Identity, Perceived Religious Discrimination, and Psychological Well-Being in Muslim Immigrant Women

Marieke Jasperse, Colleen Ward* and Paul E. Jose

Victoria University of Wellington, New Zealand

The study investigated perceived religious discrimination and three facets of Muslim identity (psychological, behavioural, and visible) as predictors of psychological well-being (life satisfaction and psychological symptoms) of 153 Muslim women in New Zealand. The results indicated that although visibility (wearing *hijab*) was associated with greater perceived discrimination, it predicted positive psychological outcomes. Analysis further revealed that the psychological (pride, belongingness, and centrality) and behavioural (engaging in Islamic practices) facets of Muslim identity moderated the relationship between perceived religious discrimination and well-being. A strong psychological affiliation with Islam exacerbated the negative relationship between perceived religious discrimination and well-being. Conversely, engaging in Islamic practices buffered the negative impact of discrimination. The research highlights the complexity of Muslim identity in diasporic women.

INTRODUCTION

"The current climate of Islamophobia has burdened Muslim women who cover with additional problems in terms of their politics, their lived experiences and their life chances" (Afshar, 2008, p. 411). The complexity of Muslim identities in Western countries has been widely acknowledged (Bhimji, 2009; Hutnik & Street, 2010; Verkuyten, 2007), and contextual influences on shaping, maintaining, and expressing these identities have been frequently discussed (Droogsma, 2007). Muslim identity has been variably analysed in terms of race, ethnicity, culture, and religion, although none of these labels alone appears to capture its essence adequately. In the British context it has been suggested that Muslim identity is "quasi-ethnic" because religious and ethnic boundaries intersect and are not clearly demarcated (Meer, 2010). In the United States scholars have sometimes opted for the label of "cultural identity", which is understood to encompass the interplay

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* Address for correspondence: Colleen Ward, Centre for Applied Cross-cultural Research, School of Psychology, Victoria University of Wellington, Wellington, New Zealand. Email: Colleen.Ward@vuw.ac.nz

of religion, culture, and ethnicity (Britto & Amer, 2007). A basis for exploring the multi-dimensional nature of Muslim identity is provided by social identity theory; however, to address the complexity of Muslim identity in diasporic women, cross-cultural and feminist perspectives, as well as empirical research on religiosity, are also required.

The Dimensions of Muslim Identity

Social identity is understood to be that part of the self-concept that derives from knowledge about membership in a social group together with the value and emotional significance attached to that membership (Tajfel, 1981). Ethnic and cultural identities are particularly salient aspects of social identity. According to Phinney (1990) and Cameron (2004), the key components of these identities include: (1) self-identification (self-definition or self-labelling); (2) sense of belonging; (3) attitudes toward the in-group (an emotional evaluation, including ethnic pride); (4) centrality (subjective importance and the frequency with which group membership comes to mind); and (5) involvement (ethnic, cultural, and religious behaviours and practices, including language, friendships, and dress).

Overall, researchers share a broad understanding of ethnic and cultural identities, although their measurement varies widely (Verkuyten, 2007). On one hand, pride, belonging, and centrality, as the psychological basis of social identity, have relevance for all ethnic and cultural groups; on the other, specific cultural practices and customs distinguish one group from another (Phinney, 1990). Put in another way, the *psychological* elements of identity transcend ethnicity and culture, but the *behavioural* elements are group-specific.

Behavioural aspects of Muslim identity involve specific, prescribed religious practices, some of which, such as praying or reading the Quran, may occur in private, and others are more public activities, such as attending mosque or making the pilgrimage to Mecca. In Western countries, however, there is a specific practice that distinguishes Muslim women beyond the boundaries of their religious community and has implications for them within the broader society—that is wearing *hijab*. *Hijab* primarily refers to Muslim women's head and body covering and has been described as a symbol of identity and a "tangible marker of difference" for Muslim women in Western countries (Droogsma, 2007, p. 295). As a public expression of identity, it goes beyond the psychological sense of self and engagement in religious practices within a Muslim community. Furthermore, because of its highly visible public nature, *hijab* invites ascription of identity by members of the host culture (Weinreich, 1983) and heightens the complexity of social identity in diasporic Muslim women (Ajrouch & Kusow, 2007; Lalonde, Taylor, & Moghaddam, 1992).

This research examines three aspects of identity in Muslim women—psychological, behavioural, and visible—and how these aspects relate to each other, to perceived discrimination, and to well-being, defined in terms of life satisfaction and the absence of psychological symptoms. The major objective of the study is to construct predictive models of life satisfaction and psychological symptoms in Muslim women in New Zealand by investigating the direct and interactive effects of identity and discrimination on psychological adaptation.

