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Cognitive and Affective Mechanisms of Discrimination and Subsequent Effects on Religious Minorities: A Psychosocial Analysis

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Abstract

Discrimination is an umbrella term for varying systematic beliefs that cause people to act questionably against certain social groups or individuals belonging to a select community. In the context of this paper, discrimination refers to any behavior that ostracizes and/or treats a social group or an individual belonging to it with either verbal, non-verbal, physical, and/or emotional attacks which can be social or political in nature. While the basis of discrimination can be of variable; ethnic, gender-based, related to disability, or race, the following study assesses the commonly occurring religious discrimination and its effects on minorities living in Pakistan. This study ties social convention to psychological presentations of behaviors that are diagnosable through thorough investigation, and thus making it easier to characterize traits that are treatable by thorough unlearning and resocialization. This study examines the psychological impact of religious identity, focusing on trauma symptoms among individuals from minority faith groups in a predominantly Muslim context. Using self-reported data from a structured questionnaire, trauma symptoms counts were compared between respondents from religious minority backgrounds and those identifying with majority faith. A one-way ANOVA revealed a statistically significant difference in trauma symptoms between the two groups, with minority participants reporting markedly higher levels of distress ($F=50.4$, $p < .05$). These results suggest that faith-based discrimination may be a contributing factor to trauma and psychological distress in minority populations. The findings highlight the urgent need for trauma-informed mental health interventions and underscore the broader implications of systemic exclusion on minority wellbeing. Furthermore, this study addresses the gaps in disciplinary research and suggests further evaluation of empirical data collected through mix method study. Further investigation is warranted to explore intersecting variables such as gender, socioeconomic status, and prior trauma exposure.

Keywords: Religious Discrimination, Social Identity Theory, Minority Stress, Trauma, Post-traumatic Stress

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Introduction

Pakistan is a Muslim majority state, with a total population of 235.8 million that makes up 96.4% Muslims. Of this 96.4%, 85-90% is the Sunni sect of Islam, whereas 10-15% consists of Shia Muslims, who then make up a Muslim minority in Pakistan in comparison to their Sunni counterparts in faith. Although, the followers of the Shia sect of Islam are greater in number compared to all of the other minorities combined, they are still a minority due to further divisions within the sect. The remaining 3.6% of the population is divided into non-Muslim minorities. Religious minorities are Hindus (1.6%), Christians (1.8%), Zikris (0.02% - 0.36%), Ahmadis (1.1%), Buddhist (0.0007%), Sikhs (0.01%), Parsis (0.0006% - 0.0009%), Kalash (0.001%), and Baha'i (0.01%) respectively. Ahmadis (also derogatorily called Qadiyanis or Mirzai) are the only minority to have a legislation declaring them non-Muslim, regardless of their self-identification as Muslims (Pakistan Bureau of Statistics, 2017). In the census, Hindus, Christians, Ahmadis and so-called 'Scheduled Castes' (in this order) are regarded as religious minorities by the Pakistani government. Smaller minorities are collectively labeled as 'other'. Most Christians live in the Punjab, while Hindus and Scheduled Castes are overwhelmingly located in Sindh. Ahmadis are evenly spread throughout the country, with some concentration around Islamabad (Fuchs, 2019).

In the 1980s, Pakistan underwent significant political and cultural shifts, particularly under the military dictatorship of General Zia-ul-Haq (Alvi, 2023). His regime intensified the state's efforts to align laws and policies with Islamic principles, further embedding Islam as the central feature of Pakistan's national identity. Zia's Islamization policies reinforced discriminatory practices against religious minorities and a more rigid, orthodox interpretation of Islam became predominant. These policies not only alienated non-Muslim communities but also targeted Muslim sects that deviated from the sanctioned interpretation of Islam (Hunter, 2024).

The reasoning behind most decisions taken in the guise of religion were backed by the pretense that Iqbal's two-state theory essentially meant "Muslims" of Colonial India needed independence from their Non-Muslim counterparts. However soon after gaining independence, Pakistan, and Bangladesh - then West and East Pakistan - were separated due to political differences that led to riots, and subsequently the birth of the independent state of Bangladesh. Mainstream discourse highlights that the war of 1974 that caused this split was ethnocentric in nature where Bengalis were "othered" (Akmam, 2002; EFSAS, 2021).

This political instance is contradictory to the idea that Pakistan was made for Muslims only. Another example would be the exhaustive efforts of individuals of faiths different from the standard belief system of orthodox islam with the added quality of cultural adaptations in the struggle for independence from colonial India. This also highlights the xenocentric ideals of "us versus them", which is often used as a popular argument to support armed forces and the decisions it takes to protect its citizens.

