12-2022

Intersectional Identities of Race and Religion of African American Muslims and Their Attitudes Toward Seeking Mental Health Services

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INTERSECTIONAL IDENTITIES OF RACE AND RELIGION OF AFRICAN AMERICAN MUSLIMS AND THEIR ATTITUDES TOWARD SEEKING MENTAL HEALTH SERVICES

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Western Michigan University, 2022

African American Muslims have overlapping and interconnected identities of race and religion that can be conceptualized by the intersectionality framework to understand the complexities of barriers they face when seeking mental health services. African American Muslims have a higher risk of mental health issues due to systemic racism, racial discrimination, racial trauma, and Islamophobic discrimination. Yet, there is a lack of scholarly research or studies that focus explicitly on African American Muslims' specific mental health needs, barriers, and attitudes related to seeking mental health treatment.

This study sought to fill the gap in knowledge about attitudes toward seeking mental health services of African American Muslims. The purpose of the study was to understand the relationships among the intersectional identities of race and religion of African American Muslims on their attitudes toward seeking mental health services. Four hundred and forty-two participants from across the U.S. who identified as African American Muslims between the ages of 18 to 92 completed an online survey. Religious identity was measured by the Multi-Religion Identity Measure (Abu-Rayya, Abu-Rayya, & Khalil, 2009) and racial identity through the racial centrality subscale of the Multidimensional Inventory of the Black Identity (Sellers, Rowley, Chavous, Shelton & Smith, 1997). The Attitudes Toward Seeking Professional Psychological Help - Short form (Fischer & Farina, 1995) was used to measure this construct.

Primary hypotheses were tested by conducting linear and multiple regression analyses. Contrary to expectations, results indicate that racial and religious identity each positively and significantly predicted attitudes toward seeking mental health services among African American Muslims. Thus, higher levels of religious identity and racial identity predicted more positive attitudes toward seeking professional mental health care. Exploratory analyses were conducted using mediation and moderation analyses to understand the relationship among the variables. Results of the mediation analyses revealed that religious identity partially mediated the relationship between racial identity and attitudes toward seeking professional mental health services. Similarly, racial identity partially mediated the relationship between religious identity and attitudes toward seeking professional mental health services. Results of the moderation analyses revealed a negative and significant moderating effect of the interaction between religious identity and racial identity in predicting attitudes toward seeking professional mental health services. In other words, at the lowest levels of religious identity, there is a considerably stronger relationship between racial identity and attitudes toward seeking professional mental health services, which decrease in magnitude as religious identity increases. Limitations of the study included common method variance, the need for valid and reliable measures, and the lack of data validation protocols. Implications for counselors and counselor educators are addressed, and future research recommendations are discussed.

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by

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A dissertation submitted to the Graduate College
in partial fulfillment of the requirements
for the degree of Doctor of Philosophy
Counselor Education and Counseling Psychology
Western Michigan University
December 2022

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ACKNOWLEDGMENTS

I acknowledge my God for His timing and the unconditional love and grace that He has always bestowed on me and carried me, especially when I was overwhelmed with life situations when pursuing a Ph.D. I want to thank my mother for being the beacon of light and the wind beneath my wings when I didn't see light. You inspire me, Maa, and we did it! My Babbuma, thank you for motivating me and holding me accountable, your encouraging smile, love, and your complete trust helped me to keep going. Thank you to my husband, my best friend, my encourager, my support, and my Jaanu. The moment you stepped into my life, you reminded me of God's purpose in my life and how He sees me through your green/blue eyes. Thank you to the first Dr. Dhanaraj, your drive and words of encouragement, and your accomplishments; you inspire me, Daddy. My life coach, my Babyma, thank you for helping me fight my limiting beliefs and reminding me to pause and soak in God's creation. Thank you to Monica, Bagath, Abukuttu and Neilguttu. Your love and curiosity in getting to know my study and the process have always helped me reflect and acknowledge my baby steps.

Thank you, Lauren, for being my sounding board and holding me accountable while writing Chapter 2. I cherish our small talks. Thank you, Caroline, for being my friend and support and always putting my needs before yours. I love our conversations and your insights. You are my God-given friend. Thank you to Dr. McCorkle. Thank you for believing in me and pushing me to complete my dissertation. You are a woman of faith who helped me look at God and His strength when things got harder. I thank God for Dr. Chris Coryn's contribution in helping me to formulate the research problem. Thank you to Kristin Coryn for your sweet messages reminding me to smile and enjoy life. Thank you to Dr. Mary L. Anderson for your support and for helping me see myself as a counselor educator. Thank you, Dr. Morris.

The conversations that we've had made me choose this topic, and I appreciate the opportunities that you gave me to teach your class on the Muslim and African American Muslim populations.

Thank you to my chair, Dr. Bischof. Thank you so much for not giving up on me, and I appreciate your commitment to meeting with me weekly. You always showed up and gave me timely feedback. Your honesty and straightforward comments on my progress helped me keep pushing even when I didn't feel like it! You are God-sent! Thank you to Dr. Rawls. I will never forget the first month of my arrival in the United States when I had you for class; your friendly smile, warmth, and grace made me feel welcome. You helped me to think about race and the historical context of race in this country. Thank you for being patient with me and my questions. I loved having you as my teacher and will miss sitting in your class! I appreciate you holding me accountable to be multiculturally mindful. Thank you to Dr. Applegate for being patient with my pace in understanding statistical analyses. Your willingness to teach me and help with the SAS codes and promptness to give me feedback has helped me to come this far! I enjoy our talks about life and constructs. Your kindness and authenticity have helped me learn more about measurement and research and take classes in the EMR department without feeling like an oddball.

Finally, I would like to thank my Muslim brothers and sisters and the African American Muslim community for being willing to participate in this study and for accepting me into your community. By the grace of God, we will have many more conversations in the future around this topic, and the world will acknowledge your presence!

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CHAPTER I

INTRODUCTION

African American Muslims have overlapping and interconnected identities of race and religion that can be conceptualized by the intersectionality framework to understand the complexities of barriers they face when seeking mental health services. There has been a tremendous increase of 276% in the multiracial population in the United States since 2010 (U.S. Census Bureau, 2020). Additionally, there has been an increase in the African American Muslim population in the United States (Dix-Richardson & Close, 2002; Pew Research, 2017). There is a growing need for counselors to be multiculturally competent and understand intersectional identities to provide professional counseling to the African American Muslim population. The study explored the intersectional identities of race and religion for African American Muslims and their attitudes toward seeking professional mental health services. This chapter provides an overview of the research problem, including cultural considerations and challenges specific to African American Muslims, problem statement as it relates to African American Muslims' dual identity, mental health issues, and their attitudes toward seeking mental health services, in addition to a description of the purpose of the study and research questions that guide this research project.

Background of the Research Problem

African American Muslims

Currently, the total population of the United States is 331.9 million, and the estimated African American population that identifies themselves as 'Black or African American only' is 45 million, which is 13.6% of the total American population (U.S. Census Bureau, 2021). African Americans who identify themselves as 'Black or African American only' and as 'Black

or African American in combination with another race' is 46.9 million, which is 14.2% of the total American population (U.S. Census Bureau, 2020). Based on survey results by the Pew Research Center (2017), it was estimated that the total number of Muslims in the United States was about 3.45 million, and 20% of the overall Muslim population in the United States identified themselves as Black, resulting in an estimated 690,000 African American Muslims in the U.S. Additionally, 49% or nearly half of the Black Muslims revealed that they converted to Islam (Mohamed & Diamant, 2019). The rise of Islam among African Americans is deeply embedded in the peculiar history of African Americans in the United States.

Muslim historians and several scholars claim that evidence exists that followers of Islam, possibly Africans also known as Moors or Mandinkas (depending on the African region of origin) were present in the Americas before the European invaders, settlers, Spanish conquistadors, including 180 years before Christopher Columbus landed in the Americas (Quick, 1996, 2007, 2017; Rashad, 1995). Furthermore, to the long history of African Muslims in the Americas and the United States, there are several substantial pieces of evidence confirming that during the Trans-Atlantic slave trade, many Africans that were enslaved were Muslims (Al'Uqdah, Hamit, & Scott, 2019; Diouf, 2013; Rashad, 1995; Winters, 1978). It is believed that in the eighteenth and nineteenth centuries around one-fifth of all African slaves that were forcefully brought to the Americas were Muslims (Ahmad, 2014; Dirks, 2006). In conclusion, it can be said that Islam among African Americans has never been monolithic because of the history of Islam from its origins as a religion followed by slaves and its development as a phenomenon in the 20th and the 21st century (Curtis, 2010; Mamiya, 1982).

African American Muslims (96%) say there is a higher proportion of discrimination against Muslims in America which is close to the 94% of African Americans in the United States

who also say that there is a lot of discrimination against them (Pew Research Center, 2017). Furthermore, African American Muslims have dual marginalized identities in terms of race (Black) and religion (Islam) which puts them at a higher risk of mental health issues due to systemic racism, racial discrimination, and Islamophobic discrimination (Adam, 2019; Al'Uqdah et al., 2019; Samari, Alcalá, & Sharif, 2018).

Mental Health Issues

Mental health issues or mental illnesses are quite common in the United States. Approximately one in five adults living in the United States is affected with a mental illness (National Institute of Mental Health [NIMH], 2019). Based on the results from the National Survey of Drug Use and Health (2019), it was reported that 17.3% of African Americans were affected with a mental illness and among them, 2 in 9 reported a serious mental illness (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). Overall, the frequency of mental illness affects African Americans about the same as those of the general population in the United States (SAMHSA, 2019). However, African Americans are a vulnerable population, and they are disproportionately represented in homeless (Jones, 2016) and incarcerated groups (Nellis, 2021), and most often they are not the typical survey respondents for community surveys and so they may be under-counted (Primm et al., 2010).

African Americans in the United States are vulnerable to prolonged incidents of racism, which can have detrimental psychological impacts leading them to post-traumatic stress disorder (PTSD) symptoms and racial trauma (Carter et al., 2013). This can continue to impact their mental health due to systemic racism and experiencing race-based discrimination (American Psychiatric Association, 2017; Carter et al., 2013). Overall, researchers have indicated that Muslims in the United States in the past two decades, as well as after the 9/11 attacks, have

intensified and amplified psychological distress causing mental health issues such as depression, post-traumatic stress disorder, anxiety, and psychosomatic disorders (Ciftci, Jones, & Corrigan, 2013; Haque, 2004; Khan, Khan, Soyege, & Maklad, 2019; Rassool, 2015). Currently, there is a lack of scholarly research or epidemiological studies that focus explicitly on African American Muslims' specific mental health needs and barriers related to mental health treatment (Al'Uqdah et al., 2019).

Barriers Related to Treatment

Approximately only one in three African Americans receive mental health care (National Alliance on Mental Health [NAHM], 2019) based on the National Survey of Drug Use and Health (2019). The factor that contributes to underutilization and mistrust of mental health services among African American Muslims is the historical background of racist ideas in psychiatry. In the 1800s physicians and psychiatrists claimed that Blacks were biologically "inferior", and it was a natural condition for Blacks to be enslaved (Rostain et al., 2015) and their desire for freedom was pathologized. Cartwright (1851) published a report explaining the tendencies of enslaved people to run away from their slave masters or resisted work as mental illness and he named those disorders, draeptomania and dysaesthesia aethiopica. After the Civil War, African Americans were unethically treated with deadly experiments like the Tuskegee Syphilis Study (Alsan & Wanamaker, 2018), and African American women were forced to be sterilized (Rostain et al., 2015).

African Americans are more likely than their White counterparts to use emergency care services and alternative treatments rather than mental health services to treat mental health disorders (Primm et al., 2010). Therefore, it could be implied that African Americans face barriers in accessing mental health services due to the fragmented systems of care (Primm et al.,

2010). Socioeconomic factors hinder African Americans from not having the financial resources to afford mental health services and consistently remain in therapy (Al'Uqdah et al., 2019; Briggs, Banks, & Briggs, 2014). In 2020, 10.4% of African American adults did not have any form of health insurance (CDC, 2021).

Another barrier that limits African Americans' access to mental health services is that they are affected by the disparities in mental health services. African Americans are more likely to receive a lower quality of health care, less consistent care (Primm & Lawson, 2010), and a lack of access to culturally competent mental health professionals (APA, 2017). Additionally, they are less likely than Whites to receive care based on evidence-based clinical guidelines for depression and anxiety (Primm et al., 2010). Furthermore, they are often misdiagnosed with schizophrenia when they meet the criteria for mood disorders (Gara et al, 2019).

Similarly, several barriers hinder Muslims from accessing and utilizing mental health services (Alharbi, Farrand, & Laidlaw, 2021; Al'Uqdah et al., 2019). For example, Muslims, including African American Muslims, may reject seeking mental health services and treatments that are not explained in the Qur'an or Sunnah, which are prophet Muhammad's teachings (Adam, 2019). Instead, they are likely to address mental health issues with prayer and religious interventions (Adam, 2019). Other factors are the mental health professionals' lack of cultural competence and the Muslims' beliefs and values regarding mental health, stigma related to mental illness, and social stigma (Alharbi et al., 2021; Al'Uqdah et al., 2019).

Attitudes Toward Seeking Mental Health Services

Despite the growing need for effective mental health treatment among African American Muslims, their attitudes toward seeking mental health services can be challenging, hindering them from seeking treatment (Al'Uqdah et al., 2019; Khan, 2019). For both the African

American and the Muslim communities, negative attitudes towards mental health professionals and mental health services could be due to a mistrust of the health care service providers (Al'Uqdah et al., 2019; Briggs et al., 2014; Khan et al., 2019; Khan, 2019).

Similarly, Muslims in the United States have been discriminated against and treated with hostility due to their religion, leading them to distrust the healthcare community (Khan, et al., 2019; Khan, 2019). The negative bias of health care professionals, both implicit and explicit, and a lack of cultural competency can result in misdiagnosis and inadequate care and treatment of the African American Muslim community (Al'Uqdah et al., 2019; NAMI, 2019). As a result, it can lead to mistrust of counselors and mental health professionals and create a negative attitude toward mental health services (NAMI, 2019).

Previous studies have shown that a majority of Muslim Americans avoid seeking mental health services due to lack of access, stigmatization, relying on religious leaders, for example, an imam (Al-Krenawi, 2002; Aloud & Rathur, 2009; Martin, 2014; Nassar-McMillan & Hakim-Larson, 2003). Additionally, self-stigma is a barrier that hinders African American Muslims who need mental health services from seeking services because of the internalized prejudice that exists in the society toward their minority group (Ciftci, Jones, & Corrigan, 2013; Gary, 2005; Khan, et al., 2019; Khan, 2019). Stigma often stems from the individual's attitudes based on the subjective view of their world, values, and the emotional reaction to their world view (Ciftci, et al., 2013). Moreover, double stigma that stems from prejudice and discrimination against minority groups and their mental illness impacts individuals of color and minority cultures (Ciftci, et al., 2013; Gary, 2005), such as the African American Muslim community from seeking mental health services. Thus, attitudes toward seeking mental health services seem to be influenced, in part, by identity-related variables such as race and religion. Based on the

marginalized identities of African American Muslims, not much is known about the relationship between their racial and religious identities and their attitudes toward using mental health services.

Problem Statement

The American Counseling Association (ACA) code of ethics (2014) emphasizes that one of the core professional values of the counseling profession is to honor diversity and incorporate a multicultural approach to support people within their social and cultural perspectives. As the population of African American Muslims in the United States has been growing (Pew Research Center, 2017), it is speculated that their presence as mental health clientele or potential clientele is increasing. The absence of African American Muslim representation in research and literature in the U.S. may be attributed to the manifestation of intersectional invisibility of the African American Muslim experience (Mu'Min, 2019). As mentioned earlier, African American Muslims have dual marginalized identities in terms of race (Black) and religion (Islam) which put them at a higher risk of mental health issues due to systemic racism, racial discrimination, and Islamophobia (Adam, 2019; Al'Uqdah et al., 2019; Samari, Alcalá, & Sharif, 2018). Therefore, counselors need to understand these identities with their unique struggles and develop self-awareness in relation to the intersectional identities of African American Muslims (Al'Uqdah et al., 2019).

Understanding African American Muslims' attitudes toward seeking mental health services is a necessary first step for the development of providing a multicultural counseling approach in an ethically centered manner for this population. Additionally, it is fundamentally essential that counselors understand and recognize the heterogeneity within the African American Muslim population and also understand how their African American Muslim clients

experience their world both as Muslims and as African Americans/Blacks (Al'Uqdah et al., 2019). Given that African American Muslims are both a racial and religious minority in the U.S., their racial and religious identities are likely powerful mediators or moderators directing their perception of their world and how the world perceives them. A better understanding of the intersectional identities of race and religion among African American Muslims will help inform counselors of the misconceptions and assumptions surrounding this population which in turn may lead to integrated multicultural approaches that honor diversity by incorporating their social and cultural perspectives in understanding this population.

Purpose Statement

The purpose of the study is to understand the relationship(s) among the intersectional identities of race and religion of African American Muslims and their attitudes toward seeking mental health services. Specifically, the multivariate relationship among three constructs: racial identity, religious identity, and attitudes toward seeking mental health services among African American Muslims will be examined.

Research Questions and Hypotheses

1. Primary Research Qs.1: To what extent does racial identity predict attitudes toward seeking mental health services among African American Muslims?

   H1: It is hypothesized that lower scores on the racial centrality subscale of the Multidimensional Inventory of the Black Identity (MIBI) will predict higher score on the Attitudes Toward Seeking Professional Psychological Help - Short form (ATSPPH-SF) among African American Muslims.
2. Primary Research Qs. 2: To what extent does religious identity predict attitudes toward seeking mental health services among African American Muslims?

H2: It is hypothesized that higher scores on the Multi-Religious Identity Measure (MRIM) will predict lower score on the Attitudes Toward Seeking Professional Psychological Help - Short form (ATSPPH-SF) among African American Muslims.

3. Primary Research Qs. 3: Do racial identity and religious identity both predict attitudes toward seeking mental health services among African American Muslims?

   H3: It is hypothesized that higher scores on the racial centrality subscale of the Multidimensional Inventory of the Black Identity (MIBI) and higher scores on Multi-Religious Identity Measure (MRIM) will predict lower scores on the Attitudes Toward Seeking Professional Psychological Help - Short form (ATSPPH-SF) among African American Muslims.

4. Exploratory Mediation Research Qs.: Does African American Muslim religious identity mediate the relationship between their racial identity and attitudes toward seeking mental health services?
5. Exploratory Mediation Research Qs.: Does African American Muslim racial identity mediate the relationship between their religious identity and attitudes toward seeking mental health services?
6. Exploratory Moderation Research Qs.: Does African American Muslim racial identity and religious identity interact in a moderation analysis to predict the attitudes toward seeking mental health services?

Methodology

The study utilized a quantitative method consisting of a non-experimental survey design. Potential participants were recruited through convenience and snowball sampling with a goal of having 200 participants who identify as African American Muslims. The criteria for inclusion to

participate in the study were: (a) participants should be at least 18 years of age, (b) follow Islam, (c) born in the United States, and (d) identify themselves as Black or African American or both. Several different methods were employed to recruit participants for this study. African American Muslim community organizations (e.g., Mosques, Islamic centers, community centers) and social media groups were contacted to pass on information about the study to their community members. Participants completed an informed consent document and a 37-item survey which contains: (a) demographic information, (age, gender, education, and income) and measures of (b) racial identity, (c) religious identity, and (d) attitudes toward seeking mental health services. The survey was administered using an online survey hosted by Qualtrics.

Operational Definition of Terms

Intersectionality

Intersectionality was first coined by Crenshaw (1989) and focuses on the understanding of social identities such as gender, class, race, religion, etc. as being interconnected and they overlap and interact with systems of disadvantage in mental health care and discrimination.

African American Muslims/Black Muslims

The term "Black Muslims" was coined by sociologist C. Eric Lincoln when referring to the Nation of Islam (Lincoln, 1961). This current study will use the term "African American Muslims" and "Black Muslims" interchangeably to encompass Muslims born in the United States who identify themselves either as Black or African American or both regardless of their Islamic sect.

Racial Identity

Racial identity is the individual's psychological interpretation of how they form meaning of their race and the race of people who are different from theirs (Carter, 1996; Helms, 1990).

African American/Black Racial Identity

African American racial identity or the Black racial identity "focuses on African Americans' beliefs regarding the significance of race in how they define themselves and the qualitative meanings that they ascribe to membership in that racial group." (Sellers, Rowley, Chavous, Shelton, & Smith, 1997, p.806). While operationalizing the term African American/Black racial identity, this study will specifically operate under the four primary assumptions of the Multidimensional Model of Racial Identification (MMRI) (Sellers, et al., 1998).

The first assumption is that racial identity in African Americans is influenced situationally, and they are stable. The second assumption is that there is a hierarchy of identities within an individual, ordered differently for each person. The third assumption is the importance of the individual's meaning-making of their racial identity, and their unique perspective is one of the most vital indicators of their racial identity. The final assumption is that MMRI emphasizes the importance of the individual's racial identity at a given period rather than the developmental stages of identity (Sellers, et al., 1998).

This study will utilize the racial centrality subscale of the Multidimensional Inventory of the Black Identity (MIBI; Sellers, Rowley, Chavous, Shelton & Smith, 1997) measure African American racial identity or the Black racial identity as it measures "whether race is a core part of an individual's self-concept" (Sellers, et al., 1997, p. 806).

Religious Identity

Religious identity is an important aspect for individuals and groups who consider religion to be a significant organizing factor in the hierarchy of identities within their concept of self (Peek, 2005). The study will not solely look at the participants' religious beliefs and practices. It

will operate under the three domains of religious identity given by the Multi-Religious Identity Measure (MRIM): religious affirmation and belonging, religious identity achievement, and religious faith and practices (Abu-Rayya, Abu-Rayya, & Khalil, 2009). This study will utilize the MRIM to assess the religious identity of the African American Muslim participants.

Muslim Identity

Muslim identity among African American Muslims is a complex concept as being a Muslim comprises more than identifying with a set of religious beliefs and practicing rituals. It also includes other aspects such as cultural uniqueness based on their race/ethnicity (Schlosser et al., 2009).

Mental Health Issues

The World Health Organization (WHO, 2004) defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"

This study uses the term mental health issues and encompass mental health challenges not necessarily diagnosable, but may include mental disorders, mental illnesses, and psychological problems that are diagnosable. *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM–5; American Psychiatric Association, 2013) while explaining the term mental disorder mentions:

A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or

other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above" (APA, 2013, p. 21).

Attitudes Toward Seeking Mental Health Services

Attitudes toward seeking mental health services refer to the degree to which an individual is open to acknowledging the presence of a psychological problem or a mental health issue and is willing to seek professional mental health services for such a problem (Mackenzie, Knox, Gekoski, & Macaulay, 2006). This study will utilize the Attitudes Toward Seeking Professional Psychological Help - Short form (ATSPPH-SF; Fischer & Farina, 1995) to assess the African American Muslim participants' attitudes toward seeking mental health services.

Summary of Chapter I and Organization of the Study

Chapter I has reviewed relevant information on the background and statement of the research problem, as well as the need for and purpose of completing this study. The chapter explored the mental health issues of African American Muslims, and the need for understanding African American Muslims' attitudes toward seeking mental health services is a necessary first step in providing a multicultural approach in ethically counseling this population. This chapter also addressed the dearth of scholarly information available on African American Muslims' experiences of mental health issues, attitudes toward seeking mental health services and stigma and the underlying purposes of completing this research. The chapter then highlighted specific research questions created to guide this study and concluded with operational definition of relevant terms.

Chapter II presents literature on the main constructs of the historical context of African American Muslims in the United States, an intersectionality framework, and sections on Black racial identity, Muslim identity, and African American Muslims' mental health. The literature review on African American Muslims' mental health will explore their mental health needs, general experiences of distress among African Americans and the Muslim population, barriers related to treatment, and their attitudes toward seeking mental health services. Additionally, the chapter provides a brief examination of existing knowledge on the relationships between these significant constructs and the intersectionality framework to understand the intersecting marginalized identities of African American Muslims and cultural competencies for working with African American Muslims. Finally, this chapter concludes with a summary of the related literature review, synthesis, and critique of the existing literature.

The methodology of this research project is discussed in Chapter III. Chapter III includes a description of the research design and outlines the process of determining both the setting and sample used in this study. A detailed description of participants' demographic characteristics is also included. Similarly, chapter three discusses specific psychometric information on the instrumentation employed in this study. In addition, Chapter III provides a thorough narrative of data collection procedures, in addition to information on statistical analyses used to obtain and interpret results.

Subsequently, Chapter IV offers a detailed look at the results of the study. This chapter begins with preliminary and reliability analyses, as well as descriptive outcomes for each of the instruments used. Chapter IV also presents results of the linear regressions computed to answer the primary research questions of this study. Chapter IV concludes with results for exploratory research questions and hypotheses, and a summary of overall findings.

Lastly, Chapter V presents a discussion of the results and relates the results to relevant literature and addresses limitations of the current study. Chapter V concludes with the implications for future counseling practice and research and makes recommendations for multiculturally competent counseling with African American Muslims.

