

The Impact of Interpersonal Discrimination on Identity Formation and Function Status among Religious Minorities in Pakistan

Arsalan Khan - Lecturer - Department of Psychology

Gomal University, DIKhan - Email: arsalankhan8991@gmail.com

Dr. Muhammad Junaid Siraji - Assistant Professor - Institute of Education & Research,

Gomal University, DIKhan - Email: junidik@gmail.com

Dr. Shabnam Razaq Khan - Assistant Professor - Institute of Education & Research,

Gomal University, DIKhan - Email: srkhan.edu@gmail.com

Abstract

The study aimed to examine the impact of interpersonal discrimination on identity formation and functional status among Christian minority in Pakistan. A Cross sectional research design was used in the research, with a total sample size of N = 300 Christians (n=160) males and (n=140) women. Purposive sampling was used to gather data both in-person and online from churches and universities. Participants filled out three self-report questionnaires assessing interpersonal discrimination, identity formation and functional status. Pearson correlational coefficient, simple linear regression and t-test were used to test the hypothesis. The result showed a significant negative correlational of interpersonal discrimination with functional status(r = -.23, p < .001) and identity formation (r = -.25, p < .001). Furthermore, simple linear regression analysis showed that interpersonal discrimination strongly predicted a reduction in functional status ($\beta = -0.23$, p < .001) and a weakening with identity formation ($\beta = -0.25$, p <.001). These findings suggest that interpersonal discrimination had a negative impact on the functional status and identity formation of Pakistan's Christian minority. This study has implications for developing tolerance programs and relaxation workshops to counteract the effects of discrimination, emphasizing the importance of counselling services to improve selfesteem and coping skills, as well as policy measures like anti-discrimination training and equal access to resources to reduce discrimination against minorities.

Keywords: Interpersonal Discrimination, Functional Status, Identity Formation, Christian, Minorities



Introduction

Discrimination is the unfair or biased treatment of various groups of people, is a widespread problem that harms both physical and mental health. It appears in a variety of contexts, including recruiting, training, promotions, and job assignments. In Pakistan, religious minorities, particularly Christians, face significant discrimination. Interpersonal discrimination occurs when individuals interact directly, resulting in uneven treatment based on personal factors such as religion. This type of discrimination can impede access to critical resources, opportunities, and social networks, lowering an individual's functional status, the ability to execute everyday tasks and duties successfully. Furthermore, repeated exposure to interpersonal discrimination can impair identity formation, resulting in internalized stigma, low self-esteem, and a fractured sense of self.

Interpersonal Discrimination

The term "Interpersonal Discrimination" refers to interactions between people in which one party treats the other person unfairly (Rose et al., 2015). When people in a social group are treated unfairly or prejudiced because of who they are, that's called interpersonal discrimination (Graham, 2024).

Functional Status

Functional status is a person's ability to do a job or work in their living surroundings. It is the result of how their health conditions and environmental factors are changing over time, combining the different aspects of health (personal, biological, and social) (Malaju et al., 2022).

Functional status frequently refers to the degree of participation in activities, which is related to the execution of Activities of Everyday Life. It can also refer to physiological, exercise, psychological, or social functions. In our discussion, functional status will particularly relate to involvement in activities of daily living (Reardon et al., 2006).



Quality of life (QOL) measurements are critical in assessing health outcomes, especially for chronic illness patients who cannot be cured. These evaluations provide useful insights into the effects of healthcare (Burckhardt et al., 2003).

Identity Formation

Identity formation is how a person feels about the real person they are, including how they feel about staying the same in different situations and over time (Meeus et al., 2010).

Identity formation refers to the complicated process by which humans develop a distinctive image of themselves, and it is distinguished by continuity and inner unity. It is so closely tied to words like the self, self-concept, values, and personality development. Personal identity formation is to construct a cohesive view of oneself as part of the natural human growth process (Herman, 2011).

