Islamophobia Position Statement

February 10, 2017
Written by: Ohio Psychological Association Board of Directors and Diversity Committee

As members of the Ohio Psychological Association's Diversity Committee we offer the following statement on Islamophobia, xenophobia, and immigrant mental health. We are particularly compelled to make such a statement in the aftermath of November 28, 2016. Abdul Razak Ali Artan's violent act on this day has affected the communities we serve as psychologists and belong to as individuals. We condemn acts of violence, especially ones such as this, intended to create psychological harm and separation between our communities. Our statement is intended to disseminate information for healing, unification, and understanding.

According to the Center for Race and Gender at the University of California, Berkeley, the term Islamophobia was first introduced as a concept in a 1991 Runnymede Trust Report and defined as unfounded hostility toward Muslims and therefore fear or dislike of all or most Muslims. The term was created predominantly in the context of Muslims, and was grounded in the more common xenophobia framework. Common assumptions regarding Islamophobia are based on beliefs that Islam cannot adapt to new realities, doesn't share common values with other major faiths, is barbaric and irrational, and promotes violence and terrorism. Islamophobia erroneously promotes the rationalization of the necessity to employ violence as a tool to achieve civilizational rehab of the target communities and reintroduces a racial structure in which disparities are maintained and extended.

One consequence of the current public rhetoric against Muslims is that there is renewed attention to the discrimination being espoused: Islamophobia. The word has a broad meaning and often serves as an umbrella term to encapsulate negative sentiments ranging from individual anti-Islamic views to society-wide discrimination. It evokes similar pejorative labels for discrimination against other groups such as anti-Semitism and people of color. It helps to describe a whole spectrum of behavior and attitudes that have existed a long time even before there was a name.

Similar to other prejudices, Islamophobia is a learned fear, one instilled by society. Islamophobia is often perpetuated by anti-Muslim images and negative stereotypes which may reinforce marginalization, faulty generalizations, discrimination, and biased behaviors. Hence, it is not surprising that negative views of Islam are still alive and well documented in the United States. For example, a poll conducted by YouGov which found, on average 55% of adults polled in the United States hold unfavorable opinions of Islam. The same poll also found that the majority of respondents had limited contact with Muslims, 74% of the respondents indicated they had neither worked with Muslims nor had Muslim friends.

The most recent wave of anti-Muslim sentiment seems to have grown out of perceived threats to security and safety. As a result, some may perceive Islamophobia comments as stemming from perceived threats to safety and security, and therefore feel justified in making such comments. Nevertheless, it is important to note that the majority of Muslims in the United States condemn the horrific attacks put forward by terrorist groups and feel similar perceived threats to security and safety.

Religious prejudices such as Islamophobia can hinder the process of acculturation for Muslim immigrants. Acculturation can be defined as the changes that occur as a result of sustained intercultural contact between individuals and groups. Research conducted on acculturation finds that ethnic identity and pride in heritage culture often serve as a protective factor for immigrants. Nevertheless, perceived experiences of prejudice create risk for the isolation and marginalization of immigrants. Stated differently, when individuals receive negative messages about themselves, their self-esteem can protect them or suffer injury. Further, negative messages do not only threaten one's value of self-worth, but also the value of the society where they live.

Understanding the psychology of acculturation provides insight to the intersection of immigration and mental health. Immigrants sometimes endure trauma in their countries of origin and also in their relocation. Fear and withdrawal from everyday life and community can contribute to anxiety and depression as a result of displacement and navigating new and confusing systems. Hence, exposure to violence, lack of social support, perceived discrimination, and instability become significant risk factors for being vulnerable to experiencing psychological issues.

Furthermore, it is important to reflect upon our society's language, attitudes, and systems for welcoming immigrants into our culture. Our local municipalities are aware that we benefit from immigrants living in our communities as they often create economic growth and begin their own small businesses. As Americans, we historically benefit from immigrants, overwhelmingly descend from immigrants, and would be served to recognize that immigrant mental health is American mental health. As mental health professionals, our goal is to design and implement data driven, clinically responsive, and culturally competent mental health services that promote greater engagement with immigrant and refugee individuals from all backgrounds.

The Ohio Psychological Association (OPA) expresses hope that Islamophobia in the United States will begin to reach a turning point, and with increased education, awareness and enhanced illumination it will subside. We recognize that mentorship and belonging are extremely important for minorities and people of color, especially within systems that do not value or understand our diversity variables. We look forward to a future of collaboration and shared prosperity with our fellow immigrants and Muslim Americans.