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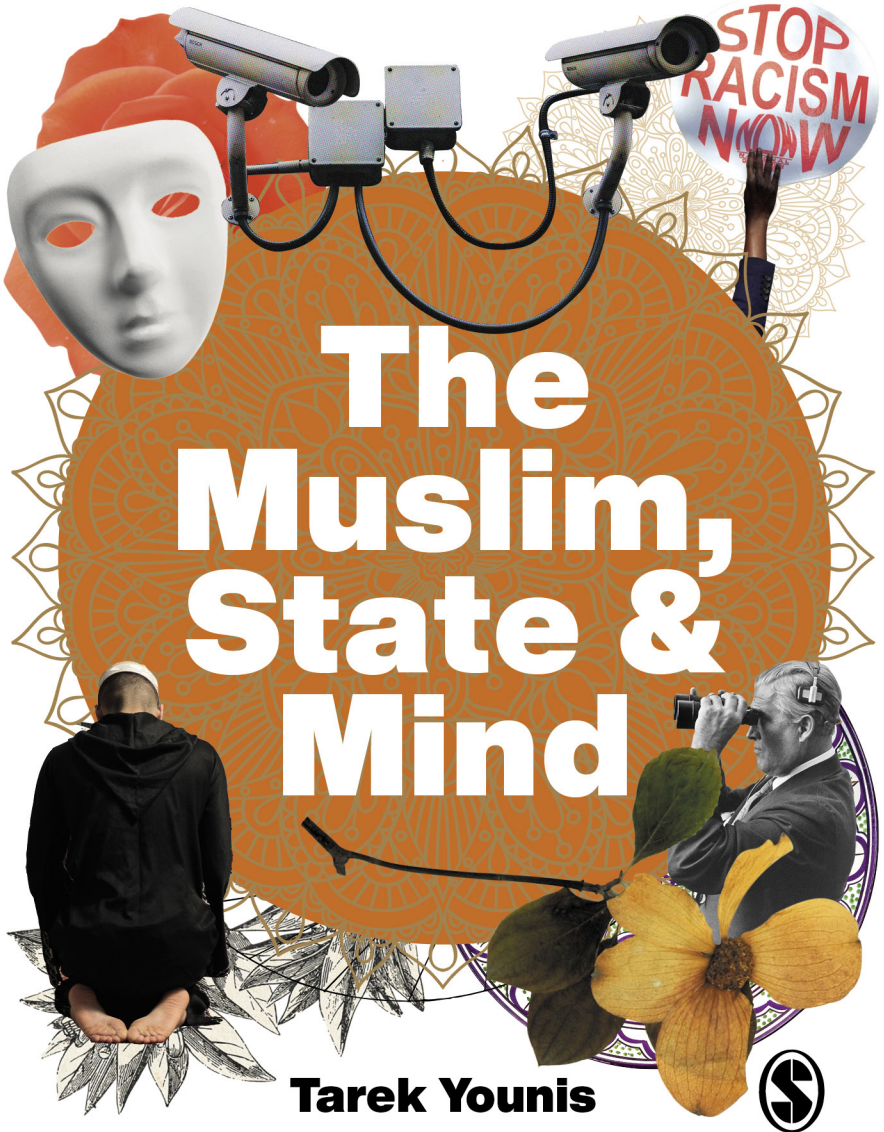
The Muslim, State & Mind

Tarek Younis

THE MUSLIM, STATE AND MIND: PSYCHOLOGY IN TIMES OF ISLAMOPHOBIA

Tarek Younis

SAGE

DEDICATION

Dedicated to everyone who suffers the smiles of foxes, when told to fear the bites of wolves

CONTENTS

ABOUT THE AUTHOR

Dr Tarek Younis is a Senior Lecturer in Psychology at Middlesex University. He researches and has published widely on the subjects of Islamophobia, racism in mental health, the securitisation of clinical settings and the politics of psychology. He also teaches on the impact of culture, religion, globalisation, and security policies on mental health. As a registered clinical psychologist, he primarily attends to experiences of racism, Islamophobia, and state violence in his private practice.

ACKNOWLEDGEMENTS

1

INTRODUCTION: FRIENDLY EARS

I thought I could trick the psychologist.