Identity and Well-Being

Mossakowski (2003, p. 325) contends that "having a sense of pride, involvement with ethnic practices and cultural commitment to one's ethnic group is directly beneficial for mental health". Research to support this contention comes from both ethnic minorities and immigrant groups (Mossakowski, 2003; Oppedal, Roysamb, & Heyerdahl, 2005; Phinney, Horenczyk, Liebkind, & Vedder, 2001). There is sound evidence that ethnic identity is positively related to mental health, particularly when identity is assessed in terms of pride and belongingness (Brondolo, ver Halen, Pencille, Beatty, & Contrada, 2009). As recent qualitative studies undertaken with immigrant and refugee women have suggested that Muslim identity is linked to subjective well-being (Droogsma, 2007; Whittaker, Hardy, Lewis, & Buchan, 2005), we hypothesise that the psychological dimension of identity will be associated with greater life satisfaction and fewer psychological symptoms (H1).

The same pattern would be expected for behavioural dimensions of Muslim identity, specifically engagement in Muslim practices. Religiosity, typically measured in terms of religious activity, has been shown to be positively related to mental health in general (Leondari & Gialamas, 2009) and for immigrant groups more specifically (Bankston & Zhou, 1995; Harker, 2001). As the same is true for Muslim minorities (Abu-Rayya & Abu-Rayya, 2009), we hypothesise that the behavioural component of Muslim identity will be positively related to greater life satisfaction and fewer psychological symptoms (H2).

While wearing *hijab* may also be seen as a behavioural aspect of identity, it goes beyond religiosity and acts as an unambiguous, highly visible, and public marker of "Muslimness" in the wider community. Numerous authors have argued that wearing *hijab* has become one, if not the main, signifier of Islam and its associated "otherness" (Allen & Neilson, 2002; Bihi, 1999; Droogsma, 2007; Dwyer, 1999; Sheridan, 2006). In many instances, visible minorities or "others" are believed to be at greater risk for mental health problems, particularly due to the stress of greater discrimination linked to visibility. Empirical research, however, has not consistently borne this out (Clarke, Colantonio, Rhodes, & Escobar, 2008; Jasinkaja-Lahti, Liebkind, & Perhoniemi, 2006; Sam, Vedder, Ward, & Horenczyk, 2006).

It is important to note, however, that research on risk and visibility has been based primarily on race and ethnicity. Unlike ethnic and racial characteristics, *wearing hijab*, at least in Western countries, is largely a matter of choice, and in recent years considerable attention has focused on its symbolism and significance (Afshar, 2008). Droogsma (2007) argued that the *hijab* has evolved from a symbol of piety, purity, and oppression into a cultural and political statement, with undertones of independence and pride. Her qualitative study with Muslim women in the United States revealed that wearing *hijab* not only signified religious affiliation, but also functioned to preserve relationships within the larger Muslim community, to resist sexual objectification, and to gain respect and freedom. As there are bases for competing hypotheses (Sheridan, 2006), psychological research on the nature and meaning of *hijab* is limited, and its significance is strongly influenced by cultural context, we make no predictions about the relationship between wearing *hijab* and psychological well-being for Muslim women in New Zealand. Rather, a research question (RQ1) is posed: How does this visible component of Muslim identity relate to life satisfaction and psychological symptoms?

Perceived Discrimination, Identity, and Well-Being

There is a robust literature demonstrating the relationship between perceived discrimination and negative mental health outcomes in ethnic minority (Karlsen & Nazroo, 2002), immigrant (Vedder, van de Vijver, & Leibkind, 2006), and refugee (Noh, Beiser, Kaspar, Hou, & Rummens, 1999) populations. There is also some evidence that these findings generalise to Muslim communities (Rippy & Newman, 2006). Consequently, we hypothesise that perceived discrimination is linked to lower life satisfaction and greater symptoms of psychological distress (H3).

Numerous studies support a relationship between perceived discrimination and social identity. This is likely to be bi-directional in nature with perceived discrimination seen as strengthening ethno-cultural identity (Branscombe, Schmitt, & Harvey, 1999; Verkuyten & Nekuee, 1999), and a strong ethno-cultural identity in turn increasing the inclination to label ambiguous situations as discriminatory (Eccleston & Major, 2006). Verkuyten and Yildiz (2007) reported a significant relationship between perceived discrimination and Muslim identification, assessed by items reflecting pride, belongingness, and centrality. Accordingly, we predict that the psychological dimension of Muslim identity will be associated with greater perceived discrimination (H4). Given the heightened level of racism and discrimination experienced by visible minorities (Kessler, Mickelson, & Williams, 1999; Phinney, Berry, Vedder, & Liebkind, 2006) and the rise in Islamophobia in recent years (Sheridan, 2006), the same pattern is expected for women who wear *hijab* (H5).

The relationship between perceived discrimination and engagement in Muslim practices is less clear. On the one hand, the strong link observed between perceived discrimination and the psychological elements of Muslim identity may be reflected in the associated behavioural component. On the other hand, Sheridan (2006) reported that incidents of racial and religious discrimination judged by British Muslims to be related to the events of September 11 were not associated with mosque attendance or household focus on traditions, values, and customs. Consequently, no hypothesis is specified about the relationship between Muslim practices and perceived discrimination, but this is examined as a research question (RQ2).

