Editors’ Conclusions

Over the course of the year, from July 2017 to July 2018, as this book was initiated and completed, Islamophobia, at least in the USA and the UK, seemed to continue to flourish and adversely affect the mental health and well-being not only primarily of Muslims but also of those assumed to be Muslims and even the perpetrators of Islamophobia. For example, witness this Twitter comment by the renowned US television star Roseanne Barr on May 29: “muslim brotherhood & planet of the apes had a baby = vj”, vj referring to Valerie Jarrett, an American citizen with Iranian heritage who previously worked as senior advisor for the Obama administration. This vulgar Tweet, like many other online posts loaded with anti-Muslim sentiment, resonated with a digital community of Islamophobes who “liked” and re-Tweeted them. To its credit, ABC Network, despite her huge popularity, immediately cancelled the Roseanne show in response. An example of Islamophobia in the UK in 2018 was the vile and vitriolic “Punish a Muslim” campaign that was launched on the 3rd of April. “Punish a Muslim Day” encouraged citizens to “accumulate points” by abusing and harming members of the Muslim community by, for example, throwing acid on their faces (50 points) and burning or bombing mosques (1000 points).

If Islamophobia represents the dark side of the human condition, then the reaction towards it illustrates that humanity has not lost its light. For example, in May, a positive media story was a powerful and informative feature in the National Geographic on the resilience of “Being Muslim in America”. In the UK, communities up and down the nation united in a show of solidarity for “Love a Muslim Day” which precipitated a Twitter storm (the hashtag #LoveAMuslimDay, as well as #WeStandTogether, trended with more than 42,000 tweets sent).

Unlike the previous year, the 2018 Annual Meeting of the American Psychiatric Association did not include a session on Islamophobia and Muslim mental health. This was clearly not an indication of “a need having been met” since authors repeatedly noted when searching for material for their chapters that there was a paucity of literature and research findings on the subject matter.

This volume attempts to augment other anti-Islamophobia endeavours; however it does so uniquely through an extensive psychiatric analysis of its definition, history, recognition, prevention and treatment. Formulating conclusions about a
comprehensive book which is perhaps the first of its kind is a daunting task. Perhaps
the only firm and simple conclusion is that the book is desperately needed, and we
hope it will stimulate further study that will lead to improvement in the mental
health of those who are adversely affected by Islamophobia.

Beyond this essential conclusion, we have selected some summary highlights of
the book which hardly do justice to the richness, depth and breadth of its chapters
but may illustrate what they have to offer. Readers will identify their own highlights
but here are some of ours (NB. These take-home messages do not necessarily refer
to specific chapters):

1. No matter how Islamophobia is defined and operationalized, and there are
   almost as many definitions as there are chapter writers, all point out that it is a
   major psychological and social problem for both perpetrators and victims.
2. The use of the term Islamophobia may itself be reinforcing the misguided fears
   and discrimination. Mental health practitioners must engage in introspection
   and be mindful of how unconscious bias may infiltrate their minds and their
   clinical consultations with Muslims.
3. As with all discriminated against cultural groups, Islamophobia can also be
   internalized via identification with the aggressors within some Muslims, where
   it also needs to be identified and addressed.
4. Although there has been a burgeoning rise in Islamophobia over the last two
decades, its antecedents can be traced back centuries.
5. Whereas the principles of Islam are clearly delineated in the Qur’an, how they
   are interpreted and lived varies from Muslim to Muslim although “general
trends” do exist in certain cultures and countries. Islamophobia can have unique
   manifestations and challenges in different communities and countries.
6. The rich and glorious history of Islam regarding mental health care has been
   essentially unknown and/or ignored by mainstream psychiatry. Examples
   include the early establishment of psychiatric hospitals and Freudian-like theo-
   ries of the mind.
7. A holistic approach that integrates Islam and psychiatry is usually the most
   effective way of treating Muslims with mental health problems.
8. Though traditional psychoanalytic and Jungian psychiatry has tended to ignore
   or misinterpret Islam, these perspectives potentially have much to contribute,
   such as a new theory on the Islamic normative unconscious.
9. Cutting-edge research on the neurobiology of intergroup conflict can provide
   valuable insight into conflictual group relationships.
10. To provide sensitive cross-cultural care to patients who are Muslim, a respect-
    ful, humble and caring attitude is essential, allowing the patient to teach the
    clinician about their beliefs and values.
11. Whereas stereotyping may be based on a kernel of truth, there is much more to
    learn about the people being stereotyped, including the real risks and psycho-
    logical aspects of extremism mistakenly branded Islamic. Islam is synonymous
    with moderation and is antithetical to fanaticism.
12. More attention needs to be paid to the intersectionality of such subgroups as African American Muslims, the Rohingya and other Muslim refugees and people who identify as homosexual and as Muslim.

13. Art and images can communicate and express in ways that words cannot.

14. There are various expert cultural guidelines and formulations to enhance cross-cultural psychiatric care and assessment of those who are Muslim.