Quality of life

Quality of life can be assessed by overall enjoyment and satisfaction in certain categories. Most individuals use the question "How satisfied are you with your life in general?" to assess overall contentment. There are no words to express how horrific this was. Domain satisfaction measures people's happiness with certain parts of their life, including relationships, families, employment, communities, and spare time. Psychologists have just lately identified the concept of domain satisfaction. According to Sirgy (2001), academics that employ domain satisfaction measures of well-being suggest using a summative or average score to assess quality of life.

Theory of interpersonal discrimination

Sullivan's Interpersonal Theory

The Interpersonal Discrimination Model (IPDM) combines Bernard's (1979) Discrimination Model and Sullivan's Interpersonal Theory Creating a more relational approach. The unique concept combines Discrimination Theory and Interpersonal Theory to



help supervisors build and sustain effective supervisory relationships. This establishes a relational approach to supervision. Supervisors are aware about their duties as teachers, counsellors, and consultants. Supervisees can increase their interpersonal awareness and counselling skills by reflecting on their own relationship and interpersonal characteristics (Sarnat, 2016). Working with new counsellors necessitates a relational supervisory approach that eliminates hierarchies and fosters an egalitarian relationship focused on their development and evolution. IPDM approaches counselling holistically, emphasizing the supervisory relationship to enhance counselor-client connection and client outcomes (Park et al., 2019).

Theory of functional status

King's Theory of Goal Attainment (TGA) and functional status

Holds that health and function are inextricably connected, emphasizing that functional status includes more than simply physical capacities (King, 1981). According to King, a person's health is determined by their capacity to perform social duties, emphasizing the significance of both subjective and objective components of functional status. According to Leidy and King, functional status is multifaceted and takes into account customers' perceptions and duties. TGA emphasizes the importance of goal-setting and client engagement in therapy, arguing that functional objectives differ between persons and should not be judged only on objective criteria. Effective nurse-client interactions, based on reciprocal goal setting and progress evaluation, are critical for reaching peak functional status. Nurses must use their experience to help clients recognize and achieve their functional capacities, adjusting objectives as needed to meet individual requirements and circumstances. As a result, the client's participation in the decision-making process is as important as the nurse's abilities to promote health and function (Clarke et al., 2009).

Theory of Quality of life



Maslow's Hierarchy of Needs

Abraham Maslow's On the Psychology of Being, published in 1962, offered a quality-of-life philosophy that is still widely used today. Maslow's theory of human growth and development revolves around the concept of human needs, emphasizing self-actualization and existentialist psychology. He contended that self-reliance allows people to channel their good attributes, resulting in empowered, fulfilled, and healthy lives. Maslow's hierarchy of requirements, commonly portrayed as a pyramid, proposes a universal route for personal growth, beginning with fundamental physiological demands and rising to spiritual transcendence. Maslow defines an ideal existence as a continual path of meeting these requirements while encouraging flexibility, self-sufficiency, and accountability. This method emphasizes the necessity of recognizing and resolving personal needs in order to attain pleasure and health, using one's innate skills in both personal and professional (ventegodt et al., 2003).

Theory of identity formation

Marcia's 1966 identity status

James Marcia built on Erik Erikson's research by emphasizing the development of adolescents' identities. Marcia suggested that adolescence included examining and committing to identities across multiple life domains, including as employment, religion, relationships, and gender roles, in contrast to Erikson's view of an identity crisis. He presented two essential elements: commitment, which is the conclusion of this inquiry, and crisis, which is a time of challenging beliefs and conclusions. Identity Foreclosure, where teenagers commit to roles and values without going through a crisis and frequently conform to others' expectations; Identity Diffusion, where teenagers do not perceive options or create commitments; Identity Moratorium, where teenagers are in a state of crisis and are exploring different commitments but have not yet decided; and Identity Achievement, where teenagers



have overcome their crises and made devoted choices about their identities. These are the four identity statuses that Marcia identified (Marcia, 1966).

Literature Review

While a great deal of literature has been written about these variables and numerous studies have been conducted on them.