Adam chuckled and took another bite of his burger. I had known Adam for years, yet this was the first I heard of this story. Alongside two friends, we sat at a corner table where the shop's walls glowed beneath old, pearly lights. Adam was in good spirit, unaware the tale of state violence he was about to share would not be his last. Something was racist in the state of Denmark.

Adam prefaced his visit to the psychologist. Not long ago, he and three friends took a joyride around Copenhagen. Like many young adults, he was obsessed with cars and relished any opportunity to drive. Unlike 'Western' young adults—Denmark explicitly discriminates between *Western* and *Non-Western* individuals in policy—Adam was flagged by Danish security.

Unaware of this, Adam entered a lavish neighbourhood. The apartments here were grand and elegant, a fitting setting for dreams of luxury. The myth of social mobility is legendary among Muslims in the Global North.

Adam's security flag was not the only thing he was unaware of. Soon, his car was surrounded by rifles. These came accompanied with shouting, 'Get out of the vehicle' and 'Put your hands above your head'. This neighbourhood, it seems, housed the residences of Denmark's rich and powerful. Among the residents was the Danish foreign minister. For the Danish police, Adam was a calculated risk as soon as he entered the neighbourhood, fearing for the foreign minister's life. Adam was on the floor and cuffed before any of this made sense to him.

He was released from custody once the police yielded to reality—young Muslims on a joy ride. Adam had an idea why he was flagged. Many years ago, a family member had travelled to fight the Assad regime at the beginning of the Syrian revolution. Through the logic of security, racist at its core, every Muslim in that man's circle of contacts were now a 'risk'. Even those without a history of violence, like Adam, may be suspected of planning to assassinate a Danish politician in the blink of an eye.

This racist guilt-by-association logic would later come back and haunt Adam, with catastrophic effect. For now, Adam was unwilling to take this hyper-militarised response in stride. It is uncommon to be greeted with assault rifles, Adam thought, and here is where the psychologist came in.

Adam hoped to produce some evidence against the police. For reasons central to this book, one prominent idea was to

document the *trauma* resulting from the violence he experienced. This seemed like a sensible approach, but there was a problem: Adam didn't *feel* traumatised. But then how else could Adam demonstrate the violence and racism of the police? If he needed a psychologist, he needed to exaggerate the impact of the incident.

Adam's account of his psychological consultation was comical to the point of satire. In the first session, the psychologist held up a finger and asked Adam how he felt (the psychologist is most likely introducing Adam to Eye Movement Desensitisation and Reprocessing (EMDR), which involves finger tracking. EMDR interventions are often employed for trauma). He felt nothing, but still needed to give the psychologist something to work with.

> "Anger," Adam responded.
>
> "OK, what if I slowly start moving my finger to the right, like this?" asked the psychologist.
>
> "Angrier!"
>
> "And if I move it back?"
>
> "Really angry!"

Adam's story was interrupted by bouts of laughter, the table shaking as we laboured to breathe between bites. It makes for a tragic scene of dark comedy when a person feels forced to bluff a trauma response *to hold the police accountable.*

In the end, the strategy failed, but not because the psychologist became privy to Adam's plan. Rather, Adam felt the

psychologist was taking his performance *too* seriously. He was worried he was to receive a *mental health diagnosis,* when he just needed something—a piece of paper, perhaps—to present against the police.

Adam decided to leave this debacle with the police behind him. Ever the optimist, he assumed it was over. He was partly correct. While the police would not return for Adam *for this reason* again, they attempted to charge him with terrorism years later. In this later incident, police detained Adam in front of his family but was *immediately* released because a judge claimed the police's behaviour was unsanctioned. Frustrated by this judicial hiccup, the police returned *the next day* and detained Adam using a *different* pretence—*again*, in front of his family.

Adam then suffered in prison for *two years without charges*, as the Danish police toiled to build a terrorism case on a frail, racist house of cards. Meanwhile, for the first *five months* of Adam's sentence, the prison guards entered his cell *every day.* They stripped his body bare and overturned every item in his room. If the guards forgot to strip Adam during the day, they would wake him up at night. Arbitrary abuse seems to be the price of security in an allegedly progressive society like Denmark (Adam brought a case against his experiences of prison abuse and won recently in a Danish high court. He was given a very small sum of money to compensate for five months of prison abuse.). When the police finished building their case against Adam, two years later, it went to court and he was finally acquitted of all terrorism charges in front of a jury.