Finally, the interactive effects of identity and perceived discrimination on well-being merit attention. An overview of the literature reveals that there is empirical support for competing hypotheses about the moderating influences of racial and ethnic identity on the relationship between discrimination and negative mental health outcomes. The first perspective suggests that ethnic identity acts as a coping resource and buffers the detrimental consequences of discrimination (Phinney, 1991). The alternative hypothesis is that ethnic identity highlights minority status and exacerbates the stress of discrimination (Lee, 2005). Consequently, we will examine the competing hypotheses and explore whether a strong Muslim identity, in terms of centrality, belongingness, and pride, will exacerbate or buffer the negative influences of discrimination in diasporic women (RQ3).

What might be expected for the behavioural dimension of Muslim identity is more straightforward. Although none of the 12 studies cited in Brondolo et al.'s (2009) review specifically examined the moderating effects of engagement in ethno-cultural practices, research on religiosity provides some insight into the stress and coping process. Hunter and Lewis (2010) argue that religiosity buffers the stress of racism and discrimination in African Americans, and Bierman (2006) found that attendance at religious services moderated the influence of discrimination on their negative affect. Therefore, it is hypothesised here that the behavioural dimension of Muslim identity, assessed in terms of religious practices, will attenuate the negative influences of perceived discrimination (H6). Finally, given the paucity of research on the topic, we do not propose a specific hypothesis about wearing *hijab* as the visible component of Muslim identity, but merely examine if it exerts a moderating influence on the relationship between discrimination and psychological well-being (RQ4). The hypotheses and research questions are summarised in Figure 1.

The New Zealand Context

As social and cultural factors impact the development and expression of social identity and the acculturation and adaptation of immigrants and
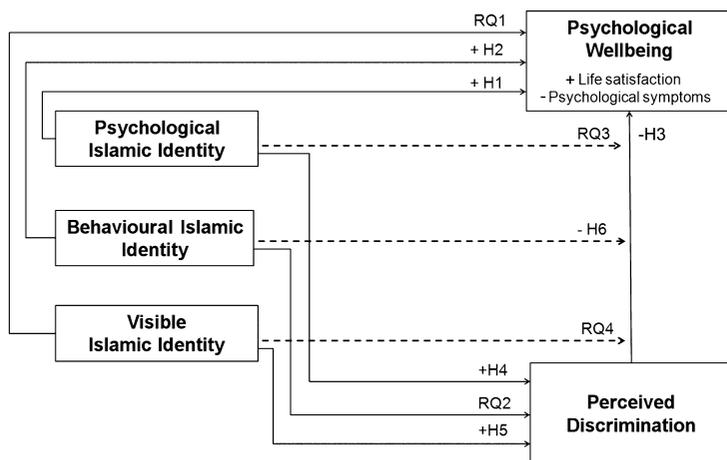
FIGURE 1.   The hypothesised model, representing psychological well-being for Muslim women as a function of perceived discrimination and the psychological, behavioural, and visible facets of Muslim identity.

ethno-cultural minorities, a brief description of the New Zealand context is provided (van Oudenhoven, Ward, & Masgoret, 2006). At present almost one in four persons in New Zealand's 4.3 million population is overseas-born (Statistics New Zealand, 2007). Ethnic, cultural, and religious heterogeneity has been growing exponentially, with around 40–50,000 new immigrants from approximately 150 countries entering the country each year (Ministry of Social Development, 2008; Statistics New Zealand, 2007). As a settler society, the level of diversity within the New Zealand population now exceeds that found in Australia, the United Kingdom, France, Germany, the Netherlands and Scandinavia (Berry, Westin, Virta, Vedder, Rooney, & Sang, 2006). Muslims are the most rapidly growing religious group, and their community increased sixfold between 1991 and 2006. Muslims now constitute about 1 per cent of New Zealand's population. The majority (77%) of New Zealand Muslims are overseas-born with the largest proportion originating from Asia (55%) and smaller numbers from the Middle East (21%) and Africa (9%; Ministry of Social Development, 2008).

Research has shown that New Zealand is for the most part a racially tolerant society and that New Zealanders endorse a multicultural ideology to a greater extent than Australians and citizens of 15 European Union countries (Ward & Masgoret, 2008); however, a recent unpublished study found that immigrants to New Zealand from predominantly Muslim countries in Asia (e.g. Malaysia, Pakistan), Africa (e.g. Somalia) and the Middle East (e.g. Iran, Iraq) are perceived more negatively than immigrants from other

countries in Asia and Africa (e.g. India, Philippines, South Africa) and those from Europe, North America, and the Pacific (Stuart & Ward, 2009). Furthermore, the majority of complaints of religious discrimination received by New Zealand's Human Rights Commission come from the Muslim community, many of which relate to Muslim women's modest dress (HRC, 2010). This fact suggests that Muslim women may be relatively vulnerable, even in a culturally diverse and generally tolerant society like New Zealand.