Articles 20 to 22 of the Constitution provide these protections, allowing individuals the right to profess, practice, and propagate their religion, subject to law and public order. These constitutional provisions align with Islamic principles, which traditionally emphasize the protection of religious freedoms for non-Muslims (Mehfooz, 2021). Despite this, there have been challenges in fully realizing these rights due to societal and political pressures, and at times, conflicting interpretations of religious doctrines by revered clerics of the faith.

- **Statement of the Problem**
- **Hypothesis**

With cases of extremism and discrimination being as common as an everyday occurrence, it is expected to have an effect on the lives and minds of those in jeopardy. The study's purpose is to explain how individualistic health problems can collectively exist in certain groups. It is also important to understand the minds of members of certain groups who go by their daily lives, while experiencing life altering predicaments and in comparison, their counterparts who are predominant.

The general hypothesis of this study is that the mental health of religious minorities is affected in the face of prejudice. The members of these groups suffer from the same feelings of distress and can be classified as group feelings, while also highlighting that, discrimination as an act is different than it being a system. Over time, these stressors can lead to elevated cortisol levels, hypervigilance, and psychological burnout, contributing to heightened trauma symptoms. Mechanisms such as hypervigilance, rumination, post-traumatic stress, and anxiety are some that are highlighted in hypothesizing this study.

Null Hypothesis (H_0):

H_0: There is no significant relationship between religious discrimination and cognitive or affective psychological mechanisms among religious groups in Pakistan.

Alternative Hypothesis (H_1):

H_1: There is a significant relationship between religious discrimination and cognitive or affective psychological mechanisms among religious groups in Pakistan.

Independent Variables:

Religious discrimination (experienced by both religious minorities and the majority).

Religious group status (majority vs. minority).

Dependent Variables:

- Cognitive mechanisms (thought patterns, perception of discrimination, decision-making).
- Affective mechanisms (emotions like stress, anxiety, and fear).

Control Variables:

- Socioeconomic status (income, education level, etc.).
- Geographical location (urban vs. rural).
- Gender (may have an influence but is not central to the study).
- Confounding Variables:
- Political context (may indirectly affect experiences of discrimination).
- Ethnic background (intersects with religion and could confound findings)

Review of the Literature

❖ Mental Health and Identity Crisis

Many empirical studies are conclusive of the fact that threatening social identity of any given social group, or an individual of a given group can have long term negative effects. Numerous findings reveal that minorities are at high risk for mental health problems. Data from one such study suggest that adolescents belonging to religious minorities (Christians and Hindus) in Pakistan are at more risk for depression. They experience higher levels of depression than their Muslim dominant counterparts. Previous literature reveals that minority status and associated stressors (such as psychological, environmental, social and economic factors) are associated with elevated depressive symptoms in minority youth (Iqbal, 2012). This study asserts that higher levels of depression in youth belonging to minority groups in Pakistan is due to a lack of confidence, lack of liberty to express their views, and feelings of inferiority. Furthermore, constant use of repression may also adversely push them toward social withdrawal. Their poor interpersonal relationships might be the outcome of these elements and further aggravate the situation.

Oman (2018) studied the impact of religion and spirituality on mental health of individuals belonging to persecuted minorities. The study looked at different kinds of discrimination, such as race, gender, and sexual orientation. It highlighted that discrimination harms health but some aspects of religious/spiritual beliefs may protect people against negative effects of discrimination. Another study suggests that members of ethnic minority groups may have better mental health when they live in areas with higher proportions of people of the same ethnicity (Shaw, 2012). Living in areas of higher own-group density was associated with improved social support for some groups, while the protective effects on experiences of discrimination varied by ethnicity and the type of discrimination experienced.

The cumulative exposure to racial discrimination has incremental negative long-term effects on the mental health of ethnic minority people in the United Kingdom, another study found, which correlated mental illnesses and exposure to violence as directly proportional. This gives an insight on how the repetitive targeted violence and discrimination against communities may have severe implications (Wallace, 2016).

Theoretical Framework

Gordon Allport (1954) deduced that the groups that are prejudiced against often develop identities with traits that are similar to those who are prejudiced. This act is a way of avoiding situations or experiences that may cause discrimination, to "preserve" any rights that they have around them. By doing this, the discriminated against make sure they keep their place in the society in order to dodge any bigotry. According to Henri Tajfel, Social identity 'refers to the individual's knowledge that they belong to certain social groups together with some emotional and value significance to him of this group membership'.