Adam's experiences of injustice are worthy of their own book, alongside the many other Muslims who suffer state violence in silence. These stories highlight the cascading number

of institutions involved in state violence towards Muslims in the Global North—from police and judges, counter-extremism experts, media pundits and psychologists. Above all, Adam needed *something* in psychology to make himself *seen.* These themes are all central to this book. As with all injustice however, *two years* of liberty lost are but words on a page. Such affronts to dignity lie on a plane where words cannot reach.

Needless to say, Adam never returned to the prospect of salvation in psychology. He recently admitted there was *one* psychologist in prison he found helpful, but only because they were happy to discuss Adam's appalling court proceedings.

Friendly ears are few and far between for the alleged enemies of Western civilisation.

THE MUSLIM, STATE AND MIND: A RATIONALE

It may seem strange for a book on psychology and statecraft to begin with Adam's story. In my years of writing, teaching and organising on psychology *and* Islamophobia, I recognise a book *ought* to begin with a more impersonal account: list the official statistics of Islamophobic hate crimes; explain that Islamophobia is a form of racism—as real as any other racism—with a real and demonstrable impact on health; display the astounding statistics of mental health problems in the Muslim community, especially as a result of discrimination; offer a public health strategy towards the eradication of Islamophobia; pray my writings will be read by policy makers. Perhaps, if I followed these guidelines exactly, there is hope the inner and outer conditions of Muslim distress would be understood.

This is not such a book. Not because there is no truth to these arguments—there certainly are. This book takes a different approach because I feel something is *lacking* in our current 'racism and mental health' discourse. This *lack* becomes more evident when we speak of Muslims in the Global North. In this *lack,* our capacity to dream an alternative future is disrupted. We cannot see beyond incessantly trying to improve the institutions we find ourselves in.

I believe whatever is *lacking* can be found by inverting the question often posed to me, 'What is the impact of Islamophobia on Muslims?' In response, I cast the question back, 'What does Muslim distress reveal about psychology *and* the Global North?' In doing so, the gaze towards the Muslim is re-directed. This is the first instance of resisting a popular discourse which reduces 'Muslims' to simply another racialised community among many—to the detriment of them all.

It might be easy to see Adam's story as exceptional. Certainly, hyper-militarised interactions are not a regular occurrence for Muslims in the Global North. And yet, it is often on the margins when the nature of *collective* experiences comes to light—the boundaries inform the content. In Adam's case, we see several themes arise. We first note Adam's experience of being racialised as a Muslim, and what that entails in terms of his relationship with the state. We also note how immediately Adam understood what he needed to hold the police accountable—a psychologist—despite having little to no awareness of mental health itself. Finally, we can point out the banality of it all. There was no protecting Adam from his experience of state abuse, not because such protection is not possible, but because the roads to such protection are all but

perverted. In this book, I will argue that psychology plays a significant role in claims to justice—and not just for Adam.

This book is not simply about the *impact of Islamophobia on Muslims.* Certainly, marginalisation will have an impact on Muslim mental health access, interventions and outcomes. But this book is precisely *not* a treatise for public health. Public health refers to preventing disease and promoting health for the whole population. People advocate for Islamophobia as a public health issue because of its legitimate (mental) health implications. As I will argue, however, it is *politically* significant that public health is a popular means of making Islamophobia legible. Can we imagine other ways of mobilising on Muslim experiences?

The premise of this book is simple. If psychology is political *and* Muslims are politicised, there is more to this interaction than its implications for health. In fact, one may speculate that the politics of psychology may reveal something about Muslims, and the politics of Muslims may reveal something about psychology. I will argue that the therapeutic sets the parameters for how Muslims are made legible. In other words, the psychological is the Muslim's entry into recognition. The therapeutic's ascension in the Global North not only limits the possibilities for Muslims to mobilise on issues which concern them. Indeed, it underwrites their very relationship to the state—a psychological contract.