15. Islamophobia can be reduced by paying attention to all its manifestations at all levels: individuals, families, institutions and communities.

16. There are thriving models of community care that are Muslim-based, from which to learn and which we can try to replicate.

17. Teachers are critical to reducing bullying of Muslim youth.

18. Preliminary research suggests that new therapeutic techniques, such as virtual reality, may be helpful to reduce Islamophobia by taking on a Muslim persona.

19. The editors and authors, coming from a variety of religious, non-religious, primary language and cultural backgrounds, model an example of how intergroup and intragroup conflict can be overcome in meeting the goals of this book.

20. Islamophobia can literally kill people.

It is as if we editors and authors have spent a year relentlessly searching for a hidden treasure. We have excavated through centuries of strata, and we encountered many obstacles that attempted to thwart our way. We initially discovered items which, on the surface, appeared precious but on further inspection were in fact paltry. We continued to dig deeper through the layers, and when we could not locate what we were looking for, we retreated, changed direction and adopted different approaches. We finally found a chest of treasures within which was a variety of valuable jewels, each one representing a chapter of this book. We hope that sharing these treasures with our readers will help each of you to recognize, prevent and/or treat Islamophobia.
Barry Marcus is a multidisciplinary artist as well as mental health clinician and program director based on Bainbridge Island, Washington. He has incorporated creative arts into large-scale therapeutic collaborations throughout his career.

Barry Marcus
barmar46@icloud.com
Index

A
Abrahamic religions, 36, 267
Abyssinia, 36
Acculturation, 115, 130, 174, 175, 177, 332, 336, 392
A Common Word (ACW) letter, 251
Acute setting, 201
Adjustment disorder, 284
African American Muslims
black nationalism, 258
community, 260, 262, 263
complicating matters, 260
environmental and socio-economic variations, 260
immigrants/refugees, 259
indigenous Muslims, 259
mental health care, disparities in, 260
mental health services, 263
population in America, 258
religious harassment and racial profiling, 259
schizophrenia, 260
Aggression, 138, 164, 197, 202, 213
Ahmadiyya movement, 36, 258
Aisha, Bibi, 296
Alalusi Foundation, San Francisco, 342
Al-Hayat Media Centre, 392
al-Qaeda, 349, 403
see also Daesh (ISIS)
al-Zarqawi, Abu Musab, 350
Alzheimer’s disease (AD), 61
Ambivalence
countertransference, 141
transference reaction, 138–140
American Arab Anti-Discrimination Committee, 211
American Islamophobia, 157
American Jew, 235
American Muslim Health Professionals (AMHP), 269
American Muslims
barriers to treatment, 171
attitudes and beliefs, 172
stigma, 172, 173
discrimination, 210
education, 171
ethnic subgroups, 171
hate crimes, 214
mental health support, 217
negative repercussions, 211
recommendations for clinicians
acts of physical touch, 176
clergy, practice to, 175
comprehensive assessment, 174, 175
couple related issues, 177
cross-gender interactions, 176
eye contact, 176
gender-related issues, 176
medication, 178
therapeutic style, 175
youth, 177
stigma management, 212
treatment, barriers to, 172
unique experience, 209
See also African American Muslims; British Muslim
American Psychiatric Association (APA), 101, 124, 153, 400
Amygdala, 74–76
Anthropological study, 98
Anti-Arab ideology, 163
Anti-Black racism, 263
Anti-Blackness, 29
Anti-Muslim rhetoric, 79
Anti-Muslim sentiment, 187, 190
Anti-Semitism, 185, 186, 194, 235

© Springer Nature Switzerland AG 2019
H. S. Moffic et al. (eds.), Islamophobia and Psychiatry,
https://doi.org/10.1007/978-3-030-00512-2
Antisocial prejudice disorder, 198
Anti-terrorism laws, 224
Anxiety of deviation, 165
Apparition, 158, 159, 165
Arab Americans, 195, 210
Arab-Israeli war, 210
Arakan Rohingya Salvation Army (ARSA), 282
Arakan State, 277, 279
Archetypal shadow, 148
Arts
   beds and beds, 92
   faces of races, 89
   impotent witnesses, 91
   Issmee Arabee (My Name Is Arab), 88
   John Doe, 90
   in the land of the free, 90
   scream of a broken dream, 84
   We See Nothing, We Hear Nothing, 91
   who are you, #1; who are you, #2; we are, 93
   you are what you look, 88
Assessed stigma, 172
Authors’ institution’s network, 189
Avoidant out-group disorder, 198, 199
Axioms of Islam, 161
Ayesha, Hazrat Bibi, 299, 300