METHOD

Participants

A total of 153 Muslim women aged 16 to 60 years ($M = 28.3$, $SD = 11.1$) living in Auckland, Hamilton, and Wellington took part in the current study. The majority of women (81%) were born overseas, and the mean age of arrival to New Zealand was 19.8 years ($SD = 8.8$). The following ethnicities were represented: Asian ($n = 92$: Bengali, Cambodian, Pakistani, Fijian Indian, Indian, Indonesian, Malay, Punjabi, Sri Lankan), Middle Eastern ($n = 36$: Afghani, Arab, Iraqi, Persian), African ($n = 10$: Ethiopian, Somali, South African), Western ($n = 10$; New Zealand and United States) and Pasifika ($n = 5$: Polynesian, Samoan, Maori).

Just over half (53%) of the participants were students; 37 per cent of the sample were employed, and 10 per cent were unemployed. The average number of years of formal education for the women was 13.3 years ($SD = 4.2$).

Procedure

In order to forge relationships with women within the Muslim community and to construct a culturally sensitive questionnaire that would address the research questions, the first author spent a number of months attending a women's group at the local mosque. Once the questionnaire had been developed, participants were recruited with the support of the Islamic Women's Council, in addition to governmental and non-governmental organisations not directly affiliated with the mosque, such as the Office of Ethnic Affairs and Refugee Services. Hard copies of the questionnaire were distributed, and an online version of the questionnaire was circulated via email. Participants received no compensation for participating in the study.

Materials

A 10-page questionnaire was employed in the study. In addition to personal and demographic information, the questionnaire contained measures of

Muslim identity (psychological, behavioural, and visible), perceived religious discrimination, life satisfaction, and psychological symptoms.

Muslim Identity. Psychological: Cameron's (2004) 18-item multidimensional measure of social identification was utilised to tap the psychological dimension of Muslim identity. This measure incorporates centrality, the amount of time spent thinking about being a group member (e.g. "Being a Muslim is an important reflection of who I am"); in-group affect (pride), the positivity of feelings associated with membership in the group (e.g. "In general, I am glad to be Muslim"); and in-group ties, perceptions of similarity, bond, and belongingness with other group members (e.g. "I feel strong ties with other Muslims"). Participants rated the extent to which they agree with a given item on a 5-point Likert scale ranging from *Strongly Disagree* (1) to *Strongly Agree* (5) with higher scores indicating a stronger psychological identification as Muslim.

Behavioural: The nine-item Islamic behaviours subscale was developed in consultation with Muslim women from the local mosque and relates to the pillars of Islam (e.g. "I pray five times a day" and "I fast during Ramadan") and additional Islamic practices (e.g. "I read the Quran" and "I attend the mosque"). Participants were asked to rate the extent to which they engage in a given practice on a 5-point Likert scale ranging from *Never* (1) to *Very Often* (5). High scores indicate a high frequency of Islamic practices and a stronger behavioural identity as Muslim.

Visible: A 16-item scale was generated in consultation with Muslim women in order to tap the visible component of Muslim identity. Eight items related to the extent of modest attire worn (i.e. from a simple headscarf to outer garment with veil), and eight items related to the contexts in which *hijab* is worn (i.e. at the mosque, work/university/school, shops and public transport). Responses are given on a 5-point frequency scale ranging from *Rarely* (1) to *Very Often* (5). High scores indicate that a woman is highly visible in terms of more covering and wearing *hijab* in a greater variety of contexts.

Perceived Religious Discrimination.   The extent of religious discrimination perceived by Muslim women was measured using an adaptation of Noh and Kaspar's (2003) seven-item scale. Five of the items from the original scale were used (e.g. "you are insulted" and "you are excluded"). Three items were added, relating to disrespectful, inferior, and suspicious treatment. Responses were primed by: "How frequently do you experience the following in New Zealand because of your religious background?" Participants were asked to rate the extent to which they perceived religious discrimination over the last month on a 5-point scale ranging from *Rarely* (1) to *Very Often* (5). High scores indicate high levels of perceived religious discrimination.

Psychological Well-Being.   We use both positive and negative indicators of psychological well-being, and define it in terms of life satisfaction and the absence of psychological symptoms. In the acculturation literature these outcomes are generally taken to represent psychological adaptation (e.g. Sam et al., 2006; Ward, Bochner, & Furnham, 2001).

Life Satisfaction: Life satisfaction was assessed using a five-item scale developed by Diener, Emmons, Larsen, and Griffin (1985) that has demonstrated good reliability and validity across a range of national, ethnic, and immigrant groups (Kuppens, Realo, & Diener, 2008; Vedder et al., 2006). The Life Satisfaction scale asks "How do the following statements apply to how you think about yourself and your life?" and consists of items such as "I am satisfied with my life" and "If I could live my life over, I would change almost nothing". Participants indicate the extent to which they agree with each statement on a 5-point scale ranging from *Strongly Disagree* (1) to *Strongly Agree* (5). High scores on this scale indicate greater life satisfaction and psychological well-being.