CHAPTER II

LITERATURE REVIEW

This study aims to explore the intersectional identities of race and religion of African American Muslims and their attitudes toward seeking mental health services. In this chapter, the literature supporting the rationale for the study will be discussed in detail. To provide context, this chapter will present the demographics of African American Muslims, the historical background of African American Muslims in the United States, an intersectionality framework, and sections on Black racial identity, Muslim identity, and African American Muslims' mental health. The literature review on African American Muslims' mental health will explore their mental health needs, general experiences of distress among African Americans and the Muslim population, barriers related to treatment, and their attitudes toward seeking mental health services. Additionally, the chapter provides a brief examination of existing knowledge on the relationships between these significant constructs and the intersectionality framework to understand the intersecting marginalized identities of African American Muslims and cultural competencies for working with African American Muslims. Finally, this chapter concludes with a summary of the related literature review, synthesis, and critique of the existing literature.

African American Muslim Demographics

Currently, the total population of the United States is 331.9 million, and the estimated African American population that identifies themselves as 'Black or African American only' is 45 million, which is 13.6% of the total American population (U.S. Census Bureau, 2021). African Americans who identify themselves as 'Black or African American only' and as 'Black or African American in combination with another race' is 46.9 million, which is 14.2% of the total American population (U.S. Census Bureau, 2020). On the other hand, the "White alone"

population is at 251.5 million, which is 75.8% of the total population in the United States (U.S. Census Bureau, 2021), and is still the largest racial group in the United States.

However, the number of people who identify themselves as "White alone" since 2010 has decreased by 8.6% (U.S. Census Bureau, 2020). Furthermore, there has been a tremendous increase of 276% in the multiracial population in the United States since 2010 (U.S. Census Bureau, 2020). The current racial demographic data of the United States implies that people's racial identities are ever-changing, and counselors need to catch up with the dynamic demands of cultural diversity.

Based on the survey results by Pew Research Center (2017), it was estimated that the total number of Muslims in the United States was about 3.45 million, and 20% of the overall Muslim population in the United States identified themselves as Black. Additionally, 49% or nearly half of the Black Muslims revealed that they converted to Islam (Mohamed & Diamant, 2019). However, the majority of the African American population, i.e., 79% are Christians (Pew Research Center, 2017) and Black Muslims are similar to their Black Christian counterparts in asserting that religion is highly significant to them. They practice Islam (for example, praying five times a day) more fervently than non-Black Muslims (Mohamed & Diamant, 2019).

The rise of Islam among African Americans is deeply embedded in the peculiar history of African Americans in the United States. For example, 52% of Black Americans identify themselves as Sunni Muslims, and 27% identify as Muslims without adhering to a particular Islamic sect (Pew Research Center, 2017). Two out of every 100 surveyed African American Muslims identified themselves with the Nation of Islam (Pew Research Center, 2017). However, the survey did not have the Black Muslim respondents reveal if they identified with the Nation of Islam in their past because prominent historical figures like Malcolm X and Wallace Fard

Muhammad started as members of the Nation of Islam before following the mainstream Islam (Mohamed & Diamant, 2019). Thus, there is a high possibility that Black Muslims may have been affiliated with the Nation of Islam before following traditional Islam.

Many Muslims have immigrated to the United States from the sub-Saharan region of Africa (Somalia and Ethiopia). Although, the majority of the Muslim population that currently continues to immigrate to the United States are from South Asian countries (Pakistan) (Mohamed & Diamant, 2019). In general, African American Muslims or Black Muslims are often perceived as immigrants or refugees or someone who recently migrated from the African continent (Adam, 2019), which is a stereotypical view of this population. The survey by the Pew Research Center (2017) revealed that 69% of Black Muslims were born in the United States. Yet, they are hardly represented in scholarly research work despite the extensive history of Islam in the United States and the significant existence of African American Muslims (Al'Uqdah, Hamit, & Scott, 2019).

Historical Context

There is a notable absence of research and scholarly work on Islam and African American Muslims, particularly the historical context of Islam in the United States and the existence of African American Muslims in this country (Al'Uqdah et al., 2019; Farajaje', 2004). Although Islam has held a significant presence for centuries in Europe and North America, the dearth of literature can be accounted for by the Judeo-Christian centeredness throughout history, which has given rise to intolerance towards "Others" and an unfounded hostility towards Islam and hatred towards Muslims, also known as "Islamophobia" (Al'Uqdah et al., 2019; Berger, 2014).

Although the term “Islamophobia” might be assumed to be a current coinage after the attacks of 9/11 in 2001, the term “Islamophobie,” the English translation of “Islamophobia,” was used in 1922 by a French orientalist painter, Etienne Dinet or later known as Nasreddine Dine, after he embraced Islam (Karaoglu, 2018; Vidino, 2010). He used the word to portray the hostility and unreasonable fear of Islam and Muslims in Europe (Karaoglu, 2018). However, scholars such as Durrani, Hankir, & Carrick, (2019) mention that it was Alain Quellien who first used “Islamophobie” in 1910 in a French report to the French government *“Muslim Policy in West Africa.”* Nonetheless, Islamophobia is still very much present to this date in the United States and Europe, and it is evidenced by the hate crimes against Muslims around 176 in the U.S. reported by the FBI (2019) (Smith, 2021) and mosques vandalized and Muslims are harassed in college campuses and in public areas (Samari, 2019). Moreover, following the terrorist attacks on 9/11, being a Muslim in the United States has become more complicated, and conditions intensified during the 2016 U.S. presidential election (Pew Research Center, 2017). The term, Islamophobia has been used to depict anti-Muslim prejudices and hatred of Islam and Muslims (Conway & Runnymede Trust, 1997).

Furthermore, when understanding the context of Islam and African American Muslims in the United States, one must be aware of Islamophobia along with systemic racism as well. The absence of African American Muslims can be accounted for by the similar consequence of indifference of the African American history in general, especially as it relates to “others” who are not part of the mainstream “White” history (Al'Uqdah et al., 2019; Farajaje', 2004).

Understanding Islam

Over the years, media has attempted to address questions regarding Islam and the followers of Islam, or Muslims, but have not been able to give a clear picture giving rise to

misinterpretations and misunderstandings (Faimau, 2015), which may affect the work of counselors and mental health professionals in dealing with Muslim clients (Ali et al., 2004). Therefore, it is crucial that counselors understand the Islamic faith, how and when it came into existence in this country, and who Muslims are to provide culturally competent mental health services to this community.

Islam is a monotheistic Abrahamic religion, and the term "Islam" originates from the Arabic root word "salaam," which is "peace" in English, but the literal translation of "Islam" from Arabic to English is "surrender" (Ali et al., 2004). Islam represents the religion, and the literal translation of "Muslim" is "one who submits to the will of Allah" and represents a follower of Islam. According to a few scholars, Islam was founded in the 7th century in Arabia by Prophet Muhammad ibn Abdullah when the Holy Qur'an was revealed to him by Allah (referred to as God by Muslims, which means God of all humanity in Arabic) (Ali et al., 2004). However, Muslim scholars claim that the prophet Muhammad continued to reaffirm and teach the monotheistic teachings of previous prophets such as Adam, Noah, Moses, Abraham, Jesus, and others, a total of 25 prophets are mentioned by name in Qur'an (Durrani et al., 2019). The literal translation of the Qur'an or Koran in English is recitation which was originally in Arabic (Ali et al., 2004). The Qur'an is arranged from the longest to the shortest chapters called "surahs," which are 114 in total, and Muslims believe that they answer questions and remedies to crisis (Ali et al., 2004; Armstrong, 2000; Diouf, 2013). Muslims seek direction and guidance from the "hadith," which are the prophet Muhammad's sayings, and "sunnah," which are his teachings (Ali et al., 2004).

Additionally, Muslims worldwide believe in the five pillars of Islam, which are the foundational principles (Ali et al., 2004; Esposito, 1998). The first pillar, known as the

"shahaada," or testimony, is the belief that there is only one God, Allah, and Prophet Muhammad is the last and final prophet. The second pillar, "salat," or prayer in English, is the recitation of prayer five times a day with prostrations while facing east. The third pillar of Islam is "zakat," or charity/alms tax in English. The fourth pillar is "sawm," fasting during the month of Ramadan, during which Muslims do not eat, drink, or engage in sexual activity from sunrise to sunset. Ramadan lasts for 30 days, and the timing of the month of Ramadan is based on the lunar calendar. Finally, the fifth pillar of Islam is "hajj," the pilgrimage to Mecca, which must be performed once in a lifetime (Ali et al., 2004; Durrani et al., 2019). These five pillars are Islam's core beliefs and practices, and there are other religious obligations that Muslims practice based on the various spiritual practices and their culture (Ali et al., 2004).

History of Islam and Africans in the United States

Muslim historians and several scholars claim that evidence exists that followers of Islam, possibly Africans also known as Moors or Mandinkas (depending on the African region of origin), were present in the Americas before the European invaders, settlers, Spanish conquistadors, including 180 years before Christopher Columbus landed in the Americas (Quick, 1996, 2007, 2017; Rashad, 1995). The Mandinkas, also known as Mandingo and Malinke, are an ethnic tribe indigenous to West Africa, and they are the descendants of the Mali Empire that flourished in wealth and glory until the 16th century before they were captured and shipped as slaves to the Americas (Quick, 2007, 2017; Winters, 1978). Moors are referred to as African Muslims who resided in Northern Africa, Spain, and Berbers (North African natives) and regions in Morocco, Libya, Egypt, and Mauritania (Afroz, 1999). Scholars have presented unearthed evidence from artifacts, inscriptions, sculptures, coins, and eyewitness accounts about this culture (Rashad, 1995).

Pre-Columbian Islam

It is often assumed that Muslims and Islam in the United States are a recent occurrence in the history of African Americans and that Islam could not have existed among Africans, presuming that they practiced traditional religions and magic (Winters, 1978). Although it could have been a plausible theory among many Africans, but not a general rule of all African people. Since around the 7th century CE, Islam was followed by a majority of people in North Africa, and the Berbers of North Africa, an ethnic indigenous group of North Africa, introduced Islam to their trade partners in West Africa (Curtis, 2009; Rashad, 1995; Winters, 1978). Around the tenth and eleventh centuries, several West African leaders embraced Islam (Curtis, 2009). Mansa Musa (1280-1337 CE), the fourteenth-century ruler of Mali in West Africa, is considered one of the most wealthy and influential leaders of his time, He built mosques and Islamic schools and centers in the region (Curtis, 2009; Rashad, 1995). Mansa Musa is also known for his famous hajj pilgrimage to Mecca in 1324 CE, recorded by Shihab ad-Din alUmari, a renowned Arab geographer, in his book "Masalik al-Absar fi Mamalik al-Amsar" (Quick, 2001, p. 34) who mentions that his predecessor Abu Bakari was instrumental in sending several voyagers to sail across the Atlantic with ships loaded with gold, water, and food supplies for them to last, but only one returned because the violent mid-ocean current swallowed the others. The Mandinka report revealed that more explorers were sent under Mansa's instructions who explored Central America and parts of Africa (Quick, 2001, 2007, 2017).

There have been a significant number of Muslim explorers, traders, and merchants from Africa that traveled to North and South America, and there is considerable evidence pointing out that these traders visited present-day Brazil and Peru, and the United States before Christopher Columbus' first voyage to the Americas in 1492 (Quick, 2007, 2017). One of the crucial pieces

of evidence is supported by archaeologists that found ancient Islamic coins found on the coast of South America were dated back to 800 C.E. which validated the records and various reports by Muslim historians, scholars, and geographers about the journeys of African Muslim navigators exploring regions across the Atlantic Ocean (Quick, 2007, 2017; Rashad, 1995). A distinguished Arab historian, geographer, traveler, and natural scientist of those times, Abul Hassan Ali ibn al-Hussain ibn Ali al-Masudi (895-957 CE) in his book, Muruj adh-Dhahab wa Ma'adin al-Jawhar, (translated in English as The Meadows of Gold and Quarries of Jewels) in 956 CE recorded the journey of Khashkhash ibn Saeed ibn Aswad, who crossed the Atlantic Ocean and came back after spending time exploring the land and returning with treasures in 889 CE (Quick, 2007, 2017). Even Abul Hassan Ali ibn al-Hussain ibn Ali al-Masudi, an extensive traveler, drew a map 600 years before Columbus's so-called discovery of America, indicating the "unknown land" present-day America (Quick, 2007, 2017). The other renowned Arab geographer Abu Abd Allah Muhammad al-Idrisi (1097 – 1155 CE) mentioned in a historical report of the journey of seafarers in the 12th century who explored the isles of the Americas gave a detailed account of a few Native people of the Americas who communicated in Arabic, implying that they had been frequently visited by Arabic Muslim merchants and explorers (Quick, 2007, 2017).

Several scholarly writings and research done by experts ranging from centuries in the ancient Arabic world to the present offer the reasoning that Muslims from Africa traveled to the Americas (Quick, 2007, 2017). There is an extensive, constantly growing body of documented research based on archeological, anthropological, cultural, and linguistic evidence of the presence of Western and Northern African Muslims in pre-Columbian America (Quick, 2007, 2017), and yet there are scholars who continue to deny the obvious, which implies that they are rooted in Eurocentric renditions of the American history, which celebrates the history of the

victors. It is not clearly known when the first African Muslims came to the Americas; however, it is evident that they came, based on Islamic centers that African Muslims developed in North America and South Saharan before the middle passage during which millions of Africans were forcibly transported to the Americas as slaves (Rashad, 1995).

African Muslim Slaves

It is believed that in the eighteenth and nineteenth centuries around one-fifth of all African slaves that were forcefully brought to the Americas were Muslims (Ahmad, 2014; Dirks, 2006). The countries from which Africans were taken as slaves were from Walo, Cayor, Fula Susu, Ennin, Longo, and Kongo (Kasule, 1998; Lumumba, 2003). They are currently known as "Senegal, Guinea, Sirerra Leone, Ghana, Nigeria, and the Democratic Republic of Congo" (Lumumba, 2003, p. 214). They were first taken to South America and the Caribbean Islands and later on brought to the United States (Kasule, 1998; Lumumba, 2003). Furthermore, to the long history of African Muslims in the Americas and the United States, there are several substantial pieces of evidence confirming that during the Trans-Atlantic slave trade, many Africans that were enslaved were Muslims (Al'Uqdah et al., 2019; Diouf, 2013; Rashad, 1995; Winters, 1978). Around the years 1711-1808, the number of Muslim slaves from West Africa that were brought to the 13 colonies in the United States was estimated to be around 30,000 (Curtis, 2010). The African civilization entirely relied on oral tradition, they did not have a writing system, and the only literate among them were the Muslims (Diouf, 2013).

A large population of Muslims from Africa could read and write in Arabic and Ajami (Arabic-derived African writing system) (Diouf, 2013). Literacy is an essential part of Islam because Muslims rely on the Qu'ran to understand the religions and guide them in day-to-day activities, including legal, social, and behavioral matters (Diouf, 2013; Rashad, 1995). Contrary

to their Western counterparts at the time, Muslim peasants and girls knew how to read and write, and they valued education as an integral part of their lives (Diouf, 2013). In addition, historians had found writings that revealed enslaved people wrote and spoke in Arabic, practiced ablution (ritual of washing and purifying performed by Muslims before "salat" or prayers), prayed five times a day, recited the Qu'ran from memory, and refused to drink alcohol (Curtis, 2010; Diouf, 2013, Rashad, 1995).

Several records from slave owners in the United States mentioned that Muslim slaves were well educated, literate, and multilingual with a unique skillset, and some had formal education in West Africa (Diouf, 2013; Rashad, 1995). One of the crucial pieces of evidence that was discovered were the manuscripts of the "Diary" of the Muslim slave Ben Ali (Bul-Ali in Arabic), which is considered to be the longest and detailed Muslim slave narrative written in Arabic that is known to exist in North America (Rashad, 1995). In addition, Weiner (1920), an American historian, linguist, philologist, and scholar, provided evidence that the African language has roots back in Arabic, confirming that the slave narratives and discourses were from African Muslims (Rashad, 1995). These letters provided crucial information about their lives and experiences as slaves and where they came from (Austin, 1997).

Most of the slave owners were not impressed by the unique skillset of the Muslim slaves because it challenged their ultimate belief that Blacks were inherently inferior to Whites. Therefore, White slave owners stripped African Muslims of their identity by forcibly converting them to Christianity, denying them the Qur'an, making it extremely difficult for them to uphold the pillars of Islam, and giving them Christian names (Diouf, 2013). It was also quite challenging for Muslim slaves to maintain their faith within their families because of the 1790-1860 interstate slave trade where families were separated, with 2 million slaves were forcefully displaced due to

the expansion of cotton production (Winters, 1978). Additionally, the separated children of the Muslim slaves could not learn about their culture or religion (Winters, 1978) which were a few of the reasons that led to Islam not surviving slavery (Al'Uqdah et al., 2019; Rashad, 1995).

Research on African Muslim slaves is considerably limited compared to the books on slavery published for the past 30 years (Diouf, 2013). Part of the issue is believed to be the centrality of Christianity minimizing or outright ignoring the diverse religious views of the enslaved people. Moreover, around the beginning of the nineteenth century, scholars and researchers started to encourage the notion that Islam was not an African religion. Therefore, the history of African Muslims during slavery was not included when referring to the African diaspora. The scholars also perceived that Islam was never part of the authentic African cultures and religions and for them to commemorate the so-called real Africa is to either deny or minimize Islam and Muslims from the history of African slaves (Diouf, 2013).

Islam and Black Nationalism

Around the time when slavery was abolished in 1865 until the middle of 1920s, a significant number of African Americans practiced Christianity and Islam was not a common religion among them (Lumumba, 2003). However, Black nationalism was emerging as a concept of eliminating racism and White domination and asserting unity among African Americans. During that time there was an inclination towards religious rhetoric being strident and some Black clergy divulged nationalism in their speeches and writings (Rashad, 1995). Additionally, according to Rashad (1995) Black nationalism was "a byproduct of slavery and racist oppression" (p.105). Furthermore, Lincoln (1984, pp. 91-92) notes,

> Because Black ethnicity and Black identity are often expressed through Black religion, Black religion is often mistaken for Black nationalism. They may, and often do, travel

> together, but the goals and interests of these two aspects of the Black experience are not the same. Black nationalism is a political philosophy. Its goals, which are often amorphous by design, do not consider man's spiritual quest, though religion may appear as a focus of its activities. For the black masses, black religion and black nationalism are often the same, in effect. Both address the sources of their distress, and these require no labels. Black nationalism, therefore, assumes the character of religion because it promises to the disinherited the swift and certain reversal of the circumstances of their oppression and suffering."

Even after the end of slavery, African Americans were experiencing the most traumatic and challenging times starting from the post-reconstruction years (1863 – 1877) and the Great Migration (1915-1970) when millions of Africans migrated from the rural apartheid south to the urban north (Farajaje', 2004). Moreover, they were deeply affected by White hostility, police violence, incarceration, race riots, and housing discrimination (Farajaje', 2004). White mobs were beating, burning, destroying their homes, and killing many of them out of frustration over the growing population of African Americans taking over their jobs (Banks, 2006). The result of these distressing times led to scholarly work such as Franklin Frazier's work on the Black church, Black scholar and clergy Gayraud Wilmore, on his leadership on the movement of radical nationalism within the Black church, Randall Burkett's work on Garvey movement within the Black church, and U.E. Essien-Udon's work on the Nation of Islam (NOI) that were seen to be gaining momentum during these times (Rashad, 1995). Black nationalists like Marcus Garvey, Noble Drew Ali, and Elijah Muhammad were influenced by the Christian Black clergymen on religious, pan-Africanism, and Black nationalism worldviews (Rashad, 1995).

However, when referring to the Christian Black nationalists, Wilson J. Moses (1990) strongly argues that the Christian Black nationalists are accultured to White America as they are grounded in their faith of Anglo-Saxon traditions and American greatness and influenced by White imperialism and White nationalism (Rashad, 1995). Either way, Lincoln (1984; 2011) emphasizes that Black nationalism fosters a group solidarity among African Americans in a hostile environment that they experience together as a group (Curtis, 2002). African Americans desperately looked for something that could give them meaning, a positive identity, and liberation during troubled times of white hostility. Out of these conditions, Al-Islam in America was originated in the "black ghetto of Detroit" (p. 33) according to Battle (1988) and W.D. Fard (Wallace Fard Muhammad or Wali Fard Muhammad) took the message of Islam and emphasized the message "Knowledge of self" to every house in the African American neighborhood (Battle, 1988; Curtis, 2010). In Al-Islam, "Al" denotes Allah (Lumumba, 2003; Qazi, 1990). This organization came into existence because of poor living conditions of African Americans during the Great Depression and Great Migration, where urban areas were not willing to accommodate the black masses because of housing discrimination, hence "ghettos" came into existence (Lumumba, 2003). This later was known as the Nation of Islam, and it was formed to rectify the poor living and economic conditions (Lumumba, 2003). A little before that Noble Drew Ali, the first African American Muslim Nationalist, founded the Moorish Science Temple (Rashad, 1995).

A precursor to the Moorish Science Temple of America, known as the Canaanite Temple, was said to be established by Noble Drew Ali in 1913 (Curtis, 2010) and the original name of the movement was Moorish National and Divine Movement (Rashad, 1995). In the year 1925, the Moorish Science Temple of America was founded by Noble Drew Ali in Chicago (Curtis, 2010).

Noble Drew Ali (formerly known as Timothy Drew) was considered a prophet and taught African Americans that they needed to nurture and celebrate their rich heritage and roots by unearthing their Asiatic origins, originally coming out of Asia and going to East and West Africa, which was part of the African culture (Lumumba, 2003; Rashad, 1995). Additionally, he taught that African Americans are descendants of ancient Africa (Moabites, Canaanites, and Ethiopians) and were all Moors and argued that Christianity was a religion that belonged to the White man and the religion of the Moors was Islam (Rashad, 1995). The Moors carried a nationality card which gave them self-worth and a deep sense of identity having United States and Morocco as their homeland. He was one of the African American pioneers with strong religious-nationalist belief to invoke the Islamic principles (Sufism and Shi'ite) as an effort to unite African Americans (Rashad, 1995).

After the death of the prophet Noble Drew Ali in 1929, the other prominent movement with similar uplifting themes to remind Black folks of their self-worth, racial importance and their rich African heritage was the Nation of Islam (Rashad, 1995). Around 1930, Wali Akram, the African American Ahmadi leader and Adul M.Fazl, Ahmadi missionary, founded the Ahmadi mosque in Cleveland, Ohio (Curtis, 2010). Just a year later after the Ahmadi Mosque was established, the Temple of Islam was established in 1931 by W.D. Fard in the largest African American neighborhood in Detroit (Curtis, 2010) later known as the Nation of Islam. The Nation of Islam came into existence through recognizing African Americans' struggles, and they sought to resolve their issues by being instrumental in establishing vocational training centers, schools, financial institutions, and Islamic centers and temples for worship and learning (Lumumba, 2003).

Elijah Muhammad (formerly Elijah Poole) was the official leader of the Nation of Islam starting from 1934 (Curtis, 2010) and was deeply influenced by W.D. Fard who is recognized as the founder of the Nation of Islam (Lumumba, 2003). The Nation of Islam gave the African Americans an opportunity to cut themselves from the ties of their southern roots of slavery, racial oppression, rape, murder, lynching, and claim allegiance to a new identity and religion that celebrates their uniqueness (Curtis, 2006). The main teaching of the Nation of Islam was that Islam was the religion of all Black people in Asia and Africa and that could liberate them from White oppression (Curtis, 2010). The Nation of Islam experienced a substantial growth when Malcolm Little, known as Malcom X, became the spokesperson of the organization (Lumumba, 2003) after converting to the Nation of Islam in 1948. He dropped his "slave name" Little and represented it with his new identity, an "X" (Curtis, 2010). He was articulate and became a well-known name in African American households. He had a radical outlook on racial integration and rejected it outrightly that African Americans should not integrate with the "White devil" but should be self-reliant in every way (Curtis, 2010).

However, in 1964 Malcolm X left the Nation of Islam and became a Sunni Muslim after critiquing Elijah Muhammad about his lifestyle and changed his name to El Haij Malik El Shabazz (Curtis, 2010). He remained a strong voice and advocate of Black Nationalism and African Americans and associated himself with Islam that was widely practiced by the Muslim majority. Regardless of Malcolm X's separation from the Nation of Islam, many, including the boxing champion Muhammad Ali, still remained with the Nation of Islam (Curtis, 2010). Nonetheless, Malcom X's decision caused African Americans to realize that there was more to Islam and this outlook was reinforced by W.D. Mohammded (son of Elijah Muhammad) who became the leader of the Nation of Islam and tried leading them toward orthodox Islam (Dix-

Richardson & Close, 2002). On the other hand, Louis Farrakhan continued to teach Elijah Muhammad's original message of separatist beliefs and doctrines and Black nationalism (Curtis, 2010). The Nation of Islam continued to establish businesses and organized teaching their message in the Black community as well as in the prisons, as there was an increasing number of African Americans were being incarcerated (Curtis, 2010).

Islam in U.S. Prisons

Based on the data from the sentencing project (2021), African Americans are incarcerated at a rate of nearly 5 times more than their White counterparts in state prisons (Nellis, 2021). The Bureau of Justice (2021) reported that nationally one in 81 African American adults are incarcerated in the state's prison system. The Bureau of Justice (2014) reported that 38% of state prisoners are Black (whereas 13% are Black in the overall US population) and 35% of the state prisoners are White (whereas 62% are White in the overall US population) (Nellis, 2016). These percentage reveals an overrepresentation of the Black population in the prison system when compared to the overall general population of the United States. The history of the criminal justice system and law enforcement in the United States shows that it is deeply and inextricably linked to the history of slavery in the United States (Hinton & Cook, 2021). The development of the criminal justice system in the United States has been greatly influenced by the criminalization of Black people between end of the Civil War and the Civil Rights Act of 1965 (Hinton & Cook, 2021). The racial dipartites in incarceration rates have led prominent civil right activists, like Malcolm X and W.E.B. Du Bois and others to vociferously challenge and criticize the racially biased justice system in the United States (Hinton & Cook, 2021). Even now, Black people are the targets of policing, mass incarceration, police brutality and, shot and killed by police.