Discrimination has a detrimental impact on functional status, which is defined as one's capacity to complete daily functions such as eating, bathing, and cleaning. A study of 3,648 non-institutionalized U.S. people aged 35 to 89 discovered that those who faced discrimination had lower health-related quality of life. The data, which included self-reported lifetime and daily discrimination as well as other health utility indicators, revealed that racial and gender discrimination had interconnected impacts. When assessing self-reported health metrics, researchers, clinicians, and policymakers should take these social and demographic factors into account. (Sellers et al., 2013).

Interpersonal discrimination has a negative impact on functional status, quality of life, and well-being, compounding disparities among disadvantaged groups. It is linked to poor mental health outcomes including despair and anxiety, as well as physical problems like hypertension and diabetes. This impact is shown across a variety of research approaches (Richman et al., 2017).

This study aimed to investigate the link between social discrimination and psychological well-being among religious minorities in Pakistan, using the need to belong as a moderating factor. The study included 162 adults who identified as religious minorities. Data was collected using online questionnaires, including demographics, the Daily Life Discrimination Scale (Williams et al., 1997), the Need to Belong Scale (Leary et al., 2013), and Ryff's Psychological Wellbeing Scale (Kallay & Rus, 2014), which included six subscales: autonomy, environmental mastery, purpose in life, positive relationships with



others, personal growth, and self-acceptance. Research indicates that social prejudice negatively impacts both the demand for belonging and psychological well-being. The need to belong moderated four sub-variables of psychological well-being: autonomy, environmental mastery, self-acceptance, and good interpersonal ties. The study found that women experience greater social discrimination than males, while Hindu and Sikh minorities encounter more persecution than Christians (Ali & Ahmad, 2022).

Recent social and political attacks against Christians in Pakistan may have negatively impacted minority' sense of identity, sense of belonging to society at large, and mental health. Finding and comparing different facets of identity (personal, social, relational, and collective) and mental health among teenagers from the dominant (Muslim) and minority (Christian) religious groups in Pakistan's Lahore area was the goal of the current study. According to the study's hypothesis, teenagers from religious minorities would feel less connected to their identities than their peers from dominant backgrounds. The study included 414 male and female students (225 Muslim, 189 Christian) aged 13-18 from two Muslim and two Christian schools. Data was gathered using the Aspects of Identity Questionnaire (Cheek & Briggs, 2013) and the Warwick-Edinburgh Mental Well-Being Scale (Tennant et al., 2007). The study found substantial differences in identity awareness and well-being across majority and minority youth. Muslim guys outperformed Muslim girls in terms of social identification and mental well-being among the majority population (Shaukat et al., 2021).

This research aims to better understand the position of Christian impoverished women and girls in Pakistan, to bring poor Christian minority women's concerns to the attention of decision-makers, and to use the findings to raise awareness and advocate for minority women's rights and freedoms. The key research questions focused on exploring the daily life experiences of poor Christian women and girls to see how they differ from other poor women in the same context, as well as determining whether religious discrimination against poor Christian women differs from that faced by affluent Christian women (Suleman, 2020).



Interpersonal discrimination has a deleterious influence on identity development, with Blacks and Latinos demonstrating more interracial political similarity and intragroup solidarity. Interpersonal discrimination strengthens Asian Americans' political relationships with Hispanics, whereas work discrimination connects them to Blacks. These findings highlight the need of recognizing the many repercussions of prejudice in order to develop solidarity (Huang, 2021).

Jennifer Petriglieri's 2011 article highlighted six ways people respond with identity threats: derogation, concealment, positive uniqueness, identity escape, meaning shift, and significance change. Building on her work, our research discovered three more responses: positive action, inaction, and seeking assistance. Individuals may confront identity risks as a result of prejudice, forcing them to conceal or exit their identities. Consequently, prejudice has a negative correlation with identity formation.

Women are more committed to their identity creation than males. Research indicates that women attain higher levels of identity accomplishment, moratorium, foreclosure, and dissemination. According to Austad (2006), women have a higher functional status than males due to their longer life expectancy, which leads to fewer psychological and physical issues.