An individual defines themselves as well as others in terms of their location within a system of social categories - specifically social group memberships and social identity may be understood as their definition of their own position within such a system. The idea of social identity theory suggests that individuals categorize themselves and others into groups (in-groups, out-groups) based on shared characteristics of religion, gender, or race. This categorization helps individuals develop a sense of identity within a system of social groups.

People strive for a positive self-concept, which is often achieved by ensuring that their group is perceived positively compared to others. When groups can be ranked on dimensions with clear value differences (e.g., morality, status), individuals aim for their group to be on the "positive pole" of these dimensions.

Tajfel explained how perceived membership of any given group reinforces an individual's self-concept. He also suggests that groups do not exist on their own, rather live in groups larger than themselves. This may help understand how members of a particular group (A), even when positively valued in-group, may have identity crisis when the much larger group (B) that they are within refuses to acknowledge and validate their existence, and/or denounce their inclusion in the larger group (B) for their association with their own group (A).

If we put the values in this equation, Pakistan or Pakistani identity can be group (B) whereas, group (A) can be religious minorities of the country. This may conclude that minorities can be expected to develop identity crises, or "Negative valued identity", when discriminated against by their majority counterparts. Similarly, when a Pakistani becomes an immigrant, they feel alienated, thus becoming a minority like group (A).

Furthermore, Martin Seligman's theory of learned helplessness explains that repeated exposure to uncontrollable stressors can lead to a sense of powerlessness, depression, anxiety and cognitive disengagement, in context of systemic discrimination, religious minorities facing persistent legal, social and interpersonal challenges may experience these chronic trauma responses, which reduce their sense of agency. Judith Herman's concept of complex PTSD emphasizes that prolonged exposure to environments of humiliation, entrapment, and coercion leads to lasting changes in affect regulation, consciousness, and identity. For marginalized individuals living under constant extremism, trauma stems not from a single event but from a sustained, hostile environment, reinforcing the idea that extremism is an everyday occurrence.

Pakistan, Collective Trauma, and Oppression

Even before the inception of Pakistan as an independent state, the Subcontinent has had a history of recurring violence. Communal extremism and its effects are rooted deep into the socialization of people in a colonial society. The colonial experience

of the people of the sub-continent created a cultural confusion, leading to a split of traditional socialization and that influenced by the foreigners.

Post-colonial societies face cultural shock within their own social setting, as they fail to identify with and differentiate between the two. The coexistence of ethnocentric, and contrarily, xenocentric attitudes makes it difficult for social groups to create an independent identity as a state with its own unique practices.

Alexander (2012) uses the terms "Cultural Trauma" and "Collective Trauma" to explain the impact of drastic historical events on people who have endured it. In his study of major historic events such as The Holocaust, he argues that the narratives of trauma simplify and isolate entire chapters in trying to highlight one event that seems to be the most horrific, while only considering the individual value of traumatic effect on people and often dismissing the collective social implications on a group.

Historical trauma is a multigenerational experience of a specific cultural, racial, or ethnic group. It is related to major events that persecute a particular group of people because of their status as a minority. As an example, the Holocaust itself may not have been the worst during the world war but because the war atrocities were collectively maintained as one, it minimizes the effects of the events that took place other than the one incident. However, western narratives that highlight it as the representative of the atrocities and horrors of the world war and not as an event that happened during the world war, is an example of how trauma is selectively reinforced on large social groups for generations.

Collective Trauma does not refer to trauma faced by the members of a social group as a result of extremely disruptive events, but as an experience of discrimination that threatens the existence of their identity. An example can be the collective experience of the Jews who faced mass genocide based on their religious beliefs, who then went on to create a separate settlement as to safeguard their identity. The experience that happened decades ago, faced by people several generations earlier, is till date used as a defense for their war with Palestine.

This pattern reinforces the belief of trans-generational victimhood, and the justification that the social groups discriminated against cannot be discriminators. However, even within social groups as large as a nation who have faced identity

crisis when transitioning to a different structure of society, there are subgroups that are subjected to culturally exclusive treatment.

Groups with reinforced social identity crises tend to feel as though they are victims due to their distorted sense of belonging and perceived threat. But because the nation itself has gone through a complete shift in political and social dynamics, they pass their crises to the generations to come.