Malcolm X's conversion to the Nation of Islam in 1948 was in Leavenworth Prison in Kansas (Colley, 2007; Curtis, 2010) and he is one among many African Americans who is an example of how Islam transformed him from a convict to one of the powerful men in American history (Dix-Richardson & Close, 2002). Even though it is contemplated that Islam has been present in U.S. prisons in the early nineteenth century, Islam as a recognizable religion can be traced in the correctional facilities across the nation in the 1940s aiming to work with Black inmates (Dix-Richardson & Close, 2002). The demands of chaplaincy increased in the 1980s and 1990s because of the number of prisoners converting to Islam increased (Curtis, 2010). According to scholars, Islam is one of the most growing religions among people in prisons in the United States and approximately 15% of inmates in U.S. prisons are Muslims, many of them converted in prison (Considine, 2019). As a result of the growing demand of Muslim inmates to seek religious leaders, the first Imam was hired in 1984 by the Federal Bureau of Prisons to serve as a Muslim chaplain (Curtis, 2010). Additionally, the Association of Muslim Chaplains and the Muslim Chaplains' Association are two of the nation's leading organizations that serve the prison population in the United States (Considine, 2019). Most importantly, in the course of the late 1960s and the 1970s the Nation of Islam played a significant role among Black prisoners and challenged the term "slaves of the state" that was used from 1871 in the nation's court when referring to inmates and the treatment of the inmates (Colley, 2014).

Thus, the increasing number of conversions of inmates, especially African Americans, to the Nation of Islam could be attributed to the message of Black solidarity, self-empowerment, and the sense of identity in the same way it would give any African American who is oppressed and victimized (Dix-Richardson & Close, 2002). Moreover, Islam appeals to Black inmates as it acknowledges and addresses race-related inequalities and gives them a new identity upon their

conversion along with self-respect which aligns with the Islamic framework (Colley, 2014; Dix-Richardson & Close, 2002) The conversion process liberates them from their old self, reinforced by embracing a new Islamic name in this process of rebirth and changing their lifestyle and to follow the moral code of Islam (Colley, 2014). Social researchers, who have studied aspects of Islam and the impact on African American inmates have noticed that Islam, whether it is the Nation of Islam or Sunni Islam, seems to positively impact the lives of inmates even after release from prison (Dix-Richardson & Close, 2002). Therefore, Islam has found permanence in the United States correctional system. The impact of the black race in this country and the role of Islam in the African American experience have been instrumental in solidifying the African American Muslim identity (Dix-Richardson & Close, 2002).

In conclusion, it can be said that Islam among African Americans has never been monolithic because of the history of Islam from its origins as a religion followed by slaves and its development as a phenomenon in the 20th and the 21st century (Curtis, 2010; Mamiya, 1982). Around the 1990s various Black Muslim institutions developed with Islamic ideologies that seemed to appeal to African Americans and they claimed allegiance based on the teachings that were relevant to their situations (Curtis, 2010; Mamiya, 1982). In all this, there is one unifying theme which can be observed in the history of African American Muslims--they formed groups to provide a safe haven and offered comfort, aid, religious community (ummah – part of the broader Islamic community) (Rashad, 1995) to their people and participated in social justice movements to influence the political systems of the U.S. (Curtis, 2010; Mamiya, 1982). Since there is not one type of Muslim in the United States and there are multiple ways in which African Americans practice Islam, therefore it is recommended that counselors use an intersectional

framework when working with African American Muslims (Al'Uqdah et al., 2019; Nadal, et al., 2012).

Intersectionality Framework

As mentioned earlier, because of the vast history of Islam in the African American community, the heterogeneity within Islam, and the multiple identities of African American Muslims that encompass race, gender, religion, sexual orientation, social class, etc., the concept of intersectionality is a crucial tool to understand the multiple aspects of marginalized identities of African American Muslims. Therefore, it is recommended that counselors use an intersectional framework when working with African American Muslims (Al'Uqdah et al., 2019; Nadal, et al., 2012) thus providing culturally relevant services to this population (Al'Uqdah et al., 2019). Intersectionality, first coined by the civil rights advocate and critical race theorist Crenshaw (1989), focuses on understanding the social identities of people about their gender, race, religion, and social class and how they are connected and overlap with each other as well as their interaction with various systems that place them at a disadvantage, such as access to higher education and mental health care (Bowleg, 2012; McCall, 2005; Strayhorn, 2013).

"Intersectional invisibility" was proposed to specifically understand the distinct forms of oppression and challenges experienced by the intersecting multiple marginalized identities and their social invisibility based on being a non-prototypical member of a social group (Purdie-Vaughns & Eibach, 2008). Furthermore, Purdie-Vaughns & Eibach (2008) assert that in the U.S., there are strictly defined norms or prototypes that can be explained under the concept of androcentrism (the normative ideal for a person in the U.S. is to be cisgender male), ethnocentrism (the standard norm is to belong to the dominant ethnic group, White American), and hetero-centrism (the normative ideal of human sexuality is heterosexual). It is also seen that

people with intersecting identities are completely invisible as a member of their corresponding group and they tend to be marginalized within their marginalized groups (Purdie-Vaughns & Eibach, 2008).

The other theory that is prominent in understanding the disadvantage of multiple marginalized identities is "double jeopardy," which was first used in the 1970's to refer to the dual discrimination and disadvantages centered on racism and sexism (Beale, 1979; Purdie-Vaughns & Eibach, 2008). Additionally, the double jeopardy or the double disadvantage hypothesis was tested by Grollman (2014) who investigated the mental and physical health of 1,052 adolescents (racially and ethnically diverse) and whether multiple forms of discrimination were associated with their multiple disadvantaged statuses. The study supported the impact of intersectionality and the multiple forms of discrimination faced by individuals with intersectional identities. However, the study did not explore the religious discrimination (based on the religious minority status) of the respondents (Mu'Min, 2019).

While considering the intersectional invisibility hypothesis Purdie-Vaughns & Eibach (2008) note that one of the limitations of the model in their paper was the specific focus on the intersection of gender, ethnicity, and sexual orientation whereas it should be applied to other intersecting identities like religious minorities, social classes, etc. Therefore, when applying the intersectional invisibility framework to Black Muslims/African American Muslims it is seen that they have complex non-prototypical intersectional identities, and they experience intersectional invisibility due to the prevalence of Arab and South Asian Muslim immigrants and their strong representation in the Muslim community in the U.S. (Wadud, 2003) and the non-prevalence of Muslims within the African American community (Schlosser, Ali, Ackerman, & Dewey, 2009) but prevalence of Christianity within the African American community (Mu'Min, 2019).

Additionally, it could be further implied that the absence of African American Muslims in research and literature in studies on African American and on Muslims in the U.S. is the manifestation of intersectional invisibility of the African American Muslim experience (Mu'Min, 2019). It is fundamentally essential that counselors understand and recognize the heterogeneity within the African American Muslim population and also understand how their African American Muslim clients experience their world both as a Muslim and as African Americans/Blacks (Al'Uqdah et al., 2019). In other words, since African American Muslims are both a racial and religious minority in the U.S., the racial identity and religious identity influences the ways they perceive their world and how the world perceives them. It is therefore extremely important for counselors to understand these identities with their unique struggles and develop self-awareness in relation to the intersectional identities of African American Muslims (Al'Uqdah et al., 2019).

Race and Black Racial Identity

Historically, race was perceived as a biological construct (Smedley & Smedley, 2005) and it was constructed to support White individuals' assertion of the superiority of the white race (Gould, 1996). The concept of "otherness" and racial classification led Whites to colonize, civilize, and conquer lands inhabited by Black and Brown people and capture millions of Black people from African as slaves during the transatlantic slave trade (Jones, 2014). Scholars in the social sciences and academia accept race to be more of a social construct than a biological one (James, 2008; Jones, 2014). As James (2008) restates in his work, "while it is a biological fiction, it is nonetheless a social fact" (p. 32).

Additionally, while studying race it is vital scholars have a methodological approach which views race not as a static concept but through a constructivist methodology aligning

primarily with the racial identity of a person and with the social construction of race. As Bonilla-Silva and Zuberi (2008) reiterate, "It is not a question of how a person's race causes disadvantage and discrimination. The real issue is the way the society responds to an individual's racial identification…Racial identity is about shared social status, not shared individual characteristics" (p. 7). Furthermore, racial identity is the individual's psychological interpretation of how they form meaning of their race and the race of people who are different from theirs (Carter, 1996; Helms, 1990). Psychologists have studied and interpreted the Black racial identity for years and two different views have emerged from the research (Shelton & Sellers, 2000). The underground view originated from the work of DuBois (1903) and focuses on Black racial identity as a personality trait and how historical and cultural experiences shape the African American's experience of being Black. Cross was one of the pioneers to promulgate a model from the Nigrescence theory that is one of the most cited works on the underground model (Shelton & Sellers, 2000). In contrast, the mainstream models focus on group identity and how the group identity can influence an individual's behavior based on situational factors (Shelton & Sellers, 2000).

While focusing on the underground approach developed by Cross in 1971 that was referred to as Nigrescence and later as the Black identity, he explained, "I referred to the identity change process as a Negro-to-Black conversion experience, the same kind of process could probably have been seen in Black behavior during the Harlem Renaissance…" (Cross, 1991, p. 189). The model attempted to explain a Black person's development of embracing their identity of becoming Black and having pride in their Black racial background and heritage despite oppressive conditions (DeCuir-Gunby, 2009). The Black identity model developed by Cross (1991) put together a continuum from negative to positive forms of a Black person's view of

themselves in terms of their race and their view about the dominant race. The five stages are as follows: Pre-encounter (stage 1) idealizes Whiteness and has negative attitude towards Black and being Black; Encounter (stage 2) questions their view of the dominant race and their race; Immersion-Emersion (stage 3) idealizes Blackness and has negative attitude towards the dominant race; and Internalization and Internalization-Commitment (stages 4 and 5) is grounded in their Black identity and committed to their race and race related issues and are action oriented (Cross, 1991).

Notably, Cross (1991), when explaining how a Black person internalizes positively their Blackness, stated:

> …tends to perform three unique functions in everyday Black life: (1) to defend the person from the negative psychological stress that results from having to live in a society that at times can be very racist; (2) to provide a sense of purpose, meaning and affiliation; and (3) to provide psychological mechanisms that facilitate social intercourse with people, cultures, and human situations outside the boundaries of Blackness… The structure of the protective function seems to involve (1) an *awareness* that racism is part of the American experience; (2) an *anticipatory set* – regardless of one's station in American society, one can well be the target of racism; (3) well-developed *ego defenses* that can be employed when confronted with racism (4) a *system blame* and *personal efficacy orientation* in which one is pre-disposed to find fault in the circumstances, not the self; and (5) a *religious orientation* that prevents the development of a sense of bitterness or the need to demonize whites (p. 215).

In context of counselors understanding the racial identity of African American Muslims/Black Muslims it is crucial to understand the client's awareness of racism, how they

internalize Blackness, healthy ego defenses and their strong self of racial and religious identity and their regard for religion or spirituality as one of their support systems. The underground approach to racial identity provides a framework for understanding the African American identity in terms of the influences of cultural and experiences. Whereas the mainstream approach provides an understanding of an individual's self-concept in terms of their affiliation to a group (racial/ethnic) (Sellers, Rowley, Chavous, Shelton & Smith, 1998). While it could be seen that both approaches assess the developmental process of the racial/ethnic identity, however, the underground and mainstream approaches do not seem to examine the racial/ethnic identity with regard to a specific event (Shelton & Sellers, 2000). The Multidimensional Model of Racial Identification endeavors to examine the individual's racial identity across various situations and at a particular situation (Sellers, et al., 1998).

Multidimensional Model of Racial Identification

Contrary to the early models that focused on the concept of positive and healthy racial affiliation, the multidimensional model of racial identification attempts to delve deeper into how situations and the salience of race influences the African American's beliefs and behavior (Sellers, Shelton, Rowley & Chavous, 1997; Shelton & Sellers, 2000). The Multidimensional Model of Racial Identification (MMRI) is similar to the identity theory (Stryker & Serpe, 1982, 1994) in assuming that a Black person has various levels of identities, and that race is one of them (Sellers, Rowley, Chavous, Shelton & Smith, 1997). The MMRI takes a phenomenological approach in defining African Americans' racial identity "as the significance and qualitative meaning that individuals attribute to their membership within the Black racial group within their self-concepts" (Sellers, et al., 1998, p. 23).

The MMRI operates under four assumptions (Sellers, et al., 1998). The first assumption is that racial identity in African Americans is influenced situationally, and they are stable. The second assumption is that there is a hierarchy of identities within an individual, ordered differently for each person. The third assumption is the importance of the individual's meaning-making of their racial identity, and their unique perspective is one of the most vital indicators of their racial identity. The final assumption is that MMRI emphasizes the importance of the individual's racial identity at a given period rather than the developmental stages of identity (Sellers, et al., 1998).

Based on these assumptions, MMRI is comprised of four dimensions. The first dimension is racial salience, which indicates how individuals define themselves in terms of their race based on situations. The extent of racial salience will predict the individual's response in specific events. Racial salience works with the dynamic combination of situational cues and an individual set of factors. In other words, not all African Americans will respond in the same way to the same specific situation because of their unique perspectives within the dimensions of racial identity. Additionally, racial salience can change from situation to situation for an individual. The second dimension is racial centrality which refers to the extent an individual defines themselves in terms of their race and is a stable manifestation. In comparison with racial salience, racial centrality is relatively stable across various situations. Shelton and Sellers (2000) compare racial salience and racial centrality to a snapshot and movie, respectively. Racial salience is like a snapshot wherein the individual's self-concept in terms of race is dependent on the situation. While racial centrality is compared to a movie, wherein all the specific situations (snapshots) indicate the importance of race in the individual's self-concept. Furthermore, racial

salience and racial centrality examine the significance of race in the African American's life (Sellers, et al., 1998).

The third dimension is racial ideology, which examines the individual's philosophy on how African Americans should live and interact and relate with others in society. The four philosophies within the racial ideology dimension are (a) nationalist philosophy (uniqueness of being Black and with low reliance from other groups and in control of their own life); (b) oppressed minority (works interdependently with other oppressed minority groups); (c) assimilationist ideology (working in the mainstream system as an activist for social change); and (d) humanist philosophy (emphasizes on individuality rather than race) (Sellers, et al., 1997).

Finally, the fourth dimension is racial regard which is explained by private regard and public regard. Private regard refers to the extent of an individual's positive or negative feelings towards African Americans and being African American. Conversely, public regard refers to the individual's perspective of how others view African Americans, either positively or negatively (Sellers, et al., 1998).

Overall, the MMRI asserts racial centrality, racial regard, and racial ideology are "cross situationally stable constructs" (Shelton & Sellers, 2000, p. 33). In other words, these dimensions are quite stable and remain consistent in different situations over time. Based on the study (Shelton & Sellers, 2000) which utilized the MMRI framework to investigate the stable and situational characteristics of the racial identity of African Americans it was indicated that racial centrality interacts with the situational events which influence an individual's perception of specific events in their life. The MMRI is operationalized using the Multidimensional Inventory of the Black Identity (MIBI; Sellers, Rowley, Chavous, Shelton & Smith, 1997). The inventory measures the stable constructs: racial centrality, racial regard, and racial ideology, and does not

measure racial salience as racial salience explores the situational component of an individual's racial identity at specific points in time.

This study will utilize the MIBI inventory and use the racial centrality scale as it measures "whether race is a core part of an individual's self-concept" (Sellers, et al., 1997, p. 806). Since the centrality scale will give a better understanding based on the conceptualization of the construct that there is a hierarchy of identities within an individual, ordered differently for each person, and race is one of them. As mentioned earlier, this study will examine to what extent racial identity and religiosity predict attitudes toward seeking mental health services among African American Muslims.

Muslim Identity

As mentioned earlier, since African American Muslims are both a racial and religious minority in the U.S., the racial and religious identities influence the way they perceive their world and how the world perceives them. Therefore, it is important for counselors to understand what it means for their clients to be a Muslim in the U.S., often one of their important identities (Schlosser, Ali, Ackerman, & Dewey, 2009) including being Black or African American Muslim. In general, people may view religious identity as being on a spectrum of religious observance or practices (Schlosser et al., 2009), from being highly religious (actively practicing their faith and actively involved in the religious traditional activities) to "nothing in particular" (Pew Research Center, 2018). However, for Muslims, this approach does not take into account the heterogeneity of this population, which in turn affects how it is presented depending on the cultural variability (Al'Uqdah et al., 2019; Schlosser et al., 2009).

For example, a Muslim who considers themselves to be religious may not attend a mosque because they do not correspond to the values of the particular mosque and that would not

make them less religious (Schlosser et al., 2009). Additionally, Muslim women may feel threatened to express their religious identity by not wearing the hijab (traditional head covering worn by Muslim women) (Ali et al., 2004; Cole & Ahmadi, 2003; Inayat, 2002) and to avoid being targeted and become the victim of hate crimes against Muslims (Ali et al., 2004; Cole & Ahmadi, 2003). Therefore, Muslim identity development among African American Muslims is a complex concept as being a Muslim comprises more than identifying with a set of religious beliefs. It also includes other aspects such as cultural uniqueness based on their race/ethnicity (Schlosser et al., 2009). As a result of these unique ethnocultural identities, neither there is a single type of Muslim nor there is a single way to practice Islam or be a Muslim in the United States (Al'Uqdah et al., 2019).

There is a dearth of empirical scholarly work on the constructs of Muslim identity among the African American Muslim community. One of the important factors that influences and impacts Muslim identity development is collectivism (Schlosser et al., 2009) or particularly "ummah," in this context as being part of the broader Islamic community among African Americans (Diouf, 2013). "Ummah" is an Arabic word and the literal translation of ummah from Arabic to English is community or nation and it is often used to refer to the united Muslim community (Fatima, 2011). African American Muslims have been able to unite and find themselves together through ummah – the community of Muslims, regardless of their socioeconomic status and regardless of their language, ethnicity, and accounting for the diversity across cultures (Dannin, 2002; Diouf, 2013). Though African American Muslims have been part of the substantial fragment of the ummah in the United States, they have experienced exclusion, discrimination and have been marginalized within the American ummah, the Muslim community (Karim, 2006). African American Muslims contribute a different cultural aspect to Islam and

diversify the global ummah. Additionally, due to their experience within the American ummah, they may prefer to pray in African American mosques and create a sense of community while participating in religious activities together as an African American Muslim community (Karim, 2006).

Islamic sectarianism is one of the factors that has an influence on Muslim Identity (Mahmood, 2006; Schlosser et al., 2009). Islam has two main sects, Shi'ites and Sunnis and these two sects may differ in their cultural patterns and religious practices (Schlosser et al., 2009). The schism between Sunni Muslims and Shi'a Muslims started as a political rift over the succession to Prophet Muhammad after his death in due course led to differences in rituals and the interpretation of Qur'an (Moore, 2015). For example, "Shi'ites are more demonstrable in their rituals and allow self-flagellation to atone for sins, such as the failure of the Penitents to help Husayn in Karbala in 680" (Moore, 2005 p.230). There are other Muslim minority sects like Sufis and Ahmadi Qadayanis, which again differ in their religious practices and may be considered within the Muslim community as not practicing a legitimate religion of Islam (Fatima, 2011). For example, Sufism is commonly known as Islamic mysticism and is not concerned with the Islamic law and practices (Henkel, 2009; Schönbeck, 2009). The Ahmadis and Sunnis differ in their doctrines and the Ahmadis may not consider it acceptable "to pray behind non-Ahmadi imams" (Balzani, 2013, p. 118) and their belief that their founder, Mirza Ghulam Ahmad is the promised messiah is not accepted by the other Muslim sects (Balzani, 2013).

The other factor that influences Muslim identity is the cultural identity of an individual or community and which affects how they practice Islam (Schlosser et al., 2009). Some African American Muslims may identify themselves as being part of the Muslim culture, whereas some

may adhere to the Islamic tenets and identify themselves as a follower of Islam and may not fully identify with the culture (Schlosser et al., 2009). There needs to be further intersectionality research centering on understanding multiple identities (race/ethnicity, class, etc.) among African American Muslims which will aid counselors in understanding the multiple identities when providing counseling services to this population (Schlosser et al., 2009).

Racialization of Muslims

Despite the diversity and heterogeneity within the Muslim community in the United States, Muslims are racialized, meaning they are categorized as "Other" and are treated as inimical to Western civilization and religion (Considine, 2017). Further conceptualizing racialization, it could be understood as a process of mutation of race and racism based on the social and historical context in which new racial categories are formed (Selod & Embrick, 2013). Muslims in the United States have been visibly racialized post 9/11, their civil liberties have been violated by the state and their fellow countrymen, and such discrimination is not seen as an issue because it is deemed necessary to promote national security (Selod & Embrick, 2013). Furthermore, the U.S. society is both White and Christian-centered which ascribes to the Christian privilege as it is part of the many "unconscious ideologies – like White privilege and male privilege" (Schlosser et al., 2009, p. 48). Hence, the Christian centeredness worldview assumes that every feature of Christianity is the standard norm, whereas anything other than Christianity is different and deviant (Al'Uqdah et al., 2019). Even though Muslims are not a "race," Muslims are identified, labelled, and targeted through racial differentiation such as physical features (beard, skin color) or cultural or religious features (head covering, clothing) (Considine, 2017).

Through racialization, racism and Islamophobia immediately creep in to "demonize Muslims as 'threats' who needs to be handled through racial profiling, coercion, and violence" (Considine, 2017, p. 6). As mentioned earlier, Islamophobia is an unfounded hostility towards Islam and hatred towards Muslims (Berger, 2014). In summary, African American Muslims have marginalized identities in terms of race (Black) and religion (Islam) which puts them at a higher risk of mental health issues due to systemic racism, racial discrimination, and Islamophobic discrimination (Adam, 2019; Al'Uqdah et al., 2019; Samari, Alcalá, & Sharif, 2018).

Mental Health of African American Muslims

The intersectionality framework provides a lens to help develop a crucial understanding of the disparities within the African American Muslim community (Al'Uqdah et al., 2019) since they live at the intersection of racial discrimination and Islamophobic discrimination (Adam, 2019). Racial discrimination and Islamophobic discrimination are realities and are related to poorer mental health among the African American Muslim community (Adam, 2019). Additionally, it is apparent that African American Muslims face stereotype threats, which are likely to happen to people in a minority group when they internalize negative ideas about their group (Steel & Aronson, 1995) and that can lead to further stress (Adam, 2019). In conclusion, African American Muslims with mental health issues are a triple minority (Adam, 2019).

Mental health issues or mental illnesses are quite common in the United States. Approximately one in five adults living in the United States is affected by a mental illness (National Institute of Mental Health [NIMH], 2019). Based on the results from National Survey of Drug Use and Health (2019), it was reported that 17.3% of African Americans were affected by a mental illness and among them, 2 in 9 reported a serious mental illness (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). The overall frequency of mental

illness affecting African Americans is about the same as those of the general population in the United States (SAMHSA, 2019). However, African Americans are a vulnerable population, and they are disproportionately represented in homeless and incarcerated groups, and most often they are not the typical survey respondents for community surveys (Primm et al., 2010).

Regardless of the result, the fact remains that African Americans in the United States have been a historically marginalized, dehumanized group and they experience trauma and inhumaneness more than their White counterparts, which continues to impact their mental health (American Psychiatric Association, 2017). Additionally, they are affected more by disparities regarding mental health services. Compared to their White counterparts, African Americans are more likely to receive lower quality of health care and less consistent care (Primm & Lawson, 2010). Furthermore, approximately 23% of African Americans live below the poverty level (U.S. Census Bureau, 2018) and they are twice as likely to report serious psychological distress and yet they do not have access to mental health services due to lack of health insurance (U.S. Department of Health and Human Services Office of Minority Health [OMH], 2021).

Mental Health Needs

Scholarly research on Muslim mental health in the United States focuses primarily on Arab Muslims, Muslim immigrants, or "foreign-born" Muslims in the United States (Al-Krenawi & Graham, 2000; Herzig, 2011). The Pew Research Center (2017) estimated Muslims living in the United States were 1.1% of the total U.S. population in 2017, and with a U.S. population of about 325 million in 2017, there are an estimated 3.6 million Muslims in the US. Based on the study done by Pew Research over the past few years of Muslims in the United States, it is estimated that by 2040 Islam will be one of the most followed religions after Christianity (Mohamed, 2018). In response to the increasing population of Muslims in the United States and

a need for scholarly empirical work on Muslims and mental health, the *Journal of Muslim Mental Health* (2006) was introduced to provide clinical guidance to counselors and mental health professionals (Basit & Hamid, 2007).