B
Battle of Uhud, 296
Bay Area Muslim Mental Health Professionals (BAMMHP), 383, 384
Bigotry, 27, 186, 188–190, 240
Biopsychosocial-spiritual model, 203
Bipolar disorder type 1, 264
Black American Muslims, 158, 166, 211
Black Christian Americans, 241
Black culture, 262
Black Magic, 115
Black Muslims, 167, 258, 263, 309
Black nationalism, 258
Black nationalist group, 258
Brahma, 149, 151, 152
British Medical Association, 201
British Muslim, 221
   health providers, 228, 229
Islamophobia
   lethal effects, 225
   Prevent programme, 226
   and psychological distress, 226
   in schools, 224
   in society, 223, 224
   in university campuses, 225
media portrayal, 222
   mental health services, 227, 228
   psychiatrist, 229, 230
Buddhism, 96, 267, 277, 287
Bullying perpetrators, 308
Burma, 249, 277–279, 338
Burqa, 97, 223, 226
Bystander intervention, 190

C
Cameron, David, 351
Canadian Medical Protective Association, 199, 201
Center for American Progress, 194
Chador, 97
Chapel Hill shootings, 193, 384
Chinese Exclusionary Act, 27
Christianity, 267
Christian psychiatrists
   clinical implications, 252, 253
   culture, 250
   history, 247–249
   Islamophobia, 247
   psychology, 250
   responses, 251, 252
   theology, 249–250
Chronic mental disorders, 60
Clergy, 50, 63, 175, 177, 178
Client-centered approach, 176, 386
Cognitive behavioral therapy (CBT), 50, 63, 175, 303
Collapsed Muslim identity, 158
Community resilience
   bias, 369
   definition, 363
   history, 367, 368
   Islamophobia-prejudice, 368, 369
   leadership, 370, 371
   media, 365, 366
   other and otherness, 366, 367
   psychiatric community responsibility, 371
   religion and politics, 370
   religion, ethnicity and communities, 364, 365
   VOADs/COADs, 364
Complexio Oppositorum, 152
Contemplative methods, 154
Corbyn, Jeremy, 350
Council on American-Islamic Relations (CAIR), 217, 331, 375, 385
Counter-Terrorism Strategy (CONTEST) (2006), 223
Countertransference reactions, 137
aggression and anger, 140–141
ambivalence, 141
denial of religious differences, 140
Jewish psychiatrist, 237
patient-clinician relationship, 141–143
Crisis response team (CRT), 382, 383, 385
Critical incident prejudice response, 198
Critical race theory, 24, 25
Cross-cultural issues subgroup (DCCIS), 126
Cross-cultural psychiatry, 235
Cultural competence models, 125, 126
Cultural Formulation Interview (CFI), 101, 127, 142, 153
Cultural humility, 142
Cultural literacy
adequate ability, 102
advantage, 103
education program, 101
marginalized groups, 104
model culture, 105
Cultural psychiatry, 136, 142–143
Cultural psychiatry education, 235
Culture-bound syndromes, 101

D
Daesh (ISIS), 350, 392
Daesh’s manifesto, 351
Daily environmental stressors, 284
Dalia Mogahed’s TED talk, 251
Dark Ages, 7, 37, 238, 368
Debriefing session, 202
De-colonial studies, 21
Deep education, 212
Delusional psychotic symptom, 198
denial of religious differences
countertransference, 140
transference reaction, 137
Desert rats, 162
Diagnostic and Statistical Manual of Mental Disorders (DSM-5), 111, 123, 126–130, 200, 203, 265, 401, 405
Diagnostic and Statistical Manuals (DSMs), 268
Diverse population, 257, 339, 378
Dorsolateral prefrontal cortex (dlPFC), 75, 78
DSM disorders, 118
DSM-I (1952), 268
DSM-II (1968), 268
DSM-II (1974), 268
DSM-II-R (1987), 268
DSM-III (1980), 268
DSM-V, 268
Dynamic unconscious conflict, 160

E
Eastern religions, 267
Egyptian Coptic Christians, 250
Empathy, 236, 251, 341, 343
Enactment, 160, 165
English Defence League (EDL), 230
Euphemism, 185, 186
European colonial project, 21
European Islamophobia Report project, 26
Everyday Discrimination Scale, 215
Evil eye, 60, 115, 172, 269, 342
Exaggerated fear, 194
Exorcism, 6, 60, 169
Eye contact, 176, 179, 244

F
Family therapy, 237, 245, 326, 328, 340
Fanon’s work, 21
Farida’s exile, 153, 154
Farooq, Hazrat Umar, 299
Farrakhan, Louis, 258
Fear-based Islamophobia, 215
Fear-related responses, 216
Federal Bureau of Investigations (FBI), 116, 212, 214
Plamboyant salesman, 155
fMRI scanner, 75
Foreign-born, 114, 116, 369
Freire’s work, 103
Freud’s Oedipal conflict, 239
Freud’s psychological theories, 242
Fringe actor terrorists, 393–394

G
Golden Age, 13
Golden Age for Jews, 238
Golden Rule, 236, 249
Greek medicine, 6
Ground Zero Mosque, 29
Group therapy, 288, 289
Gulf War, 347, 348