These subgroups face the brunt of the trans-generational identity crises, where their ordeal as victims of persecution is invalidated in comparison to the adversity that may have happened to their oppressors, generations ago.

Groups that have a collective identity such as a country or religious community tend to exhibit this pattern more than relatively smaller groups. According to Paulo Friere, people in an oppressed social group tend to exhibit traits of their oppressors with those they consider lesser, and that gives birth to subgrouping and ultimately making a generational cycle that repeats. However, it is the patterns in events that identify the subgroups which would ultimately show that we can piece together variables confounding and independent to map the sources of causality and connection between them.
Additionally, Frantz Fanon's work in "The Wretched of the Earth" (1961) delves into how colonized people, when oppressed, may internalize the values of the colonizer and oppress those below them in the social hierarchy.

Cultural beliefs and values can contribute to strength and resilience in the face of such events which gives the illusion of control. However, this may also indirectly encourage self-righteous behavior, further making it difficult for social groups to identify their own prejudice.

Existence of transgenerational trauma reinforces oppression which conditions members to a predisposition to developing environmentally induced mental health ailments. Rasic et. al (2014) shows Genetic predisposition of certain disorders in the SEA region particularly in the Indo-Pak region cannot be disregarded. However, this may serve as evidence to preexisting unaddressed mental health conditions further strengthening the premise of social inheritance of mental health conditions; variables such as culture and religion are a likely trigger of onset of an otherwise un-started underlying condition. Exclusion within larger social groups such as religious

or ethnic groups, tend to overlap within already existing trauma which may act as a catalyst in the process.

For many communities, discrimination isn't an act based on their identity so much as it is based on the identity of their oppressors. In the case of Pakistan, the need to prove oneself as a patriot, one looks for threats where there are none, to self-righteously be like one's forefathers who fought off threats as a demonstration of strength and bravery; a generational inheritance. Such is the love for one's armed forces who've fought wars – their glory lies in the past but are still easily exonerated of crimes committed in the now. So is the love for religious figures who sacrificed their lives in devotion to their faith. This can be an excuse to discriminate against anyone who may not partake in this glorification.

Eylem et. al. (2020), suggested that people who belong to minorities tend to not seek help for their mental health. The reason found is that their identity as a minority already puts them in a spot for discrimination that having a mental illness doubles their struggles living in a stigmatized and discriminatory environment.

"Tackling Hate" - a peace initiative that analyzes nuances of the subject and reports findings - suggests that there are beliefs, ideologies, values or perceptions that normalize, validate or minimize hate victimization. Such ideas contribute to the perception that discrimination, harassment, and abuse that some members of society experience cannot be modified and rather requires individuals to adapt and cope. Once internalized, these ideas can make victims and witnesses of hate-related incidents unwilling to report. Barriers in this category are 'hopelessness', 'normalization', 'structural oppression', 'self-deprecation', and 'cultural differences'. Members of marginalized groups often think that 'everyday' verbal abuse, online harassment, and other forms of targeted hostility are not serious enough to be reported to the police. (Tackling Hate, 2023)

Biological Systems of Mental Health

Each part of the human body is regulated by the nervous system that is divided into several multitasking, complex parts. These parts play different roles in regulating the body's homeostasis - the autonomic and central nervous system again divide tasks to keep a balanced environment on the inside.

The body responds to outside stimuli and creates a defensive stance to keep the balance and protect itself from harm. Due to its adaptive nature, it takes in the threat and tries to prepare for any attacks that may occur. The brain plays a huge part in this - creating a fight or flight response - throwing the body into an immediate state of emergency when needed.

Extended periods of stress condition the body into staying watchful of its surroundings. This "Stress", not only affects mentally but physically too. The prolonged stress can lead to various health issues, such as loss of appetite, hypo/insomnia, hypertension, and others. The ability of stress to cause illness in humans is most clearly exemplified by post-traumatic stress disorder (PTSD), which consists of a predictable constellation of distressing behavioral symptoms and physiological features (APA, 2023).

Depression and Anxiety can sometimes be symptoms of an underlying illness, or they may exist on their own. Either way they are debilitating in their own respect. Chronic conditions of stress and its byproducts are anatomically situated in the amygdala and hippocampus, which control our emotional - and in some cases physical - wellbeing, by releasing and/or inhibiting neurotransmitters. Impairment of these areas of the brain not only affect the mental functioning but cause adverse physical symptoms as well (Kim & Diamond, 2018).