THE RISE OF PSYCHOLOGY

Psychology is ever on the rise. Even among radical circles, demands for de-funding the police and abolishing prisons are issued in tandem with calls for more mental health funding to

tackle homelessness, violence and other social issues. (See *The End of Policing* (2017) where Alex S. Vitale offers a compelling argument to abolish the institution of policing, which depends on developing a more robust mental health care system, among other things.) The Eurocentrism of mental health theories, practices and institutions are no longer taken for granted. Racialised minorities are all seeking acknowledgement for their experiences as well. Calls to 'decolonise' sweep the Global North—including the psy-disciplines.

In this fervour, the growing interest in Muslim mental health seems inevitable. Academics, health professionals and NGOs strive to improve mental health awareness, access and treatments within Muslim communities. To this, the disciplines of counselling, psychology and psychiatry (henceforth referred to as *the psy-disciplines*) hold a high pedigree in public consciousness. Healthy minds promise a remedy to life's struggles, and it seems Muslims are especially in need of this elixir. A national study in the US, for example, recently found Muslims are two times more likely to be suicidal than other faith and non-faith groups (Awaad et al., 2021). Better mental health access, treatment and outcomes are viewed as a panacea to many of these issues.

At the same time, it is common knowledge that the histories of the psy-disciplines are laced with uncertainty, tackling numerous economic, cultural and political stakeholders which guide the fields. Frantz Fanon, the Martinique and revolutionary psychiatrist whose writings on decolonisation remains well-read to this day, famously addressed these collusions. Frantz Fanon (2002) reminds us a colonised mind is not simply one which has submitted to the coloniser's way of thinking. Rather, it is a mind which has lost its grasp over the social

and political causes of its oppression—to speak the language of the coloniser. A colonised mind cannot make sense of their experiences outside the frames it is given, nor can a colonised people hold power to account other than through the roads laid out before them.

If one cannot speak of the histories of the psy-disciplines without relating to statecraft, then the argument is equally true for Islamophobia. To fully appreciate how Muslims are racialised and Othered today, the role of the psy-disciplines must be acknowledged. Indeed, it is not even about Muslims. Modernity is psychologised, and it is difficult to grasp *any* principal issue of our times without alluding to the psyche of a person, group or nation (De Vos, 2012).

This book thus speaks towards how social and political issues are framed and experienced, especially for Muslims. This is how this book differs from other books which might centre on the (racial) trauma of *being* a racialised minority. Critical race theorists remind us that the issue of White supremacy is not about *white people,* but the structures—liberal/capitalist/nationalist—which privilege whiteness. Similarly, the marginalisation of Muslims, and their experiences therein, are a by-product of many conditions endemic to the West itself—economic uncertainty, decentring in globalisation, etc.

While the immediate association between statecraft, the psy-disciplines and Muslims will be the War on Terror, it is important to not reduce it to this alone. For example, recent scholarship has taken Guantanamo Bay as their main object of analysis. While Guantanamo Bay remains a stark symbol of global Islamophobia—in relation to American imperialism especially—it and the War on Terror are only part of a bigger picture. To make this argument, I will discuss the link between

statecraft, Islamophobia and the psy-disciplines from two per-spectives: security on the one hand, and neoliberalism on the other. Readers need not be acquainted with either to under-stand their significance for Muslims.

In security, I will go beyond Guantanamo Bay to explore the role of the psy-disciplines in the management of ideal Muslim citizenry. In neoliberalism, I will explore how neoliberal policies shape the form and content of contemporary psychol-ogy, particularly impacting minority communities. Despite the overlap—the subject of 'resilience' belonging both to secu-rity and neoliberalism as it relates Muslims—we can already acknowledge an important difference. Contemporary security policies were built on racist foundations which first explicitly targeted Muslims, before taking a population-wide approach through public health. In neoliberalism, economic policies and strategies are intended for the entire population but have par-ticularly adverse effects on the Muslim community. We must thus acknowledge that the War on Terror is not the be-all, end-all challenge for Muslims. It is one register of the politics of psy-disciplines and of Muslims.

WHY POLITICS?

Following Queen Elizabeth II's death, Britain was told to go into mourning. While many grieved at the loss of their queen, others were more critical of her place in history. To this, some argued the Queen was 'above politics,' undeserving of the relentless charges seared against the British monarchy: their role in British colonial rule; the riches they amassed from across the world; the splendour they enjoyed on the taxpayer's dime while the people suffer a cost-of-living crisis.