H
Hajj, 39, 62, 112, 239
Hansen’s disease, 248
Harvard Program for Refugee Trauma (HPRT), 340, 342
Hate crimes, 136, 139, 193, 205, 213, 227, 229, 260, 301, 330, 344, 363, 366, 379
Healing, 6, 60, 117, 130, 154
Hebrew society, 5
Hijab, 96, 97, 106, 113, 140, 141, 197
Hindu religion, 267
Hindu trinity, 149, 151
Hippocampus, 74
Hizbullah, 138
Hobfoll’s Conservation of Resources theory, 367
Holy Prophet (PBUH), see Muhammad (PBUH)
Homophobia, 183, 244, 268–270
Homosexuality, 269, 270
Hugging, 96
Human Rights Code, 200
Humanizing refugees, 343

I
Identity and representations model (IRM), 368
Identity-through-stereotype-negation, 160
Ifri, 188, 251
I-It relationship, 240
Ijtihad, 7
Imams, 175, 178, 274, 342, 358, 370
Iman, 112
Implicit Association Test (IAT), 78, 369
Improvised explosive device (IED), 350
Indian American Muslim, 216
Individual phobias, 244
Individuation, 147, 301
Ingroup
  formation, 69, 70
  identification, 71, 72
  neurobiology, 74, 75
  perception, 69, 70
  strength, 70, 71
Ingroup favoritism bias, 69
In-group identity, 198
Institutional Islamophobia, 375
International Classification of Diseases (ICD), 12, 44
International Federation of Psychoanalytic Societies, 161
International Organization for Racism and Intolerance, 184
Intra-group bullying, 308
Islam, 267
  anxiety symptoms, 56
basic principles, 34
  community acceptance, 55
  criminal law, 47, 48
  epistemology, 41
  ethics and law, 42
  founder, 34
  fundamental pillars, 38–39
  hajj, 62
  history, 34, 35, 37
  ontology, 41
  racial and ethnic diversity, 67
  relevance, 39, 40
  ritual law, 48, 49
  social acceptance, 55
  spiritual and physical health, 41–42
systematic review
  anxiety, 59
  cognitive functioning, 61
  depression, 58
  drug use/abuse, 60
  psychological well-being, 61
  psychosis, 60
  religious beliefs, 58
  suicide, 58, 59
zakat, 62
Islam Fascism Week, 212
Islamic Center of Washington, 194
Islamic Golden Era, 7, 16
Islamic hospital system, 12
Islamic intellectual discourse, 43
Islamic law, 44, 46, 125
Islamic psychotherapy, 15
Islamic sciences, 16
Islamic State of Iraq and Syria (ISIS), 140, 241, 249
Islamic theology, 43–45, 258
Islamist, 193, 229
Islamophilia, 242
Islamophobia, 183
  anti-Semitism report, 23
  case study, 325–328
  in Christians, 247
  clinical manifestations, 324, 325
  clinical setting, 189–190
  clinicians, role of, 331
  definition, 135, 321
  educational strategies, 329
  Edward concept, 184
  epidemiology, 321
etiology
  cognitive developmental theory, 324
  evolutionary theory, 324
  genetic factors, 322
<table>
<thead>
<tr>
<th>Term</th>
<th>Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>integrated threat theory</td>
<td>324</td>
</tr>
<tr>
<td>intergroup contact theory</td>
<td>324</td>
</tr>
<tr>
<td>Piaget’s framework</td>
<td>322</td>
</tr>
<tr>
<td>psychodynamic theory</td>
<td>324</td>
</tr>
<tr>
<td>self-categorization theory</td>
<td>324</td>
</tr>
<tr>
<td>social learning theory</td>
<td>324</td>
</tr>
<tr>
<td>historical events, role of</td>
<td>322</td>
</tr>
<tr>
<td>lay theories</td>
<td>324</td>
</tr>
<tr>
<td>media, role of</td>
<td>322, 323</td>
</tr>
<tr>
<td>identity</td>
<td>97–99</td>
</tr>
<tr>
<td>independent research</td>
<td>23</td>
</tr>
<tr>
<td>in-group vs. out-group</td>
<td>183</td>
</tr>
<tr>
<td>Jewish psychiatrist</td>
<td>241</td>
</tr>
<tr>
<td>judicial systems strategies</td>
<td>330</td>
</tr>
<tr>
<td>language</td>
<td>96, 97</td>
</tr>
<tr>
<td>local authorities strategies</td>
<td>329</td>
</tr>
<tr>
<td>mental health</td>
<td>328, 329</td>
</tr>
<tr>
<td>Muslim clinicians, effect of</td>
<td>187–188</td>
</tr>
<tr>
<td>Muslim-Americans</td>
<td>136</td>
</tr>
<tr>
<td>negative implications</td>
<td>187</td>
</tr>
<tr>
<td>in North American citizens</td>
<td>197</td>
</tr>
<tr>
<td>origin of</td>
<td>20–23</td>
</tr>
<tr>
<td>parents, role of</td>
<td>332</td>
</tr>
<tr>
<td>perpetrator of</td>
<td>149</td>
</tr>
<tr>
<td>perpetuation of</td>
<td>186</td>
</tr>
<tr>
<td>policy makers strategies</td>
<td>330</td>
</tr>
<tr>
<td>primary motivating emotion</td>