The brain's limbic system is mainly responsible for generating such responses to face up to a threat. The amygdala is the part of the limbic system of the brain that regulates emotions such as fear. When stimulated, it sends out signals to the autonomous nervous system to make our heart pump faster, and for our sweat glands to activate while in turn the adrenaline is released to finally prepare the body for a fight if need be (Ousdal et al., 2021).

Core neurochemical features of PTSD include abnormal regulation of catecholamine, serotonin, amino acid, peptide, and opioid neurotransmitters, each of which is found in brain circuits that regulate/integrate stress and fear responses. (Sherin, J, 2011). While in Depression Dopamine, Norepinephrine, and Serotonin play a vital role in the development and manifestation of the illness. This underscores the idea that mental illnesses can be conceptualized as physical illnesses, as they significantly influence behaviors and overall health (Kendler, 2020).

Our bodies are equipped with dealing with such situations when they arrive, and while the danger of harm may pass, the body stores sensory information from the event to better "Immunize" itself for the next one. Although it is easy to say that the memory stored associated with such events is supposed to help us become stronger in the face of a fight, this might not always be the case. The prolonged state of sensory arousal causes a constant vigilance, looking out for more than one should. This isn't to say that everyday stress is a threat to one's mental wellbeing. However, chronic stress can condition one's body and brain into a constant state of high alert from which it may not come out of without professional intervention. It is important to note that circumstances of life threat and other extreme situations put one a few steps ahead of those who deal with stress related issues but do not go through life altering changes such as the refugees and persecuted populations.

According to APA (2020), PTSD affects approximately 3.5 percent of U.S. adults every year, and an estimated one in 11 people will be diagnosed with PTSD in their lifetime. PTSD and depressive disorders are recognized in the ICD-10 and DSM-V as ailments that cause pathophysiological changes in the individual affected. The current study is based on the premise that the health crisis Pakistan is going through may not just be of ailments that affect physically but, with evidence, we can conclude that many symptoms of said ailments are psychosomatic and lead up to conditions that become serious illnesses later in life. Due to selective focus on healthcare, Pakistan stands at the bottom of the ladder in the matter of mental health.

Chronic stress is an epidemic in Pakistan, for a variety of reasons. The current study however shows the implications of the affliction of stress, threat and trauma on the persecuted, and how it affects their livelihood. Threat to life is a gravely impactful element that is consequential to conditions of the brain. Physical symptoms such as headaches, muscle tension, fatigue, gastrointestinal problems are commonly noted simultaneously to stress related affliction (Zafar et al., 2021). Since the development of mental conditions is not always visible - unlike physical ones - often they are dismissed as a routine ache or pain. Problems such as insomnia - much like depression and anxiety - can exist independently, it is imperative to take note and rule out possible underlying causes.

Methodology

❖ Sampling Strategy

Participants were recruited through a combination of targeted outreach and snowball sampling. Recruitment channels included personal networks and trauma centered care groups in Pakistan. Special attention was given to groups historically subjected to social and political marginalization, including religious minorities and individuals affected by conflict in regions such as Baluchistan.

The sample size was determined based on available resources to reach relevant participants. Given the sensitive nature of the topic and the specific population under study, a smaller, more in-depth sample was prioritized to ensure nuanced understanding.

Demographically, the sample was composed of adult participants (ages 18 and above), with representation from diverse ethnic and religious backgrounds, including Ahmadi and Baloch communities. The justification for this sample was rooted in the study's focus on state policy, trauma, and identity formation in post-Zia Pakistan. Participants' lived experiences were directly relevant to the research questions, particularly in the context of structural and symbolic discrimination.

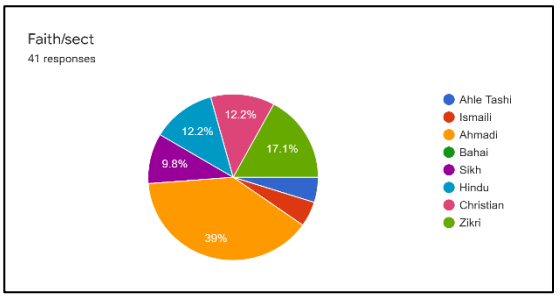

Figure 1

❖ Participants

Participants included individuals who self-identified as members of persecuted religious or ethnic groups, trauma survivors, or individuals with direct lived experience of state discrimination. Many had histories of displacement or ongoing experiences of marginalization, making their insights particularly relevant to this research.

Inclusion criteria required participants to be over 18, fluent in Urdu or English, and willing to engage in interviews or written reflections. Exclusion criteria included inability to provide informed consent or unwillingness to discuss personal or political topics due to risk or traumatization. All participants gave informed consent.