While there is a small but growing scholarly research work on Muslims in the United States and mental health, apparently, they seem to focus on the Muslim immigrant population (Al-Krenawi & Graham, 2000; Amer, 2005; Herzig, 2011) which is vastly and significantly different than their African American Muslim counterparts. Overall researchers have indicated that Muslims in the United States in the past two decades as well as after the 9/11 attacks have intensified and amplified psychological distress causing mental health issues such as depression, post-traumatic stress disorder, anxiety, and psychosomatic disorders (Ciftci, Jones, Corrigan, 2013; Haque, 2004; Khan, Khan, Soyege, & Maklad, 2019; Rassool, 2015). Currently, there is a lack of scholarly research or epidemiological studies that focus explicitly on African American Muslims' specific mental health needs and treatment barriers (Al'Uqdah et al., 2019). The sections on stressors, identity issues, racism, and discrimination will expand on seminal articles specifically addressing the mental health needs of African American Muslims, such as Al'Uqdah, Hamit, & Scott, (2019), Adam (2019), and McAdams-Mahmoud (2005).

Unique Stressors

Social connection and being an active part of a community have a significant effect on an individual's overall mental health (Adam, 2019; Martino, Pegg, & Frates, 2015). Additionally, African American Muslims have been able to unite and find themselves together through ummah – the community of Muslims, regardless of their socioeconomic status and regardless of their language, ethnicity, and accounting for the diversity across cultures (Dannin, 2002; Diouf, 2013). However, for a newly African American Muslim convert it may be challenging for them to

determine in which community they belong to or is a best fit (Adam, 2019). According to the Pew Research Center (2017) survey on "U.S. Muslims concerned about their place in society but continue to believe in the American dream" it was found that 49% or nearly half of the Black Muslims revealed that they converted to Islam (Mohamed & Diamant, 2019). While conversion may positively impact an individual's mental health, conversely the conversion can be distressful as they try to pull away from their community, family, and friends from their previous faith/religion and assimilate to their newfound religion and community (Adam, 2019; Ahmed & Reddy, 2007). Furthermore, it may be challenging to connect to the new community (Adam, 2019) and commit to the Islamic pillars (Shahadah, Salah, Zakah, Sawm, Hajj). Adapting and synthesizing to the Islamic customs (prohibition of pork, ritual cleanliness, modest clothing for men and women) can also be stressful (McAdams-Mahmoud, 2005). In the process, the African American Muslims may feel isolated and misunderstood by their families or friends who do not ascribe to the Islamic faith and Islamic views on marriage, traditional gender roles, and parenting styles (Adam, 2019; McAdams-Mahmoud, 2005).

As noted earlier in the section on history of African American Muslims in the U.S., a substantial number of African Americans who convert to Islam are from prisons. These prison converts may still struggle with past issues like substance abuse and mental health issues even after embracing Islam (Adam, 2019), which may add further distress apart from feeling isolated and challenging to adapt to the Islamic principles. Additionally, they may find it extremely challenging to address or deal with their past habits or mental illness when transitioning from their past life to the Islam community norms (Adam, 2019). The other challenge that may further add to the African American Muslims' distress is when they are viewed in a distorted

stereotypical image of Islam not only by the media and public but also by their African American counterparts (McAdams-Mahmoud, 2005).

An additional challenge among African American Muslims is their relationship to mosques, as the majority of mosques are ethnically focused and are a hub for Arab or South Asian Muslim families (Adam, 2019). As a result, African American Muslims may feel out of place and may not relate to other Muslims in these mosques because of their cultural, background, and language differences. Additionally, African American Muslims' unique history of intergenerational trauma, systemic oppression of Blacks, and anti-Black racism may not be understood by their Muslim counterparts. As a result, they may feel less supported by their Muslim community (Adam, 2019).

Identity Issues

African American Muslims may struggle in terms of differing cultural norms when accepting Islam, which would contribute to distress to their mental health (Adam, 2019). Since Black cultural norms are significantly different from Muslims of Arab ancestry or South Asian ancestry, those cultures may conflict (Adam, 2019). As a result, they may "reject their pre-Muslim cultural identities" (Ahmed & Reddy, 2007, p. 212). More specifically, in this case, their Black cultural identity because they may view their former lifestyle as disagreeable and conflicting to their Islamic values, which may cause distress as they reexamine their identities and cultural norms.

In some cases, these individuals may tend to identify with other cultures and practice their cultural aspects that predominantly exist in the Muslim community (Ahmed & Reddy, 2007) which may lead to cultural appropriation and can often be viewed negatively by the people who belong to that culture (Adam, 2019). The other challenge that African American Muslims

often face is the expression of Black culture in their everyday life, for example, incorporating music in religious practices, which is usually not entirely acceptable by other cultures in the Muslim community (Adam, 2019). One of the frustrations that African American Muslims may experience is when they see their non-African American Muslim counterparts embrace their inherited Islamic identity. In contrast, African American Muslims embrace Islam due to their focus on racial equality and resistance to oppression (Adam, 2019). They may also struggle with catching up on their knowledge and practice of Islam compared to other Muslims (Ahmed & Reddy, 2007). Thus, these factors may often make African American Muslims feel overwhelmed and distressed as they struggle with their identity as Black Muslims (Adam, 2019).

Despite the presence of Islam from the beginning of the African American experience in the United States, African American women do not seem to respond to the Islamic faith as readily as their male counterparts (Dix-Richardson, 2002). Christianity has been a significant religion in the experiences of African American women and the Black church has maintained a central role in their lives. Even though most of the denominations may maintain male leadership, the Black church has always relied heavily on Black women for active participation in Church affairs like music, economics, and community events. Conversely, the role of women in Islam and the treatment of women in Islam is interpreted negatively and perceived negatively. This may create a lack of familiarity and discomfort around Islam for African American women, and they may find the Black church more familiar and comforting than the Islamic religion (Dix-Richardson, 2002).

Furthermore, while reexamining the history of African American women during slavery, African American women were treated no differently than African American men, their gender identity was erased as they were required to do physical work outside as slaves and due to the

absence of males, women had to take up the role as head of the household (Davis, 1983; Dix-Richardson, 2002). As noted by Davis (1983), "The slave system defined Black people as chattel. Since women, no less than men, were viewed as profitable labor-units, they might as well have been genderless as far as the slaveholders were concerned" (p.114). The U.S. society often overstates the differences between men and women however African American women are often treated no differently than men in various situations (Dix-Richardson, 2002). Thus, if Islam is interpreted as practicing the subjugation of women, African American women may not want to convert to a religion that does not empower their role as a woman in society and is contradictory to their reality of everyday life. Similarly, unlike African American male inmates' experiences with Islam, African American women inmates do not convert to Islam to the same extent as their male counterparts (Dix-Richardson, 2002). The dissonance between African American men and women with regard to Islam may be an added distress in the family life of African American individuals who embrace Islam.

Racism and Discrimination

Specific challenges may apply to recent converts, but they may not entirely apply to African American Muslims who are not recent converts and may not necessarily seek mental health services related to their conversion to Islam (Al'Uqdah et al., 2019). However, as mentioned earlier, African American Muslims live at the intersection of racial discrimination and Islamophobic discrimination (Adam, 2019). Moreover, racial discrimination and Islamophobic discrimination are realities related to poorer mental health among the African American Muslim community (Adam, 2019). Thus, counselors and mental health professionals may find it significantly essential to process African American Muslims' experiences of overt and covert

racism, racial and Islamophobic discrimination in therapy (Al'Uqdah et al., 2019) as it is may be directly related to their mental health.

Research studies have indicated a correlation between racial discrimination and depression, anxiety, and schizophrenia among minority groups (Al'Uqdah et al., 2019; Berger & Sarnyai, 2015; Williams & Mohammed, 2009). Additionally, based on a review of studies published in peer-reviewed journals, it was found that individuals experiencing multiple types of discrimination based on their marginalized identities are at a higher risk for poor mental health (Vargas, Huey, & Miranda, 2020). Furthermore, researchers have associated multiple types of discrimination with mental health problems such as anxiety, post-traumatic stress disorder, distress, and substance abuse (Vargas et al., 2020). In conclusion, it could be implied that due to the harmful impact of racism and discrimination on the mental health of African American Muslims (Al'Uqdah et al., 2019), counselors must understand the barriers related to treatment and factors affecting the help-seeking attitudes of African American Muslims in order to provide culturally competent mental health services.

Barriers Related to Treatment

Barriers are obstacles or reasons or causes that prevent mentally distressed individuals to seek mental health services or discontinue mental health treatment. Thus, identifying the barriers and understanding why African American Muslims do not seek mental health services is essential for reducing disparities in mental health treatment among marginalized communities (Planey et al., 2019). Currently, there are no research studies focusing explicitly on the barriers to mental health treatment specific to African American Muslims. The current study will explore the barriers related to seeking treatment and factors affecting the help-seeking attitudes of

African Americans and Muslims to comprehend the possible barriers specific to African American Muslims (Al'Uqdah et al., 2019).

One of the main factors that contribute to the mistrust of health care and mental health services among African Americans is the historical context of racism that is deeply embedded in the profession (Alsan & Wanamaker, 2018); Rostain et al., 2015). In the nineteenth century, medical health professionals defended slavery in the United States by claiming that Blacks were biologically "inferior," and it was a natural condition for Blacks to be enslaved, and Blacks' desire for freedom was pathologized and punished (Rostain et al., 2015). After the Civil War, from 1932-1972, the Tuskegee study of untreated syphilis was performed by the U.S. Public Health Service on African American men (Alsan, Wanamaker, & Hardeman, 2020). The Black men were told that they were receiving free health care whereas they were used for research purposes as lab rats (Alsan & Wanamaker, 2018). From 1937-1966 African American women were forced to be sterilized in the United States (Sweeney, 2018).

According to the U.S. Department of Health and Human Services Office of Minority Health (2019), African American adults are more likely to report severe psychological distress, such as mental health problems that cause impairment in social, occupational, or school functioning (Weissman, Pratt, Miller, & Parker, 2015) compared to their White counterparts. African Americans face barriers in accessing mental health services due to the fragmented systems of care and are more likely than their White counterparts to use emergency care services and alternative treatments rather than mental health services to treat mental health disorders (Primm et al., 2010).

Another barrier that limits African Americans' access to mental health services is that they are affected by the disparities in mental health services. Compared to their White

counterparts, African Americans are more likely to receive a lower quality of health care and less consistent care (Primm & Lawson, 2010). Additionally, they are less likely than Whites to receive care based on evidence-based clinical guidelines for depression and anxiety (Primm et al., 2010). Furthermore, they are often misdiagnosed with schizophrenia when they meet the criteria for mood disorders (Gara et al, 2019). Another barrier to African Americans' access to mental health services is socioeconomic factors. Approximately 23% of African Americans live below the poverty level (U.S. Census Bureau, 2018), and they are twice as likely to report severe psychological distress. Yet, many do not have access to mental health services due to a lack of health insurance (OMH, 2021). The National Center for Health Statistics reported that 10.4% of African American adults did not have health insurance coverage in 2020 (CDC, 2021). Their socioeconomic status also hinders them from not having the financial resources to afford mental health services and consistently remain in therapy (Al'Uqdah et al., 2019; Briggs, Banks, & Briggs, 2014).

Similarly, several barriers hinder Muslims from accessing and utilizing mental health services (Alharbi, Farrand, & Laidlaw, 2021; Al'Uqdah et al., 2019). For example, Muslims, including African American Muslims, may reject seeking mental health services and treatments that are not explained in the Qur'an or Sunnah, which are prophet Muhammad's teachings (Adam, 2019). Instead, they are likely to address mental health issues with prayer and religious interventions (Adam, 2019). Other factors are the mental health professional's lack of cultural competence and the individual's beliefs and values regarding mental health, stigma related to mental illness, and social stigma (Alharbi, et al., 2021; Al'Uqdah et al., 2019).

Mental Health Help Seeking

It is prominent from various research that African Americans have low intentions of seeking mental health services (Campbell & Long, 2014; Taylor & Kuo, 2019). Based on the theory of planned behavior (TPB), the intent is the core component that would indicate the extent to which the individual is willing to perform a behavior (Ajzen, 1991). TPB has been widely used to understand mental help seeking among African Americans (Campbell & Long, 2014; Davis, Ajzen, & Williams, 2002; Taylor & Kuo, 2019).

Previous studies have indicated that individuals with low intention to seek professional help with low rates of seeking professional mental health services (Brown et al., 2014; Li et al., 2022; Liu et al., 2018). Previous studies have shown that African Americans tend to associate mental help-seeking with being weak, which then leads to negative attitudes toward seeking mental health care (Campbell & Long, 2014; Compton & Esterberg, 2005; Taylor & Kuo, 2019). These studies also indicated that African Americans are often influenced by normative beliefs and messages that are often communicated by their family or the community that "Black people do not get depressed" which are low help-seeking beliefs (Taylor & Kuo, 2019, p. 2). Perceived and or actual negative experiences with mental health professionals can be an influential factor in seeking mental health services (Taylor & Kuo, 2019).

Attitudes Toward Seeking Mental Health Services

The other possible barriers to seeking mental health services among African American Muslims are their limited knowledge and education about mental health issues and treatment (Al'Uqdah et al., 2019; Basit & Hamid, 2010; Briggs et al., 2014; Hodge, 2005). Thus, several barriers hinder the African American Muslim community from seeking mental health services, and some of them are related to their attitudes toward seeking mental health services. For

counselors to comprehend the attitudes of African American Muslims toward mental health services, they must gain insight into how African American Muslims tend to conceptualize mental health issues. African American Muslims' attitude towards mental illness and mental health services are from both a religious and cultural perspective (Khan, 2019). Moreover, also from a historical perspective based on their unique history of the many Africans that were enslaved were Muslims during the Trans-Atlantic slave trade and were stripped of their identity (Al'Uqdah et al., 2019; Diouf, 2013; Rashad, 1995; Winters, 1978).

Despite the growing need for effective mental health treatment among African American Muslims, their attitudes toward seeking mental health services can be challenging, hindering them from seeking treatment (Al'Uqdah et al., 2019; Khan, 2019). For both the African American and the Muslim communities, the individual's negative attitudes toward mental health professionals and mental health services could be due to the mistrust of the health care service providers (Al'Uqdah et al., 2019; Briggs, et al., 2014; Khan, et al., 2019; Khan, 2019). Historically, African Americans have been mistreated due to the negative bias and discrimination by healthcare providers in the United States, which seem to persist still when they seek treatment (Al'Uqdah et al., 2019; NAMI, 2019).

Similarly, Muslims in the United States have been discriminated against and treated with hostility due to their religion, leading them to distrust the healthcare community (Khan, et al., 2019; Khan, 2019). The negative bias of health care professionals, both implicit and explicit, and a lack of cultural competency can result in misdiagnosis and inadequate care and treatment of the African American Muslim community (Al'Uqdah et al., 2019; NAMI, 2019). As a result, it can lead to mistrust of counselors and mental health professionals and create a negative attitude toward mental health services (NAMI, 2019). Therefore, African American Muslims rarely go

outside of their community to seek guidance or mental health services, and they prefer to seek religious advice when in distress (McAdams-Mahmoud, 2005). Consequently, they may seek help from imams, shaykhs, and community leaders who are the experts in the Islamic domain and have Islamic perspectives on mental health (Khan, et al., 2019; Khan, 2019).

Additionally, self-stigma is a barrier that hinders African American Muslims who need mental health services from seeking services because of the internalized prejudice that exists in the society toward their minority group (Ciftci, Jones, & Corrigan, 2013; Gary, 2005; Khan, et al., 2019; Khan, 2019). Stigma often stems from the individual's attitudes based on the subjective view of their world, values, and the emotional reaction to their worldview (Ciftci, et al., 2013). Moreover, double stigma that stems from prejudice and discrimination against minority groups and their mental illness impacts individuals of color and minority cultures (Ciftci, et al., 2013; Gary, 2005), such as the African American Muslim community from seeking mental health services. Similar to Muslims, African American Muslims emphasize community or ummah and they may be concerned that mental illness and seeking mental health services may affect their reputation in their community (Khan, 2019).

Traditional African American Muslims may be influenced by the Islamic understanding of mental health issues and link it to religious causes explained in Qur'an (Khan, 2019). Qur'an explains that when an individual deviates from their "fitrah" or their innate disposition, which guides them from doing wrong, may lead to mental health problems (Haque, 2004). Another factors that Muslims attribute mental health problems to are interventions from "jinn" (demons), "al-ayn" (an evil eye), and "seher" (black magic) (Haque, 2004; Khan, 2019). Muslims may view mental illnesses as "amraad al-qalb" (illnesses of the heart) which is referred in Qur'an as an individual's error in thinking that leads to their own destruction (Haque, 2004; Khan, 2019).

Their religious perspective may influence them to rely on religious leaders rather than seeking professional mental health services (Khan, 2019).

Competencies for Working with African American Muslims

Counselors should implement the Multicultural and Social Justice Competencies (MSJCC; Ratts, et al., 2015) when working with clients with complex marginalized intersectional identities such as African American Muslims. This framework will help them understand the inequities experienced by their African American Muslim clients and inform social justice interventions in the community (Ratts, et al., 2016). The MSJCC model helps counselors to look at the intersection of identities of African American Muslim clients and the different ways that power, privilege, and oppression may interact between them and their clients (Ratts, et al., 2016). The developmental domain of the MSJCC competencies asserts counselors to be aware of their own cultural values, beliefs, and biases, be mindful of their client's worldview and how these intersectional identities influence the counseling relationship and the integration of counseling and social justice initiatives (Ratts, et al., 2016).

Self-Awareness

According to the MSJCC, counselors need to be self-aware about their worldviews, and simultaneously, be aware of their clients' worldviews and how these dynamics manifest themselves in a counseling relationship (Ratts et al., 2016). Furthermore, the standards and ethical guidelines of professional counseling organizations including, but not limited to, the American Counseling Association (2014), the Association for Counselor Education and Supervision (ACES; 2011), the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2016), the Association for Spiritual Ethical, and Religious Values in Counseling (ASERVIC; 2009), and the Association for Multicultural Counseling and

Development (AMCD; Hays & Erford, 2010) have emphasized the importance and necessity for counselors to be self-aware, knowledgeable, and sufficiently skilled to work effectivity with clients from diverse cultural, spiritual, and religious backgrounds. It is, therefore, essential that counselors are aware of their beliefs and attitudes about religiosity and how that may influence their work with African American Muslim clients. Additionally, the ACA (2014) also encourages counselors to be aware of their "own values, attitudes, beliefs, and behaviors" (p. 5) so that they do not impose them on their clients.

Counselors who are self-aware and understand their biases and preconceptions tend to have a deeper understanding of the African American Muslim client's spiritual and religious values and are, arguably, better able to provide culturally sensitive counseling interventions (Cashwell & Young, 2011; van Asselt & Senstock, 2009). Using the MSJCC framework counselors may develop self-awareness related to the current sociopolitical concerns that affect the African American Muslim community, such as Islamophobia, the Black Lives Matter movement, racist police brutality, Muslim bans (Al'Uqdah et al., 2019) and invisibility due to their unique identity and often pigeonholed as either Arab or South Asian (not considering their racial identity) or Black (not considering their religious identity). Counselors may find it beneficial to reflect and do some self-exploration on some basic questions regarding the African American Muslim experience, as recommended by Al'Uqdah et al., (2019, pp. 138-139)

"1. What are my beliefs about Islam as a religion?

2. What do I feel when I hear the statement "Blacks Lives Matter"?

3. How suspicious am I of Muslims being, knowing, or aiding terrorists?

4. What are the social, historical, and political facts that started the Black Lives Matter movement?

5. What are my views about Islam—negative, positive, or neutral?

6. What are my reactions (thoughts, feelings, etc.) to the Black Lives Matter movement?

7. What are my reactions to watching videos of police shooting, killing, and hitting African American men, women, and children?"

Knowledge

Additionally, the intersectionality framework will continue to help counselors explore African American Muslims' multiple identities, not just limited to their race and religion but including gender identity, socio-economic status, sexual orientation, and other possible identities (Al'Uqdah et al., 2019). Moreover, as mentioned earlier, because of the heterogeneity among African American Muslims (Al'Uqdah et al., 2019), counselors should take time to gain an understanding of how the client conceptualizes mental illness (Bagasra & Mackinem, 2014). Counselors may find it challenging to locate information on African American Muslims however the first step to gaining an understanding of this unique population is to connect, interact and form relationships with members of the local mosques, Islamic community services and national Islamic organizations (Al'Uqdah et al., 2019; Cashwell & Young, 2011). Additionally, counselors may find it helpful to read African American history, Black Muslim history, narratives of Muslim slaves and the basic tenets and values of Islam to understand the Islamic faith, how and when it came into existence in this country, and the unique history that connects intricately to the African American Muslim experience.

Skills

However, as mentioned earlier, African American Muslims live at the intersection of racial discrimination and Islamophobic discrimination. Moreover, racial discrimination and Islamophobic discrimination are realities related to poorer mental health among the African

American Muslim community (Adam, 2019). Thus, counselors and mental health professionals may find it significantly essential to process African American Muslims' experiences of overt and covert racism, racial and Islamophobic discrimination in therapy (Al'Uqdah et al., 2019) as it may be directly related to their mental health and may open doors for conversations around their unique struggles based on their racial and religious identities in individual counseling.

Identities of African American Muslims can be a crucial factor influencing therapy in various ways and therefore should be explored in therapy by the counselor. In context of counselors understanding the racial identity of African American Muslims/Black Muslims it is imperative to understand the client's awareness of racism, how they internalize Blackness, healthy ego defenses and their strong self of racial and religious identity and their regard for religion or spirituality as one of their support systems. The religious identity of the African American Muslim client should be explored by the counselor. If the African American client ascribes to traditional Islamic beliefs, the counselor is advised to integrate religious methods into their treatment (Bagasra & Mackinem, 2014). Before considering integrating Islamic identity in the treatment plan, it is recommended that compete and detailed information about the Islamic religious belief and their religious practice is gathered by using a reliable instrument to understand the extent of religious beliefs and practice (Al'Uqdah et al., 2019; Koenig & Shohaib, 2019). An essential step towards improving the attitude of the African American Muslim community toward mental health services is to educate and train both mental health care professionals and community members (Bagasra & Mackinem, 2014).

Summary

There is a significant absence of research and scholarly work on Islam and African American Muslims, particularly the historical context of Islam in the United States and the

existence of African American Muslims in this country (Farajaje', 2004), which could be attributed to Islamophobia along with systemic racism. Additionally, this absence of research may be related to indifference to African American history in general, especially as it relates to "others" who are not part of the mainstream "White" history (Farajaje', 2004).

The absence of African American Muslims in research and literature in studies on African Americans and Muslims in the U.S. may be attributed to the manifestation of intersectional invisibility of the African American Muslim experience (Mu'Min, 2019). African American Muslims have marginalized identities in terms of race (Black) and religion (Islam) which put them at a higher risk of mental health issues due to systemic racism, racial discrimination, and Islamophobia (Adam, 2019; Al'Uqdah et al., 2019; Samari, Alcalá, & Sharif, 2018). Therefore, counselors need to understand these identities with their unique struggles and develop self-awareness in relation to the intersectional identities of African American Muslims (Al'Uqdah et al., 2019).

Several barriers hinder the African American Muslim community from seeking mental health services, and some of these are related to attitudes toward seeking mental health services. For counselors to comprehend African American Muslims' attitudes toward seeking mental health services, they must gain insight into how this group tends to conceptualize mental health issues. African American Muslims' attitudes toward seeking mental health services come from religious, cultural (Khan, 2019) and historical perspectives which are based on the unique history of African Muslim enslavement during the Trans-Atlantic slave trade (Al'Uqdah et al., 2019; Diouf, 2013; Rashad, 1995; Winters, 1978).

Although a few scholars in the mental health field have written scholarly conceptual articles to explore the mental health needs and treatment barriers of African American Muslims,

none have investigated this phenomenon using robust qualitative or quantitative research methods. Thus, the current study seeks to fill the gap in the counseling field by exploring the intersectional identities of race and religion for African American Muslims and their attitudes toward seeking professional mental health services. The next chapter on research methodology describes how this study will be conducted.

CHAPTER III

METHODOLOGY

The purpose of the study was to inform counselors about the relationships among the intersectional identities of race and religion of African American Muslims and their attitudes toward seeking mental health services. Specifically, this study explores the multivariate relationship among three constructs: racial identity, religious identity, and attitudes toward seeking mental health services among African American Muslims. This chapter provides comprehensive information about the participants, recruitment procedures, and measures, as well as specific psychometric information about the measures used in the study, and research design. Additionally, this chapter presents information on the statistical analyses used to obtain and interpret results. Finally, this chapter concludes with an overall summary.

Recruitment Procedures

Human subjects research approval for this study was received from Western Michigan University's Human Subjects Institutional Review Board (HSIRB) under the exempt category of review on May 18, 2022 (Appendix A). Participants for this study were self-identified African American Muslims living in the United States. This study focused on self-identified African American Muslims. The criteria for inclusion to participate in the study included: (a) participants should be at least 18 years of age, (b) follow Islam, (c) born in the United States, and (d) identify themselves as Black or African American or both. Data was collected via an online survey, which was hosted by Qualtrics. Recruitment for the study took during the Summer of 2022 and the survey was open for 4 weeks or until the study has 200 participants who filled out the survey. However, the student researcher noticed in Qaultrics that the total number of respondents was 1419 on the 4th week and the survey was closed and the study received HSIRB approval for the

modification to changes in the targeted population (see Appendix B). A multipronged strategy was used to recruit participants for this study.

Imams and Islamic Centers

The leaders and Imam from the Bilal Islamic Center on the East side of Kalamazoo (the largest African American Muslim community in Kalamazoo) were contacted. They were sent a recruitment email along with the recruitment flyer as shown in Appendices C and D to pass on the information to the African American Muslim community organizations (e.g., Mosques, Islamic centers, and community centers) in various African American Muslim populated geographical regions in the United States (e.g., Chicago, Detroit, New York City, Newark, Washington. D.C., and Atlanta). The email sent by the leaders and Imam to these organizations is shown in Appendix E as the Imam and leaders' email script. Snowball sampling was used wherein the participants passed on the recruitment flyer to their acquaintances who met the inclusion criteria.