Research Gap

While extensive research has shown that interpersonal discrimination has a negative impact on functional status and identity formation, there have been few context-specific studies on Christian minorities in Pakistan, particularly on the mechanisms by which discrimination shapes identity formation and functional status. Furthermore, there is no study on how Christian women negotiate identity challenges differently than males, emphasizing the necessity for a gendered perspective. Furthermore, the function of coping strategies,



resilience, and community support in minimizing the effects of discrimination is understudied.

Rationale

The purpose of this research is to examine how interpersonal discrimination affects the functional status and identity formation among religious minorities in Pakistan. Interpersonal discrimination effect people's prospects, well-being, and feeling of agency, resulting in internalized stigma, poor health, and degraded identity formation and functional status. This study seeks to investigate how group-based discrimination affects these factors in a collectivist society. This study aims to improve our understanding of the negative consequences of discrimination on both physical and mental health by focusing on the specific situation of religious minorities in Pakistan.

Objectives of the study

- To find out the relationship among interpersonal discrimination ,function status, identity formation among religious minorities Christian
- To identify the impact of interpersonal discrimination on functional status
- To determine the impact of interpersonal discrimination on identity formation
- To examine the gender difference in identity formation and functional status

Hypothesis

- There would be likely a negative correlation between interpersonal discrimination and identity formation among Christian minorities.
- There would be likely a negative correlation between interpersonal discrimination functional statuses among Christian's minorities.
- Interpersonal discrimination would likely negative correlates with functional status and identity formation among Christian minorities in Pakistan.



• There would be likely significant gender difference in present research on functional status and identity formation among Christian minorities in Pakistan.

Methodology

Research Design

The study used cross sectional survey research design to evaluate the significance of the variable under study. The primary purpose of this study is to determine the impact of interpersonal discrimination on functional status and identity formation among religious minorities Christian in Pakistan.

Sample

The current study's sample consists of 300 participant. A purposive sample strategy was used to guarantee that participants fulfilled the inclusion criteria for the study's aims. The sample comprised both male (n=160) and female (n=140) individuals, and data were obtained from several locations of Pakistan both in-person and online from churches (Sarghoda, Lahore, Dera Ismail Khan) and universities (Sarghodha university) to ensure the representativeness of the findings. The age range of the participants was above 18.

Inclusion criteria

- Adults who were at least 18 years old.
- Those who were educated and read the study material
- Only those Christian were included who live in Pakistan

Exclusion criteria

- Those were excluded whose age below 18
- Those who were uneducated
- Those Christian were excluded who didn't reside in Pakistan



Instrument

Everyday discrimination scale (Williams et al., 1997).

The scale for evaluating interpersonal discrimination consists of nine items. For the everyday discriminating scale, The Cronbach's α for the interpersonal discrimination tool was.77 (>.70), indicating acceptable internal consistency. While (M= 25.34, SD= 6.27, Range= 9-43) Almost every day = 1, At least once a week = 2, A few times a month = 3, A few times a year = 4, Less than once a year = 5, Never = 6 was the response format. This scale is a variation with reverse coding. A high score indicates a high level of interpersonal discrimination.

Quality of life scale (Flanagan, 1978).

The Quality of Life Scale (QOLS) now comprises 16 items, as opposed to the original Flanagan version's 15. The Cronbach's α for the quality of life tool was.84 (>.70), indicating acceptable internal consistency. While (M= 62.46, SD= 1.66, Range= 36-95). This scale was used to assess quality of life on a seven-point Likert scale. High scores on the measure indicated a favorable quality of life and functional condition. The 7-point scale went from 1 for terrible to 7 for delighted. The potential score range on the scale was 16 through 112.

The Dimension of identity development scale (Mastrotheodoros & Motti, 2017).

The Dimensions of Identity Development Scale (DIDS) has 25 items. The Cronbach's α for the dimension of identity development tool was.79 (>.70), indicating acceptable internal consistency. While (M=75.0, SD= 1.28, Range= 51-101). This scale measures identity development on a 5-point Likert scale. High scores on the measure indicated strong identity development. The 5-point scale went from 1 for strongly disagree to 5 for strongly agree.

