Development of an intergroup anxiety toward Muslims scale

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ABSTRACT

Understanding intergroup relations and the anxiety that can result has become increasingly relevant to interactions between Muslim and non-Muslim individuals due to current tensions between Islamic extremist groups and many Western nations. The anticipated increase in migration from countries with large Islamic populations to Western countries will undoubtedly lead to increased contact between these groups. Currently, there are no measures of intergroup anxiety elicited when interacting specifically with Muslims. Thus, the goal of the current studies was to fill this gap by developing a measure of intergroup anxiety toward Muslims. Across 3 studies, the reliability and validity of a new measure of intergroup anxiety toward Muslims was assessed. An exploratory factor analysis (Study 1) identified 11 reliable items that were supported by confirmatory factor analysis (Study 2). Across all 3 studies, the scale demonstrated good convergent validity, such that participants who reported higher levels of intergroup anxiety toward Muslims also reported more negative attitudes toward Muslims and greater general intergroup anxiety than individuals with lower intergroup anxiety toward Muslims. Assessment of discriminant validity showed that the scale differentiated between attitudes toward Muslims and other outgroups, as well as general anxiety and depression. The Intergroup Anxiety toward Muslims Scale was also reliable across different samples (i.e., college students and community members) and methods of data collection (i.e., online and in person).

Introduction

Since the terrorist attacks on the World Trade Center buildings in New York City on September 11, 2001, attitudes toward the Islamic faith and its followers, Muslims, have become increasingly negative in the United States (Council on American-Islamic Relations, 2007) and in Europe (Allen & Nielsen, 2002). In the U.S., approximately 43% of Americans feel at least some prejudice toward Muslims (Gallup Center for Muslim Studies, reported in the Council on American-Islamic Relations Report, 2010), and around 42% of Americans feel that Islam is more likely than other faiths to encourage violence (Pew Center for the People and the Press, 2013). Since 9/11, Muslims have become the second most victimized religious group in the U.S. (Federal Bureau of Investigation Hate Crime Statistics, 2001, 2012). In Europe, about 60% of individuals in Germany, France, and Spain believe relations between Westerners and Muslims are poor (Pew Research Center Global Attitudes Project, 2011). Unfortunately, Western hostility toward Muslims has been maintained with the occurrence of additional attacks committed by Islamic extremist groups, such as the 2012 attack on the U.S. Embassy in Libya, the kidnapping of Nigerian schoolgirls by Boko Haram in 2014, and the Brussels airport bombings in 2016. These negative attitudes toward Muslims are particularly problematic as immigration rates of Muslims to Europe and the U.S. are increasing.

Approximately 23% of the world’s population identifies as Muslim, but this population is expected to increase globally by 35%
Intergroup anxiety

Intergroup anxiety is the nervousness that individuals may feel when interacting with an out-group member (Britt, Boniecki, Vescio, Biernat, & Brown, 1996; Stephan & Stephan, 1985; Stephan et al., 2009). A person may experience anxiety about appearing prejudicial, concerned about being negatively evaluated by the interaction partner or others for interacting with the out-group member, or embarrassment due to lack of knowledge about the out-group. Intergroup anxiety consists of three components: affective, cognitive, and physical (Stephan, 2014). The affective component is the emotional response to the interaction (e.g., distress, uneasiness); the cognitive component is the thought of consequences related to the interaction (e.g., embarrassment, harm, judgment); and the physical component refers to the physiological response to the interaction (e.g., increased heart rate).

Intergroup anxiety has significant implications for intergroup relations. Extensive evidence indicates that intergroup anxiety contributes to the maintenance of stereotypes and prejudice, reduces future intergroup interaction, and results in avoidance of out-group members (Greenland, Xenias, & Maio, 2012; Jasinskaja-Lahti, Mahonen, & Liebkind, 2011; Plant & Devine, 2003; Stephan & Stephan, 1996; Stephan et al., 2002). Consequently, intergroup anxiety can lead to difficult, negative interactions as well as bring about feelings of prejudice toward out-group members.

Several measures of intergroup anxiety exist. One of the first measures developed and extensively used is Stephan and Stephan’s (1985) Intergroup Anxiety Scale, which focuses on the affective component of intergroup anxiety (Stephan, 2014). With this scale, individuals rate their affective response (e.g., suspicious, defensive, confident) to “interacting with people of a different racial or ethnic group.” A specific group is commonly inserted into the question, and individuals are asked to assess how they feel when interacting with an out-group member in an ambiguous situation. The scale has shown strong predictive ability in identifying prejudice and is correlated with symbolic threat, realistic threat, and negative stereotypes (Corenblum & Stephan, 2001; Renfro, Duran, Stephan, & Clason, 2006; Stephan et al., 2002).

However, there are some limitations to the Stephan and Stephan (1985) intergroup anxiety measure. The questionnaire is a general assessment of the affective component of intergroup anxiety, and the question does not specify under what circumstances the participant is interacting with an out-group member. Consequently, it is unknown what situations participants may be thinking of when considering their responses. Undoubtedly, participants will vary in the types of interactions they imagine (e.g., asking someone for directions versus having an intimate conversation), which may influence how they respond on the scale. Individuals who imagine a superficial interaction may report less intergroup anxiety than individuals who imagine a personal interaction, which may lead to variability in the accuracy of assessment of intergroup anxiety. Thus, the Stephan and Stephan scale of intergroup anxiety is somewhat limited in that it does not assess intergroup anxiety across specific situations or assess the cognitive or physical components of intergroup anxiety.

Other measures have been developed to assess intergroup anxiety elicited in response to specific groups, such as African Americans (Britt, Boniecki, Vescio, Biernat, & Brown, 1996;) and people with schizophrenia (Greenland, Xenias, & Maio, 2012). These assessments build upon the Stephan and Stephan (1985) measure by including items that assess both the cognitive and affective responses of participants in specific situations. With these assessments, the researchers tap into multiple components of intergroup anxiety by tailoring questions to specific situations, rather than only the affective responses to an ambiguous interaction.

As with these specific groups, it is vital to understand intergroup anxiety specific to Muslims. Currently, there is no such measure. Given the increased opportunities for contact between Muslims and non-Muslims and the current climate of general negativity toward Muslims, it is particularly timely and important to develop a measure of intergroup anxiety specific to Muslims and include items that assess both affective and cognitive responses in various specific situations. Therefore, the purpose of these studies was to develop a measure that assesses intergroup anxiety toward Muslims.

Current research

The current studies aimed to develop a measure of intergroup anxiety toward Muslims. An exploratory factor analysis (EFA) was conducted in Study 1 to identify representative items. In Study 2, confirmatory factor analysis (CFA) was used to replicate and confirm the results of the EFA. In Study 3, the reliability and generalizability of the measure were assessed in a non-college, community sample. In all three studies, convergent and discriminant validity of the measure were assessed.
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