



**Oppression, Trauma Symptoms of Discrimination and Collective Self Esteem among
Indian Religious Minorities**

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Abstract

India, a richly diverse nation, is home to various religious communities, including Hinduism, Islam, Christianity, Sikhism, Jainism, Buddhism, and others, which have coexisted for centuries. Despite the country's constitutional commitment to secularism and religious equality, religious minorities in India often face systemic discrimination and marginalization. This is particularly evident in political, social, and economic spheres, where minorities such as Muslims, Christians, and Sikhs frequently report experiencing various forms of oppression, ranging from institutional bias to social exclusion and violence. The study examines the impact of oppression and discrimination on the mental health and collective self-esteem of religious minorities in India. Indian Muslims and Christians, in particular, face systemic discrimination, which can lead to trauma symptoms such as anxiety, depression, and a pervasive sense of exclusion. This research explores how these individuals navigate their marginalization and investigates how collective self-esteem - pride in one's religious community - can mitigate the

effects of trauma resulting from oppression. Quantitative data was collected from 32 participants across several states in India. The study employed standardized measures to assess perceived discrimination, trauma symptoms, and collective self-esteem. Findings revealed a significant relationship between discrimination and trauma symptoms. However, individuals who reported higher levels of collective self-esteem exhibited lower levels of trauma symptoms, suggesting that a strong sense of community and belongingness may serve as a protective factor. This research contributes to the understanding of the psychological impact of discrimination on Indian religious minorities, highlighting the need for culturally sensitive mental health interventions. It also emphasizes the importance of fostering collective self-esteem to lessen the adverse effects of discrimination and trauma and recommends social and policy implications for promoting inclusivity and mental well-being.

Keywords: *Oppression, Discrimination, Trauma, Collective Self Esteem, Religious Persecution, India, Minority*

Introduction

“Our Lives begin to end the day we become silent about the things that matter.”

-Martin Luther King Jr.

India is a mosaic of diversity, boasting a rich blend of cultures, languages, religions, and landscapes. With over 1,600 languages spoken across the country and a multitude of cultural festivals celebrated throughout the year, India's cultural tapestry is vibrant and dynamic. From the snow-capped peaks of the Himalayas to the tropical beaches of the south, India's geographical diversity is astounding, influencing not only its climate but also the lifestyles and traditions of its people. Religious diversity is another hallmark, with Hinduism, Buddhism, Jainism, Sikhism, Islam, Christianity, and other faiths coexisting harmoniously.

This diversity is also reflected in India's cuisine, traditional arts, and crafts, each region boasting its own unique flavours and artistic expressions. According to Papadopoulos (2002), there is some inherent connection despite the differences because they interact and relate to each other in a meaningful way within a larger framework.

However, differences can often lead to conflicts and discrimination and in recent years, there have been reports of hate crimes, mob violence, and discriminatory policies targeting minority communities in India. According to a report by Citizens for Justice and Peace (2024), 668 hate speeches took place in different parts of India. What is further astonishing is that 20% of the instances recorded of hate mentioned the ongoing Gaza siege. These incidents often involve religious or caste-based tensions, leading to violence, property damage, and loss of lives. Discrimination against marginalized groups can also manifest in socio-economic disparities, limited access to education and healthcare, and unequal opportunities.

Muslims, Sikhs, Christians, Buddhists, Jain and Zoroastrians (Parsis) have been identified as minority communities under Section 2 (c) of the National Commission for Minorities Act, 1992. According to the Census (2011), the percentage of minorities in the country is about 19.3% of the total population of the country. The population of Muslims are 14.2%; Christians 2.3%; Sikhs 1.7%, Buddhists 0.7%, Jain 0.4% and Parsis 0.006%. The recent rise in incidents of discrimination and violence towards the communities can lead to feelings of marginalization and insecurity in their own land. These incidents can range from social discrimination and harassment to physical attacks, property damage, and even loss of life. The feeling can be best described as 'Das Unheimlich' (Freud, 1919) which means that their religious identity and practices which should feel familiar as citizens of the world's largest diverse democracy is becoming unfamiliar and perceived as strange within the socio-political context.

According to United Christian Forum (2023), Christians in India are confronted with approximately two attacks every day, revealing the frequency of violence targeting religious minorities. It was disclosed that from January to November 2023, they documented 687 instances of violence directed at Christians across 23 states in India. According to Bauman (2013), communal violence among Hindus, Muslims and Sikhs was common in postcolonial India but recently a rise in violence against Christians has also been observed. The Muslim community is also being dehumanized and has been receiving a lot of hate and violence. Incidents of hate speech and hate hashtags on digital platforms targeting Muslims have been documented (Dutta & Pal, 2024).

Anxiety and despair are two common trauma symptoms that are brought on by discrimination against the minorities. The psychological toll is increased when self-esteem is undermined by such systemic prejudices. Recognizing these relationships is essential to addressing the complex effects of prejudice and building marginalized groups' resilience. Through an analysis of the relationship between oppression, symptoms of trauma due to discrimination and collective self-esteem, anti-oppressive therapeutic treatments and support can be customized to strengthen individuals and communities, fostering recovery and championing fairness and justice.

