoughts and feelings. The study also mentions participants discussing steps for more inclusive institutions and acquiring support from friends and family, having a good supervisor, being empowered by their faith, being mindful and engaging in meditation.

## **Introduction**

Current research shows that within the United States there has been an increase in discrimination against Muslims since the September 11, 2001 attacks (Ali, Yamada & Mahmood, 2015). In the years that have followed, Muslim women have often been shown in the context of terrorism or oppression, perpetuating the hijab as a negative symbol of oppression and violence (Ali et al., 2015). These misrepresentations ultimately create hierarchies, when beliefs of superiority and inferiority become established, behaviours of discrimination and microaggression take place (Hussain, 2009). Microaggression refers to daily verbal, behavioural and environmental mistreatments that communicate negative racial slights and can be hostile and derogatory in nature (Hussain, 2009; Schoulte, Schultz & Altmaier, 2011). The level

of stress experienced by the individuals subjected to microaggressions is as high as betrayal, sexual abuse and physical abuse (Schoulte et al., 2011). This level of stress has great impact on short-term and long-term physical and mental health (Wallace et al., 2016).

When speaking of Muslim experience there is often a focus on culture and not on a specific religion. By taking concepts that are developed within one group and ascribing them to other groups, understanding the role of cultural and religious identities on an individual's mental and physical health is restricted (Hussain, 2009). Not differentiating between social and religious culture creates a problem leading to research efforts focusing on associations based on colour and race, rather than religious beliefs (Hussain, 2009). This is not to disregard previous studies, but to say that there is not enough to fully acknowledge the importance and influence religious identity has on the mental and physical health of an individual (Hussain, 2009).

This research focused on the student and professional experiences of four women, who identify as Muslim, in the mental health field. Semi-structured, in-depth interviews were conducted with the participants in order to provide insight into each individual's experience with discrimination and microaggressions.

## **Literature Review**

Many Muslim minorities and people of colour report experiencing microaggressions, a term referring to daily verbal, behavioural and environmental mistreatments that communicate negative racial slights and can be hostile and derogatory in nature (Schoulte, Schultz & Altmaier, 2011). Having to experience these microaggressions leaves the individual to struggle with their own identity, impacting their physical and mental health (Robinson-Wood, Balogun-Mwangi, Fernandez, Popat-Jain, Boadi, Atushi & Xiaolu, 2015). It is impossible to study the effects of microaggressions on minorities without taking a look at the socio-political atmosphere (Hussain, 2009). What happens in politics, and the common social rhetoric that is used, has an impact on how Muslims are treated from day to day (Hussain, 2009).

## **A History of Discrimination in the United States**

The United States has a history of slavery, the forced relocation of native tribal groups, forced cultural assimilation of non-European populations and racially-based immigration control (Edwards, 2017). Between the years of 1932 and 1972, there were the Tuskegee experiments that included actions like the intentional lack of syphilis treatment for African Americans (Hunn, Harley, Elliott, and Canfield, 2015). There was also the eugenics movement, a social and political movement calling for forced contraception on individuals seen as less beneficial to society, which included people having a physical or developmental disability and being a non-European American

(Edwards, 2017.) These types of actions have left a collective distrust by minorities for the systems in place and for medical fields, including psychiatrists, psychologists and therapists (Hunn et al., 2015).

## **Discrimination against Muslims**

Current day politics has not moved too far from known history (Edwards, 2017). Most of these current discussions are an extension of the political and interpersonal impact that the September 11, 2001 (9/11) attacks had on American and Western societies and the subsequent impact on the Muslim population in the West (Edwards, 2017). Following 9/11, Muslims all across the United States and throughout Europe, have reported the experience of increased discrimination and Islamophobia due to their choice of faith (Ali, Yamada, Mahmood, 2015). Islamophobia refers to negative perceptions of Islam and a dislike for Muslims that leads to negative, discriminatory interactions with Muslims (Ali et al., 2015).