Psychological Symptoms: Psychological symptoms were assessed with a 15-item scale measuring depression, anxiety, and psychosomatic symptoms, originally developed for the Immigrant Youth in Cultural Transition project (Berry, Phinney, Sam, & Vedder, 2006). The measure asks: "How often have you experienced the following in the past month?" and lists symptoms such as: "I feel tired", "I feel restless", and "I lose interest and pleasure in things I usually enjoy". Participants indicate the extent to which they have experienced each symptom on a 5-point scale ranging from *Never* (1) to *Very Often* (5). High scores on this scale reflect greater symptoms of psychological distress. This measure has demonstrated good internal consistency across a range of ethno-cultural groups (Vedder et al., 2006).

RESULTS

The results are reported in two sections. The first presents the psychometric and correlational analyses; and the second reports the hierarchical regressions for the prediction of life satisfaction and psychological symptoms.

Psychometric and Correlational Analyses

The psychometric properties of the measurement scales are presented in Table 1, which shows that all measures demonstrated good internal consistency. On average the participants reported strong Muslim identities, particularly in psychological and behavioural domains. They also reported generally low levels of perceived discrimination. Life satisfaction was moderately high, exceeding Cummins' (1995) "gold standard" of 3.31 for the five-item Satisfaction with Life Scale. Conversely, symptoms of psychological distress were relatively low.

TABLE 1
Scalar Means, Standard Deviations, Cronbach Alphas, and Intercorrelations
among Measures

Variable	M	SD	α	1	2	3	4	5
1. Identity: Psychological	4.24	0.43	0.79					
2. Identity: Behavioural	4.16	0.56	0.81	.36**				
3. Identity: Visible	3.90	0.70	0.81	.30**	.39**			
4. Perceived discrimination	1.97	0.90	0.92	−.09	.09	.18*		
5. Life satisfaction	3.68	0.75	0.82	−.14	−.19*	−.21**	.08	
6. Psychological symptoms	2.29	0.78	0.94	.11	.17*	.33**	−.02	−.48**

* $p < .05$; ** $p < .01$.

To ensure that Cameron's (2004) measurement of social identity and the researchers' assessments of Islamic practices and wearing *hijab* represented facets of the higher order construct of Muslim identity, a higher order principal components factor analysis with "oblim" (i.e. oblique) rotation was conducted on the three measures. A single factor was extracted (eigenvalue = 1.70), and the behavioural (.79), visible (.75), and psychological (.72) domains of Muslim identity loaded on the higher order factor and explained 56.74 per cent of the variance. The KMO measurement of sampling adequacy was .64 and Bartlett's Test of Sphericity was significant ($\chi^2(3) = 51.07$, $p < .001$).

Zero-order correlations are presented in Table 2. As would be expected, the psychological, behavioural, and visible components of Muslim identity were inter-related ($rs = .30$ to $.39$). Of these, only visibility ($r = .18$, $p < .05$) significantly correlated with perceived religious discrimination. Therefore, H5, but not H4, was supported. Both wearing *hijab* (RQ1) and Islamic practices (H2) were linked to psychological adaptation and were associated with greater life satisfaction and fewer psychological symptoms. Contrary to expectation, however, neither the psychological dimension of Muslim identity (H1) nor perceived religious discrimination (H3) was associated with psychological well-being.

The Prediction of Psychological Well-Being

A hierarchical multiple regression was conducted to predict life satisfaction in Muslim women with variables included in the interaction terms centred prior to the analysis (see Table 2). The effects of demographic variables such as age, education, language and birthplace were controlled in the first step, as these variables are known to predict psychological and social adaptation during cross-cultural transition (Masgoret & Ward, 2006; Verkuyten &

TABLE 2
Predictive Model of Life Satisfaction: Standardised Regression Coefficients and
Model Statistics

	1	2	3	4
1. Demographics				
Age	.24*	.19*	.19*	.18*
Education	.21*	.19*	.18	.17*
Birthplace	−.10	−.13	−.13	−.14
Language	.05	.09	.10	.09
2. Muslim identity				
Psychological		−.03	−.04	.00
Behavioural		.05	.06	−.02
Visible		.26*	.28*	.32**
3. Perceived discrimination			−.07	−.13
4. Interactions				
Psychological × Discrimination				−.19*
Behavioural × Discrimination				.18*
Visible × Discrimination				−.04
R^2	.12**	.19**	.20**	.26**
R^2 Change	.12**	.07**	.00	.06**

* $p < .05$; ** $p < .01$.

Nekuee, 1999; Ward, 2001). In this case these variables explained 12 per cent of the variance. Being older and possessing a higher level of education predicted greater life satisfaction. In the second step, the facets of Muslim identity were entered into the equation, but only visibility emerged as a significant predictor of life satisfaction. More specifically, greater visibility was associated with enhanced life satisfaction (RQ1). The influence of perceived religious discrimination was examined in Step 3, but failed to explain any additional variance. As such, H3 was not supported.