Oppression

Oppression refers to “systemic discrimination where the injustice targets or disproportionately impacts specific groups of people” (Williams et al., 2023). Perceived oppression includes both the understanding of being oppressed (cognition) or the feeling of being oppressed (emotion) experienced by members of an outgroup in conflict with a more powerful ingroup (Victoroff, 2005). Attributed oppression is oppression that a person attributes to an oppressive social group (Kaholokula et al., 2017). A study was conducted by Ayon et

al., (2017) on the oppression of Latina mothers. Data was collected from 32 immigrant Mexican mothers. The results showed that they were highly burdened due to discrimination and intersection of different forms of oppression and nondominant identities.

Another study was conducted by Eliason and Turalba (2019) on recognizing oppression in a classroom. The data was collected from 94 undergraduate students. One third of the students thought that their identities affected their class participation. The results suggestions to build strategies to help students who feared being misunderstood, judged or ridiculed based on their identities.

Trauma Symptoms of Discrimination

Discrimination is the unequal treatment of similar individuals placed in the same situation but who differ by one or several characteristics, such as race, ethnicity, gender, (dis)ability, sexual orientation, or other categorical statuses (Fibbi et al., 2021). Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being (Substance Abuse and Mental Health Services Administration [SAMHSA], Trauma and Justice Strategic Initiative, 2014).

A study was conducted on African American monoracial and biracial undergraduate students to assess the psychometric properties of the Trauma Symptoms of Discrimination scale. The results revealed the prevalence of trauma symptoms as a response to racial discrimination including uncontrollable hyperarousal, feelings of alienation, worries about future negative events and perceiving others as dangerous (Williams et al., 2018). According to Williams et al. (2023), a study was conducted on a diverse sample of 923 participants to explore the relationship between trauma and being a minority or belonging to a

certain demographic including gender, sexual orientation, education and income. The results revealed a relationship between one's minority status and clinical psychopathologies including stress, anxiety, depression and PTSD. Intersectionality and multiple marginalization predicted a greater risk in traumatization.

Collective Self Esteem

Corning (2002) said that collective self-esteem refers to the feelings and evaluations of the worthiness of a social group-such as racial, ethnic, or work groups - of which one is a member. Tajfel and Turner (1986) talked about the social identity theory, according to which, part of individuals' self-concept is derived from their group memberships, called social identity. A study was conducted on recent immigrants from Haiti and Arab countries living in Montreal, Quebec to assess collective self-esteem, discrimination, religiosity and psychological distress. It was found out that collective self-esteem moderated the impact of discrimination on psychological distress and those with a higher CSE reported comparatively lower levels of depression and anxiety (Hassan et al., 2013).

Singh et al. (2009) conducted a study on the relationship between perceived justice, self-esteem, collective esteem and social exclusion among the Hindu majority and Christian and Muslim minorities in India. It was found that Christians had highest self-esteem, collective esteem and social exclusion followed by Muslims and Hindus. However, there was a significant correlation between perceived fairness and collective self-esteem in the area of education for Muslims and social prestige for Hindus. Therefore, greater the perceived justice, greater was the self-esteem.

Purpose

The purpose is to study oppression, Trauma Symptoms of Discrimination Scale and Collective Self Esteem among Indian Minorities.

Hypothesis

- There will be a positive relationship between Oppression and Trauma Symptoms of Discrimination
- There will be a negative relationship between Trauma Symptoms of Discrimination and Collective Self Esteem

Method

The main objective of this study is to find out the correlation among Oppression, Trauma Symptoms of Discrimination and Collective Self Esteem among Indian Religious Minorities.

Sample

A total of 32 people belonging to the Indian minority participated in this study and were aged 23-45 years.

Measures

Trauma Symptoms of Discrimination Scale (TSDS): The scale is used to measure trauma symptoms of discrimination. It was developed by Williams et al., (2018b). There are 21 items and are rated on a Likert Scale from 1 (never) to 4 (often).

Oppression Questionnaire (OQ): The scale is used to measure perceived and felt oppression. It was developed by Victoroff (2005). It consists of 32 items which are rated on a Likert Scale from 1 (not at all) to 4 (a great deal).

Subdimensions of Oppression Questionnaire

Felt Oppression: 16 items in the OQ address the subjective experience of feeling oppressed. It involves the outgroup members' perception of how they are treated by the ingroup.

Attributed Perceived Oppression: The other 16 items in the OQ address the half address beliefs or positions that the subject attributes to the oppressive ingroup. It involves the outgroup members' attribution of attitudes and intentions to the ingroup.

Collective Self Esteem Scale (CSES): The scale was developed by Luhtanen and Crocker (1992) and is used to measure membership self-esteem, private collective self-esteem, public collective self-esteem and importance to identity. It consists of 16 items which are rated on a Likert scale from 1(strongly disagree) to 7(strongly agree).

Subdimensions of CSEs

Membership Self Esteem is reflected in the Items 1, 5, 9 and 13.

Private Collective Self Esteem is indicated through Items 2, 6, 10 and 14.

Public Collective Self Esteem consists of Items 3, 7, 11, and 15.