<td>197</td>
</tr>
<tr>
<td>in public discourse</td>
<td>186</td>
</tr>
<tr>
<td>public relations strategies</td>
<td>330</td>
</tr>
<tr>
<td>racial discrimination</td>
<td>184</td>
</tr>
<tr>
<td>racism</td>
<td>184</td>
</tr>
<tr>
<td>relevance</td>
<td>39, 40</td>
</tr>
<tr>
<td>remedy</td>
<td>99</td>
</tr>
<tr>
<td>roots of</td>
<td>194</td>
</tr>
<tr>
<td>social policy agency</td>
<td>23</td>
</tr>
<tr>
<td>Swedish Integration Board</td>
<td>185</td>
</tr>
<tr>
<td>v.s. true clinical phobia</td>
<td>185</td>
</tr>
<tr>
<td>typology</td>
<td>21</td>
</tr>
<tr>
<td>in United Kingdom</td>
<td>221</td>
</tr>
<tr>
<td>victim of</td>
<td>152</td>
</tr>
<tr>
<td>Islamophobia industry</td>
<td>20, 24, 29, 30</td>
</tr>
<tr>
<td>Islamophobia Research and Documentation Project (IRDP)</td>
<td>26</td>
</tr>
<tr>
<td>Islamophobia studies</td>
<td></td>
</tr>
<tr>
<td>challenges</td>
<td>29</td>
</tr>
<tr>
<td>cunning forces</td>
<td>27</td>
</tr>
<tr>
<td>de-colonial approach</td>
<td>21, 25</td>
</tr>
<tr>
<td>European colonial project</td>
<td>21</td>
</tr>
<tr>
<td>Fanon’s work</td>
<td>21</td>
</tr>
<tr>
<td>French, British and Dutch colonial programs</td>
<td>21</td>
</tr>
<tr>
<td>importance</td>
<td>20</td>
</tr>
<tr>
<td>pedagogical challenge</td>
<td>24</td>
</tr>
<tr>
<td>problem of</td>
<td>28</td>
</tr>
<tr>
<td>Runnymede report</td>
<td>23</td>
</tr>
<tr>
<td>Said’s work</td>
<td>22</td>
</tr>
<tr>
<td>Sayyid’s approach</td>
<td>25</td>
</tr>
<tr>
<td>Israel, 61, 71, 74, 140, 141, 225, 236, 239, 240</td>
<td></td>
</tr>
<tr>
<td>Israeli-Palestinian conflict</td>
<td>201</td>
</tr>
<tr>
<td>I-Thou relationship</td>
<td>240</td>
</tr>
<tr>
<td>J</td>
<td></td>
</tr>
<tr>
<td>Jewish psychiatrist</td>
<td></td>
</tr>
<tr>
<td>Abraham</td>
<td>237</td>
</tr>
<tr>
<td>clinical implications</td>
<td>242–245</td>
</tr>
<tr>
<td>Freud</td>
<td>237, 238</td>
</tr>
<tr>
<td>Ishmael</td>
<td>237</td>
</tr>
<tr>
<td>Islamophobia</td>
<td>241</td>
</tr>
<tr>
<td>Jewish value</td>
<td>236</td>
</tr>
<tr>
<td>Joseph</td>
<td>238</td>
</tr>
<tr>
<td>Maimonides</td>
<td>238</td>
</tr>
<tr>
<td>perspective of</td>
<td>235</td>
</tr>
<tr>
<td>religious beliefs</td>
<td>240, 243</td>
</tr>
<tr>
<td>social and group psychopathology</td>
<td>241</td>
</tr>
<tr>
<td>therapeutic relationships</td>
<td>240</td>
</tr>
<tr>
<td>Tikkun Olam</td>
<td>237</td>
</tr>
<tr>
<td>Jews, 7, 21, 26, 37, 74, 235–237, 240, 245</td>
<td></td>
</tr>
<tr>
<td>Jihad and American Medicine</td>
<td>187</td>
</tr>
<tr>
<td>Jihad Watch</td>
<td>195</td>
</tr>
<tr>
<td>Jinn</td>
<td>263</td>
</tr>
<tr>
<td>Jinn possession</td>
<td>269</td>
</tr>
<tr>
<td>Jinnah, Fatima</td>
<td>299</td>
</tr>
<tr>
<td>Jinnah, Muhammad Ali</td>
<td>299</td>
</tr>
<tr>
<td>Judaism</td>
<td>239, 267</td>
</tr>
<tr>
<td>Judeo-Christian tradition</td>
<td>6</td>
</tr>
<tr>
<td>Judgement day</td>
<td>57</td>
</tr>
<tr>
<td>K</td>
<td></td>
</tr>
<tr>
<td>Kaaba</td>
<td>239, 309</td>
</tr>
<tr>
<td>Kessler’s Psychological Distress Scale</td>
<td>195, 215</td>
</tr>
<tr>
<td>Khadija, Bibi</td>
<td>295, 299</td>
</tr>
<tr>
<td>Khalil Center</td>
<td>175, 217</td>
</tr>
<tr>
<td>Khalwah</td>
<td>176</td>
</tr>
<tr>
<td>Kinship groups</td>
<td>69</td>
</tr>
<tr>
<td>Kutupalong refugee camps</td>
<td>284</td>
</tr>
<tr>
<td>KZ syndrome</td>
<td>284</td>
</tr>
<tr>
<td>L</td>
<td></td>
</tr>
<tr>
<td>Labour Party</td>
<td>350</td>
</tr>
<tr>
<td>Lammy review</td>
<td>224</td>
</tr>
<tr>
<td>Las Vegas shooting</td>
<td>368</td>
</tr>
<tr>
<td>Latent Islamophobia</td>
<td>29</td>
</tr>
</tbody>
</table>
Layton’s theory, 159
Lesbian, gay, bisexual, and transgender (LGBT)
  clinical model, 274, 275
  clinician education, 273
  DSMs, 268
  ethical conundrums, 271, 272
  homosexuality, 269, 270
  inclusion, 274
  informed consent, 273
  mental health vulnerabilities, 268
  mood and anxiety disorders, 268
  political and social benefits, 267
  referral, 274
  sexual identity therapy, 273
  transgenderism, 270
Liaison committee on medical education (LCME), 101
Limbic brain, 150