Islamophobia affects all Muslims regardless of their skin colour and cultural heritage. The effects of Islamophobia can be seen on a national level. In 2008 the American Civil Liberties Union (ACLU) reported a 674% rise in hate crimes targeting Muslims and Muslim communities (Wazni, 2015). The prevalence of Islamophobia means a higher risk of violence and discrimination committed against Muslims everywhere (Hussain, 2009).

## **Discrimination against Muslim women**

The increase of Islamophobia after 9/11 has led to increased discrimination towards Muslim women who choose to wear the hijab (Ali et al., 2015). The direct Arabic definition of hijab is ‘a covering’, and it refers to dressing in a specific, modest dress that is often recognised as a scarf worn on the head (Wazni, 2015). Due to the highly visible nature of the hijab, those who chose to wear it have reported more instances of discrimination and prejudice after 9/11 (Ali et al., 2015).

In Western media, Muslim women are often shown in the context of terrorism or oppression, perpetuating the hijab as a negative symbol of oppression and violence (Ali et al., 2015). In turn, the choice to wear the hijab becomes highly linked to experiences of physical intimidation and at times, assault (Ali et al. 2015). Perception is the beginning of perpetuating stigma. A characteristic attributed to an individual is given a social meaning, leading to the stereotyping of negative traits, and in turn, isolating and rejecting the individuals assumed to have those negative traits (Ferdinand et al., 2015). Negative reactions to Muslim women wearing hijab are present in governments and judicial implementation, including but not limited to, France’s banning the wearing of religious symbols in schools. While this ban includes

all religious symbols, during the implementation of this law, the primary focus and efforts were towards females wearing hijab (Ali et al., 2015).

The academic environment is not immune to the misrepresentation of Islam and Muslims that causes prejudice and discrimination. The lack of cultural competency within institutions and the validity that is given to works that lack methodological rigour and empirical evidence spark prejudice and contribute to the misjudged perceptions of Muslims in the world (Acevedo & Chaudhary, 2015).

## **Racism and Microaggressions**

Racism is often defined as behaviours, beliefs and practices that create systemic inequalities and social hierarchies that, in turn, distribute opportunities unequally throughout society based on race, ethnicity, culture and religion (Ferdinand et al., 2015). There are three forms of racism: interpersonal racism, internalised racism and systemic racism (Ferdinand et al., 2015). Interpersonal racism occurs when a racist incident takes place between individuals (Ferdinand et al., 2015). Internalised racism is when an individual ascribes to the prejudices or biases they face, ultimately resulting in an unequal distribution of social power (Ferdinand et al., 2015). Systemic, or institutional racism, refers to institutional policies and practices that increase the power hierarchy making it difficult for minorities to gain footing (Ferdinand et al., 2015).

One dominant form of interpersonal racism and discrimination that takes place in the everyday lives of minorities are microaggressions (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014). Microaggressions are often defined as commonplace, hostile, verbal, behavioural and environmental remarks that cause offence regardless of the remarks being intentional or unintentional, conscious or unconscious (Edwards, 2017; Robinson-Wood et al., 2015). Microaggressions are insidious, chronic and traumatising. Though they may be subtle, microaggressions are oppressive, pervasive, and are often associated with psychological and physiological health conditions (Robinson-Wood et al., 2015).

Microaggressions are categorised in three forms: microassaults, microinsults, microinvalidations (Davis et al., 2016; Edwards, 2017). Microassaults describe overt offences like a racial slur; microinsults are offences that are subtle putdowns related to an aspect of an individual's identity; and microinvalidations are offences that negate or deny the individual's experience with discrimination (Davis et al. 2016; Edwards, 2017). Microaggressions can be conveyed through behaviour and environmental conditions, and are not all equal in intent and impact (Edwards, 2017). The subtle nature of microaggressions often leads to the dismissal of the

microaggressions by the perpetrator, explained as a miscommunication or an overreaction (Edwards, 2017).