- **Data Collection**

Data was collected through semi-structured interviews that were structured as a survey to maintain uniformity while also making sure data integrity was ensured, in person. Interviews lasted between 30 to 40 minutes and were conducted in either English or Urdu and if need be an interpreter was available for those with limited proficiency such as the Zikris who are an indigenous Baloch community.

Interviews explored themes such as experiences of identity suppression, encounters with institutions, memory and trauma, and psychopathology of these experiences. To encourage comfort and trust, interviews were done at the comfort of the participants. Field notes were also maintained throughout to capture nonverbal cues, emotional affect and environmental context.

- **Instruments**

The primary research instrument was the structured questionnaire that had accommodation for open ended questions that were answered on paper when in person or otherwise online. The interviews that were subsequent to the questionnaires followed a similar format, using structured prompts to explore deeper psychosocial and sociopolitical contexts.

The interview guide was pilot tested with two individuals from similar background (not included in the final sample), and minor linguistic and framing adjustments were made for clarity and cultural appropriateness. No standardized psychological assessments were used, given the narrative nature of the study.

- **Data Analysis**

Quantitative data were analyzed manually through guidance of online resources due to limited accessibility and lack of funding. A one-way ANOVA was conducted to examine differences in trauma-related outcomes (e.g., perceived stress, depressive symptoms, cognitive disengagement) across groups categorized by level of systematic exposure (e.g., low moderate, and high discrimination exposure). This

approach allowed us to test whether the intensity of perceived systemic discrimination significantly impacted psychological outcomes among religious minority participants.

Before running ANOVA, we checked that the data met basic assumptions. We made sure the results were moderately even. We also looked for any extreme outliers using graphs and basic scores to make sure they didn't affect the results too much. When we found significant differences between groups we ran follow-up tests to see exactly which groups were different from each other.

- **Controlling for Confounding Variables**

To reduce the influence of confounding variables, participants were grouped based on similar background characteristics such as age, gender, education level and socioeconomic status. This helped ensure that the differences in trauma related outcomes were more likely due to levels of perceived discrimination rather than other unrelated factors, we also screened for prior psychiatric diagnosis to account for preexisting mental health conditions that could bias the result. Where needed, control was applied during analysis to adjust for these factors and strengthen the validity of group comparisons.

- **Integration of Qualitative and Quantitative Findings**

Quantitative findings were complemented by qualitative insights drawn from participants' narratives, field notes, and community consultations. While ANOVA results confirmed that higher discrimination was associated with increased psychological distress – such as emotional withdrawal, stress reactivity, and cognitive disengagement – the qualitative data provided depth and context. Narrative reflected experiences of institutional abandonment, echoing theoretical models like Minority Stress Theory (Meyer, 2003), Social Identity Theory (Tajfel & Turner, 1979), and Learned Helplessness (Seligman, 1975). These lived experiences helped explain the psychological patterns observed in the quantitative data, reinforcing the notion that trauma among persecuted groups is not the result of isolated incidents, but a product of chronic identity-based stress and systemic exclusion. The mix methods approach allowed for a more holistic understanding of how trauma becomes embedded in both individual cognition and collective identity.

The study will assess several key variables including biological, psychological and social factors. Biological measures will assess psychosomatic health indicators such

as presentation of stress, and other variables that impact everyday functionality of individuals. Psychological assessments will evaluate cognitive distortions, such as threat perception and memory distortion, along with emotional responses like anxiety, anger and depression. Social variables will encompass measures of social support, perceived discrimination, and the strength of social identity. This multifaceted approach ensures that we examine the intricate interplay between these factors in relation to the participants' experiences of discrimination.

❖ Findings

This study shows that 73% of the religious minorities that participated in the pilot study have experienced some form of life-threatening event and for 64% of them the event was of religious extremism. The sample further showed that 85% of them fear their lives due to their faith. 31% report being denied a job, while 78% have been discriminated against in educational institutes.

1. Discrimination Experiences

Type of Discrimination	% of Respondents	(n = 42)
Experienced religious discrimination	**90.5%**	38
Feared for life due to religion	**85.7%**	36
Denied education because of faith	**78.5%**	33
Denied a job due to faith	**31%**	13
Faced workplace harassment	**35.7%**	15
Faced social exclusion (e.g., rejection by friends/community)	**66.6%**	28

Fig 1.1

Religious discrimination is widespread, with **over 90% experiencing it** and **85.7% fearing for their life**. Education-based discrimination is **alarmingly high (78.5%)**, while workplace harassment and job denial, though lower, still impact a **significant minority**. Social exclusion is another major issue, affecting **two-thirds of respondents**.