M
Malcolm X, 258
Maslow’s hierarchy, 284
McNaughten’s rule, 301
Mecca, 6, 34–36, 39, 112, 228, 258
Medecines Sans Frontiers (MSF), 282
Mein Kampf, 240
Mental health and religiosity
  acts of discrimination and, 214
  categories, 12
  Greek medicine, 6
  hospital care, 12–14
  major scholars and treatises, 9–11
  mind and body relationship, 4, 5
  muslims in, 197, 198
  psychotherapy, 15, 16
  religious and philosophical influences, 5–7
  significance, 3, 4
  somatic therapies, 14
  somatic treatments, 12
  soul experiences, 5
  spirituality in, 203
  See also Muslim Americans mental health
Mental health clinicians, 200
MI5 Behavioural Sciences Unit, 352
Microaggressions, 116, 154, 195, 227, 309
Mild cognitive impairment (MCI), 61
Mind control
  Festinger theory, 397, 398
  Lifton eight criteria, 395, 396
  mental health practitioners and therapists, 399–401
  terrorist group, 403, 404
Mistrust, 138, 179, 195, 197, 253, 275, 301, 302
Modesty, 96, 106, 113, 140, 176, 179, 338
Moorish Science Temple, 257
Mosques, 262
Muhammad (PBUH), 34–36, 296, 297, 299, 303, 351
Muhammad, Elijah, 258
Muhammad, Ibtihaj, 299
Murafiqeen, 14
Muslim American Society-Social Services Foundation (MAS-SSF), 386
Muslim Americans, see American Muslims
Muslim Americans mental health
  BAMMHP, 383, 384
  community engagement, 380, 381
  Islamophobia effects of
    affect age groups, 375
    affect cultural backgrounds and
    genders, 375
    community level, 376
    individual level, 376
    interpersonal level, 376
  Khalil Center, 387, 388
  MAS-SSF, 386
  MH crisis response team, 384, 385
  socio-ecological model
    community factors, 378, 379
    individual factors, 377, 378
    interpersonal factors, 378
    policy factors, 379
  Stanford-MCA partnership, 381–383
Muslim Community Association (MCA), 382
Muslim patients
  cultural competence, 123, 124
  DCCIS recommends, 128
  evidence-based psychotherapies, 124
  OCF, 126–130
  patient-clinician relationship, 127
Muslim perceptions of British combat troops
  Being Muslim, 349, 353, 357
  contact with British service personnel, 355
  counter-radicalisation, 352
  deradicalization programmes, 352
  deradicalizing violent extremists, 352
  enlist British Armed Forces, 358
  foreign fighters to join Daesh, 351, 352
  foreign policies, U.K. and U.S., 349
  free text comments, 354–356
  London suicide bombings, 350
  Manchester bombing, 350
  media and film portrayals, 357
  MI5 Behavioural Sciences Unit, 352
  Muslim majority countries, 354, 355
  Muslims residing, 353
  perceptions of, 353
  recruit Muslims, 358
  self-proclaimed Muslims, 349
Muslim physicians, 187, 188
Muslim psychiatrist, 200
Muslim refugees
caring for
cultural beliefs, 342
deficit model, 340
malnutrition and head trauma, 339
psychotherapeutic skills, 341
Rohingya, distress, 340
survivor’s guilt, 342
therapists responsibilities, 341
trauma shatters, 341
refugee youth, 339
resettlement agencies, 338
Rohingya refugees (see Rohingya refugees)
seeking refuge, 338
Syrian refugees, 338
Muslim women
bulimia, 302
care recommendations
avoidance of assumptions, 304
clothing, 302
cognitive schema, 303
comprehensive case conceptualization, 303
faith, 303
halal food, 302
medication, 302
mindfulness and meditation, 304
overgeneralization, 303
physical contact, 302
prayers, 304
provider bias, 304
psychoeducation, 304
risk factors, 304
daughters, 297
dress preference, 300
education, 300, 301
inheritance, 299
instance of divorce, 298
leadership roles, 295
mental health, 301
mothers, 296
political positions, 299
polygamy, 298
Razaaee Mothers, 297
rights of woman, 298, 299
sister, 298
verbal assaults, 302
wife, 297, 298
work, 299, 300
Muslim youth, 177
bullying of
impact
academic engagement, 313
civic engagement, 312
identity, 311, 312
mental health, 310, 311
protective factors, 314
intersectionality, 310
intra-group bullying, 308
microaggressions, 309
perpetrators, 308
religiously-based cyberbullying, 309, 310
verbal bullying, 307
clinical recommendations, 316, 317
playing basketball case, 315
recommendations, 316
research, 316
Myanmar, 277, 281–283, 285, 289