The recruitment email constituted an introduction and contact information for the student researcher, general information and significance of the study, and a clickable link to access the online survey. In addition, potential participants who were interested in participating in the study had access to information about the study, student researcher contact information, and an online link that led them to the informed consent. The recruitment flyer contained the inclusion criteria to participate in the study, the purpose of the study, information about the $50 Amazon.com gift card drawing, the link, and the QR code to learn about the study and to access the survey. The researcher's name, email address, and contact phone number for further information was added.

Recruitment Flyers in Public Places

Museum administrators of African American museums located in Chicago and Detroit area (e.g., DuSable Museum of African American History and the Black Chicago Museum, Charles H. Wright Museum of African American History, Grand Rapids African American Museum & Archives, African American Cultural and Historical Museum of Washtenaw County, African World Museum and Resource Center, Hush House Community Museum, Tuskegee Airmen National Museum, and Jim Crow Museum of Racist Memorabilia) were contacted by phone (recruitment phone script as shown in Appendix F) by the student researcher. Based on the response from the administrator it was determined whether the recruitment flyer would be posted physically on the museum's notice board or posted on the museum's newsletter or on social media. In the same way, African American-owned grocery stores and barber shops were contacted by phone and based on their response it was determined whether the recruitment flyer would be posted physically on the grocery store's notice board or posted on their social media.

Social Media

Administrators of African American and African American/Black Muslim groups on Facebook, LinkedIn, and Reddit were contacted via messenger (recruitment for social media group script as shown in Appendix G) by the student researcher requesting them to post the recruitment flyer on their group wall. Additionally, the recruitment flyer was posted on the social media websites of the student researcher such as Facebook, LinkedIn, Reddit, Twitter, and Instagram to reach prospective African American Muslim participants for the study.

Researcher Outreach and Snowball Sampling

The researcher contacted friends and acquaintances by sending them the recruitment email or recruitment text (recruitment text script as shown in Appendix H) to pass on the

recruitment flyer to their African American Muslim friends and acquaintances. Snowball sampling was used wherein the participants passed on the recruitment flyer to their acquaintances who met the inclusion criteria.

Overview of Online Survey

The first page of the online survey included the informed consent document that described (a) confidentiality and privacy of data collection, (b) purpose of the study, (c) approximate time involved, (d) student researcher and principal investigator contact information, (d) risks and benefits of participation, and (e) discontinuation of the study. After learning what was involved in participating in the study, and if a participant wished to continue, they clicked the "YES" button to agree to take part in the study and thus indicated acceptance of the terms of participation. They were then directed to the survey for completion. A participant who read over the consent document but opted to not participate had the option to click the "NO" button if they did not agree to take part in this study and they had the option to leave the survey. See Appendix I for the consent document. Participants were able to move forward and backward in the survey. They were not required to answer all questions before moving forward to the next question. Qualtrics privately and securely maintained the response data collected. Upon completion of the survey, participants were presented with a debriefing page. This page: (a) thanked the participant for completing the survey, (b) displayed the student researcher's name and contact information, and (c) gave the participant an option to participate in an Amazon.com gift card drawing. If participants were interested in the drawing for one of (3) Amazon.com gift cards valued at $50 each, they clicked on a link that took them to a separate survey page where they provided their name and email address. Personal information for the drawing was not associated with their survey responses. See Appendix J for the automatic message after completing the survey. Email

addresses collected for the gift card drawing were stored in a separate location apart from the collected data and not tied to their responses on the survey as a way to ensure the anonymity of survey responses. Collected email addresses of interested participants were entered into an online random generator (RandomPicker.com). Selected winners were contacted, and e-gift cards were emailed. If a participant was not interested in the drawing, they may click "Exit Survey" and were directed to another page and a final thank you. The total number of questions were 37. The completion of the survey ranged from 6 to 8 minutes.

Amazon Mechanical Turk (MTurk)

Amazon Mechanical Turk (MTurk) was one of the last recruitment options that was to be used if the study didn't reach 200 participants who completed the survey. Potential participants from Mturk would have used an identical online survey in Qualtrics with a different link. MTurk is a crowdsourcing platform that enables researchers to access a larger population willing to participate in research studies for compensation. MTurk workers have a 14-character sequence of letters and numbers used to identify them and these IDs would not be shared with anyone. The Qualtrics survey that would be completed by MTurk participants was to be identical to the survey filled by other participants, however, the consent document for MTurk participants was different. See Appendix K for the consent document for MTurk. MTurk participants were to be paid $1 for participation, and they were not part of the random drawing. MTurk was not used as the study reached and exceeded the target sample size with other recruitment strategies that were mentioned in the previous sections.

Participants

One thousand four hundred and nineteen respondents clicked on the survey, accessed the informed consent and agreed to participate in the survey. The data were screened to determine

valid from invalid responses. Invalid responses were identified by duplicate email addresses, an email domain name = "vfmail.net" and total responses durations that deemed to be fast, e.g., < 240 seconds (4 minutes) to slow, > 3600 seconds (60 minutes). These responses were considered invalid and filtered. The informed consent document stipulated respondents needed to be 18 yrs. or older, so respondents who gave an unrecognizable date of birth/age or failed to provide this information were also deleted from all analyses. Respondents who had missing responses on the items on the MIBI, MRIM, and ATSPPH-SF instruments were deleted from the data using a listwise deletion method. The targeted minimum sample size was 200 and after all filtering, the final analyzable sample size was 442 participants.

Based on the response to the demographic items in the survey 173 of the participants identified as female (39.5%), 238 identified as male (54.34%), seven identified as trans female (1.6%), and 17 identified as trans male (3.88%). The participants' ages ranged from 18 to 92 years old with a mean age of 32 years (M = 32.05, Mdn = 31, SD = 9.67). The top three age ranges were: 46.72% identified their age range to be 25-34 years old, 22.34% identified their age range to be 18-24 years old, and 23% identified their age range to be 35-44 years old. The top three household income range participants identified were: 99 participants (22.4%) identified their household income range between $40,000-$49,999, 84 participants (19%) identified their household income range between $50,000-$74,999, and 73 participants (16.52%) identified their household income range to be between $30,000-$39,999. The top three education level were: 109 participants (24.66%) identified having a high school graduate, diploma, or the equivalent (e.g., GED), 91 participants (20.59%) identified having a bachelor's degree, and 81 participants (18.33%) identified having some college credit, no degree. See Table 1 for the full range of demographic characteristics of the participants in the study.

Based on the latitude and longitude GPS coordinates of the respondents it was noticed that 30.7% of the respondents were from California, particularly from the South Los Angeles area, which has one of the highest numbers of African American Mosques in the country. The top 5 states with respondents were 10.4% from Texas, 7% from Michigan, 6% from Florida, 5.2% from New York, and 4% from Indiana. These states have the largest number of Mosques and a significant number of African American Muslim populations, based on the report from the US Mosque survey done in 2020 (Bagby, 2020). There were respondents from 40 states except Delaware, Maine, Montana, New Hampshire, New Mexico, North Dakota, South Dakota, Vermont, West Virginia, and Wyoming (Appendix M).

Table 1

Demographic Characteristics of Participants

Categorical Variables	Frequency	Percentage
Gender		
Female	173	39.5
Male	238	54.34
Transgender Female	7	1.60
Transgender Male	17	3.88
Age		
18 – 24	99	22.34
25 – 34	207	46.72
35 – 44	102	23
45 – 54	21	4.74
55 – 64	8	1.8
65 and over	6	1.35
Household Income Range		
Under $10,000	18	4.07
$20,000-$29,999	56	12.67
$30,000-$39,999	73	16.52
$40,000-$49,999	99	22.40
$50,000-$74,999	84	19
$75,000-$99,999	43	9.73
$100,000-$150,000	9	2.04
Over $150,000	4	0.90

Table 1 - Continued

Categorical Variables	Frequency	Percentage
Educational Level		
Less than high school	24	5.43
High school graduate, diploma, or the equivalent (for example: GED)	109	24.66
Some college credit, no degree	81	18.33
Trade/technical/ vocational training	64	14.48
Associate degree	34	7.69
Bachelor's degree	91	20.59
Master's degree	27	6.11
Professional degree	6	1.36
Doctorate degree	6	1.36

Measures

The study used modified versions of existing measures with certain modifications after getting approval from the original authors, in order to precisely answer the research questions. The measures intended to examine racial identity, religious identity, and attitudes toward seeking mental health services in the African American Muslim sample. These measures were: (a) The Multi-Religion Identity Measure (MRIM; Abu-Rayya, Abu-Rayya, & Khalil, 2009), (b) The Multidimensional Inventory of the Black Identity (MIBI; Sellers, Rowley, Chavous, Shelton & Smith, 1997), (c) Attitudes Toward Seeking Professional Psychological Help - Short form (ATSPPH-SF; Fischer & Farina, 1995), and (d) a demographic questionnaire.

The Multi-Religion Identity Measure (MRIM)

The Multi-Religion Identity Measure (MRIM; Abu-Rayya, Abu-Rayya, & Khalil, 2009) is a measure of religious identity which does not solely look at the participants' religious beliefs and practices. Three factors of religious identity are measured by the MRIM: (a) religious affirmation and belonging, (b) religious identity achievement, and (c) religious faith and

practices (Abu-Rayya, et al., 2009). The MRIM is a 15-item self-report measure divided equally between the three subscales. The MRIM is measured on a 7-point Likert-type scale ranging from 1 = Not at all, 2 = Very slightly, 3 = Slightly, 4 = Moderately, 5 = Strongly, 6 = Very strongly, to 7 = Absolutely. Participants who have no religious affiliation or who identity as atheists are instructed to select 0 (not applicable). All 3 subscales were used in this study.

The religious affirmation and belonging subscale assesses the extent to which an individual is proud of their religion and feels a sense of attachment and belonging towards their religion. An example item on this subscale is: "I have a strong sense of belonging to my religion." The religious identity achievement measures the degree to which an individual is confident and is not confused about their religion and has an established lifestyle centered around their religion. Low degrees indicate diffusion of the individual's religious identity. An example item on this subscale is: "I have spent much time exploring my religion such as its rituals, faith, morals, history, and traditions." The religious faith and practices domain assesses the individual's participation in religious practices and rituals. An example item on this subscale is: "I believe prayer is an inspiring practice."

Out of the 15 items, 6 items are negative worded items, Examples of these items are: "My belief is not important to me" and "I am not positive about my religion." All negative worded items were reverse coded and summed across items and averaged to obtain the total mean score for the MRIM. Higher scores indicate a higher level of religious identity. The measure of internal consistency, Cronbach's alpha estimated in the original study for MRIM was .89, for the Religious Affirmation and Belonging subscale it was .85, for the Religious Identity Achievement subscale it was .84, and for the Religious Faith and Practices subscale it was .92 (Abu-Rayya et al., 2009).

Concurrent validity of MRIM and its subscales showed positive correlations with Francis' scale of Attitude Toward Christianity Islam ranged between .61 and .92 for the high school sample, and for the college sample, it ranged between .62 and .94 (Abu-Rayya et al., 2009). Predictive validity of MRIM with well-being measures indicated correlations between .37 and .62 for the high school sample and for the college sample .32 and .69 (Abu-Rayya et al., 2009).

The Multidimensional Inventory of the Black Identity (MIBI)

The Multidimensional Inventory of the Black Identity (MIBI; Sellers, Rowley, Chavous, Shelton & Smith, 1997) is a measure designed to assess three stable dimensions of racial identity (racial centrality, racial regard, and racial ideology) outlined by the Multidimensional Model of Racial Identification (MMRI) (Sellers, et al., 1997). The MMRI is similar to identity theory (Stryker & Serpe, 1982, 1994) in assuming that a Black person has various levels of identities, and that race is one of them (Sellers, et al., 1997). The MIBI is a 56-item self-report measure measured on a 7-point Likert-type scale designed to assess African American's racial identity. Participants rate their agreement with each item on a scale that range from 1 = Strongly Disagree, 4 = Neutral, to 7 = Strongly Agree.

This study utilized only the racial centrality subscale of the MIBI inventory as racial centrality measures "whether race is a core part of an individual's self-concept" (Sellers, et al., 1997, p. 806). Racial centrality is a stable manifestation of racial identity and refers to the range an individual defines themselves in terms of their race. Based on a study (Shelton & Sellers, 2000), which utilized the MMRI framework to investigate the stable and situational characteristics of the racial identity of African Americans it was indicated that racial centrality interacts with situational events which influence an individual's perception of specific events in

their life. The first author of the MIBI inventory approved the use of the centrality scale alone for this study to assess racial identity; the email is shown in Appendix L.

The centrality scale consists of 8 items. Examples of items on the questionnaire are: "Being Black is an important reflection of who I am" and "I have a strong attachment to other Black people." Out of the 8 items, 3 items were negatively worded items, Examples of these items are: "Being Black is unimportant to my sense of what kind of person I am" and "Being Black is not a major factor in my social relationships." All negatively worded items were reverse coded and the scale mean score was calculated. Higher scores indicate a higher level of racial centrality, meaning the individual places a higher significance on racial identity. The measure of internal consistency, Cronbach's alpha for centrality was .77 for the study done by Sellers, et al., (1997) and .76 for the study done by Hope, et al., (2013).

The predictive validity of MIBI was assessed by investigating it with race-related behaviors. Relationships with African Americans were positively correlated with the Centrality subscale (r = .39). On the other hand, contacts with Whites were negatively correlated with the Centrality subscale (r = -.46) (Sellers, et al., 1997). The concurrent validity of MIBI was assessed by examining the relationship between MBI subscales and the African self-consciousness scale. The Centrality subscale was positively correlated (r = .50) with African self-consciousness (Cokley & Helm, 2001).

Attitudes Toward Seeking Professional Psychological Help (ATSPPH-SF)

Attitudes toward seeking mental health services were assessed via the Attitudes Toward Seeking Professional Psychological Help - Short form (ATSPPH-SF; Fischer & Farina, 1995). The ATSPPH-SF is a 10-item self-report unidimensional measure designed to measure individual's attitudes toward seeking professional help for psychological problems. It is a short

form derived from the original 29-item Attitudes Toward Seeking Professional Psychological Help scale (ATSPPH; Fischer & Turner, 1970). Items on the ATSPPH-SF are responded on a 4-point Likert-type scale. Participants rate their agreement with each item on a scale that ranges from 0 = Disagree, 1=Partly disagree, 2=Partly agree to 3=Agree.

The items consist of statements about the extent to which an individual acknowledges the presence of mental health issues and the willingness to receive professional psychological help for these issues. Examples of items on the questionnaire are: "I would want to get psychological help if I were worried or upset for a long period of time" and "I might want to have psychological counseling in the future." Out of the 10 items, 5 items were negatively worded items. Examples of these items are: "The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts" and "Personal and emotional troubles, like many things, tend to work out by themselves." All negatively worded items were reverse coded, and items ratings summed. Total scores range from 0 to 30, wherein higher scores indicate a positive attitude toward seeking professional psychological help or mental health services (Fischer & Farina, 1995).

The original study (Fischer & Farina, 1995) reported Cronbach's alpha to be .84 and the test-retest reliability after a four-week lapse was found to be $r = .80$ and a correlation of $r = .87$ with the original measure, suggesting that they both measure a similar construct. Based on various studies, individuals who scored higher on the ATSPPH-SF have indicated being receptive to seeking mental health treatment and less stigma towards seeking mental health treatment (Elhai, Schweinle, & Anderson, 2008; Hatchett, 2006; Komiya, Good, & Sherrod, 2000). ATSPPH-SF has demonstrated internal consistency between 0.82 to 0.84 (Fischer and

Farina, 1995; Komiya et al., 2000; Constantine, 2002). (Fischer and Farina, 1995; Komiya et al., 2000; Constantine, 2002).

Discriminant validity was demonstrated by inter-item correlations in the range of 0.3 and less. ATSPPH-SF demonstrated construct validity in a sample of medical patients where ATTSPH-SF was negatively correlated (r = -.41) with the Stigma Scale for Receiving Psychological Help (SSRPH), indicating individuals with favorable attitudes toward treatment were associated with less stigma-related treatment concerns (Elhai et al., 2008).

Demographic Questionnaire

The brief demographic questionnaire was used to examine the demographic characteristics of the African American Muslim sample that participated in the study. Participants' demographics were examined with a 4-item questionnaire. The demographic questionnaire consisted of open-ended questions about their date of birth, gender identity, the highest level of education, and household income range.

Research Design

The study utilized a non-randomized, quantitative, descriptive research design implemented through the administration of an online survey. According to Leedy and Ormrod (2019) "descriptive research encompasses a variety of methodologies that are best suited to examining and trying to make sense of a situation or event as it currently exists in the world" (p.174). Creswell and Creswell (2018) stated that "a survey design provides a quantitative description of trends, attitudes, and opinions of a population, or tests for associations among variables of a population, by studying a sample of that population" (p. 207). The survey research design which is predominantly quantitative and descriptive in nature was utilized to gain fundamental information about the relationships of distinct and understudied research variables.

The exploratory research questions were an attempt to initiate exploration of how the constructs of intersectional identities of race and religion engage and interact with each other. This study used both meditation and moderation analysis to explore how these two antecedent variables (MIBI and MRIM) might affect ATSPPH-SF.

Statistical Analyses

Several statistical analyses were performed in this study, with the results reported in Chapter IV. Before conducting the analyses, the data were screened for valid and invalid responses and missing data as described above. A substantial amount of missing data was handled by listwise deletion. The first analysis examined the demographic information reported by participants. This was completed to examine the differences in the demographics of the participants and to describe the characteristics of the sample used in this study.

The second series of analyses involved conducting preliminary analyses to examine the reliability estimates of all the measures used in the study, which were all in the moderate range. Prior to conducting statistical analyses, the data were examined to determine whether all the assumptions for conducting linear regression were met. The assumptions are, (a) normality of distribution of variables; (b) homoscedasticity; (c) linear relationship between independent and dependent relationships; and (d) independence of observations (Tabachnick & Fidell, 2007).

Primary Research Questions

PRQ1: To what extent does racial identity predict attitudes toward seeking mental health services among African American Muslims?

The first hypothesis for the study states that higher scores on the racial centrality subscale of the Multidimensional Inventory of the Black Identity (MIBI) will predict lower scores on the Attitudes Toward Seeking Professional Psychological Help - Short form (ATSPPH-SF) among

African American Muslims. The hypothesis was based on the fact that historically, African Americans have been mistreated due to the negative bias and discrimination by healthcare providers in the United States, which seem to persist still when they seek treatment leading them to have negative attitudes towards mental health professionals and mental health services (Al'Uqdah et al., 2019; NAMI, 2019). Therefore, participants who consider race to be a core part of their identity may have negative attitudes towards seeking professional mental health services.

This research question was analyzed with a linear regression analysis to assess to determine the ability of the scores on the racial centrality subscale of the Multidimensional Inventory of the Black Identity (MIBI) to predict scores on the Attitudes Toward Seeking Professional Psychological Help - Short form (ATSPPH-SF). Regression analysis is a statistical method used to examine the relationship between an independent variable (predictor) and a dependent variable (outcome) (Wampold & Fruend, 1987). Linear regression analyses are used to predict or explain how much of the independent or predictor variable explains a portion of the variance (change) in the dependent or criterion variable (Hahs-Vaughn & Lomax, 2020); Wampold & Fruend, 1987).

PRQ2: To what extent does religious identity predict attitudes toward seeking mental health services among African American Muslims?

The second hypothesis for the study states that higher scores on the Multi-Religious Identity Measure (MRIM) will predict lower scores on the Attitudes Toward Seeking Professional Psychological Help - Short form (ATSPPH-SF) among African American Muslims. The hypothesis was based on the fact that historically, Muslims in the United States have been discriminated against and treated with hostility due to their religion, leading them to distrust the health care community (Khan et al., 2019; Khan, 2019). The negative bias of health care

professionals, both implicit and explicit, and a lack of cultural competency can result in misdiagnosis and inadequate care and treatment of the African American Muslim community (Al'Uqdah et al., 2019; NAMI, 2019). As a result, this can lead to mistrust of counselors and mental health professionals and create a negative attitude toward mental health services (NAMI, 2019). Therefore, participants who consider religion to be a core part of their identity may have negative attitudes toward seeking professional mental health services.

The second research question was analyzed using linear regression to assess the ability of scores on the Multi-Religious Identity Measure (MRIM) to predict scores on the Attitudes Toward Seeking Professional Psychological Help - Short form (ATSPPH-SF).

PRQ3: Do racial identity and religious identity both predict attitudes toward seeking mental health services among African American Muslims?

The third hypothesis for the study states that higher scores on the racial centrality subscale of the Multidimensional Inventory of the Black Identity (MIBI) and higher scores on the Multi-Religious Identity Measure (MRIM) will predict lower scores on the Attitudes Toward Seeking Professional Psychological Help - Short form (ATSPPH-SF) among African American Muslims. The third research question was analyzed using multiple linear regression to assess the independent variables (MIBI and MRIM) combined ability to predict total scores on the dependent variable: ATSPPH-SF.

Power Study to Estimate Study Sample Size

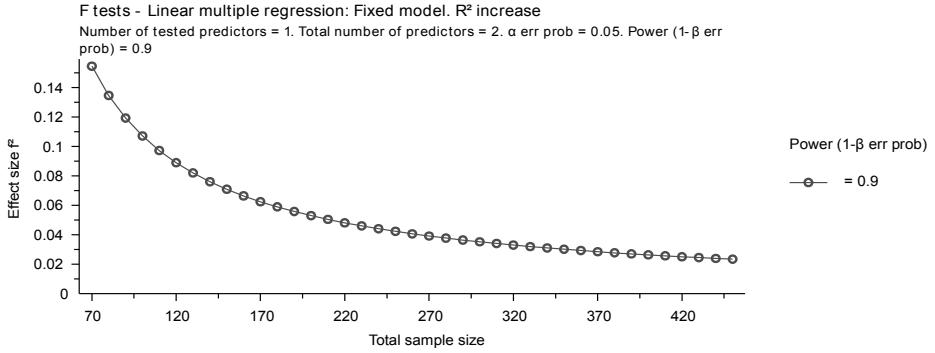
An a-prior power study was conducted in the G*Power Statistical Software (version 3.1.9.6) to estimate the needed sample size to detect a partial R^2 effect size for the proposed analyses of research questions. The total number of predictor variables (racial identity and religious identity) was two, partial R^2 was set at .13 resulting in Cohen's f^2 effect size = 0.149,

power to detect = .80, and alpha was set at = .05. Given these values, G*Power estimated a sample size of $N = 73$ to be sufficient to detect a partial $R^2 = .13$.

Figure 1 depicts a power curve for $1 - \beta = .90$ as a function of a detectable effect size f^2 (y-axis) as a function of sample size (x-axis) for two predictors and alpha = .05. The effect size gives information on how well the predictors (independent variables – racial identity and religious identity) will predict the dependent variable (attitudes toward seeking mental health services) (Serdar et al., 2021). The graph shows the minimally detectable size for the sample size from 40 to 200. As can be seen, given a proposed study and an additive effect size, partial $R^2 = .13$ ($f^2 = 0.15$) a sample size of approximately 70 participants is needed. Unfortunately, a partial effect of this, or any magnitude, is unknown and no reasonable pilot data can be located, thus targeted sample size for this study was set at 200. As noted above, 1,419 respondents clicked on the survey, accessed the consent form, and agreed to go further. However, due to a large number of invalid responses, the total number of participants used in the analyses was considerably smaller ($N = 442$). A re-examination of the power curve indicated that an effect size as small as $f^2 = 0.02$ could be detected with a power = .90, alpha = .05 for the proposed multiple regression model.

Figure 1

Minimally Detectable Effect Size



Exploratory Mediation and Moderation Research Questions

Since the current theory is not well developed on how the constructs of intersectional identities of race and religion engage and interact with each other, this study will use both a meditation analysis and moderation analysis to explore how these two antecedent variables (MIBI and MRIM) might affect ATSPPH-SF.

Exploratory Mediation Model

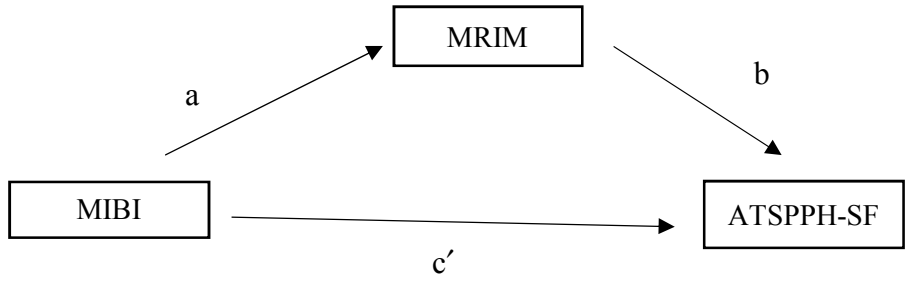
Mediation is a statistical method and extension of simple linear regression, that adds one or more variables to the regression equation (Abu-Bader & Jones, 2021). Mediating variables are "mechanism through which X [independent variable] influences Y [dependent variable]" (Hayes 2013, p.7). The relationship between the independent and dependent variable is assumed to be indirect (Abu-Bader & Jones, 2021). Given the lack of empirical evidence on the extent that religious identity may mediate the relationship between racial identity and attitudes toward seeking mental health services among African American Muslims, two hypothetical causal sequences of these variables were explored in this study.