As such, when they say the Queen was 'above politics,' they mean her constitutional role was above *party politics*. This is significant, not least because the *location of politics* is also important for psy-disciplines. Much like the Queen, the psy-disciplines and its practitioners are assumed to be apolitical unless they *explicitly politicise themselves*. The location of the political is further revealed by the liberal attitude among mental health professionals to remain 'politically neutral' in the therapy room.

But this view of politics is untenable for this book. To continue, it is necessary to present my position on the *political* first. This is not a comprehensive review of political theory, but simply a point of clarity so the reader may follow in my own trajectory going forward. The political is all-encompassing. This point must be made explicit, for there is a tendency (anecdotally, among psy-professionals) to locate politics alongside other seemingly distinct domains like economics, the social, the psychological, etc. Drawing on Antonio Gramsci, I am not relating to ideology negatively here, but rather as a way of alluding to the *common-sensical* thoughts and practices of a society (Hoare and Sperber, 2016).

Following on from this, *hegemony* is another concept that is important, still drawing on Gramsci. Hegemony relates to a process by which the ruling elite of a society maintain power through *coercion and consent*. While coercion is clear, it is through consent that a power hierarchy is maintained without the need for brute force. People are best governed, in other words, when they govern themselves accordingly.

Ideology and *hegemony* come together when those in power both produce and draw upon common sense, through its various institutions, to maintain this hierarchy. Such is the

broad argument of post-structuralists like Michel Foucault, who outline the psy-disciplines role in governance. They argue these psy-institutions play integral roles in disciplining individuals who do not conform, as well as setting the parameters to *discipline of oneself* to the hierarchies of power.

Where coercion is concerned, this speaks to the state's authority over violence. Here the political is revealing of whose lives are least grievable; whose lives are deserving of death; and whose lives are worth a fate worse than death itself. At the same time, it sets the norm for those whose lives are worth commemorating; whose preservation of livelihood is the ultimate objective.

It can be difficult to understand the significance of the *hegemonic*, both for Muslims and for psychology. The all-encompassing nature of the political is cloaked in modern institutions, like government, law and citizenship. The nature of politics I am describing is significant for all racialised Muslims, regardless of *their* understanding of the political. Let us take citizenship as an example.

We are all capable of making choices, referred to as *agency*. Agency is the basis of citizenship, the foundation of what makes us *all* political. Indeed, the coercion/consent process of *hegemony*—whereby those in power seek to maintain this hierarchy—only makes sense if we account for the people's ability to choose otherwise. A criticism of citizenship, however, is that it presupposes an orientalist model of 'choice'. Citizens are not equal in their choices, nor their consequences. While presumably citizenship should guarantee human rights for all, we have seen time and time again how a Muslim's citizenship is conditional on the choices they make (the Institute of Race Relations in the UK recently published on this subject.).

Some of the more notable instances are the US's extrajudi-
cial assassinations of Anwar Al-Awlaki and his 16-year-old son,
Abdulrahman Anwar al-Awlaki, both of whom were American
citizens. In the UK, the government deprived Shamima Begum of
her British citizenship for joining ISIS as an adolescent, rendering
her effectively stateless and stranded in Syria. Finally, there is also
Mohamedou Salahi, a Guantanamo Bay detainee. With Salahi, I
am inverting the conditionality of citizenship by drawing on the
instance when Mauritania kidnapped Salahi and delivered him
to the United States. To this, the *New York Times* journalist, Ben
Taub (2019), records a revealing remark from Salahi's family law-
yer, Brahim Ebety: 'He was a victim of an extremely rare crime:
that a country had kidnapped its own citizen and handed it over
to a foreign country, outside of the justice system, outside of all
legal processes.' This point leaves a bitter realisation—there are
no legal allowances. Both Salahi's whereabouts and citizenship
were irrelevant to the demands of the Unites States.

To return then to the reason for this discussion, to assume
anyone—the Queen, psychologists, etc—is 'apolitical' is to
suggest, somehow, they inhabit a realm outside of ideology
and a relationship to the state. Rather, the political is infused
organically in all things, including the fabric of psychology and
psychiatry, which I outline further in Chapters 2, 3 and 4.