## **Impact of Discrimination and Microaggressions on Mental Health**

Discrimination and microaggressions are linked to individuals having both internalising and externalising reactions (Robinson-Wood et al., 2015). Internalising the stresses of microaggressions can lead to depression and anxiety, which are linked to a decline of day to day functioning and physical health. Externalising reactions often lead to behaviours of hostility and substance abuse problems (Robinson-Wood et al., 2015). When speaking specifically of the impact of microaggressions, individuals often experience environmental and personal shame because of their minority status (Schoulte et al., 2011). Microaggressions have a larger impact on an individual's self-esteem, frustration and anger than other forms of discrimination (Schoulte et al., 2011).

There is a significant negative relationship between microaggressions and mental health issues like depression, anxiety, and developing a negative world view (Nadal et al., 2014). Microaggressions of specific themes tend to have more impact on an individual's mental health. The more harmful themes include microaggressions related to being treated as a second class citizen, having experiences invalidated, and being stereotyped rather than being seen as an individual (Nadal et al., 2014). Lastly, not all themes of microaggressions are experienced by all minority groups. In fact, some themes of microaggressions tend to be more specific with different minority subgroups (Nadal et al., 2014).

Experiencing discrimination has immediate emotional effects on an individual, often leading to avoiding spaces and places out of fear of more discrimination (Wallace et al., 2016). This suggests that previous instances of discrimination, either as a personal experience or simply having an awareness of an instance, have long-lasting psychological effects that produce anticipatory stress (Wallace et al., 2016). The more instances of discrimination and microaggressions one encounters, the more at risk they are of worsening their mental health (Wallace et al., 2016).

Racial discrimination is a regular occurrence for many minority members and is clearly associated with increased psychological distress. Employment facilities and educational institutions are rated among the top five settings for experiencing distressing discrimination. This has a direct impact on the quality of life opportunities for minorities, perpetuating income inequality and impacting short and long-term health and wellbeing (Ferdinand et al., 2015).

Often, when faced with microaggressions, individuals are left in a quizzical state, unsure of what happened and how to respond (Nadal et al., 2014). Victims of microaggressions often feel unsure and uncomfortable with their own reaction (Nadal et al., 2014). If an individual does not address and confront the situation, they are left feeling regretful and guilty. If they do address it, there is often a feeling that they have given a negative representation of their minority subgroup or that they were not able to communicate in an effective manner (Nadal et al., 2014).

## Methods

Semi-structured in-depth interviews were conducted with the participants in order to provide insight into each individual unique experience. Participants included four Muslim women who have studied within the collective mental health and psychology fields within the United States, as well as abroad. These four were chosen to be inclusive of different disciplines of psychology. Each participant engaged in an in-depth semi-structured interview for 2-2.5 hours. Each interviewee was able to speak to their localised experiences, allowing for this study to be an interdisciplinary and international study of Muslims in the mental health and psychology fields. Interviews were recorded, transcribed and the data collected was further analysed.

## Results

### Tina

**Background:** 37-year-old Iranian-Hispanic woman living in California, United States. She currently does not wear the hijab but did throughout her graduate school years in her early twenties. She has a BA in Psychology and an MA in Clinical Psychology.

**Schooling:** Within her graduate program there was a class on race and racism where her classmates expressed the view that they had expected her to be a passive, submissive woman because of her hijab. In a different discussion around prejudice and biases experienced by Muslim woman that wear hijab, one classmate told her not to look for pity, because if someone wears the hijab, then they need to face the consequences. Tina recalls being aggravated and thinking “it is what it is, and you have to accept that there are going to be people that are going to be racist”.

**Professional Experiences:** Upon seeing her name while in the waiting room, a client asked the administration to switch to a different clinician who was not Muslim. During an intake, a client commented on Tina’s lack of an accent, then proceeded to ask about Tina’s name and her religious beliefs, before ultimately asking if she could see a different clinician. In her more recent job, there was an incident where an email was sent out by a supervisor, referring to their Muslim women clients as being backward.

**Impact:** Tina became stressed, especially while running her own private practice where she has a high number of Muslim clients. The countertransference she experienced was physically affecting her health. She found herself always getting sick, catching a cold, a sinus infection, ear infection, struggling with sleeping, experiencing tension headaches and feeling constantly nauseous.