MedRQ1: Does MRIM mediate the relationship between MIBI and ATSPPH-SF?

The hypothesis for MedRQ1involves three variables: a) an independent variable i.e., MIBI; b) a mediator i.e., MRIM; and c) a dependent variable i.e., ATSPPH-SF. Figure 2 depicts the model.

Figure 2

MedRQ1. Hypothesized Model

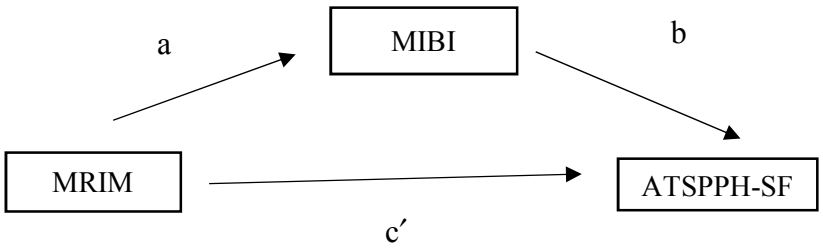


MedRQ2: Does MIBI mediate the relationship between MRIM and ATSPPH-SF?

This mediation model exchanged the exogenous and mediation variables, see Figure 3.

Figure 3

MedRQ2. Hypothesized Model

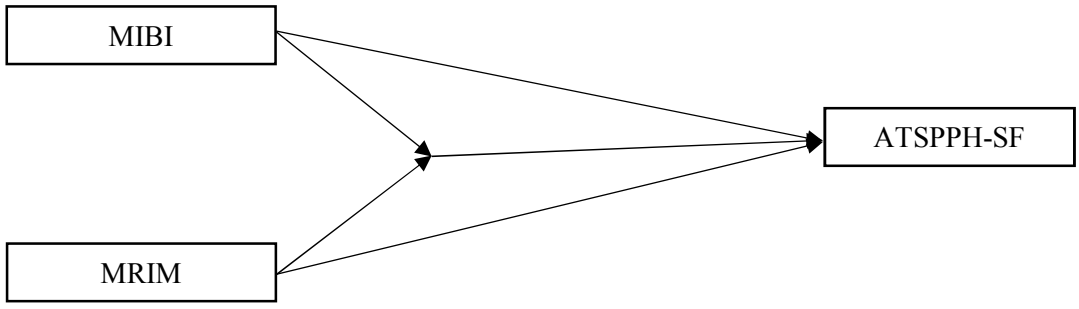


Exploratory Moderation Model

The final exploratory research question examined if MIBI and MRIM interacts in a moderation analysis. The ModRQ3 examined the additive effects of these two variables in predicting ATSPPH-SF, the moderation analysis explored the multiplicative ability of MIBI and MRIM to predict ATSPPH-SF. See figure 4.

Figure 4

ModRQ3. Hypothesized Model



Summary

This chapter defined the multivariate relationships among three constructs: racial identity, religious identity, and attitudes toward seeking mental health services among African American Muslims. This chapter provided comprehensive information about the participants, measures, specific psychometric information of the measures used in the study, recruitment procedures, and research design. Additionally, this chapter presented information on the statistical analyses that were used to obtain and interpret results.

CHAPTER IV

RESULTS

This study examined the relationships among the intersectional identities of race and religion of African American Muslims and their attitudes toward seeking mental health services. Specifically, the multivariate relationship among three constructs: racial identity, religious identity, and attitudes toward seeking mental health services among African American Muslims. The objective of assessing the data through inferential statistical analyses was to understand the following (a) demographic characteristics of the participants, (b) reliability estimates of the variables (MRIM, MIBI, and ATSPPH-SF), (c) examine the relationship between the racial centrality subscale of the Multidimensional Inventory of the Black Identity (MIBI) and the Attitudes Toward Seeking Professional Psychological Help - Short form (ATSPPH-SF), (d) examine the relationship between the Multi-Religious Identity Measure (MRIM) and the Attitudes Toward Seeking Professional Psychological Help - Short form (ATSPPH-SF), (e) examine the relationship between the combined ability of the racial centrality subscale of the Multidimensional Inventory of the Black Identity (MIBI) and Multi-Religious Identity Measure (MRIM) on the Attitudes Toward Seeking Professional Psychological Help - Short form (ATSPPH), (f) explore whether religious identity (MRIM) mediates the relationship between racial identity (MIBI) and the attitudes toward seeking mental health services (ATSPPH-SF), (g) explore whether the racial identity (MIBI) mediates the relationship between racial identity (MRIM) and the attitudes toward seeking mental health services (ATSPPH-SF), and (h) explore the moderation analysis of the multiplicative ability of MIBI and MRIM to predict ATSPPH-SF.

The first step was to run preliminary analyses, including reliability and descriptive statistics. The second step was to conduct linear regression analyses after assessing for any

violations of regression assumptions. All statistical analyses were completed using SAS analytics software. These results are discussed below.

Preliminary Data Analyses

Data Cleaning

The total number of respondents that clicked on the survey link accessed the informed consent and clicked to agree to participate in the survey was 1,419. It was noticed that a large number of responses were similar, and the responses were recorded around the same time and in less than a few seconds and they all had similar domain names (vfmail.net). It was determined that those were invalid responses, possibly responded by "bots," a software program that performs automated repetitive tasks and imitates human behavior to win a reward (Perkel, 2020). Therefore, multiple filters were invoked to remove invalid responses.

Given there were total of 37 (33 instrument items and 4 demographic) items requiring responses, any respondent who completed all items in less than 240 seconds (4 min) or more than 3600 (60 min) seconds were considered invalid respondents and were deleted from the data. The minimum respondent age was 18 years, thus respondents who were less than 18 or who did not respond to the date of birth were removed. Lastly, respondents who had missing item responses within the MIBI, MRIM, and ATSPPH-SF scales were also deleted. The final valid number of respondents in the analyzed sample was 442.

Psychometric Analysis of the MIBI, MRIM, ATSPPH-SF

Reliability estimates, Cronbach's alpha, were calculated for each instrument (MIBI, MRIM, and ATSPPH-SF) for the 442 participants: MIBI ($\alpha = .78$), MRIM ($\alpha = .72$), and ATSPPH-SF ($\alpha = .37$). MIBI and MRIM indicated acceptable internal consistency for research proposes, but ATSPPH-SF indicated an unacceptable reliability estimate.

Since the reliability estimates were low for MIBI and MRIM scales and unacceptable for ATSPPH-SF an exploratory factor analysis (EFA) was used to evaluate the factor structure previously noted in the literature for each instrument in separate analyses. EFA findings indicated that for each scale (MIBI, MRIM, and ATSPPH-SF) the negatively worded items all loaded on a separate factor after recoding. The presence of a 2-factor solution in the presence of positively and negatively worded items within the same scale strongly suggests the presence of (question/response scale) method variance and is considerable sources of measurement error. Fiske (1982) refers to method variance as variance:

> … that is attributable to the measurement method rather than to the construct of interest. The term method refers to the form of measurement at different levels of abstraction, such as the content of specific items, scale type, response format, and the general context (p. 81).

In this sample the negatively worded items tended to share covariance with each other and not with the construct that is being measured (Lance & Vandenberg, 2014). By summing together these items confounded by the two sources of variance into a single scale composite: MIBI, MRIM, and ATSPPH-SF, divergent variance sources were inadvertently combined that lowered the reliability estimate for each scale and potentially invalidates any interpretation of the scale score. The additional factor comprised of negatively worded items increased the measurement error and has an adverse impact on the quality of the instrument.

All negatively worded items were omitted, and the scale composites were recalculated. Reliability estimates for the re-calculated scales were as follows: MIBI (α = .84), MRIM (α = .93), ATSPPH-SF (α = .77) indicating the reliability estimate for MIBI was good, MRIM excellent, and ATSPPH-SF acceptable (George & Mallery, 2014).

Descriptive Statistics

Means, standard deviations, kurtosis, and skewness values for each study variable (MIBI, MRIM, and ATSPPH-SF) are presented in Table 2. Scores on the MIBI ranged from 2.20 to 7 (M = 4.87, SD = 1.02). MRIM scores ranged from 0.77 to 7 (M = 4.74, SD = 1.24). Scores on the ATSPPH-SF ranged from 0.40 to 3 (M = 1.97, SD = 0.55). Correlations between study variables are shown in Table 2. The Pearson correlation between MIBI and MRIM was r = 0.60 which is high and the correlation between MIBI and ATSPPH-SF was r = 0.47 and MRIM and ATSPPH-SF was r = 0.47 which is moderate, and the relationship was significant (p < .0001).

Table 2

Descriptive Statistics and Correlations for Study Variables, N = 442

Variable	Minimum	Maximum	*M*	*SD*	Skewness	Kurtosis	MIBI	MRIM
MIBI	2.20	7	4.87	1.02	0.05	-0.28	-	
MRIM	0.77	7	4.74	1.24	-0.32	-0.01	0.60*	
ATSPPH-SF	0.40	3	1.97	0.55	-0.09	-0.57	0.47*	0.47*

Note. * p < .0001

Assumptions

Prior to conducting statistical analyses to test the three hypotheses, the data were examined to determine whether the assumptions for conducting linear regression analyses were met. These assumptions include (a) normal distribution of variables, (b) homoscedasticity, and (c) independence of observations (Hahs-Vaughn & Lomax, 2012). The assumptions of normality were rejected because the Kolmogorov-Smirnov test (p < 0.01) however the variables were found to have skewness and kurtosis values near zero, within |1| suggesting very minor departure from normality (Tabachnick & Fidell, 2007). The assumption of homoscedasticity was

determined by examining histograms and scatterplots of standardized residuals against predicted residual values. There were no violations of homoscedasticity as the data were randomly scattered around the center and there was no evidence of multicollinearity, as assessed by Pearson correlation ($|r| < 0.6$). The assumption of independence of observations was met based on the dataset that it was not nested (with no clustering effect).

Primary Research Questions

PRQ 1: To what extent does racial identity predict attitudes toward seeking mental health services among African American Muslims?

The first hypothesis stated that higher scores on the racial centrality subscale of the MIBI will predict lower scores on the ATSPPH-SF among African American Muslims. Linear regression analysis was used to determine if scores on the racial centrality subscale of the MIBI predict scores on the ATSPPH-SF. The results of the regression indicated that the MIBI explained a statistically significant amount of ATSPPH-SF variance ($R^2 = 0.22$, $F(1, 440) = 123.79$, $p < 0.0001$). However, results showed that the hypothesis was not supported as MIBI was found to positively predict ATSPPH-SF, not negatively. Table 3 displays the estimate, standard error, and *p*-value for each variable.

Table 3

Regression Coefficients of MIBI Predicting ATSPPH-SF

Variable	Estimate	*SE*	*p*
Intercept	0.73	0.11	<.0001
MIBI	0.25	0.02	<.0001

PRQ2: To what extent does religious identity predict attitudes toward seeking mental health services among African American Muslims?

The second hypothesis for the study stated that higher scores on the MRIM will predict lower scores on the ATSPPH-SF among African American Muslims. Linear regression analysis was used similar to RQ1. The results of the regression revealed that the model explained a statistically significant amount of variance in ATSPPH-SF ($R^2 = 0.22$, F (1, 440) = 124.59, $p <$ 0.0001). As with PRQ1, results showed that the directional hypothesis was not supported, however, MRIM was found to positively significantly predict ATSPPH-SF. Table 4 displays the estimate, standard error, and *p*-value for each variable.

Table 4

Regression Coefficients of MRIM Predicting ATSPPH-SF

Variable	Estimate	*SE*	*p*
Intercept	0.98	0.09	<.0001
MRIM	0.20	0.01	<.0001

PRQ 3: Do racial identity and religious identity both predict attitudes toward seeking mental health services among African American Muslims?

The third hypothesis for the study stated that higher scores on the racial centrality subscale of the MIBI and higher scores on the MRIM will predict lower scores on the ATSPPH-SF among African American Muslims. The third research question was analyzed using multiple linear regression to assess the combined ability of MIBI and MRIM to predict ATSPPH-SF. The results of the regression indicated that the model explained a statistically significant amount of variance in ATSPPH-SF ($R^2 = 0.27$, F (2, 439) = 83.11, $p < 0.0001$) and that each predictor was individually contributing to the overall prediction of ATSPPH-SF, although in a positive direction and not negatively as hypothesized. Compared to the models estimated in PRQ1 and

PRQ2, the inclusion of both MIBI and MRIM as predictors in RQ3's model increased the amount of explained variance in ATSPPH-SF from about 22% to 27%. Table 5 displays the estimate, standard error, and p-value for each variable.

Table 5

Regression Coefficients of MIBI and MRIM Predicting ATSPPH-SF

Variable	Estimate	*SE*	*p*
Intercept	0.58	0.11	<.0001
MRIM	0.13	0.02	<.0001
MIBI	0.15	0.02	<.0001

Exploratory Mediation Models

Given that both MIBI and MRIM both predict ATSPPH-SF, exploratory analyses were initiated in hopes of better understanding the relationship between MIBI, MRIM, and ATSPPH-SF. Furthermore, no theory relating all three of these constructs is established in the literature and all three measures were collected concurrently precluding any temporal interpretation. Thus, two mediation models were proposed that investigated if a) MRIM mediates MIBI's effect on ATSPPH-SF and b) whether MIBI mediates MRIM's effect on ATSPPH-SF.

MedRQ1: Does MRIM mediate the relationship between MIBI and ATSPPH-SF?

The hypothesis for MedRQ1involved three variables: a) an independent variable i.e., MIBI; b) a mediator i.e., MRIM; and c) a dependent variable i.e., ATSPPH-SF. Figure 5 depicts the mediation model. The mediation analysis summary for mediator MRIM is presented in Table 6. Figure 5 depicts the mediation model. Specifically, the direct effect of MIBI on ATSPPH-SF (path c′) was 0.16 with a t value of 5.71 (p <.001) was significant and the 95% confidence interval didn't fall within zero (0.10, 0.21). The indirect effect of MIBI on ATSPPH-SF through MRIM (paths a*b) was 0.09 with a 95% bootstrap confidence interval of 0.05 (lower limit) and

0.15 (upper limit) which did not include zero (p <.001) was estimated and the indirect effect was significant. The total effect of MRIM on ATSPPH-SF, which is the sum of the indirect effect of MIBI on ATSPPH-SF through MRIM (paths a*b) and the direct effect of MIBI on ATSPPH-SF (path c′) (Table 6) was 0.25 with a t value of 11.12 (p <.001) was significant.

A Sobel test was conducted and found partial mediation in the model (z = 5.41, p <.001) was significant. Therefore, it could be concluded that MRIM partially mediated the relationship between MIBI and ATSPPH-SF.

Figure 5

*Mediator – MRIM, *p<.001*

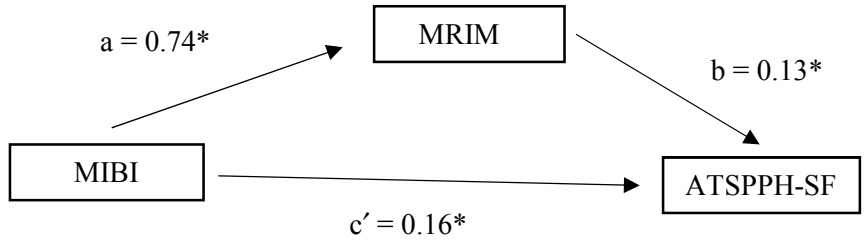


Table 6

Model Coefficients for Mediator - MRIM

		M (MRIM)				*Y* (ATSPPH-SF)				
Antecedent		Coeff.	*SE*	*p*		Coeff.	*SE*	t	*p*	
MIBI	*a*	0.74	0.05	<.001	c′	0.16	0.03	5.71	<.001	
MRIM					*b*	0.13	0.02	5.77	<.001	
constant	i_1	1.15	0.23	<.001	i_2	0.58	0.11		<.001	
		$R^2 = 0.36$				$R^2 = 0.27$				
		F (1, 440) = 251.32, *p* <.001				*F* (2, 439) = 83.11, *p* <.001				
Effects										CI
Direct Effect (c′)						0.16	0.03	5.71	<.001	[0.10, 0.21]
Indirect Effect (a*b)						0.09	0.02		<.001	[0.05, 0.15]
Total Effect (c = c′ + a*b)						0.25	0.02	11.12	<.001	[0.20, 0.29]
						$R^2 = 0.21$				
						F (1, 440) = 123.7, *p* <.001				

MedRQ2: Does MIBI mediate the relationship between MRIM and ATSPPH-SF?

This mediation model exchanged the exogenous and mediation variables, see Figure 6. Table 7 presents the analysis findings. As can be seen, there was a significant direct effect of MRIM on ATSPPH-SF (path c′) was 0.13 with a t value of 5.77 (p <.001) and the 95% confidence interval didn't fall within zero (0.08, 0.02). The significant indirect effect of MRIM on ATSPPH-SF through MIBI (paths a*b) was 0.08 with a 95% bootstrap confidence interval of 0.04 (lower limit) and 0.11 (upper limit) which did not include zero (p <.001) was estimated. The total effect, which is the sum of the indirect effect of MRIM on ATSPPH-SF through MIBI (paths a*b) and the direct effect of MRIM on ATSPPH-SF (path c′) (Table 7) was 0.20 with a t value of 11.16 (p <.001) was significant.

Based on the Sobel test that was conducted the partial mediation in the model (z = 5.36, p <.001) was found to be significant. Therefore, it could be concluded that MIBI partially mediated the relationship between MRIM and ATSPPH-SF.

Figure 6

*Mediator – MIBI, *p<.001*

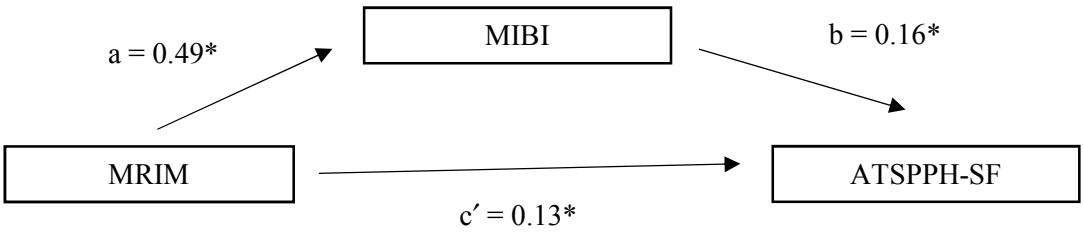


Table 7

Model Coefficients for Mediator - MIBI

		M (MIBI)				*Y* (ATSPPH-SF)			
Antecedent		Coeff.	*SE*	*p*		Coeff.	*SE*	t	*p*
MRIM	*a*	0.49	0.03	<.001	c′	0.13	0.02	5.77	<.001
MIBI					*b*	0.16	0.03	5.71	<.001
constant	i_1	1.15	0.23	<.001	i_2	0.58	0.11		<.001
		$R^2 = 0.36$				$R^2 = 0.27$			
		F (1, 440) = 251.32, *p* <.001				*F* (2, 439) = 83.11, *p* <.001			
Effects									CI
Direct Effect (c′)						0.13	0.02	5.77	<.001 [0.08, 0.17]
Indirect Effect (a*b)						0.08	0.02		<.001 [0.04, 0.11]
Total Effect (c = c′ + a*b)						0.20	0.02	11.16	<.001 [0.17, 0.24]
						$R^2 = 0.22$			
						F (1, 440) = 124.6, *p* <.001			

As can be seen from Figure 5 and Figure 6, the only substantial difference between MedRq1 and MedRQ2 is reflected in path a. The effect of MIBI on MRIM (path a) in Figure 5 was 0.74 and subsequently, the effect of MRIM on MIBI (path a) in Figure 6 was 0.49.

Exploratory Moderation Models

ModRQ3: Is there an additive effect of MIBI and MRIM in predicting ATSPPH-SF?

The two exploratory moderation models were inconclusive regarding medication, possibly due to the concomitant data collection, therefore a moderation analysis examined the possible additive effects of interacting MIBI and MRIM in predicting ARSPPH-SF. From PRQ3, MIBI and MRIM together accounted for around 27% of the variance in ATSPPH-SF. A moderation analysis extends this model by including the MIBI*MRIM interaction and this overall moderation model was significant F (3, 438) = 58.75, $p < 0.0001$, $R^2 = .28$. It was found there existed a negative and significant moderating effect of the interaction between MIBI and MRIM in predicting ATSPPH-SF (b = -0.04, t = -2.74, $p = .006$). The moderation analysis

summary is shown in Table 8 and Figure 7 illustrates the statistical results of the moderation model. Figure 8 illustrates the moderating effects by breaking out different response levels of MRIM over levels of the MIBI on ATSPPH-SF. Note the decreasing slope angle of MRIM from low levels to high as a function of the MIBI*ATSPPH-SF relationship. At the lowest MRIM response levels there is a considerably stronger relationship between MIBI and ATSPPH-SF that decreases in magnitude as MRIM scores increase.

Table 8

Moderator Analysis: Additive Effects of MIBI and MRIM on ATSPPH-SF

Effect	Coeff.	*SE*	95% CI		*p*
			LL	*UL*	
Constant	-0.36	0.36	-1.07	0.34	0.3154
MIBI	0.35	0.07	0.20	0.50	<.001
MRIM	0.34	0.08	0.18	0.50	<.001
Interaction	-0.04	0.01	-0.07	-0.01	<.006

Note. CI = confidence interval; *LL* = lower limit; *UL* = upper limit

Figure 7

*Moderator Model, *p<.01*

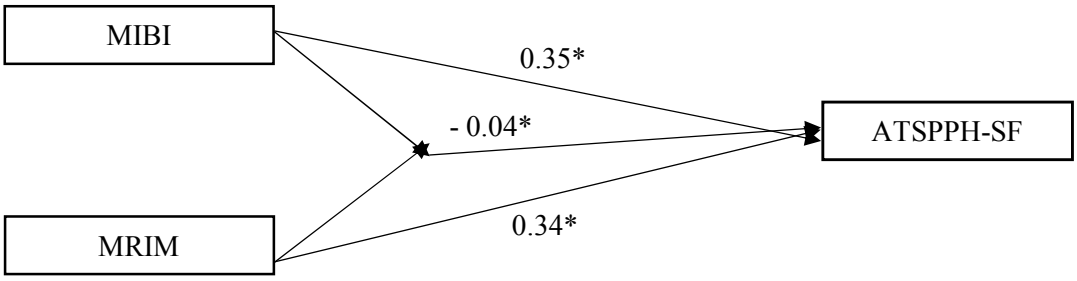
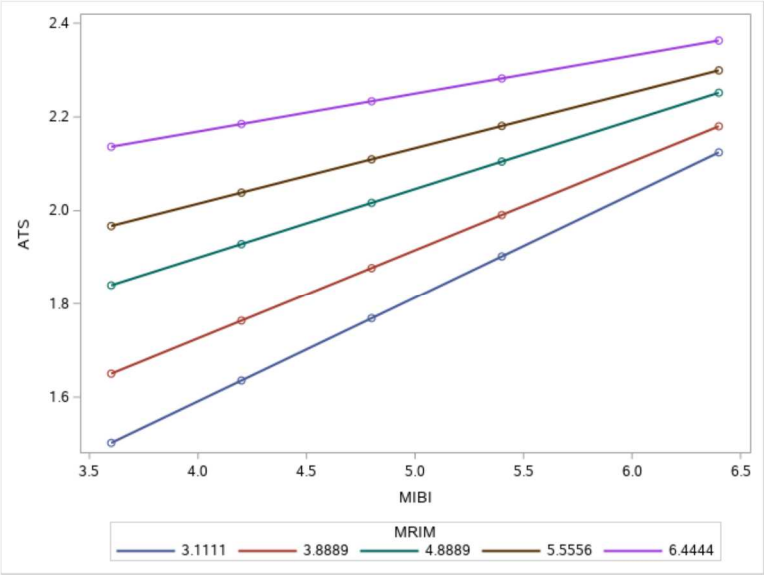


Figure 8

Moderating Effect of MRIM as a Function of Level and MIBI



Summary

This chapter described in detail the preliminary data analysis which included data cleaning, psychometric analysis of the three measures MIBI, MRIM, and ATSPPH-SF, descriptive statistics were conducted, and assumptions were tested. Primary hypotheses were tested by conducting linear and multiple regression analyses. Contrary to expectations, results indicate that racial and religious identity each positively and significantly predicted attitudes toward seeking mental health services among African American Muslims. Thus, higher levels of religious identity and racial identity predicted more positive attitudes toward seeking professional mental health care.

Exploratory analyses were conducted using mediation and moderation analyses to understand the relationship among the variables. Results of the mediation analyses revealed that

religious identity partially mediated the relationship between racial identity and attitudes toward seeking professional mental health services. Similarly, racial identity partially mediated the relationship between religious identity and attitudes toward seeking professional mental health services. Results of the moderation analyses revealed a negative and significant moderating effect of the interaction between religious identity and racial identity in predicting attitudes toward seeking professional mental health services. In other words, at the lowest levels of religious identity, there is a considerably stronger relationship between racial identity and attitudes toward seeking professional mental health services, which decrease in magnitude as religious identity increases.

CHAPTER V

DISCUSSION

This chapter presents a discussion on the interpretation of the results of the three primary and exploratory mediation and moderation analyses in the study. This chapter also includes a discussion on the limitations of the study and future research recommendations. Finally, implications for counselors and counselor educators are considered.