No Psychology without Politics

If the political is all-encompassing, it is important to under-
stand how its trace is removed from everyday life. One of the
ways, significant to both psychology *and* Muslims, is the *thera-
peutic ethos* (this is the subject of Chapter 3). The *therapeutic
ethos* relates to modernity's hyper-individualised fixation on
the *self*. When everything is reduced to individual experience,

issues such as poverty are understood as individual problems to be managed—financially, psychologically, socially, etc.

There is a *depoliticising* force in a therapeutic ethos, our political agency muddled in an infinite blend of thoughts, feelings and relations. In this sense mental health professions are somewhat of an illusion. They gladly bear the burden of helping individuals navigate their *experiences* of worsening economic conditions, for example. Yet, in bandaging these experiences, they may inadvertently preserve the very conditions at fault. As liberation psychologist Martín-Baró (1996) reminds us, uncritical psychologists may inadvertently serve the status quo in their practice. This is perhaps the most important message in this book: the theories, practices and settings of mental health are *not apolitical*. And if they are *not apolitical*, they implicate racialised Muslims (and Others) every step of the way.

Ian Parker (2007: 4) argues the need to think of psychology as hegemonic, maintaining structures of power. He argues that 'because psychology is part of the problem – individualising and essentialising social processes – we need to know how to treat the problems we experience as social processes instead of handing ourselves over to those who will turn them into psychology again'. This final part—not *handing ourselves over to those who will turn them into psychology again*—is a central thrust of this book.

Politics is particularly important for mental health. We take for granted that 'health' is a mouldable concept. The definition and significance we give health is only as strong as the values which underline this process. In other words, if we presume 'mental health' is *essential* for all, there are metaphysical, moral, social and political claims underlying this statement (Coggon, 2012). Otherwise, to deny these is to assume that 'mental health' is a natural concept, suggesting it can be emptied from all the claims just mentioned. This would mean there is a neutral—presumably

biological—basis of 'mental health' which exists regardless how we make sense of it. Although this often can be the way we discuss mental health, the reality is far from it.

Psychology and psychiatry are disciplines littered with complicated political histories and uncertain futures regarding their objects of interest—the psyche and distress. From the drafting of psychiatric classifications (like the *Diagnostic and Statistical Manual of Mental Disorders*, DSM or the International Classification of Diseases, ICD), or various debates surrounding definition of illness, there is no lack of arguments in this regard. In psychology, Ian Parker (2007) reminds us that indeed the psy-disciplines consist of many factions whose co-existence is fragile. Be it cognitive, behavioural, social or others, each psychology discipline and sub-discipline competes for supremacy and attention.

It can be difficult to keep track of these disciplines, as they often go through various cycles of their own crises, prompting further fractures. This would also be unnecessary. One of the elements I hope to underline here is that 'mental health' itself is a particularly Western artefact, regardless of its content. This is not to directly engage in the debates surrounding Global Mental Health, though its critique remains relevant (Mills, 2014). Rather, it is to highlight that the 'Western' framing of mental health carries with it certain baggage which remains relevant for Muslims.

My comments on the *political* throughout this book will be referring to this hegemony, as I attempt to outline psychology's role in governing Muslim. This book does not offer an escape from the political, nor does it suggest this is even possible. The reader is reminded that no regime or ideology works in purity. Exceptions and possibilities for alternative ideologies anchor human history.

POSITION AND DISCLAIMERS

This book draws on many years of research, clinical practice, and activism. In practice, these twist into a braid rather than individual strands of work, feeding one another. I identify as a scholar-activist, somewhat sarcastically. The boundary between scholar-activist is artificial; complete devotion to to either side is awkward. Activists whose work is completely devoid of theoretical foundations, or scholars whose interest in a subject is purely intellectual and academic, are both controversial. Certainly, this falls more readily on scholars than activists. As for research, I draw both on my research on Islamophobia, which can roughly be divided into two: how Muslims develop their identities in the Global North, and how Muslims are racialised according to social conflicts, like the War on Terror. I particularly focused on mental health professionals in the latter.

As for activism, I was raised with the idea that community is one of the most vital needs of an individual. This is particularly so in modernity where, as sociologist Zygmunt Bauman (2013) reminds us, we are no longer a *community of people* but a *network of individuals*. The need for community prompted me to ground my feet in various organisations that work on the ground, of which Islamophobia has been key. As such, I have worked closely with community groups and non-governmental organisations over the years, whose insights have been invaluable in my understanding of power.