Procedure

The University of Sargodha's Advanced Studies and study Board approved the study subject. The psychology department provided clearance for data gathering after review. Initially, data was collected via Google Forms. Students from several universities and



belonging from different cities were solicited via social media platforms, including WhatsApp. Participants received a permission form prior to data collection. Participants were informed that they were voluntarily participating in the study. The snowball technique was used to approach the online sample. Additionally, the data was gathered physically using hard copy surveys. Students were personally approached for this aim. Three months were spent on the complete data collecting procedure. A data sheet was created in SPSS following the conclusion of data gathering.

Results

The current research examined the impact of interpersonal discrimination on the functional status and identity formation of religious minorities. SPSS-25 was used for data analysis. Pearson correlation was used to determine the correlations between variables. Linear regression was performed to determine the impact of the predictor on the result variables. The gender difference were calculated using an independent-sample t-test.

Table 1Psychometric Properties of the Present Study (N=300)

Scale	M	SD	Range	Cronbach's α
Interpersonal discrimination	25.34	6.27	9-43	.77
Functional status	62.46	16.6	36-95	.84
Identity formation	75.0	12.8	51-101	.79

Table 1 shows the psychometric property of the instruments used in the research. The Cronbach's α for the interpersonal discrimination tool was.77 (>.70), indicating acceptable internal consistency. The Cronbach's α for functional status is.84 (>.70), indicating good internal consistency. The Cronbach's α for identity formation is.79 (>.70), indicating satisfactory internal consistency.

Table 2



Pearson Correlation of the Study Variable (N=300)					
Variable	1	2	3		
Interpersonal discrimination	1				
Functional status	25***	-			
Identity formation	23***	.80***	-		

Table 2 shows that interpersonal discrimination has a significant negative correlation with identity formation (r = -.25, p < .001) and functional status (r = -.23, p < .001). Identity formation has a significant positive correlation with function status (r = .80, p < .001).

Table 3Regression Coefficient of Interpersonal Discrimination on Identity Formation (N=300)

Variable	В	В	SE
Constant	87.94***		2.96
Interpersonal discrimination	51***	-0.25	.11
\mathbb{R}^2	.06		
**** / 001			

^{***}*p* < .001

Table 3 depicts that the effect of interpersonal discrimination on identity formation among Christian minorities. The R² of .06 explains 6% of the variation in the consequence variable, with F (1, 298) = 20.19, p < .001. The study found that interpersonal discrimination had a negative impact on identity formation (β = -.25, p < .001).

Table 4Regression Coefficient of Interpersonal Discrimination on Functional status (N=300)

Variable	В	В	SE
Constant	77.95***		3.87
Interpersonal discrimination	61***	-0.23	.14



 R^2 .05

***p < .001

Table 4 depicts that the effect of interpersonal discrimination on functional status among Christian minorities. The R² of .05 explains 5% of the variation in the consequence variable, with F (1, 298) = 16.95 p < .001. The study found that interpersonal discrimination had a negative impact on functional status (β = -.23, p < .001).

Table 5Mean Comparison for Men and Women Christian Minorities on Identity formation and Functional Status (N=300)

	M	en	Women				
Variable	M	SD	M	SD	t(298)	P	Cohn's d
Identity formation	71.39	13.03	79.11	11.04	-5.49	.000	0.7
Functional status	57.46	15.77	68.17	15.57	-5.90	.000	0.7
***P <.001							

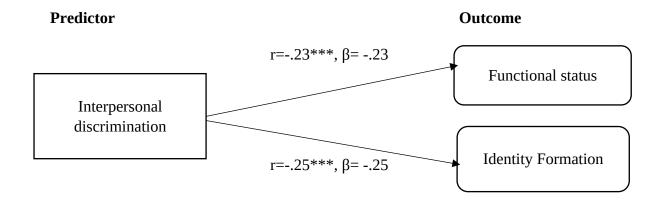
Table 5 shows significant mean differences in identity formation, with t (298) = 5.49, p <.001. The findings revealed that female participants scored higher on identity formation (M = 79.11, SD = 11.04) than male participants (M = 71.39, SD = 13.03). Cohen's d = 0.7 (>0.50), indicating a medium size effect. The study found that women scored higher on functional status (M = 68.17, SD = 15.57) than males (M = 57.46, SD = 15.77), with t (298) = -5.90, p <.001.Cohen's d was 0.7 (>0.50), indicating a medium size effect.