Overview of the Problem

Intersectionality (Crenshaw, 1989) focuses on understanding the social identities of people about their gender, race, religion, and social class and how they are connected and overlap with each other as well as their interaction with various systems that place them at a disadvantage, such as access to higher education and mental health care (Bowleg, 2012; McCall, 2005; Strayhorn, 2013). African American Muslims have overlapping and interconnected identities of race and religion that can be conceptualized by the intersectionality framework to understand the complexities of barriers they face when seeking mental health services.

African Americans in the United States have been vulnerable to prolonged incidents of systemic racism, including historical, cultural, and community trauma which can have detrimental psychological impacts leading them to post-traumatic stress disorder (PTSD) symptoms and racial trauma (Butts, 2002; Carter et al., 2013). This could continue to impact their mental health when they are further exposed to race-based discrimination in their everyday life (American Psychiatric Association, 2017; Carter et al., 2013). Similarly, researchers have indicated that Muslims in the United States in the past two decades, as well as after the 9/11 attacks, have intensified and amplified psychological distress causing mental health issues such as depression, post-traumatic stress disorder, anxiety, and psychosomatic disorders (Ciftci, Jones,

& Corrigan, 2013; Haque, 2004; Khan, Khan, Soyege, & Maklad, 2019; Rassool, 2015). African American Muslims have a higher risk of mental health issues due to systemic racism, racial discrimination, and Islamophobic discrimination (Adam, 2019; Al'Uqdah et al., 2019; Samari, Alcalá, & Sharif, 2018). Yet, there is a lack of scholarly research or epidemiological studies that focus explicitly on African American Muslims' specific mental health needs, barriers, and attitudes related to seeking mental health treatment (Al'Uqdah et al., 2019).

In a survey conducted in 2021 by Pew Research on 'race is central to identity for Black Americans and affects how they connect with each other', 76% of African Americans indicated that race was central to their overall identity. Another survey on 'Faith among Black Americans' conducted by Pew Research (2020) indicated that African Americans are more religious and more likely to say that religion is highly important in their lives than compared with Americans who did not identify as Black or African American. Researchers focusing on mental health have not considered the African American Muslim population and how their identity-related variables such as race and religion may influence their attitudes toward seeking mental health services.

Purpose of Study

Given the problems related to the lack of literature about African American Muslims and their attitudes toward seeking mental health services and since African American Muslims are both a racial and religious minority in the U.S., their racial and religious identities are likely to have significant influence, directing their perception of their world and how the world perceives them. Help-seeking attitudes are a key barrier to using mental health services (Mackenzie et al., 2014) therefore a better understanding of the attitudes of African American Muslims seeking mental health services will help inform counselors of the barriers, misconceptions, and assumptions surrounding this population.

The purpose of the study was to understand the relationships among the intersectional identities of race and religion of African American Muslims and their attitudes toward seeking mental health services. Specifically, this study addresses the multivariate relationships among three constructs: racial identity, religious identity, and attitudes toward seeking mental health services among African American Muslims.

Interpretation of Results

PRQ1: To what extent does racial identity predict attitudes toward seeking mental health services among African American Muslims?

The first hypothesis stated that higher scores on the racial centrality subscale of the MIBI would predict lower scores on the ATSPPH-SF among African American Muslims. The hypothesis was not supported, as MIBI was found to predict ATSPPH-SF significantly positively, not negatively. The result of the regression indicated that the predictor, MIBI contributed 22% of the variance in ATSPPH-SF. The findings suggested that African American Muslims have positive attitudes toward seeking mental health services which was in contrast to previous research that suggests African Americans have negative attitudes toward seeking mental health services due to stigma, mistrust, and negative bias and discrimination by mental health care professionals (Al'Uqdah et al., 2019; Briggs et al., 2014; Corrigan et al., 2012; NAMI, 2019; Ward et al., 2013). Although the findings were consistent with a study (Gonzalez, 2009) where 18 – 34 year-old African Americans and Latinos showed positive attitudes towards seeking mental health treatment, and participants who reported having a high school education and "some college" were willing to seek mental help. The average age of the participants in the present study was 32 years and 69% of the participants were in the age range of 18 – 34, and 59% of participants had a high school education, some college credit, and

trade/technical/vocational training, and 37% of the participants had an associate degree and higher. Another study that analyzed data from the National Comorbidity Survey Replication (NCS-R) found that race was a significant predictor of positive attitudes and beliefs about mental health treatment among African Americans (Shim et al., 2009). The study implied that African Americans were less impeded by stigma when completing surveys on self-reported attitudes and therefore may show positive attitudes toward seeking mental health services on a survey but not actually seek mental health treatment (Shim et al., 2009).

In the present study, it is also speculated that participants may have a general culture of acceptance of seeking help or may have perceived or had actual positive experiences with mental health professionals and therefore have a positive attitude towards seeking mental health services. Additionally, based on the survey conducted in 2018 by the Harris Poll and American Psychological Association (APA, 2018), 87% of Americans were not ashamed of mental health disorders, and 86% of Americans indicated that people suffering from a mental health disorder can get better. This suggests that people are becoming more open about mental health and how they view mental health treatment.

PRQ2: To what extent does religious identity predict attitudes toward seeking mental health services among African American Muslims?

The second hypothesis for the study stated that higher scores on the MRIM will predict lower scores on the ATSPPH-SF among African American Muslims. Similar to PRQ1 the hypothesis was not supported by the study and the result of the regression indicated that the predictor, MRIM contributed 22% of the variance in ATSPPH-SF. The directional hypothesis was not supported however, MRIM was found to positively significantly predict ATSPPH-SF. The results were contradictory to previous literature that indicated Muslims have negative

attitudes toward seeking mental health services due to stigma, mistrust, negative bias, and religious discrimination by mental health care professionals (Al'Uqdah et al., 2019; Briggs et al., 2014; Khan et al., 2019; Khan, 2019; NAMI, 2019). However, a few studies have found that racial minorities may use religious coping methods instead of mental health services when they experience distress, but they may be open to using mental health services when they experience significantly high levels of mental illness (Haynes et al., 2010; Moreno & Cardemil, 2006). Further, they may show positive attitudes toward mental health services if their religious leader refers them to community mental health centers (Nguyen, 2019; Stansbury, 2011). Additionally, the majority of the research that has been done around religiosity and attitudes toward seeking mental health services among racial minorities focused on individuals who were Christians.

A recent study (McLaughlin et al., 2022) assessed Muslims' approach to mental help-seeking, Islamophobia, self-stigma, and therapeutic preferences. Muslim participants reported high mental health stigma and psychological distress due to Islamophobia. They also indicated they were open to seeing a therapist with similar religious, racial, and ethnic backgrounds and open to having individual therapy or group therapy in their community or mosque and collaborating with their Imam in therapy. These findings indicate that Muslims may have favorable attitudes toward seeking professional mental health if they are done in their religious setting and endorsed by their community and their Imam.

This present study used a multipronged strategy in recruiting participants, and one of them was by contacting Imams, Islamic centers, and African American mosques and distributing the recruitment flyer in the African American Muslim community through them. It is possible that the participants may have seen the study as being endorsed by their religious leader since they learned about the study from their community and Imam and that could have influenced the

participants to view mental health services favorably in this study. COVID-19 seemed to strengthen the faith of Muslim communities as they led their communities to perform Zakat (charity) mobilized food banks, and discussions on mental illness during these times have been gaining recognition within the community as physicians and mental health professionals collaborate with Imams to serve the community (Saherwala, 2020). Exposure to conversations on mental health in the community could have contributed to the participants of this study having favorable attitudes toward seeking professional mental health.

PRQ 3: Do racial identity and religious identity both predict attitudes toward seeking mental health services among African American Muslims?

The third hypothesis for the study stated that higher scores on the racial centrality subscale of the MIBI and higher scores on the MRIM will predict lower scores on the ATSPPH-SF among African American Muslims. The hypothesis was not supported by the study as MIBI and MRIM were found to positively significantly predict ATSPPH-SF, not negatively. Compared to the models estimated in PRQ1 and PRQ2, the inclusion of both MIBI and MRIM as predictors in RQ3's model increased the amount of explained variance in ATSPPH-SF from about 22% to 27%.

The findings presented here suggest that even though African American Muslims have positive attitudes toward seeking mental health services, the study did not assess whether participants will seek mental health treatment or utilize mental health services when the need arises. Similar results were obtained in another study of racial differences in the utilization of mental health services and attitudes toward seeking mental health services. Results from that study showed that African Americans had more positive attitudes toward seeking mental health services compared to their White counterparts, but African Americans were less likely to use

mental health services and after utilization, their attitudes were less positive (Diala et al., 2000). This is consistent with the findings of the national health interview survey (NHIS) conducted by the CDC in 2018; 58.2% of African American adults under the age of 26 and 50.1% of African Americans aged 26 – 49 years old did not receive treatment after they were diagnosed with serious mental illness.

There are other factors that may influence the actual use of mental health services by African American Muslims. Provider bias may reduce the client's access to care where the mental health professional may erroneously assume that African American Muslim clients may be resistant to mental health treatments and may not refer to appropriate treatment settings. Additionally, system-level factors such as insurance may play an important role in decreased use of mental health services despite the favorable attitudes toward seeking mental health services. (Shim et al., 2009). Another study that examined African Americans' attitudes toward seeking mental health services, their preferred coping behaviors and their beliefs about mental illness found that they showed somewhat positive attitudes toward mental health services but were not open to acknowledging psychological problems and preferred religious coping (Ward et al., 2013).

Exploratory Mediation and Moderation Analyses

The mediation analysis was conducted to explore whether MRIM mediated the relationship between MIBI and ATSPPH-SF and if MIBI mediates the relationship between MRIM and ATSPPH-SF. It was found that MRIM partially mediated the relationship between MIBI and ATSPPH-SF. Similarly, MIBI partially mediated the relationship between MRIM and ATSPPH-SF. The only substantial difference between the two mediation analyses was the effect of racial identity (MIBI) on religious identity (MRIM) was found to be 0.74 and subsequently,

the effect of MRIM on MIBI was 0.49. The effect of racial identity (MIBI) on religious identity (MRIM) was greater that the effect of religious identity (MRIM) on racial identity (MIBI). It might be that the effect of racial identity on religious identity signifies African Americans who have a strong racial identity "convert" or "revert" (Islamic belief that all humans were born Muslims) to Islam due to the social justice context and equality in Islam (Abdelkader, 2000). Therefore, the effect of racial identity (MIBI) on religious identity (MRIM) is more than the religious identity effect on racial identity.

The moderation analysis examined the possible additive effect of interacting MIBI and MRIM in predicting ATSPPH-SF. There was a negative and significant moderating effect of the interaction between MIBI and MRIM in predicting ATSPPH-SF. At the lowest response levels on MRIM, there is a considerably stronger relationship between MIBI and ATSPPH-SF that decreases in magnitude as MRIM scores increase. Based on the moderation analysis it could be interpreted that when there is low religious identity, there is a considerably stronger relationship between racial identity and attitudes toward seeking mental health services which decrease in magnitude when religious identity increases among African American Muslims.

The most surprising results for the research questions of this study were that they were opposite of the expected hypotheses. Based on previous literature, it was expected that higher levels for both racial identity and religious identity, separately and in combination, would be associated with more negative attitudes toward seeking mental health services. The statistically significant results show that the converse was true; higher levels on racial and religious identity were associated with more positive attitudes towards seeking professional mental health services. This leads one to question whether the results of this study are an anomaly or reflect a change that runs counter to previous research findings. Two recent societal developments could explain

a possible change in attitudes. Those include the impact of the Covid-19 pandemic and growing efforts to destigmatize mental health problems and help-seeking.

Increased openness of the participants in this study in seeking mental health services could be attributed to the influence of Covid-19 pandemic. The current study collected responses from participants during May and June of 2022, two years into the pandemic. The surprising results seem to be consistent with a survey conducted by the Harris Poll for National Alliance on Mental Illness (NAMI, 2021) which indicated that 52% of the respondents said that since the pandemic, they have been more open about their mental health. Additionally, there has been a rise in accessing mental health treatment through telehealth. The survey also indicated that 56% of racial minorities have been more open to discussing their mental health since the pandemic started. Numerous studies have shown that predominantly BIPOC communities have suffered disproportionately from the pandemic. It is possible that there may be some shifting attitudes toward seeking mental health treatment due to the pandemic and people having greater access to mental health treatment through online services.

Numerous efforts to destigmatize mental health issues and professional help-seeking might have also influenced participants in this study to report more positive attitudes toward seeking mental health services. The NAMI Harris Poll (2021) respondents (49%) mentioned that the increase in their openness about mental health was due to hearing celebrities and other high-profile people talk about their mental health and encourage seeking help if one is struggling. Prominent athletes and entertainment celebrities have publicly spoken about their own mental health challenges and there appears to be a growing awareness of mental health and treatment options. Thus, there may be decreased stigma, as people in general are more comfortable with talking about and acknowledging mental health matters and seeking help.

One final point on the surprising results of this study should be noted. Overall interpretation of the results suggests that the participants in the present study might have more positive attitudes toward seeking mental health services due to the participants' average age, which was 32 years old. Further, the majority of the participants had a high school education or higher, which was consistent with another study on racial minorities showing positive attitudes towards mental health services (Gonzalez, 2009). Additionally, past, or present mental health status of the participants are not known and whether they had positive or negative experiences in mental health treatment is also not known. Based on the unknown it can be speculated that the participants from the present study may have had positive exposure to therapy in the past or maybe they are less impeded by stigma as they do not suffer from mental health issues. As a result, they might have more favorable attitudes toward seeking mental health services.

Based on the results from the moderation analysis it can be further inferred that African American Muslims who are less religious may not seek their religion when they are distressed and may have more positive attitudes toward seeking mental health services. However, African American Muslims who have a strong religious identity may seek their religious leader, use prayer or use their religion to cope with mental illness and may not have favorable attitudes toward seeking mental health services. This result is consistent with a study conducted by the Institute of Social Policy and Understanding (ISPU, 2021) to assess American Muslims living through the Covid-19 pandemic. The participants completed an online survey from March through April 2021. The findings showed that Muslims reported more negative mental health impacts compared to the overall general public, but they reported an increase in religious practice and they relied on family and friends during the pandemic. Limitations of this study are discussed below.

Limitations

There were several limitations to this study. There is limited research on the African American Muslim population, and the present study is an attempt to add to the quantitative literature base on the understanding of the attitudes of African American Muslims toward seeking mental health services. One limitation of doing quantitative research with specific racial and religious minority populations, such as the African American Muslim population, is that the survey measures are often not validated with these specific racial and religious groups. This limitation highlights the necessity for additional research studies to be conducted to validate the existing measures on this population and/or for the creation of specific measures to assess the needs and experiences of the African American Muslim population.

Another limitation may have been the use of the Multi-Religion Identity Measure (MRIM; Abu-Rayya, Abu-Rayya, & Khalil, 2009). MRIM was used in this study as it does not solely look at the participants' religious beliefs and practices but also measures the participants' religious affirmation and belonging, religious identity achievement, and religious faith and practices (Abu-Rayya, et al., 2009). However, a major limitation that was found to exist in the scale was that participants who have no religious affiliation or who identified as atheists selected 0 (not applicable). Since one of the inclusion criteria was that participants for this study identified as Muslims, the Likert scale with the "not applicable" option created confusion. It was noticed that respondents often would choose the "not at all" option or "not applicable" option when responding to the item "God is not real to me." One of the respondents from the pilot study mentioned that they chose the "not applicable" option for the item "God is not real to me" and a few other items when the question sounded absurd to them since they were a Muslim and everything about their God was real to them. Additionally, the overall mean of the items was

skewed when respondents selected the "not at all" option. MRIM is a generic religious identity instrument and has not been validated for the African American Muslim population, and is not proposed to measure the religious identity of the African American Muslim population. Also, the negatively worded items of MRIM were loaded on a separate factor, which is a common method variance. As noted in Chapter 4 the negatively worded items were removed from the analyses.

The use of the centrality subscale of the Multidimensional Inventory of the Black Identity (MIBI; Sellers, Rowley, Chavous, Shelton & Smith, 1997) inventory may also have posed limitations in attempting to fully understand the racial identity of the respondents as the entire MIBI instrument was not used. MIBI is a multidimensional instrument having seven subscales that measure three stable dimensions of racial identity (racial centrality, racial regard, and racial ideology) outlined by the Multidimensional Model of Racial Identification (MMRI; Sellers, et al., 1997). By using a single subscale in the study, the construct validity of the instrument may have been lost. The centrality subscale of the MIBI was not validated for the African American Muslim population and was not proposed to measure the racial identity of the African American Muslim population. Also, it showed common method variance as negatively worded items were loaded on a separate factor and those items were removed from the analyses.

Another limitation was the use of the instrument Attitudes Toward Seeking Professional Psychological Help - Short form (ATSPPH-SF; Fischer & Farina, 1995). This measure also showed common method variance as negatively worded items were heavily loaded on a separate factor. The instrument was not validated for the African American Muslim population and was not proposed to measure the attitudes toward seeking mental health services among the African American Muslim population. It also showed the lowest reliability among the measures used in this study, and since it was the dependent variable, low reliability can substantially and

negatively impact regression models (Tabachnick & Fidell, 2007). It would be possible to use other more sophisticated statistical techniques to determine the nuances of the common method variance that were beyond the scope of this study. One example is to move from EFA to CFA (confirmatory factor analysis).

Since the study used self-reporting methodology it raises the possibility of social desirability bias and that could have affected the validity of the findings. The online nature of the survey may have skewed the sample toward young, educated, individuals who had access to the internet and to a device to participate in the study. Also, one of the major limitations was the challenge to participant validity and the lack of data validation protocols to ward away "bots" from responding to the web-based survey hosted on Qualtrics which could have been avoided by activating the Qualtrics security check before the survey was made available to participants. The total number of respondents that clicked on the survey link accessed the informed consent and clicked to agree to participate in the survey was 1419 but it was found that many were invalid responses filled by "bots". Even though the final 442 respondents were considered for this study and went through various filters, one cannot be absolutely sure if they are all valid responses from human respondents who identify as African American Muslims.

Future Research Recommendations

This study has highlighted the importance of race and religious identity among African American Muslims. Future studies should examine how attitudes toward mental health treatment predict disparities in service utilization among the African American Muslim population. In view of the detrimental effects of under-utilization, there is a need to address and gain a greater understanding of help-seeking attitudes, behaviors, and preferences for African American Muslims with mental health challenges. Additionally, asking specific questions regarding

participants' mental health status and their past and present experience in mental health treatment would be useful to give a well-informed perspective of their help-seeking attitudes and behaviors. Further research needs to be done on the underutilization of professional mental health services among African American Muslim populations, taking into account the three primary reasons that have been postulated - lack of trust in mental health professionals and their services, use of religion rather than seeking mental health services, and the stigma associated with seeking formal mental health services. Exploring these potential barriers within the African American Muslim context could help counselors understand the struggles of this population.

Further research, both qualitative and quantitative, on Muslim identity among Black Muslims would be helpful. Such future research could consider the influence of attitudes of specific denominations of Islam, and whether they were born in Islam or were converted and the associated mental health outcomes. Literature related to Muslim identity mention that Muslim identity development among African American Muslims is a complex concept as being a Muslim comprises more than identifying with a set of religious beliefs (Schlosser et al., 2009). It also includes other aspects such as cultural uniqueness based on their race/ethnicity and there is a dearth of empirical scholarly work on the constructs of Muslim identity among the African American Muslim community. Future research should develop a Muslim identity instrument specifically for African American Muslims, which has been called for previously (Schlosser et al., 2009). Consequently, future research should examine a more nuanced understanding of how various aspects of religious involvement are related to mental health and how they may mediate the relationship between ummah (community) and mental health among African American Muslims.

Future research in examining the reliability of the Attitudes Toward Seeking Professional Psychological Help (ATSPPH-SF) for use with African American Muslims is needed. Qualitative methodology would be helpful to explore a deeper understanding of the underlying social and cultural contexts that may influence beliefs, attitudes, and preferred coping strategies in the absence of more reliable measures. Research is needed to examine how attitudes might be a barrier or how attitudes may facilitate treatment-seeking among this group.

There needs to be further intersectionality research centering on understanding multiple identities including their gender, socioeconomic status, and other possible identities among African American Muslims which will aid counselors in understanding the multiple identities when providing counseling services to this population. The findings of the study indicate African American Muslims based on their racial and religious identity showed that they had positive attitudes toward seeking mental health services which were inconsistent with previous studies and literature. Further research on the attitudes toward seeking mental health services among African American Muslims with validated instruments and based on a national sample is recommended to clarify and test whether the findings of the study were an anomaly. Additionally, looking at gender differences in terms of the participants' attitudes toward seeking mental health services will give a deeper perspective on how gender plays a significant role in mental health help seeking. Given the lack of large studies on Muslims and mental health, and specifically on African American Muslims and mental health, a large epidemiological study of mental health issues, beliefs and behaviors for Muslims and African American Muslims should be done, and the results should be shared widely and made accessible to Muslim communities and mental health professionals.

Implications for Counselors and Counselor Education

Counselors

The study of African American Muslims' specific mental health needs, barriers, and attitudes related to seeking mental health treatment remains a relatively under-researched area. Implications from this study center around the importance of the racial and religious identity of African American Muslims. Counselors should explore and discuss how their African American Muslim clients internalize Blackness and what it means to be a Muslim. Counselors should have knowledge of the Islamic faith and the meaning that the client gives to it (Naeem, 2012).

Counselors may find it challenging to locate information on African American Muslims and mental health, however, the first step to gaining an understanding of this unique population is to connect, interact and form relationships with members of local mosques, Islamic community services, and national Islamic organizations (Al'Uqdah et al., 2019; Cashwell & Young, 2011). Additionally, counselors may find it helpful to read African American history, Black Muslim history, narratives of Muslim slaves, and the basic tenets and values of Islam to understand the Islamic faith, how and when it came into existence in this country, and the unique history that connects intricately to the African American Muslim experience.

It is important for counselors to know the five pillars of Islam and their Arabic terminology (Shahadah, Salah, Zakah, Sawm, Hajj) which were explained in Chapter 2 and be familiar with terms such as 'salah' (prayer) or dua (supplication) which have a deeper meaning for a Black Muslim. If a client uses these terms during sessions, the counselor should explore them with the client as this can be a Black Muslim client's way of expressing considerable depression (Naeem, 2012). Counselors can develop a therapeutic relationship with the client by exploring and listening to how the client has grown into Islam since some people are born into

Islam and some choose to convert to Islam. These narratives will help counselors to understand their clients' struggles and how their racial identity is connected with their identity as a Muslim.

Since African American Muslims live at the intersection of racial and Islamophobic discrimination, it would be extremely helpful for counselors to apply the intersectional framework in counseling to understand the complexities of barriers they face when seeking mental health services. Moreover, racial and Islamophobic discrimination is one of the main reasons for poorer mental health among African American Muslim communities (Adam, 2019). Thus, counselors and mental health professionals may find it essential to process in therapy African American Muslims' experiences of overt and covert racism and racial and Islamophobic discrimination in therapy (Al'Uqdah et al., 2019), as it may be directly related to their mental health and may open doors for conversations around their unique struggles based on their racial and religious identities in counseling.

Using the Multicultural and Social Justice Competencies (MSJCC; Ratts, et al., 2015) framework counselors may develop self-awareness related to the current sociopolitical concerns that affect the African American Muslim community, such as Islamophobia, the Black Lives Matter movement, racist police brutality, Muslim bans (Al'Uqdah et al., 2019). Additionally, counselors need to be aware of their biases and how do they view African American Muslims. Often African American Muslims are viewed and grouped together with Arab Muslims or African Muslims, or South Asian Muslims without considering their unique intersectional identities of race and religion and their unique struggles as African American Muslims.

If the African American Muslim client ascribes to traditional Islamic beliefs, the counselor is advised to integrate religious methods into their treatment (Bagasra & Mackinem, 2014). Before considering integrating Islamic identity into the treatment plan, it is recommended

that complete and detailed information about Islamic religious beliefs and their religious practices is gathered by using a reliable instrument to understand the extent of religious beliefs and practice (Al'Uqdah et al., 2019; Koenig & Shohaib, 2019) An essential step towards improving the attitude of the African American Muslim community toward mental health services is for counselors to be exposed to the literature on African American Muslims and find ways to actively interact with the African American Muslim community.

Counselor Education

Counselor educators and counseling programs should collaborate with the African American Muslim community and the local Islamic center to help facilitate the improvement of mental health conditions and organize psychoeducational workshops on mental illness and options for treatment and self-care. This collaboration may benefit the African American Muslim community as well as the counselor educators to have growing awareness, exposure, and working knowledge with the marginalized African American Muslim population. Collaborations with mosques and Islamic centers may also give a better perspective of the religious context and may help counselor educators in training counselors in integrating Islam and collaborating with Imams when counseling African American Muslim clients.

Counselor educators should initiate research on both quantitative and qualitative studies on African American Muslims' specific mental health needs, barriers, and underutilization of mental health treatment and their lived experience of marginalized identities. Counselor educators should incorporate service learning in the African American Muslim community setting into counselor education programs as it would provide a venue for improving the counseling trainees' culturally competent counseling skills and providing culturally competent service to the community. Counselor educators should target the main barriers to treatment when

working with the African American Muslim community through psychoeducational interventions that may increase mental health literacy and provide help-seeking information to normalize and reduce the stigma against mental illness.