N
Narcissistic/labile prejudice disorder, 198
Nation of Islam (NOI), 258
National Association of Arab Americans, 211
Native-born, 369
Nayapara refugee camps, 284
Nazi symbolism, 96
Negative portrayals of Muslims, 136, 379
Negative public attitude, 197
Neocortical brain, 150
New York Police Department (NYPD), 211, 212
Niqab, 97
Non-acute setting, 190
Non-violence crisis intervention programs, 201
Nonwhite outgroup, 211
Normative unconscious process
Ara, 164, 165
centering tool, 167
common sense factor, 168
dangerous, 165
enactment, 165
exorcism, 169
identity-through-stereotype-negation, 160
inner workings, 162, 169
Jasser, Z., 162
Layton’s concept, 159, 160
pathology within Islam, 159
priori activation, 166
psychoanalysis, 159
psychotherapy, 167
recognition and naming, 167
Suchet’s article, 163
vulnerabilities, 165
Nussaiba, Bibi, 295
Oklahoma bombing, 368
Ominous figure, 99
Operation Dragon King, 279
Operation Enduring Freedom, 349
Oregon Muslim Medical Association (OMMA), 342
Orientalism, 22, 25, 157, 184
Osman, Ilhan, 300
Outgroup
  formation, 69, 70
  neurobiology, 74, 75
  perception, 69, 70
  strength, 70, 71
Outline for cultural formulation (OCF), 125

Paranoid/delusional prejudice disorder, 199
Parasympathetic system, 150
Patient-centred approach, 199
Paton, Charles, 277
Perceived Islamophobia Scale (PIS)
  American Muslims, 215
  British Muslim, 227
Perceived Religious Discrimination Scale, 136
Persecutory delusions, 200, 202
Pew Research Center, 248
Phobia, 26, 39, 183–187, 240
Physical intimacy, 177
Policy cites zero-tolerance, 189
Portland Refugee Support Group (PRSG), 335
Positive social interaction, 245
Postcolonial theory, 26
Posttraumatic stress disorder (PTSD), 244, 342
Prejudice, 198
President Kennedy, assassination of, 258
Prevent programme, 225, 226, 228
Prisoner’s dilemma game, 72, 73
Projection, 242
Psychiatric cultural formulation
  distressing experiences, 114–115
  individual identity, 112–114
  vulnerability and resilience, 115–117
Psychiatric illness, 186
Psychiatrist’s beard, 138
Psychiatrists, 190
  British muslim, 229
  Christians, see Christian psychiatrists
  counter-transference reactions, 201
  risks, 200
Psychiatry residency program, 102
Psychoanalysis, 159
Psychoanalytic theory, 160, 167
Psychological distress, 195, 215
Psychopathological behaviors, 6
Psychosocial illnesses, 172
PsycINFO, 135
PubMed, 125
Pyramid of Hate, 196, 205