2. Mental Health Symptoms

Mental Health Issue	% of Respondents	(n = 42)
Often feels anxious	**38%**	16
Often cannot stop worrying	**31%**	13
Often feels sad	**31%**	13
Feels like a failure	**24%**	10
Has trouble concentrating	**28.5%**	12
Has frequent headaches	**23%**	9
Feels detached from surroundings	**16.6%**	7

Fig 2.1

Anxiety (38%) and sadness (31%) are the most common issues, with many also struggling with worry, concentration problems, and frequent headaches. The presence of detachment (16.6%) and cognitive difficulties suggests trauma-related distress, while physical symptoms like headaches (23%) indicate stress manifesting somatically.

3. Trauma & PTSD Symptoms

PTSD-Like Symptoms	% of Respondents	(n = 42)
Avoids thoughts/conversations about trauma	**47.6%**	20
Avoids places/people due to past trauma	**30.9%**	13
Has flashbacks of traumatic events	**16.6%**	7
Has trouble sleeping	**28.5%**	12
Feels hypervigilant (constantly on guard)	**14.2%**	6
Gets easily irritated/angry	**11.9%**	5

Fig 3.1

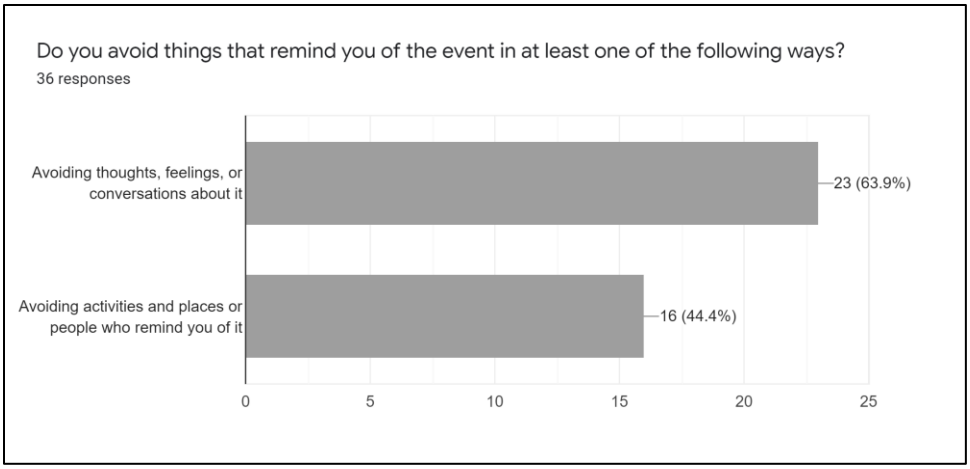

Fig 3.2

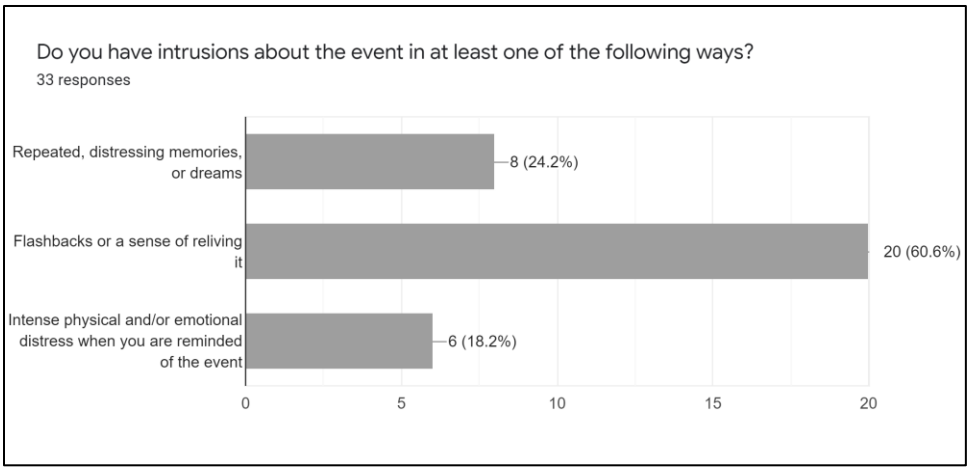

Fig 3.3

Avoidance is the most common PTSD-related symptom, with nearly half (47.6%) avoiding trauma-related thoughts and 30.9% avoiding places/people. Sleep disturbances (28.5%) and flashbacks (16.6%) indicate persistent trauma effects, while hypervigilance (14.2%) and irritability (11.9%), though less common, still highlight ongoing distress.