To determine whether the different aspects of Muslim identity moderated the relationship between perceived religious discrimination and life satisfaction, three identity interaction terms were created (psychological × discrimination, behavioural × discrimination, and visibility × discrimination), and these were added in Step 4 of the regression analysis. The addition of the interaction terms explained 6 per cent new variance, $p < .01$. Of the three interaction terms, two were statistically significant: these were psychological × discrimination and behavioural × discrimination.[1]

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[1] The moderator effects of the psychological, behavioural, and visible components of identity on the relationship between religious discrimination and psychological well-being (both life satisfaction and psychological symptoms) were the same whether the interaction terms were entered simultaneously in the last step or entered in separate steps.
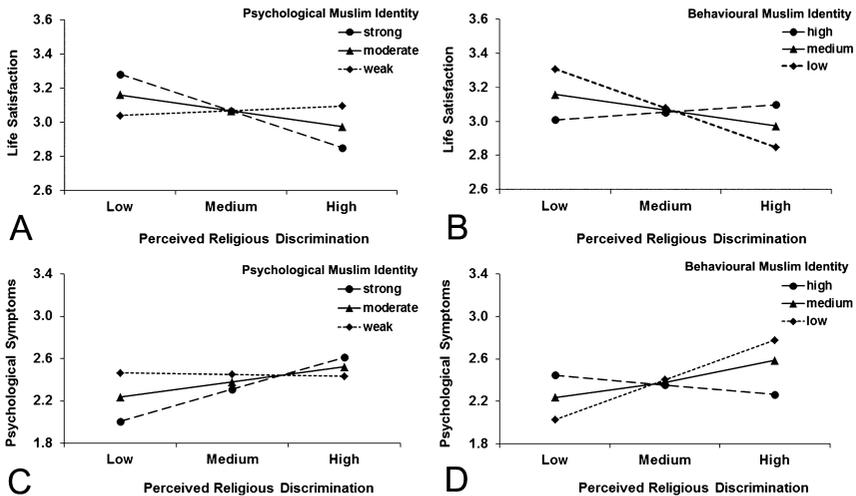
FIGURE 2.   The moderating influence of Muslim identity on the relationship between religious discrimination and psychological well-being.

The significant interactions were graphed with ModGraph (Jose, 2008), and the results are presented in Figure 2. The plot of the psychological × discrimination interaction in Figure 2a and simple slope computations revealed a negative association between perceived religious discrimination and life satisfaction only for those who maintained a strong Muslim identity (low slope = .03, $t(145) = .40$, ns; medium slope = −.11, $t(145) = -1.57$, ns; high slope = −.26, $t(145) = -2.46$, $p < .05$). In answer to RQ3, a strong psychological identity as Muslim was associated with greater risk for detrimental consequences of religious discrimination.

The behavioural × discrimination graph and simple slope computations revealed a different pattern (see Figure 2b). Perceived religious discrimination did not affect life satisfaction for those who reported moderate to high participation in Islamic practices (high slope = .05, $t(145) = .52$, ns; moderate slope = −.11, $t(145) = -1.57$, ns). However, perceived discrimination was significantly and negatively associated with life satisfaction for those who rarely engaged in Islamic practices (low slope = −.27, $t(145) = -2.70$, $p < .01$). This finding suggests that the behavioural component of Muslim identity, that is, engagement in Islamic practices, buffers the detrimental influence of perceived religious discrimination on life satisfaction. Consequently, H6 was supported.

Table 3 presents the regression analysis for the prediction of psychological symptoms. The demographic variables entered at Step 1, facets of Muslim identity entered at Step 2, and perceived religious discrimination in Step 3 did

TABLE 3
Predictive Model of Psychological Symptoms: Standardised Regression
Coefficients and Model Statistics

	1	*2*	*3*	*4*
1. Demographics				
Age	.11	.06	.06	−.04
Education	.09	.09	.07	−.06
Birthplace	.04	.09	.09	.09
Language	.00	.05	.06	−.04
2. Muslim identity				
Psychological		−.04	−.03	−.09
Behavioural		−.13	−.14	−.03
Visible		−.13	−.16	−.22*
3. Perceived discrimination			.11	.18*
4. Interactions				
Psychological × Discrimination				.27**
Behavioural × Discrimination				−.30**
Visible × Discrimination				.07
R^2	.03	.08	.09	.22**
R^2 Change	.03	.05	.01	.13**

* $p < .05$; ** $p < .01$.

not explain a significant amount of variance in psychological symptoms. With the addition of the Step 4 interaction terms, however, 13 per cent new variance was accounted for and significant effects for visibility ($\beta = -.22$), discrimination ($\beta = .18$), and significant psychological × discrimination ($\beta = .27$) and behavioural × discrimination ($\beta = -.30$) interactions were observed; however, examining these beta weights in relation to the bivariate correlations suggests that the results for discrimination are likely due to a suppression effect.