Conceptual framework

Figure 1



Outcome of study model, the Impact of Interpersonal Discrimination on Identity Formation and Function status



Note. The model is based on clinical sample (N=300).

So the figure 1 Show negative effect of predictor interpersonal discrimination on outcome functional status and identity formation.

Discussion

The current study determined the impact of Interpersonal Discrimination on functional status and identity formation among religious minorities in Pakistan. Initially, Data from 300 Christian participants were analyzed using advanced statistical techniques to test the hypothesis that interpersonal discrimination has a negative correlation with identity formation. The study's findings support the hypothesis, revealing that interpersonal discrimination have a major impact on how people perceive and build their identities. Interpersonal discrimination was found to have a significant impact on identity formation, mostly through lowering self-esteem and instilling a sense of threat in individuals. The findings are consistent with previous research, which indicates that interpersonal discrimination leads to identity concealing as a coping mechanism (Petriglieris, 2011). When people feel unaccepted or marginalized, they may repress components of their identity to avoid additional discrimination, which affects their entire sense of self. The findings also



show that the persistent social and political attacks on Christians in Pakistan have most likely worsened feelings of detachment and identity uncertainty. Discrimination not only impacts an individual's personal and social identity, but it also undermines their feeling of belonging to society as a whole. This is according to previous research which found that religious minorities frequently experience increased psychological distress as a result of societal exclusion and discrimination (Shaukat et al., 2020). The current study contributes to this body of information by revealing that such experiences have a direct impact on the identity formation process among Christian minorities in Pakistan.

The second hypothesis stated that interpersonal discrimination correlates negatively with functional status. Research supports the premise that interpersonal discrimination negatively impacts functional status. The literature review also offers evidence for the current research; a prospective study was conducted to investigate interpersonal discrimination and functional status. The preceding study concludes that interpersonal discrimination has a negative relationship with functional status (Richman et al., 2017). So beyond psychological distress, interpersonal discrimination also has a physiological effects. According to research, long-term exposure to discrimination worsens stress-related health conditions like high blood pressure and heart difficulties, which further compromises general wellbeing. The results of this study support the notion that interpersonal discrimination is a public health issue that impacts the general quality of life and day-to-day functioning of marginalized people, rather than only being a social or psychological problem.

The third hypothesis stated that there would be significant gender difference in present research on functional status and identity formation among Christian minorities. SPSS was used to conduct independent samples t-tests in order to investigate the gender differences. The finding showed that females have higher functional status and identity formation as compared to male. So the study's findings support the hypothesis. In consistent with earlier studies, the results show that women had greater identity formation and higher



functional status than males (Cerkovsky, 2008). According to research, women are more committed to identity creation, which may explain their higher scores across several identity states such as achievement, moratorium, foreclosure, and diffusion. Women's increased involvement in identity formation might be due to higher degrees of socialization, emotional expressiveness, and relationship bonding, all of which play important roles in influencing self-perception and identity consolidation.

Furthermore, the findings indicated that females had a greater functional status than males. This discovery is confirmed by prior research, which indicates that women have a higher life expectancy and may face less psychological and physical health concerns than males (Austad, 2006). Women's resilience, stronger connections with others, and increased health-seeking behaviours may contribute to their overall functional well-being.

Implications

- This study has implication for developing tolerance programs and relaxation workshops to counteract the effects of discriminating on functional status and identity formation
- The findings highlight the importance of counselling services in addressing psychological distress, increasing self-esteem, and developing efficient coping skills.
- Implementing anti-discrimination training and ensuring equal access to resources are two policy ideas that will help lessen the discrimination against minorities.

Limitation and suggestions

- The sample consisted of Christian minorities from certain parts of Pakistan (Sargodha,
 Dera Ismail Khan, and Lahore), limiting the findings' generalizability to the entire
 nation and resulting in low external validity.
- To generalize the findings to the whole Pakistani population, future study needs collect data from a broader range of cities and locations.