Through all the pains and stressors, Tina feels that her experiences within the field have helped her develop a strong sense of confidence and clarity in who she is and the work she wants to be doing. Tina spoke of having the opportunity to build a group of clinician friends that have supported each other over the years. She stressed the importance of having a good supervisor that can help keep her grounded and can help brainstorm concrete and direct ways to tackle an issue.

Tina believes in implementing interactive workshops in which participants can have hands-on experiences. She suggests that clinicians and upcoming clinicians attend and immerse themselves in different cultural events and settings with the mindset of learning and connecting with others. Tina encourages everyone to keep check on what reactions come up when in a new environment and to focus on being a human being who can learn from others.

## **Shiva**

**Background:** 32-year-old Iranian woman wears the hijab and is currently living in Brisbane, Australia. She has a BA and MA in Psychology, and has worked as an adjunct lecturer of psychology in university and college settings. In 2017 Shiva moved to Brisbane, Australia as a PhD candidate in psychology and her area of focus is how social situations affect group mentality, people's attitudes and behaviours.

**Schooling:** Shiva attended a conference where a lecture on researching extremism that narrowed the research to exclude all white people and then further to only include Muslims. The lack of objections in the room left Shiva feeling anxious, questioning herself and worried about looking "like the crazy angry Muslim woman."

Shiva spoke of members in her cohort sending her articles on extremism and violence within Muslims, a topic she never expressed any interest in and does not associate with her area of research. Shiva describes her exhaustion around defending her humanity as:

You're not being granted the complexity of being a human being. Part of what makes us human is the complexity of our identities. I can sit here and identify all these different ways, but you're denying me that. It's because you are choosing to frame me in this one way and interacting with me on this one frame.

Shiva was asked to read a paper in the process of publication about a paradigm that was created to measure how often people were willing to be violent towards Muslims. Shiva agreed and found a great number of factual inaccuracies in regard to Islam and Islamic terminology. The lead author expressed offence at having his work revised and ultimately only made one change, where he replaced the phrase, “Islamic extremism” with “extremism”. Shiva found herself getting angry at the first author for not having done his research properly and that a paper with so many factual inaccuracies was being published.

While at a department-related event with her advisor, Shiva shared with her advisor that she does not shake hands and asked how to best navigate the situation. Shiva’s advisor’s instant reaction consisted of calling her sexist and upholding the patriarchy. Shiva was left to manage her advisor’s reaction while holding in her own hurt. This was a pivotal moment for Shiva, where she walked away with a grand realisation:

I quickly learned that I have to manage white people’s emotions, I have to manage non-Muslim emotions and responses and help them process what it is to be around a Muslim woman that doesn’t fit in their box. These spaces are not safe spaces where you can engage in intellectual thought because you have to manage your own survival for your own success.

**Impact:** Her experiences have left Shiva feeling that her most salient identity is as a Muslim woman; it is the part of her identity with which she feels most connected. It is where she has found social cohesion and social support, something she describes as beautiful. Throughout most of her experiences Shiva spoke of having family support, community support, and finding solace in her faith.

Shiva finds herself drawn to activism around minority issues and giving back to the Muslim community. She is passionate in her studies around minority issues and identity, issues on which most of her work tend to focus.

The lack of cultural competency she has witnessed in her programs has left her with very low expectations of change. She speaks of institutions bringing in those that are well versed, actual practising Muslims, to provide workshops and seminars to facilitate authentic discussions around real experiences and people.

## **Zareen**

**Background:** 28-year-old Iranian female living in Toronto, Canada wears the hijab. She has a BA in biology and psychology, obtained in Canada. Zareen came to New York, United States for her MA in psychology in education with a focus on spirituality, mind and body.



**Schooling:** When attending club events, she experienced comments about her lack of an accent. In one of her classes they learned about different spiritual pilgrimages practised throughout the world. During the class discussion, a student began to question why anyone would partake in the Islamic pilgrimage of Haj when it looks so hard, that the religion is backwards, and that Muslims misunderstand religion. Zareen felt anger, but was not able to articulate herself to speak up in that moment. This was just one of many instances that made her “realise really quickly that no matter how hard you try, there’s still racism, Islamophobia and sexism intersecting together. They’re sewn into the fabric of our institutions and the systems and structures and you can’t escape it”.