The significant interactions were graphed with ModGraph (see Figure 2), and closer inspection of the psychological × discrimination interaction and simple slope computations revealed that perceived religious discrimination was not significantly associated with psychological symptoms for those who reported weak psychological identities as Muslims (low slope = −.02, $t(145) =$ −.22, ns). As seen in Figure 2c, however, perceived religious discrimination was significantly associated with psychological symptoms in those who reported moderate to strong Muslim identities (medium slope = .17, $t(145) =$ 2.19, $p < .01$; high slope = .36, $t(145) = 2.99$, $p < .05$). These results suggest that stronger psychological identification as Muslim is associated with an increased susceptibility to the detrimental impact of perceived religious discrimination (RQ3).

Conversely, the behavioural component of Muslim identity seemed to buffer the relationship between perceived discrimination and psychological

symptoms (see Figure 2d). While perceived religious discrimination was associated with significantly more psychological symptoms in individuals who engaged in Islamic practices at low to medium levels of frequency (low slope = .45, $t(145) = 4.10$, $p < .01$; medium slope = .17, $t(145) = 2.20$, $p < .05$), perceived religious discrimination was not associated with psychological symptoms in those individuals who reported high frequencies of Islamic practices (high slope = −.10, $t(145) = −.99$, *ns*). Therefore, Hypothesis 6 was supported.

DISCUSSION

Given the current climate of Islamophobia and the high visibility of Muslim women in Western societies, this study aimed to investigate the direct and interactive effects of Muslim identity and perceived religious discrimination on life satisfaction and psychological symptoms in disaporic women in New Zealand. While the hypotheses were partially supported and the proposed interaction effects confirmed, the overall results painted a complex picture of the functional dynamics of differing aspects of Muslim identity in diasporic women. These New Zealand based findings revealed that Muslim identity—in terms of centrality, belongingness, and pride—was strong and that perceived religious discrimination was relatively low. Under these conditions the psychological dimension of Muslim identity was unrelated to self-reports of biased intolerant treatment.

In contrast, visibility, assessed in relation to the extent and frequency of wearing *hijab*, was linked to greater perceived discrimination. A related study has suggested that these perceptions of religious discrimination are accurate. Survey research by Stuart and Ward (2009) found that only 15 per cent of New Zealanders believed that it is OK for a woman to wear a headscarf wherever she wanted, and almost half (47%) agreed that there is no place for *burqas* in the country. The link between wearing *hijab* and discriminatory treatment has been further discussed in the international literature that has portrayed the post-9/11 socio-political climate as "demonising" Islam and noted the increased vulnerability of visible Muslim women (Allen & Neilson, 2002; Ajrouch & Kusow, 2007; Bihi, 1999; Droogsma, 2007; Dwyer, 1999; Hopkins, 2007; Lalonde et al., 1992).

Despite the risks connected with visibility, our research clearly identified a protective function of wearing *hijab*, specifically its association with greater life satisfaction and fewer symptoms of psychological distress. The complex personal, cultural, religious, and political symbolism underpinning the choice to wear *hijab* may act to diminish the negative consequences of being visibly Muslim in a Western society. This appeared to be the case in Droogsma's (2007) qualitative study of Muslim women in the United States where *hijab* was seen not only as a symbol of religious affiliation, but also as a means of

preserving relationships within the larger Muslim community, resisting sexual objectification, and gaining respect. Several women expressed how they enjoyed challenging the stereotypes held by Westerners of veiled women and that their choice to wear *hijab* in the face of discrimination gave them a sense of power and control (Droogsma, 2007).

While the visible component of Muslim identity predicted better outcomes for immigrant women, and the behavioural component, defined in terms of Muslim practices, was significantly correlated with both indicators of psychological well-being, the psychological dimension, entailing centrality, belongingness, and pride, was related neither to life satisfaction nor to psychological symptoms. Studies by Lee (2003) and Noh et al. (1999) similarly failed to establish a direct association between ethnic identity and well-being in immigrant and refugee groups; however, in this study, we suggest that these results are affected by statistical factors, particularly restriction of range. The mean score for the psychological dimension of Muslim identity was very high, and the variance was relatively low. Since Ward and Stuart's (2009) related research demonstrated that Muslim identity, also assessed in terms of centrality, belongingness, and pride, was a moderately strong predictor of life satisfaction in immigrant youth in New Zealand, statistical constraints provide a credible explanation for the non-significant findings in this study.

More puzzling is the absence of a relationship between perceived religious discrimination and psychological well-being, particularly in light of the large body of empirical research that has established a robust link between discrimination and negative psychological and social outcomes (Karlsen & Nazroo, 2002; Noh et al., 1999; Vedder et al., 2006; Verkuyten, 1998; Ward et al., 2001). One possibility is that the findings may have been affected by the time frame of the measurement of discrimination, which was limited to a one-month period. It is noteworthy, however, that there are a number of studies that have explored the prevalence of depression, anxiety, and discrimination in North American Muslims with a variety of measures and also failed to find a link between perceived discrimination and mental health outcomes (Ataca & Berry, 2002; Hassouneh & Kulwicki, 2007; Rippy & Newman, 2006). This issue clearly deserves further investigation.