 Using several study designs can assist overcome response biases and lessen social desirability effects, increasing internal validity.

Conclusion

The current study investigated the negative correlation between interpersonal discrimination, functional status, and identity formation among Christian religious minorities. The findings show that interpersonal discrimination has a negative impact on identity formation by reducing self-esteem and creating a sense of threat, pushing people to repress components of their identity in order to prevent further discrimination. Furthermore, discrimination has an adverse effect on functional status, with long-term exposure leading to stress-related health disorders such as high blood pressure and heart disease, jeopardizing general well-being. Gender differences indicate that females have better identity development and higher functional status, presumably due to more resilience This study has implications for developing tolerance programs and relaxation workshops to counteract the effects of discrimination, emphasizing the importance of counselling services to improve self-esteem and coping skills, as well as policy measures like anti-discrimination training and equal access to resources to reduce discrimination against minorities.

Conflict of interest

The authors in the manuscript have no financial and non-financial conflict of interest in the subject matter or materials discussed in the manuscript.

Data Availability Statement

The data associated with this study will be provided by the corresponding author upon request.

References

Ali, F., & Ahmad, G. (2022). Social discrimination, need to belong, and psychological wellbeing among religious minorities in Pakistan. Pakistan Journal of Psychological Research, 37(2), 311-330. https://doi.org/10.33824/PJPR.2022.37.2.19



- Austad, S. N. (2006). Why women live longer than men: sex differences in longevity. Gender medicine, 3(2), 79-92. https://doi.org/10.1016/S1550-8579(06)80198-1
- Burckhardt, C. S., Anderson, K. L., Archenholtz, B., & Hägg, O. (2003). The Flanagan quality of life scale: Evidence of construct validity. Health and quality of life outcomes, 1, 1-7. https://doi.org/10.1186/1477-7525-1-59
- Cerkovsky, A.L. (2008). Gender features of identity in self-descriptions of medical students.

 Vestnik VGMU, 7, 1-7. https://doi.org/10.1002/bs.3830140209
- Clarke, P. N., Killeen, M. B., Messmer, P. R., & Leibold Sieloff, C. (2009). Imogene M. King's scholars reflect on her wisdom and influence on nursing science. Nursing Science Quarterly, 22(2), 128-133. https://doi.org/10.1177/0894318409332568
- Everson-Rose, S. A., Lutsey, P. L., Roetker, N. S., Lewis, T. T., Kershaw, K. N., Alonso, A., & Diez Roux, A. V. (2015). Perceived discrimination and incident cardiovascular events: the multi-ethnic study of atherosclerosis. American journal of epidemiology, 182(3), 225-234. https://doi.org/10.1093/aje/kwv035
- Flanagan, J. C. (1978). A research approach to improving our quality of life. American psychologist, 33(2), 138. https://doi.org/10.1037/0003-066X.33.2.138
- Graham, C. (2024). Accumulating burden: Exposure to interpersonal discrimination based on multiple attributes and allostatic load. SSM Population Health, 26, 101639. https://doi.org/10.1016/j.ssmph.2024.101639
- Herman, W. E. (2011). Identity formation. In S. Goldstein & J. A. Naglieri (Eds.), Encyclopedia of child behavior and development. Springer. https://doi.org/10.1007/978-0-387-79061-9_1443



- Huang, T. J. (2021). Perceived discrimination and intergroup commonality among Asian Americans. RSF: The Russell Sage Foundation Journal of the Social Sciences, 7(2), 180-200. https://doi.org/10.7758/RSF.2021.7.2.09
- King, I.M. (1992). King's Theory of Goal Attainment. Nursing Science Quarterly, 5, 19 26.