She recalls being very isolated throughout her graduate program, a program centred around spirituality and yet Islam was not represented. She brought this to the administration’s attention with a recommendation for a speaker within the same school, but the department made no effort to be inclusive. Zareen felt brushed aside:

It’s the idea of leaving part of yourself at the door, censoring yourself and what you say in the space. I recall self-monitoring in terms of what is appropriate to talk about my own spirituality even though it’s a space where you’re supposed to be able to talk about spirituality. But as a racialised person, as a Muslim, I felt really quite uncomfortable in these very white spaces talking about my experiences.

Zareen spoke of being very shaken by the 2015 Chapel Hill shooting in North Carolina where a newlywed Muslim couple and the groom’s sister were shot dead in their apartment. Zareen reached out to her cohort for support, a few people were responsive to Zareen’s request, but when the conversations took place, she was faced with a clear lack of engagement and interest.

**Professional Experiences:** After graduate studies Zareen received a grant to design and run an arts and social justice program for youth between the ages of thirteen and eighteen. The program was presented as an outreach group for people of colour, visible minorities, to gain support from each other while creating art that would be displayed in a gallery show. Parents backed by a teacher contacted Zareen accusing her of being racist for not including the white students.

While working, a co-worker shared with Zareen that his daughter has an Iranian friend named Hajar, he asked if it was the same as her name and later brought his daughter into the office and sought Zareen out to comment on their names being similar and adding that they look alike.

While running groups in an in-patient setting, she found clients wanting to talk to her about the news and different wars happening around the world. Zareen would get

uncomfortable, pointing out that even though the clients were not saying anything overtly racist, she did not appreciate being associated with violence.

**Impact:** Zareen is able to associate and recognise a great deal of uncomfortable feelings when remembering her experiences at school and even as a working professional. She also shared that she struggles to articulate personal experience. She felt that a lot of times she did not have the guts to speak up for herself and felt intimidated by intense power dynamics. Remembering specific instances was hard for Zareen; she would often speak of emotions that she remembered feeling but fell short on remembering the details around the incidents.

When you don't have the language to even pinpoint these things when they happen, and these things happen on a daily basis, you don't have the language to process these experiences. They end up being like dandruff and recorded as uncomfortable situations. There were many times that I felt viscerally very uncomfortable. I knew that I'm being treated a certain way because I'm Muslim or because I'm racialized or because I wear hijab. But I can't recall specifics.

Her experiences in school and within the field often left Zareen feeling anxious and completely drained. She has decided to move away from clinical practice and has become extremely passionate about serving and giving back to different marginalised communities. Throughout these many experiences Zareen has spoken of identifying even more strongly with her Muslim identity and having the support of friends and family. Along with the social support, Zareen identifies meditation as a big part of her healing.

Along with having strong social support, Zareen is a strong believer in developing a contemplative practice. Zareen encourages everyone to explore meditation, to be present and clear the mind and heart. She feels that it would be helpful for institutions and organisations to provide resiliency training for people of colour by people of colour, to help grow a thick skin and build a stronger and larger community.

## **Rabia**

**Background:** 30-year-old Arab female does not wear hijab and is currently living in New York, United States and grew up in Lebanon. She has a BA in Interior Architecture and an MA in Art Therapy.

**Schooling:** Moved to the United States for her master's program Rabia received numerous comments about having an accent with one person expressing confusion over her light skin tone not matching her foreign accent. During her graduate training Rabia also recognised a lack of readings and discussions around the Muslim experience.

**Professional Experiences:** When looking for a job, Rabia felt that she was overlooked due to her Arab name. After changing her surname to her husband's, who is South American, she was quickly asked to come in for an interview. Having landed a job, she shared with her director that she is Muslim and now feels that the director is targeting her. She has been accused of using sick days dishonestly leaving her feeling unsure of her job security.