Importance to identity is reflected in Items 4, 8, 12, and 16.

Procedure

The participants were given standardized scales and the data was collected through Google Form. The participants were assured of confidentiality and thanked for their participation.

ANALYSIS OF DATA

Results

Table 1: *N, Mean and Standard Deviation*

	TSDS		Felt Oppression		Perceived Oppression		Membership Self Esteem		Private Collective Self Esteem		Public Collective Self Esteem		Importance to Identity	
N		32		32		32		32		32		32		32
Mean		38.5		31.6		31.1		22.4		23.1		19.8		21.3
Median		35.0		29.0		28.0		23.5		25.5		20.5		21.5
Standard deviation		17.3		13.7		14.7		5.59		6.27		5.75		6.04

Table 2: *Correlation*

	TSDS		Felt Oppression		Perceived Oppression		Membership Self Esteem		Private Collective Self Esteem		Public Collective Self Esteem		Importance to Identity	
TSDS		—												
Felt Oppression		0.557	***	—										
Perceived Oppression		0.621	***	0.978	***	—								
Membership Self Esteem		-		-		-0.135	—							
		0.348		0.069										
Private Collective Self Esteem		-	*	0.078		-0.021	0.720	***	—					
		0.389												
Public Collective Self Esteem		-		-		-0.254	0.520	**	0.643	***	—			
		0.329		0.167										
Importance to Identity		-		0.225		0.167	0.616	***	0.680	***	0.409	*	—	
		0.013												

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Discussion of Results

How we look and how we are looked at are dependent on our place or positioning within the socio-symbolic order that signifies some bodies as more valuable, legitimate, and meaningful than others (Winnubst, 2004). The present research delves into the intricate sociopolitical landscape of Indian society, shedding light on the persistent marginalization experienced by the religious minority groups, despite governmental initiatives aimed at development.

According to **Table 2**, research findings indicate that there exists a positive correlation between Felt Oppression and Trauma Symptoms of Discrimination Scale ($r=0.557$, $p < 0.001$), suggesting that individuals who perceive a sense of oppression are more likely to exhibit symptoms associated with trauma resulting from discrimination. Moreover, Perceived Oppression demonstrates positive correlations not only with Trauma Symptoms of Discrimination Scale ($r=0.621$, $p < 0.001$) but also with Felt Oppression ($r=0.978$, $p < 0.001$), underscoring the interconnectedness of perceived societal oppression and its psychological effects. This suggests that individuals who perceive higher levels of societal oppression are not only more likely to experience trauma symptoms but also tend to internalize and feel personally affected by such oppression. The harmful impact of oppression are subtly absorbed and internalized, leading to the perpetuation of different types of psychological disorders (Bulhan, 1985).

Conversely, Private Collective Self Esteem exhibits a negative correlation with Trauma Symptoms of Discrimination Scale ($r=-0.389$, $p < 0.05$), indicating that individuals with higher levels of self-esteem derived from their group memberships may experience fewer trauma

symptoms related to discrimination. This suggests a protective role of group-based self-esteem against the psychological impact of discrimination. Individuals with higher levels of self-esteem derived from their group memberships may be more resilient to trauma symptoms associated with discrimination. This finding underscores the importance of private collective self-esteem identity in buffering against the adverse effects of societal marginalization and discrimination (Kong, 2016).

Additionally, it shows a positive correlation with Membership Self Esteem ($r=0.720$, $p<0.001$), suggesting that a sense of belonging to a group may improve personal self-esteem. Public Collective Self Esteem, on the other hand, displays a positive correlation with Membership Self Esteem ($r=0.520$, $p<0.01$) and Private Collective Self Esteem ($r=0.643$, $p<0.001$) reflecting the reinforcing nature of public affirmation within group settings. A strong sense of belonging to a group positively influences personal self-esteem, while public affirmation within group settings further enhances collective self-esteem perceptions (Luhtanen & Crocker, 1991).

Finally, Importance to Self Esteem demonstrates positive correlations with Membership Self Esteem ($r=0.616$, $p<0.001$), private Collective Self Esteem ($r=0.680$, $p<0.001$), and Public Collective Self Esteem ($r=0.409$, $p<0.05$), highlighting the significance of group affiliation and recognition in shaping overall self-esteem perception. Individuals who place greater importance on their group affiliations tend to have higher levels of membership, private collective, and public collective self-esteem, emphasizing the integral role of group identity in shaping self-perception (Begeny et al., 2022).

Conclusion

The study explored the experiences of perceived oppression, trauma symptoms due to discrimination, and self-esteem issues among religious minorities in India. The findings indicate that religious minorities often feel marginalized within their own country, facing psychological and emotional challenges due to systemic inequalities and unfair treatment. The results suggest that these negative effects can be mitigated when individuals experience a sense of belonging with others who share similar challenges.

It is recommended to foster a sense of belonging and affirmation within these marginalized communities to promote mental well-being and resilience against societal marginalization. Additionally, more policies should be developed to empower these communities and ensure they feel they have equal rights, just like any other Indian citizen. Lastly, further research should be conducted to explore the lived experiences of marginalized groups and bring their stories to the forefront.

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