4. Coping Mechanisms

Coping Strategy	**% of Respondents**	**(n = 42)**
Tries to ignore distressing thoughts	**42.8%**	18
Turns to religion for comfort	**54.7%**	23
Seeks support from family/friends	**38%**	16
Uses social media for advocacy	**26%**	11

Uses distraction (work, TV, etc.)	**33.3%**	14
Feels like they have no coping strategy	**11.9%**	5

Fig 4.1

Religious faith (**54.7%**) is the most common coping mechanism, followed by **avoidance (42.8%)** and **family support (38%)**. Many rely on **distraction (33.3%)** or social media advocacy (**26%**), but **11.9% feel they have no coping strategy**, highlighting a vulnerable subgroup that may require targeted intervention.

5. Economic & Social Impact

Impact on Life	**% of Respondents**	**(n = 42)**
Believes discrimination harmed career prospects	**45.2%**	19
Had to leave hometown due to discrimination	**14.2%**	6
Struggles financially due to discrimination	**28.5%**	12
Feels unsafe in public spaces	**57%**	24
Avoids talking about religion in public	**71.4%**	30

Fig 5.1

Discrimination has affected careers for **45.2% of respondents**, while **28.5% report financial struggles**. A smaller group (**14.2%**) had to **relocate due to discrimination**, showing its extreme impact. **Self-censorship is high (71.4%)**, and **over half (57%) feel unsafe in public**, reflecting how discrimination shapes both **economic stability and personal security**.

Conclusion

The crux of the conversation centers on the impact of religious discrimination on mental and physical health, drawing on various studies and theories. This study highlights that discrimination linked to religion can lead to poorer health outcomes, while certain aspects of group dynamics such as sense of belonging, faith, spirituality and other social practices may provide protective effects. It is noted that discrimination is more prevalent in politically unstable regions and religious identities provide a sense of peace whether in a spiritual or social capacity.

The findings of pilot study are conclusive of the fact that religious minorities in Pakistan are at a higher risk of developing mental conditions, such as Anxiety, and Depression. The participants showed signs of Post-traumatic stress through their answers to whether the events distressed them - and to what extent.

This is not to say that the rest of the population is not predisposed, given the epidemiology, but being discriminated against doubles the chance for minorities. The findings show signs of anxiety, depressive thoughts, and fear. Since mental health is still a stigmatized topic in countries like Pakistan, there are only a few avenues for seeking help if a disorder is developed, due to it being stigmatized. To differentiate between whether the feelings of distress are from an underlying problem or they are from being exposed to hostile environments for a long period is a complication. There is a need to identify health needs and put mental health among them to come up with a viable solution for all - minorities and otherwise.

Limitations

Given the past and current state of affairs with regards to the treatment of minority groups in Pakistan, whether ethnic or religious, it was presumed that the sample would respond in favor of the hypotheses. While collecting the data, some groups - who requested anonymity - refused to partake in the survey to better understand their health, stating that they were not being persecuted and did not need to be evaluated for their health.

A series of structured interviews with the sample groups that could not fill the structured questionnaires were conducted. Purposive Random sampling was implemented due to lack of access to these groups. Due to fear, many of the

individuals that were approached showed reluctance and declined to participate in the study.

The main hurdles in conducting this research were the fear of persecution in the sample, and lack of access to resources in terms of literature. It was noted - after the unavailability - that there is a need to conduct more studies that can further expand on the issues highlighted in this paper.

Further Research and Policy Implications

This study opens several avenues for further research. Future studies should examine the intersectionality of religious identity with other demographic factors, such as socioeconomic status, gender, and geographic location, to better understand the nuances of discrimination and its impact on mental health. Research could also explore the coping mechanisms employed by religious minorities to navigate these challenges, as well as the role of religious communities and support networks in fostering resilience.

Longitudinal studies would provide more in-depth insights into the long-term psychological and social consequences of religious extremism. In addition, exploring the role of policy interventions, such as the implementation of anti-discrimination laws and mental health programs, could yield valuable information on effective strategies to support religious minorities.

Lastly, comparative studies between religious minorities in Pakistan and those in other regions affected by extremism would contribute to a broader understanding of how these issues manifest across different contexts and cultures.

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