Rabia shared encountering racist remarks from clients. She had one client file an official complaint stating that they were afraid that Rabia was going to be violent. This ultimately went to court where Rabia had to stand in front of a judge and say, "Yes, I'm Arab. Yes, I'm Muslim. But I am also an American citizen. I'm not bombing anybody."

While working with adolescents, Rabia was confronted by a boy who had seen a Muslim woman wearing the hijab and referred to her as a terrorist. This sparked an entire session about there being good and bad in all groups, and assuring him that she was not a terrorist. When another client, a young teenage girl, realized that Rabia was Muslim, she made it clear she wanted nothing to do with Rabia, avoiding all groups Rabia ran.

**Impact:** Rabia spoke of her husband being a great support for her as well as the friends she's made. When working on her artwork and projects, Rabia tends to make a conscious effort to distance herself from themes and topics related to religion. She feels that she does not wear the hijab because she does not practice "like that" and does not want to be a stereotype or to be associated with "that kind of Muslim". Rabia speaks of trying to create a diverse group of people around herself, people from all walks of life, cultures, races, and religions that help her stay connected and feel welcomed. When speaking of trying to keep a diverse range of friends she mentioned that she has had Muslim friends that were "very, very Muslim. Like, borderline might join ISIS."

Rabia shared feeling isolated and getting sick often, be it a head cold or severe headache. She spoke of being disconnected by American culture and often feels like moving back to Lebanon where she feels a greater sense of unity among the people.

Rabia discussed ways in which she believes institutions can be more inclusive and develop cultural competence. She spoke of expanding conversations around different cultures and experiences onto the stage, providing a public forum where discussions can take place and reach out to a larger group of people.

## **Discussion**

The four interviewees included in this study told stories of discrimination taking the form of microaggressions in both their studies and professional work. They also spoke of similar feelings of isolation, frustration, as well as developing anxiety and becoming physically sick often. Participants also explored ways in which institutions can provide better support and space for inclusion and diversity.

### **Microinsults**

Tina, Rabia and Zareen spoke of microinsults that questioned their abilities and intelligence, depending on whether or not they wore the hijab, describing these experiences as isolating. By having a religious identity different from the majority, and not fitting into common stereotypes these women were questioned about the validity of who they are and their intelligence.

### **Microassaults**

All four interviewees spoke of experiencing instances where they faced microassaults, insults based on their religious identities: Rabia being called a terrorist as well as Shiva and Zareen being associated with violence and terrorism. Being called violent or a terrorist with no real backing or proof are grand accusations made solely on the basis of the participants' Muslim identity.

Tina, Shiva and Zareen spoke of microinsults that were rooted in assumptions of cultural superiority, leading to the labelling and pathologising of other cultural values (Nadal et al., 2014). Zareen and Tina spoke of having to face individuals who referred to Muslims as backward. In both instances a hierarchy was assumed, that there is a right way to practice spirituality and a wrong way; a right way to identify with spirituality and a wrong way. The right way was assumed to be that of the majority and the wrong way that of the minority, isolating Muslims and Islam and labelling them as backward. Shiva experienced a similar discussion with her advisor, who claimed she was sexist and upholding patriarchy, simply by greeting others differently.

### **Microinvalidations**

Minorities often face microinvalidations, having their thoughts, feelings and experiences overlooked or negated. This is seen with Tina's classmate commenting on Muslim woman and discrimination, completely invalidated the hateful experiences and alleging they are self-inflicted. Zareen spoke of having to continually work with a co-worker that cannot see her as an individual or hear her objections to his racial generalisations; negating her personal identity. Shiva's had the experience of providing notes on a paper and the first author rejecting her expertise. The refusal to have a constructive discourse regarding the concerns raised by Shiva and continuing

to publish, gives validity to untrue facts that will contribute to the misjudged perceptions of Muslims in the world (Acevedo & Chaudhary, 2015).

Zareen attempted to gain support after the Chapel Hill shooting and being faced with disinterest and disengagement. To be denied a genuine empathic reaction and validation of the horrid events leaves the individual questioning the worth of their life in comparison to others. Zareen also spoke about her attempt to create a space for visible minorities and being faced with resistance by those not qualified to join. The space and project were in jeopardy due to individuals who could not see the benefit of the space without a white presence; denying the validity of the unique struggles of those minority adolescences.