Lastly, my clinical work attends to individuals impacted by racism, state violence and security in some shape or form. The stories I have had the privilege of bearing witness to in therapy have had a tremendous impact on my views. As such, rather than maintain a facade of impartiality, my position towards this book is reflexive, interdisciplinary (as in, not confined within the psy-disciplines) and critically informed.

It would be laborious to outline how this book differs from other, similarly-themed works. A growing body of literature has explored the various intersections of Islam/Muslims, Islamophobia/racism and the psy-disciplines in different respects. A non-exhaustive list of examples include *Institutional Racism in Psychiatry and Clinical Psychology* (Fernando, 2017), *Psychoanalysis under occupation: Practicing resistance in Palestine* (Sheehi and Sheehi, 2022), *Madness in International Relations* (Howell, 2009), *Mental Health in the War on Terror: Culture, Science, and Statecraft* (Aggarwal, 2015), and *Islamophobia and Psychiatry: Recognition, Prevention, and Treatment* (Moffic et al., 2018). While there is certainly much overlap and critique of this literature, for the sake of brevity I put forward my own ambition with this book: 1) to reflect particularly on the importance of the political as it relates to Muslim and the psy-disciplines in the Global North and 2) to make these critical reflections accessible to readers who may be neither familiar with Islamophobia nor the psy-disciplines. Given the breadth of the subjects, however, there are several disclaimers to be made.

Disclaimers

First, this book is not an empirical study. Instead, I draw inspiration from Fanon whose writings provide deeper and personal—rather than comprehensive and allegedly impartial—analysis from isolated cases. Second, many of the themes of this book will not be 'felt' by those operating on the ground. Those working in mental health often do so within a complicated organ of roles and expectations which foreground how Muslim clients should be treated. Third, I have been reminded that a critical position should always be followed by a solution or strategy. Charges against vast and complicated systems—like the War on Terror—come off as hollow without them.

But besides several reflections in the conclusion, I neither purport to have a way forward *beyond* the subjects I critique in this book, like the War on Terror or neoliberalism. Instead, I rely on Kierkegaard's doctoral writing on Socrates as an *ironist* (Kierkegaard, 2000). An ironist does not have a way forward, as a prophet would, but rather turns and reflects on those walking alongside them.

Fourth, I might imagine it is possible to bracket 'everyday' Muslim issues from the themes of this book. Thus, a psychiatrist who sees hundreds of Muslim patients might view their presenting symptoms as more significant than, for example, the structural realities of marginisalition. But I will argue this division is not only artificial, it is also political. Certainly, patients presenting with 'depression' may not speak of their marginalisation, but this does not discount its reality or impact. Fifth, I will be relating to the 'Muslim mind' throughout this book. To be sure, the Muslim mind is a Western construction. It is not rooted in biology—there is nothing about a mind that can become Muslim. When I use Muslim mind, it is to refer to the way that Muslim thoughts and behaviours are especially attended to.

Sixth, this book is neither a reprimand of the disciplines nor a rebuke of mental health professionals. Since their inception, the psy-disciplines have been wrought by internal debates on the *science* of it all. Most acknowledge the importance of power in psychological and psychiatric knowledge: the people who create it; the institutions which produce it; the global markets which disseminate it, etc. Just as many psy-professionals were driven by the racist and orientalist frames of empire, Erik Linstrum (2016) observes how Western psychologists *deployed* theories of psychology to subvert these logics (one can still critique liberal arguments against racial hierarchies, which I will do later).

The only critical stance I will underline is one I believe most will agree on: the psy-disciplines are artefacts of the Global North. This does not take away from the lofty ambitions to relativise our understanding of illness and healing according to time and space. Nor those who follow, meta-relativising the differences across the world, attempting to find anchors for 'mental illness' somewhere in our shared humanity. I will leave it to the reader to figure out their own journey in this regard.