Queer, 267
Quran, 263, 287, 296, 362

Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), 386
Racial discrimination, 184
Racism, 67, 68, 105–107, 184, 186
  in clinical setting, 198
Racist microaggressions, 197
Radical Islam, 158
Rakhine Buddhist minority, 279
Rakhine State, 277
Reactive egoism, 73
Reference group, 68
Refugee trauma, 336, 337
Refugee youth, 339
Religious discrimination, 184
Religiiously-based cyberbullying, 309, 310
Religiously-integrated cognitive behavioural therapy, 204
Reptilian brain, 150
Resilience, 362, 363
Rogerian approach, 176
Rohingya refugees
ARSA, 282
  clearance operations, 282
  government stopped issuing birth certificates, 280
  help and healing
    community-level interventions, 288, 289
    family level interventions, 287
    individual level intervention, 286, 287
  psychosocial approach, 286
  trauma-focused, 286
  human trafficking, 281
  international pressure, 280
  language barrier, 283
  Memorandum of Understanding, Bangladesh, 280
mental health challenges
  community-level, 285
  DSM-5, 283
  family level, 285
ICD-10, 283
individual level, 284, 285
transmission of trauma, 286
trauma, 283
MSF calculation, 282
National Registration cards, 279
open prison setup, 280
Operation Clean and Beautiful Nation, 280
organized massacres, 281
Post-Colonial period, 279
pre-Colonial & Colonial period, 278
Rohingya cultural center, Chicago, 283
Rohingya illiteracy rate, 280
sea faced extortion, 281
settled in other countries, 282
statelessness, 279
TRC, 280
Role fulfillment disorder, 284
Root emotions, 197
Royal College of Psychiatrists, 227, 228, 353, 392
Runnymede report, 23, 24
Runnymede Trust, 23, 24
Ruqyah, 115, 118
Rushdie Affair, 23, 29

S
Said’s work, 22
Salat (prayer), 38, 112
Sallallahu ‘alayhi wa salam (SAWS), 112, 114, 118
Salman Rushdie Affair, 23
Sapir-Whorf hypothesis, 96
Sara’s scary neighbors, 153
Sawm (fasting), 39, 112
Sayyid’s approach, 25
Scapegoating, 193, 250, 251
Schizophrenia, 58, 60, 202, 229, 260, 394
Self-care, 204
Self-reported health status, 195
Self-stigma, 172
September 11/2001 attacks, 259
Sexual identity therapy, 273
Shadow, 148
Shadow consciousness, 149
Shahadah (testimony), 38
Shakti, 151
Shari’ah law, 249
Shiva, 149, 151
Single monolithic system, 23
Social groups, 74, 224, 275, 308, 337
Social identity complexity, 70
Social phobia, 183, 186, 198, 241, 244
Social psychological theories, 67
clinical implications, 78, 79
primary group, 68
reference group, 68
secondary groups, 68
Social psychopathology, 241
Solution-focused therapy, 175
Somali immigrant population, 106
Somali immigrants, 106, 361
Southern Poverty Law Center (SPLC), 250, 379
Specific phobia, 240
Spiritual care, 203
Spiritual identity, 203
Stanford Center for Clinical and Translational Research and Education (SPECTRUM), 381–382
Star Wars movies, 28
Stigma, 172, 210
Stigma management rehearsal, 212
Stop Islamization of America, 195
Strategic Interactive Approach (SIA), 398
Suchet’s article, 163
Sunnah, 34, 258, 263
Suni interpretations of Qur’an, 258
Surveillance program, 211, 212
Swedish Integration Board, 185
Sympathetic nervous system, 150
Syrian Community Network, Chicago, 342
Syrian refugees, 338
Syrian war, 335

T
Tafjel’s original research, 73
Tell MAMA, 197
Temporary Registration Card (TRC), 280
The Arab Mind, 162
The Picture of Dorian Gray, 147, 148
The Psychology of Terrorism, 161
Theology, 249
mental health, 43–45
physical and mental disorders, 43
psychiatric treatment, 42
Three Kings, 347, 348
Tibb Nabi, 118
Tikkun Olam, 237
Torah, 236
Transference reactions
ambivalence, 138–140
denial of religious/cultural identity, 137
mistrust, suspicion, and hostility, 137–138
patient-clinician relationship, 141–143
in therapy, 203
Transformational ripple effect, 154
Transgenderism, 270
Travel Ban, 214, 343
Trickle-down economics, 28
Trinitarian forces, 151
Triune brain, 150
True clinical phobia, 185, 186
Trump, Donald, 352
Trump’s Muslim-ban era, 158

U
UC Berkeley Islamophobia Conference, 20
U.K. Muslims, see British Muslim
U.K. The Commission’s report, 23
Ummah, 362
Unconscious cultural norms, 159
Unconscious ideological shift, 163
Unethical social influence, 395
United Nations Human Commission for Refugees (UNHCR), 284, 339
U.S. airstrike, 347, 348

V
Vancouver Index of Acculturation (VIA), 174
Veils, 96, 97
Ventromedial prefrontal cortex (vmPFC), 76
Verbal aggression, 197
Verbal bullying, 307
Victim-perpetrator dyad, 149–150
Violence management training, 200
Violent extremism
acculturation, mental health and terrorism, 392
BITE model influence continuum, 398, 399, 401
Cult organization, 402, 403
destructive cult structure, 400, 402
Festinger theory, 397, 398
fringe actor terrorists
ethical influence, 395

W
Wali Allah, 303
Western law, 47
Western Muslims
Mustafa Akyol, 249, 252
stigma and mental health, 215
White terrorists, 193
World Health Organization (WHO), 4
Wotan, 148
Wrecking effects, 168

X
Xenophobia, 149, 155, 183, 241, 268

Z
Zakat (charity), 13, 39, 112, 388
Zimbardo, Philip, 400, 401
Zone Assessment Unit, 211