Perhaps the most noteworthy aspects of this research are the divergent patterns of interaction between discrimination and the psychological and behavioural components of Muslim identity. A strong sense of centrality, belongingness, and pride, as the psychological component of Muslim identity, seemed to exacerbate susceptibility to the detrimental consequences of perceived religious discrimination while Muslim practices, as the behavioural component of Muslim identity, appeared to buffer negative influences.

Findings from extant literature can help us understand these intriguing findings. Discrimination has often been shown to exert a more powerful

negative effect on well-being in those who maintain a strong psychological identification with disadvantaged groups (Banks & Kohn-Wood, 2007; Lee, 2005; Noh et al., 1999; Sellers, Copeland-Linder, Martin, & Lewis, 2006). Fundamentally, 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 (Crocker, Thompson, McGraw, & Ingerman, 1987). But beyond that, qualitative research by Zaal, Salah, and Fine (2007) with young Muslim-American women and by Stuart (2009) with New Zealand-Muslim youth suggests that Muslim immigrants contend with scrutiny both within their community and by the wider society. Consequently, a Muslim identity brings with it the obligation to educate others about Islamic beliefs and values—even in the face of discrimination and political intimidation. Therefore, it might be argued that diasporic Muslim women face not only the stress of prejudice and discrimination, but also the constraints of an "appropriately Muslim response", which taken together, impact negatively on psychological well-being.

In contrast, perceived discrimination was associated with lower levels of life satisfaction and an increase in symptoms of psychological distress in Muslim women only in the absence of frequent Islamic practices. This finding suggests that the behavioural component of Islamic identity may operate as a buffer against the detrimental outcomes of perceived religious discrimination. These results are consistent with more general research on religiosity (Leondari & Gialamas, 2009), including studies of immigrants and refugees (Harker, 2001; Whittaker et al., 2005). The findings are also congruent with work by Bierman (2006), who found that religious participation moderated the negative impact of discrimination on emotional outcomes in African Americans. In short, religious practices may serve as a coping resource in times of stress.

Although the results of the present research are interpretable and appear robust, there are some limitations that should be noted. The first issue concerns the cross-sectional nature of the design. Cross-sectional designs provide only a snapshot in time; this makes identifying the directionality of complex relationships between variables such as identity, perceived discrimination, and psychological well-being especially difficult. Furthermore, individual endorsement of identities can fluctuate over time in response to various social and contextual cues; therefore, using longitudinal designs in future research would be extremely valuable.

Second, the measure of perceived religious discrimination used in this study can be subjected to criticism. It tapped the frequency, but not the intensity, of discrimination and was confined to a one-month time frame. Schimmack and Diener (1997) have argued that both frequency and intensity should be taken into account when assessing stressful experiences and their impact on psychological well-being. Furthermore, the one-month time frame may not have adequately captured the cumulative effects that discrimination can have on

psychological outcomes. Consequently, the results and their interpretations should be viewed with caution, and more sophisticated measures of perceived religious discrimination should be employed in future research.

Third, although research participants were recruited from a variety of sources, the women who completed surveys in this study were relatively well educated and proficient in English. Studies of acculturation routinely indicate that education is associated with increased mastery, self-esteem, cultural competency, and positive adaptation outcomes (Verkuyten & Nekuee, 1999). It would be worthwhile to explore issues of identity and discrimination in more disadvantaged segments of the Muslim community in New Zealand and other countries as these women may be more vulnerable to discrimination and have fewer coping resources.

Finally, the current research allows us to suggest a number of practical implications relating to the acculturation of diasporic Muslim women. Although being visibly Muslim invites unwanted religious discrimination, it may also have a significant positive influence on Muslim women's well-being. As such, state interventions that prohibit the public display of visible religious markers may undermine the coping resources of Muslim immigrants in Western countries and present obstacles to their integration into their society of settlement. The protective functions of the behavioural and visible aspects of Muslim identity highlight the importance of refugees and immigrants being encouraged to maintain their cultural and religious practices in their new society of settlement.

The research findings not only have policy implications for the management of cultural and religious diversity at the state level, but also practical implications for mental health practitioners who liaise with immigrant Muslim clients and communities. As previous research has identified Muslim women as "at risk" for poor mental health outcomes (Douki, Zineb, Nacef, & Halbreich, 2007; Reitmanova & Gustafson, 2008; Whittaker et al., 2005), there is merit in identifying culture-specific protective factors. The present study suggests that the development of culturally sensitive therapies that acknowledge, respect, and incorporate relevant aspects of Islam into the therapeutic process may effectively support the adaptation of Muslim refugees and immigrants in Western societies.

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