### **Institutional Racism**

Zareen, Rabia and Shiva spoke of institutional racism. Zareen's graduate program make no efforts to include a fair representation of Islam within their spirituality-focused program. There was a lack of Muslim representations in readings for Rabia in her graduate training, and Shiva's expertise notes being dismissed. Exclusion perpetuates hierarchies of subgroups, that not all are worthy of inclusion, isolating the minorities within programs. As a result, papers with factual inaccuracies are published, systematically perpetuating negative associations.

### **Internalised Racism**

Constantly experiencing microaggressions can lead to individuals unconsciously internalising the racism ideologies (Ferdinand et al., 2015). This is reflected in comments made by Rabia, particularly associating being "very Muslim" with being on the border of joining ISIS, using derogatory terms like "that kind of Muslim" and speaking of wanting to separate herself from creating art around her Muslim identity. A racial hierarchy has been created: being Muslim drops your social status, wearing the hijab drops you even lower and being "very Muslim" puts you at the bottom. Rabia's internalised racism is a by-product of constantly being isolated and put down due to her religious identity.

### **Impact**

All four interviewees spoke of experiencing internalised reactions; holding in their hurt. Tina and Zareen spoke of being drained, Tina and Rabia also shared the experience of being sick, and Shiva and Zareen spoke of developing anxiety. These experiences have had a great impact on the participants and their day-to-day lives. Zareen has stepped away from traditional psychology, Tina closed down her private practice, and Rabia's taking sick days has raised eyebrows at work. Participants also

spoke of having to sit with feelings of guilt, due to their own silent reactions and confusion over what had just taken place.

## **Call to Action**

All four participants spoke of the ways institutions can do better to support individuals from different backgrounds and religions. It is not enough to admit or hire diverse employees and students; institutions and the people within them need to make efforts to build connections and understanding as humans. This includes providing platforms for discussions led by Muslims about Muslims; public ones as mentioned by Rabia, in order for more authentic narratives to reach more people. Shiva also spoke about providing authentic narratives by providing workshops and seminars, a smaller and more intimate outreach to help those of the majority racial/cultural/religious groups have a discussion and learn from real Muslims. Zareen spoke of resiliency training by people of colour for people of colour, to provide a safe space for minorities to build social support and community. A place to belong. Tina spoke of more interpersonal connections that humanise one another, to immerse selves into different environments to learn and connect, to keep check on any reaction that comes up. To become aware of the implicant biases that exist to overcome them and replace them with being a human who can learn from others.

## **Conclusion**

The four participants in this study spoke of their exposure to microaggressions. In their time in the field, these four ladies experienced all three forms of microaggressions and shared the impact it has had on them and how they managed those instances. Participants experienced being put down on the basis of identity in the form of microinsults. This included directors assuming dishonesty and clients rejecting the clinician based on Muslim identity. There were also examples of microassaults such as being associated with terrorism, and having their religious decisions pathologised by outsiders. All participants spoke of experiencing microinvalidations, where their experiences were brushed off and their expertise overlooked. Along with the different microaggressions, the participants had occurrences with institutional racism.

All these incidents have resulted in the interviewees feeling a sense of isolation and frustration, as well as anxiety and often becoming physically sick. The four participants also had similar thoughts on being unsure and uncomfortable with how they handled a situation, struggled to articulate and process what had happened as well as their thoughts and feelings. There were mentions of acquiring support from friends, family, and a good supervisor, being empowered by their faith, and engaging

in meditation. These experiences impact mental and physical health and ultimately have a strong influence on how people identify.

Institutions can and should take steps to be more welcoming to minority members, including Muslims. Providing workshops and discussions led by Muslims, give space for minorities to build support and grow. Expanding research on the Muslim professional experience will inform institutions and organisations, setting the stage for inclusive policies and efficient outreach. It is important for future researchers and their studies to look beyond the stereotypes and instead provide spaces that humanise minorities.

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