 DOI:10.1177/089431849200500107
- Leidy, N. K. (1994). Functional status and the forward progress of merry-go-rounds: toward a coherent analytical framework. Nursing research, 43(4), 196-202. https://doi.org/10.1097/00006199-199407000-00005
- Malaju, M. T., Alene, G. D., & Azale, T. (2022). Longitudinal functional status trajectories and its predictors among postpartum women with and without maternal morbidities in Northwest Ethiopia: A group-based multi-trajectory modelling. BMJ Global Health, 7(1), e007483. https://doi.org/10.1136/bmjgh-2021-007483
- Marcia, J. E. (1966). Development and validation of ego-identity status. Journal of personality and social psychology, 3(5), 551. https://doi.org/10.1037/h0023281
- Mastrotheodoros, S., & Motti-Stefanidi, F. (2017). Dimensions of Identity Development Scale (DIDS): A test of longitudinal measurement invariance in Greek adolescents. European Journal of Developmental Psychology, 14(5), 605-617. https://doi.org/10.1080/17405629.2016.1241175
- Meeus, W., Van De Schoot, R., Keijsers, L., Schwartz, S. J., & Branje, S. (2010). On the progression and stability of adolescent identity formation: A five-wave longitudinal study in early-to-middle and middle-to-late adolescence. Child development, 81(5), 1565-1581. https://doi.org/10.1111/j.1467-8624.2010.01492.x



- Park, E. H., Ha, G., Lee, S., Lee, Y. Y., & Lee, S. M. (2019). Relationship between the supervisory working alliance and outcomes: A meta-analysis. Journal of Counseling & Development, 97(4), 437-446. https://doi.org/10.1002/jcad.12292
- Petriglieri, J. L. (2011). Under threat: Responses to and the consequences of threats to individuals' identities. Academy of Management Review, 36(4), 641-662. https://doi.org/10.5465/amr.2011.65554645
- Reardon, J. Z., Lareau, S. C., & ZuWallack, R. (2006). Functional status and quality of life in chronic obstructive pulmonary disease. The American journal of medicine, 119(10), 32-37. https://doi.org/10.1016/j.amjmed.2006.08.005
- Richman, L. S., Pascoe, E., & Lattaner, M. (2017). Interpersonal discrimination and physical health. The Oxford handbook of stigma, discrimination, and health. https://doi.org/10.1093/oxfordhb/9780190243470.013.6
- Sarnat, J. E. (2016). Supervision essentials for psychodynamic psychotherapies. American Psychological Association. https://doi.org/10.1037/14802-000
- Sellers, S. L., Cherepanov, D., Hanmer, J., Fryback, D. G., & Palta, M. (2013). Erratum to: Interpersonal discrimination and health-related quality of life among black and white men and women in the United States. Quality of Life Research, 22, 1313-1318. https://doi.org/10.1007/s11136-012-0278-4
- Shaukat, S., Ayub, N., & Tarar, A. H. (2021). Students' identity and mental well-being among Muslims and Christians in Pakistan. Pakistan Journal of Psychological Research, 36(2), 263-278. DOI:10.33824/PJPR.2021.36.2.15
- Sirgy, M. J. (2001). Handbook of quality-of-life research: An ethical marketing perspective (Vol. 8). Springer Science & Business Media. https://doi.org/10.1007/978-94-015-9837-8_1



- Suleman, N. (2020). A Case of Several Jeopardies: A Study on the Intersecting Inequalities in the Everyday Lives of Poor Minority Christian Women and Girls in Pakistan. https://doi.org/10.19088/CREID.2020.007
- Ventegodt, S., Merrick, J., & Andersen, N. J. (2003). Quality of life theory I. The IQOL theory: an integrative theory of the global quality of life concept. The Scientific World Journal, 3, 1030–1040. https://doi.org/10.1100/tsw.2003.82
- Verkuyten, M. (2008). Life satisfaction among ethnic minorities: The role of discrimination and group identification. Social indicators research, 89, 391-404. https://doi.org/10.1007/s11205-008-9239-2
- Williams, D. R., Yu, Y., Jackson, J. S., & Anderson, N. B. (1997). Racial differences in physical and mental health: Socio-economic status, stress and discrimination. Journal of health psychology, 2(3), 335-351. https://doi.org/10.1177/135910539700200305