Summary

This chapter presented an overview of the problems and purpose of the study which was to understand the relationships among the intersectional identities of race and religion of African American Muslims and their attitudes toward seeking mental health services. Specifically, this study addresses the multivariate relationships among three constructs: racial identity, religious identity, and attitudes toward seeking mental health services among African American Muslims. The chapter interpreted the findings of the study, including the primary research questions and the exploratory mediation and moderation analyses in light of existing literature.

Results indicated that racial and religious identity positively and significantly predicted attitudes toward seeking mental health services among African American Muslims. Results indicated that religious identity (MRIM) partially mediated the relationship between racial identity (MIBI) and Attitudes Toward Seeking Professional Psychological Help - Short form (ATSPPH-SF). Similarly, the MIBI partially mediated the relationship between MRIM and ATSPPH-SF.

Results also revealed a negative and significant moderating effect of the interaction between the Multi-Religion Identity Measure (MRIM; Abu-Rayya, Abu-Rayya, & Khalil, 2009) and the Multidimensional Inventory of the Black Identity (MIBI; Sellers, Rowley, Chavous, Shelton & Smith, 1997) in predicting Attitudes Toward Seeking Professional Psychological Help - Short form (ATSPPH-SF; Fischer & Farina, 1995). The limitations of the study were examined,

and future recommendations were discussed. Finally, implications for counselors and counselor education were explored.

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APPENDIX A

Initial Letter of Approval from Human Subjects Institutional Review Board

IRB-2022-165 - Initial: Exempt Approval Letter_Chair

do-not-reply@cayuse.com <do-not-reply@cayuse.com>
Wed 5/18/2022 9:53 AM
To: Cheruba Dhanaraj <cheruba.a.dhanaraj@wmich.edu>;Gary H Bischof <gary.bischof@wmich.edu>

WESTERN MICHIGAN UNIVERSITY

Human Subjects Institutional Review Board

Date: May 18, 2022

To: Gary Bischof, Principal Investigator

Re: Initial - IRB-2022-165 Intersectional Identities of Race and Religion of African American Muslims and their Attitudes Toward Seeking Mental Health Services

This letter will serve as confirmation that your research project titled Intersectional Identities of Race and Religion of African American Muslims and their Attitudes Toward Seeking Mental Health Services has been **approved** under the **Exempt** Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.
category of review by the Western Michigan University Institutional Review Board (WMU IRB). The conditions and duration of this approval are specified in the policies of Western Michigan University. You may now begin to implement the research as described in the approval submission.

Please note: This research may **only** be conducted exactly in the form it was approved. You must seek specific board approval for any changes to this project (e.g., ***add an investigator, increase number of subjects beyond the number stated in your application, etc.***). Failure to obtain approval for changes will result in a protocol deviation.

In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the IRB or the Associate Director Research Compliance for consultation.

The Board wishes you success in the pursuit of your research goals.

Sincerely,

Amy Naugle

Amy Naugle, Ph.D., WMU IRB Chair

For a study to remain open after one year, a Post Approval Monitoring report (please use the continuing review submission form) is required on or prior to (no more than 30 days) **May 17, 2023**
and each year thereafter until closing of the study. When this study closes, complete a Closure Submission.
Note: All research data must be kept in a secure location on the WMU campus for at least three (3) years after the study closes.

APPENDIX B

Modification Letter of Approval from Human Subjects Institutional Review Board

Related to Expanding the Number of Participants

WESTERN MICHIGAN UNIVERSITY

Human Subjects Institutional Review Board

Date: June 28, 2022

To: Gary Bischof, Principal Investigator

Re: Modification - IRB-2022-165
Intersectional Identities of Race and Religion of African American Muslims and their Attitudes Toward Seeking Mental Health Services

This letter will serve as confirmation that the change(s) requested to your research project titled Intersectional Identities of Race and Religion of African American Muslims and their Attitudes Toward Seeking Mental Health Services has been approved by the Western Michigan University Institutional Review Board (WMU IRB).

The conditions and the duration of this approval are specified in the Policies of Western Michigan University.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below.

In addition, if there are any unanticipated adverse reactions, unanticipated events, or expected problems associated with the conduct of this research, you should immediately suspend the project and contact the Associate Director Research Compliance for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: May 17, 2023

APPENDIX C

Recruitment Email Script

Appendix C

Recruitment Email Script

As-Salaam-Alaikum!

I am looking for participants that identify as **African American Muslims/Black Muslims, at least 18 years of age and born in the United States** to participate in this study. If you or anyone you know would be willing to contribute their knowledge and experiences to help provide more insight on African American Muslims' experiences, please send them the invitation below. Any help will be much appreciated.

My name is Cheruba Dhanaraj, and I am a doctoral candidate in the Counselor Education program at Western Michigan University, completing my dissertation under the supervision of Dr. Gary H. Bischof. I lived in the United Arab Emirates (UAE) for more than nine years before moving to the United States. I have worked among Muslim women from the Middle East and North Africa in creating support spaces for conversations involving mental well-being and faith.

I am writing to invite you to consider participating in my dissertation study that explores the intersectional identities of race and religion of African American Muslims and their attitudes toward seeking mental health services. Your insight is extremely important because it will be able to help mental health clinicians have a better understanding of your experiences and in turn better serve African American Muslims.

An online survey has been designed to collect information on this topic and I am inviting you to learn more about the study and consider participating.

You are eligible to participate in this study if:

1. You are at least 18 years of age
2. You are a follower of Islam
3. You were born in the United States
4. You self-identify as Black or African American or both

Participation in this study is expected to take 6 to 8 minutes. Data will be collected anonymously and no information regarding names of specific organization or participants will be collected. Participation is completely free and voluntary. Immediately following completion of the study questionnaire, you will be re-directed to a separate questionnaire to fill out contact information for a drawing for one of (3) Amazon.com electronic gift cards valued at $50 each.

Regardless of whether or not you meet the study criteria, please consider forwarding this message to others you know who might meet the criteria and may also be interested to participate. If you have any questions or need additional information, please feel free to contact me by e-mail at cheruba.a.dhanaraj@wmich.edu or by phone (209) 645-2577. Thank you for your time and consideration.

If you are willing and eligible, please click on this link or copy and paste it into a web browser to learn more about what is involved in this study and begin the survey if you choose to do so:

https://wmich.co1.qualtrics.com/jfe/form/SV_5sFTNn56LadT6lL

Thank you in advance for your consideration of this request.

Warm regards,

Cheruba Dhanaraj, M.A.
Doctoral Candidate,
Dept. of Counselor Education and Counseling Psychology,
Western Michigan University

Appendix D

Recruitment Flyer

Appendix D

Recruitment Flyer

AS-SALAAM-ALAIKUM!

ARE YOU BLACK MUSLIM OR

AFRICAN AMERICAN MUSLIM?

ARE YOU OVER 18 YEARS OF AGE?

WERE YOU BORN IN THE UNITED STATES?

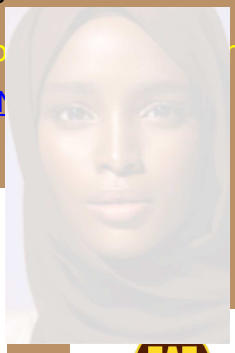
I am seeking Black Muslim adults (of any gender) to participate in a research study about the intersectional identities of race and religion among African American Muslims and their attitudes toward seeking mental health services.

Participation in this study is expected to take 6 – 8 minutes wherein you will be completing an online survey. You will have the opportunity to enter a drawing for one of three $50 Amazon electronic gift cards.

To learn about the research study and your eligibility, p nk

https://wmich.co1.qualtrics.com/jfe/form/SV_5sFT

Or use the QR code below:



IRB Study: ########
Student Investigator:
Cheruba Dhanaraj
cheruba.a.dhanaraj@wmich.edu
(209) 645 - 2577

WESTERN MICHIGAN UNIVERSITY

Appendix E

Imam and Leaders' Email Script

Appendix E

Imam and Leaders' Email Script

As-Salaam-Alaikum!

I am emailing to forward details about a study titled **"Intersectional Identities of Race and Religion of African American Muslims and their Attitudes Toward Seeking Mental Health Services."**

This is a dissertation study of one of our sisters, Cheruba Dhanaraj, a doctoral candidate from Western Michigan University. She is looking for participants that identify as **African American Muslims/Black Muslims, at least 18 years of age and born in the United States** to participate in her study.

If you or anyone you know would be willing to contribute their knowledge and experiences to help provide more insight on African American Muslims' experiences, please forward them her email and the link to the details of her study: https://wmich.co1.qualtrics.com/jfe/form/SV_5sFTNn56LadT6lL

TaHayyaatee lakum,

(Name of the Imam/Leader)

Appendix F

Recruitment Phone Script

Appendix F

Recruitment Phone Script

Hello!

My name is Cheruba Dhanaraj and I am a doctoral candidate from Western Michigan University. I am calling to see if I can come and meet you and deliver a recruitment flyer for my dissertation study titled **"Intersectional Identities of Race and Religion of African American Muslims and their Attitudes Toward Seeking Mental Health Services"** to be placed at your organization (museum/grocery store, etc.). I am looking for participants that identify as **African American Muslims/Black Muslims, at least 18 years of age and born in the United States** to participate in my study.

If yes, please give me days/time that work for you.

Also, please let me know if I can email you my recruitment flyer for you to upload it on your social media or newsletter.

If yes, can I please have your email address?

Thank you for your time.

Bye!

(Name of the Imam/Leader)

Appendix G

Recruitment Messenger Script for Social Media Group Administrators

Appendix G

Recruitment Messenger Script for Social Media Group Administrators

Hello and As-Salaam-Alaikum!

My name is Cheruba Dhanaraj, and I am a doctoral candidate in the Counselor Education program at Western Michigan University, completing my dissertation under the supervision of Dr. Gary H. Bischof. I am looking for participants that identify as **African American Muslims/Black Muslims, at least 18 years of age and born in the United States** to participate in my online study titled **"Intersectional Identities of Race and Religion of African American Muslims and their Attitudes Toward Seeking Mental Health Services"**

I am writing to you to request you to post my recruitment flyer on your group wall. Please find it attached along with this message.

Participation in this study is expected to take 6 to 8 minutes. Data will be collected anonymously and no information regarding names of specific organizations or participants will be collected. Participation is completely free and voluntary. Immediately following completion of the study questionnaire, you will have the option to provide contact information for a drawing for one of (3) Amazon.com electronic gift cards valued at $50 each.

If you have any questions or need additional information, please feel free to contact me by e-mail at cheruba.a.dhanaraj@wmich.edu or by phone (209) 645-2577.

Thank you for your time and consideration.

If you are willing and eligible, please click on this link or copy and paste into a web browser to learn more about what is involved in this study and begin the survey if you choose to do so:

https://wmich.co1.qualtrics.com/jfe/form/SV_5sFTNn56LadT6lL

Thank you in advance for your consideration of this request.

Warm regards,

Cheruba Dhanaraj, M.A.

Doctoral Candidate,

Dept. of Counselor Education and Counseling Psychology,

Western Michigan University

Appendix H

Recruitment Text Script to Friends and Acquaintances of Student Researcher

Appendix H

Recruitment Text Script to Friends and Acquaintances of Student Researcher

Hello!

I hope you are doing well.

I am looking for participants that identify as **African American Muslims/Black Muslims, at least 18 years of age and born in the United States** to participate in my online study titled **"Intersectional Identities of Race and Religion of African American Muslims and their Attitudes Toward Seeking Mental Health Services"**

Regardless of whether or not you meet the study criteria, please consider forwarding this message to others you know who might meet the criteria and may also be interested in participating.

If you are willing and eligible, please click on this link or copy and paste it into a web browser to learn more about what is involved in this study and begin the survey if you choose to do so:
https://wmich.co1.qualtrics.com/jfe/form/SV_5sFTNn56LadT6lL

Warm regards,

Cheruba Dhanaraj

Appendix I

Consent Document

Appendix I

Consent Document

Western Michigan University
Counselor Education & Supervision

Principal Investigator:
Dr. Gary Bischof, Ph.D.

Student Investigator:
Cheruba Dhanaraj, M.A.

Title of Study:
Intersectional Identities of Race and Religion of African American Muslims and their Attitudes Toward Seeking Mental Health Services.

Study Summary:
This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. Participation in this study is completely voluntary. The purpose of the research is to: understand the relationship(s) among the intersectional identities of race and religion of African American Muslims and their attitudes toward seeking mental health services and this project will serve as Cheruba Dhanaraj's dissertation study for the requirements of the Doctor of Philosophy degree in Counselor Education. If you take part in the research, you will be asked to complete the online survey system using Qualtrics consisting of 37 questions of multiple choice and Likert scale items. The survey will take, on average, 6-8 minutes to complete and is designed only to elicit information pertinent to the study.
No known risks are associated with participating in this study. There are no known direct benefits to participants. Participants may have a heightened level of awareness of their race, religion and their attitudes toward seeking mental health services as a result of participating in this study. This study may assist the field of mental health in having a deeper understanding of

the intersectional identities of race and religion among African American Muslims. Once the survey is completed, you will be given the option to enter into a drawing for one of (3) Amazon.com gift cards valued at $50 each. Your alternative to taking part in the research study is not to take part in it.

The following information in this consent form will provide more detail about the research study. Please ask any questions if you need more clarification and to assist you in deciding if you wish to participate in the research study. You are not giving up any of your legal rights by agreeing to take part in this research or by signing this consent form. After all of your questions have been answered and the consent document reviewed, if you decide to participate in this study, you will be asked to sign this consent form.

Purpose of the Study:

The purpose of the study is to understand the relationship(s) among the intersectional identities of race and religion of African American Muslims and their attitudes toward seeking mental health services. A deeper understanding of the aforementioned relationship will serve to inform socially and culturally integrated multicultural approaches that both inform and facilitate mental health treatment of this population by counselors.

Who can participate in this study?

You are eligible to participate if you meet the following criteria:

1. You are at least 18 years of age.
2. You are a follower of Islam.
3. You were born in the United States.
4. You self-identify as Black or African American or both.

Where will the study take place?

All data will be collected using Qualtrics, web-based survey system.

What is the time commitment for participating in this study?

The time commitment for this study is approximately 6 to 8 minutes to complete an online survey.

What will you be asked to do if you choose to participate in this study?

You will be asked to complete the online survey consisting of 37 questions. The survey questions will ask you about your racial and religious identity and your attitudes toward seeking mental health services. You will also be asked demographic questions about your age, gender identity, highest level of education, and income. Once the survey is completed, you will be given the option to enter into a drawing for one of (3) Amazon.com gift cards valued at $50 each.

What are the risks of participating in this study and how will these risks be minimized?

There are minimal risks expected for participation in this study. If you become distressed, you may choose to discontinue participation at any time. All information collected on the questionnaire is anonymous and no identifying information will be collected in the study questionnaire.

What are the benefits of participating in this study?

Participants may have a heightened level of awareness of their race, religion and their attitudes toward seeking mental health services as a result of participating in this study. This study may assist the field of mental health in having a deeper understanding of the intersectional identities of race and religion among African American Muslims.

Are there any costs associated with participating in this study?

Other than time, there are no financial costs to you for participating in this study.

Is there any compensation for participating in this study?

There is no compensation to you for participating in this study; however, upon completion of this study you will have the option of entering a drawing for one of (3) Amazon.com gift cards valued at $50 each. Contact information for the drawing will not be associated with your survey responses.

Who will have access to the information collected during this study?

Only the principal investigator and the student investigator will have access to your data collected during this study. No identifying information will be collected from you. Results of data collection may be used for publication or conference presentations in the future; however, all participant information collected will be anonymous. An aggregate report will be available upon completion of the study and participants may contact the researchers to obtain this report. All data will be stored and encrypted on the Principal Investigator's computer, in a locked office, at WMU to ensure confidentiality. After five years these data will be destroyed.

What will happen to your information or biospecimens collected for this research project after the study is over?

The information collected about you for this research will not be used by or distributed to investigators for other research.

What if you want to stop participating in this study?

Your participation is voluntary. You can choose to stop participating in the study at any time for any reason.

Should you have any questions prior to or during the study, you can contact the primary investigator, Dr. Gary H. Bischof at 269-387-5112 or gary.bischof@wmich.edu. The student investigator, Cheruba Dhanaraj, can be contacted at (209) 645-2577 or cheruba.a.dhanaraj@wmich.edu.

You may also contact the Chair, Human Subjects Institutional Review Board at 269-387-8293 or the Vice President for Research at 269-387-8298 if questions or problems arise during the course of the study.

This study was approved by the Western Michigan University Human Subjects Institutional Review Board (HSIRB) on (approval date). Please do not participate in this study after (approval termination date).

Participating in this survey online indicates your consent for use of the answers you supply.
I have read this informed consent document. The risks and benefits have been explained to me. I agree to take part in this study. Please click “yes” if you agree. Please click “no” if you do not agree.

Appendix J

Automatic Message after Completing the Survey

Appendix J

Automatic Message after Completing the Survey

Thank you for participating in the study!

If you would like more information on this study or if you have other general questions, please feel free to email me at: **cheruba.a.dhanaraj@wmich.edu.**

If you are interested in participating in the drawing for one of three $50 Amazon electronic gift cards, please enter your name and email address after you click "yes" below.

Your responses to the survey are stored separately from your email address to ensure your anonymity.

Thank you!
Cheruba Dhanaraj
Western Michigan University

__ Yes, I would like to enter the drawing

__ No, I am finished

Appendix K

Consent Document for MTurk

Appendix K

Consent Document for MTurk

Western Michigan University
Counselor Education & Supervision

Principal Investigator:
Dr. Gary Bischof, Ph.D.

Student Investigator:
Cheruba Dhanaraj, M.A.

Title of Study:
Intersectional Identities of Race and Religion of African American Muslims and their Attitudes Toward Seeking Mental Health Services.

Study Summary:
This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. Participation in this study is completely voluntary. The purpose of the research is to: understand the relationship(s) among the intersectional identities of race and religion of African American Muslims and their attitudes toward seeking mental health services and this project will serve as Cheruba Dhanaraj's dissertation study for the requirements of the Doctor of Philosophy degree in Counselor Education. If you take part in the research, you will be asked to complete the online survey system using Qualtrics consisting of 37 questions of multiple choice and Likert scale items. The survey will take, on average, 6-8 minutes to complete and is designed only to elicit information pertinent to the study.
No known risks are associated with participating in this study. There are no known direct benefits to participants. Participants may have a heightened level of awareness of their race, religion and their attitudes toward seeking mental health services as a result of participating in this study. This study may assist the field of mental health in having a deeper understanding of

the intersectional identities of race and religion among African American Muslims. Once the survey is completed, you will be paid $0.20 for your participation. Your alternative to taking part in the research study is not to take part in it.

The following information in this consent form will provide more detail about the research study. Please ask any questions if you need more clarification and to assist you in deciding if you wish to participate in the research study. You are not giving up any of your legal rights by agreeing to take part in this research or by signing this consent form. After all of your questions have been answered and the consent document reviewed, if you decide to participate in this study, you will be asked to sign this consent form.

Purpose of the Study:

The purpose of the study is to understand the relationship(s) among the intersectional identities of race and religion of African American Muslims and their attitudes toward seeking mental health services. A deeper understanding of the aforementioned relationship will serve to inform socially and culturally integrated multicultural approaches that both inform and facilitate mental health treatment of this population by counselors.

Who can participate in this study?

You are eligible to participate if you meet the following criteria:

1. You are at least 18 years of age.
2. You are a follower of Islam.
3. You were born in the United States.
4. You self-identify as Black or African American or both.

Where will the study take place?

All data will be collected using Qualtrics, web-based survey system.

What is the time commitment for participating in this study?

The time commitment for this study is approximately 6 to 8 minutes to complete an online survey.

What will you be asked to do if you choose to participate in this study?

You will be asked to complete the online survey consisting of 37 questions. The survey questions will ask you about your racial and religious identity and your attitudes toward seeking mental health services. You will also be asked demographic questions about your age, gender identity, highest level of education, and income. Once the survey is completed, you will be paid $0.20 for your participation.

What are the risks of participating in this study and how will these risks be minimized?

There are minimal risks expected for participation in this study. If you become distressed, you may choose to discontinue participation at any time. Your Mechanical Turk Worker ID will be used to distribute payment to you but will not be stored with the research data we collect from you. Please be aware that your MTurk Worker ID can potentially be linked to information about you on your Amazon public profile page, depending on the settings you have for your Amazon profile. We will not be accessing any personally identifying information about you that you may have put on your Amazon public profile page. No identifying information will be collected in the study questionnaire.

What are the benefits of participating in this study?

Participants may have a heightened level of awareness of their race, religion and their attitudes toward seeking mental health services as a result of participating in this study. This study may assist the field of mental health in having a deeper understanding of the intersectional identities of race and religion among African American Muslims.

Are there any costs associated with participating in this study?

Other than time, there are no financial costs to you for participating in this study.

Is there any compensation for participating in this study?

Upon completion of this study, you will be paid $0.20 for your participation. MTurk does not allow for prorated compensation. You must proceed to the final screen of the study in order to receive your completion code which you must submit in order to be paid. In accordance with

Mechanical Turk policies, the researcher may reject your work if the HIT was not completed correctly, or the instructions were not followed.

Who will have access to the information collected during this study?

Only the principal investigator and the student investigator will have access to your data collected during this study. No identifying information will be collected from you. Results of data collection may be used for publication or conference presentations in the future; however, all participant information collected will be anonymous. An aggregate report will be available upon completion of the study and participants may contact the researchers to obtain this report. All data will be stored and encrypted on the Principal Investigator's computer, in a locked office, at WMU to ensure confidentiality. After five years these data will be destroyed.

What will happen to your information or biospecimens collected for this research project after the study is over?

The information collected about you for this research will not be used by or distributed to investigators for other research.

What if you want to stop participating in this study?

Your participation is voluntary. You can choose to stop participating in the study at any time for any reason.

Should you have any questions prior to or during the study, you can contact the primary investigator, Dr. Gary H. Bischof at 269-387-5112 or gary.bischof@wmich.edu. The student investigator, Cheruba Dhanaraj, can be contacted at (209) 645-2577 or cheruba.a.dhanaraj@wmich.edu.

You may also contact the Chair, Human Subjects Institutional Review Board at 269-387-8293 or the Vice President for Research at 269-387-8298 if questions or problems arise during the course of the study.

This study was approved by the Western Michigan University Human Subjects Institutional Review Board (HSIRB) on (approval date). Please do not participate in this study after (approval termination date).

Participating in this survey online indicates your consent for use of the answers you supply.
I have read this informed consent document. The risks and benefits have been explained to me. I agree to take part in this study. Please click “yes” if you agree. Please click “no” if you do not agree.

Appendix L

Permission to Use Instrument Subscale (Email)

Appendix L

Permission to Use Instrument Subscale (Email)

Re: Multidimensional Inventory of Black Identity (MIBI) - Request
Cheruba Dhanaraj <cheruba.a.dhanaraj@wmich.edu>
Fri 7/30/2021 11:35 AM
To: Laura Harrington <lharring@umich.edu>
Cc: rsellers@umich.edu <rsellers@umich.edu>; Gary H Bischof <gary.bischof@wmich.edu>
Thank you, Laura.

I greatly appreciate Dr. Sellers' prompt response.

Sincerely,

Cheruba Dhanaraj
Pronouns: She, Her, and Hers
Doctoral Graduate Assistant
Coordinator of College Visitation Activities, Kalamazoo Promise Scholars Program
Office of Diversity and Inclusion
Western Michigan University
1903 W. Michigan Ave., Kalamazoo, MI 49008-5372
Office: (269) 387-6314

From: Laura Harrington <lharring@umich.edu>
Date: Friday, July 30, 2021 at 11:13 AM
To: Cheruba Dhanaraj <cheruba.a.dhanaraj@wmich.edu>
Cc: rsellers@umich.edu <rsellers@umich.edu>
Subject: Re: Multidimensional Inventory of Black Identity (MIBI) - Request
Dear Cheruba,

Dr. Sellers asked me to let you know that you have his permission to use the subscale for your study.

Best, Laura

On Fri, Jul 30, 2021 at 10:48 AM Cheruba Dhanaraj <cheruba.a.dhanaraj@wmich.edu> wrote:
Dear Dr. Sellers,

My name is Cheruba Dhanaraj, and I am a doctoral student in the Counselor Education program at Western Michigan University.

I have been reading about The Multidimensional Model of Racial Identity (MMRI) and the various studies that were done using the Multidimensional Inventory of Black Identity (MIBI). Therefore, I am writing to seek your consent to use one of the subscales (Centrality) of MIBI
as part of my doctoral dissertation, tentatively titled "Intersectional Analysis of Race and Religion Among African American Muslims' Attitude Towards Seeking Mental Health Services."

I would like to use the centrality subscale to determine how much race is a core part of the participant's (African American Muslims) identity.

Please feel free to email me if you would like to talk to me further and are available for a brief meeting on zoom or WebEx to explain my study.

I look forward to your email.

I am copying my chair, Dr. Gary Bischof (Professor, Dept. of Counselor Education and Counseling Psychology, Western Michigan University), on this email.

Sincerely,

Cheruba

Sincerely,

Cheruba Dhanaraj
Pronouns: She, Her, and Hers
Doctoral Graduate Assistant
Coordinator of College Visitation Activities, Kalamazoo Promise Scholars Program
Office of Diversity and Inclusion
Western Michigan University
1903 W. Michigan Ave., Kalamazoo, MI 49008-5372
Office: (269) 387-6314

Appendix M

Location Coordinates of Participants

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