Thus, this book is far more a cautionary tale of the inconsistent and often conflicting developments within the psy-disciplines, as these relate to Muslims. I will relate to the 'apolitical' stance presumed by the psy-disciplines, as if aloof and impervious to the conditions of power. This extends beyond the obvious 'usual suspects' of the abuses of the psy-disciplines, such as under the Nazis, the Soviet Union, or the legitimisation of torture in the War on Terror.

OVERVIEW OF CHAPTERS

The chapters can be divided in two parts. Chapters 2, 3 and 4 explore the political in Islamophobia, psychology, and mental health respectively. Given the criticism that discussions of Islamophobia often remain in the abstract (Massoumi et al., 2017: 6), Chapters 5 and 6 will take these discussion of the political and explore two real-world configurations: security and neoliberalism. Thinking through the politics of psychology and Islamophobia, these latter chapters unpack the infrastructures which subordinate Muslims.

Chapter 2 introduces racialisation in Islamophobia. The concept is necessary, not only to make sense of Islamophobia, but to understand how it is erased through psychological

discourse. The chapter critiques the neoliberal, multicultural attitude towards Islamophobia as 'one racism among many'— to the detriment of all racialised groups. It also rejects an understanding which reduces Muslim racialisation to issues of discrimination. Instead, it offers a dynamic position on Islamophobia which takes serious the Global North's own history and insecurities and considers the role of the psy-disciplines in managing ideal Muslim thoughts and behaviours.

Chapter 3 considers what Muslim distress reveals about the psy-disciplines themselves. As the psy-disciplines are decidedly *not* apolitical, this chapter explores what causes Muslims distress about the politics of psychology. Drawing on Frantz Fanon, it argues that the Muslim mind is intimately bound to the state. It will provide the example of a Muslim 'extremist' who fell outside the boundary of national belonging, and how they need to *psychologise* their experiences to re-establish the social contract with the state—a psychological contract.

Chapter 4 explores the politics of Muslim mental health itself. While the *cultural* and *religious* dimensions of Muslim mental health are increasingly attended to, this is less true for politics. The concept of *trauma* is of particular interest in this regard. This chapter will explore the political utility of *psychological discourse.* This is important for Muslims to make their experiences legible to secular-liberal societies, while potentially depoliticising them at the same time.

Chapter 5 is on security. It explores how political violence immediately produces a search for the holy grail of explanatory models: a unified, psychological model of pre-crime as a modern manifestation of a risk-based society. Mental health professionals play a significant professional role in this respect. Not simply in the surveillance and management of political

thought, but in the cultivation of a culture of vulnerability. This chapter will explore how the contemporary culture of vulnerability is built on a fatalism which sees the state perpetually in peril. This privileges the role of the *psyche* in the pursuit of pre-crime—the capturing and managing of individuals who have not yet committed an act of violence.

Chapter 6 charts capitalism's legacy in psychology, and explains how neoliberalism represents a unique evolution towards responsibilising individuals for social and political ills. For Muslims in particular, the deep-rooted psychological tradition of maximizing productivity intertwines naturally with 'spiritually-based' self-care techniques which explicitly focus on the individual. This chapter will explore the emergence of neoliberal techniques like 'resilience' and 'self-care' which simultaneously pathologise – psychologically and spiritually – the experience of distress. It will question how Muslims are especially subject to promoting themselves as citizens of value and cheerleaders of wellbeing.

The final chapter concludes by rearticulating the need to recognise the State's psychologisation of social and political ills. It will underscore the unique relationship between the Muslims and psy-disciplines' light on the themes highlighted above. Accordingly, it will argue the futility of 'decolonising' Muslim mental health—even with Islamic mental health psychology—unless we first *politicise* our understanding of Muslims and the psy-disciplines.

2

ISLAMOPHOBIA AND THE PROBLEM OF MUSLIM THOUGHT

An account of an early 20th century Swiss woman whose interest in Muslims raised some concerns:

> The case (described in Porot and Gutmann 1918) required the clinical evaluation of the mental state of a Swiss woman—born in Geneva and sister to a Protestant pastor—who was charged with trying to incite Algerians against the French authorities. The War Council in Algiers ordered the assessment because the woman had been charged with a crime under military law for inciting Algerian conscripts to desert.

> In their report on the woman's case history, the two psychiatrists argued that her behavior revealed an excessive and unhealthy sensitivity to 'social causes.' Her generous spirit, which inclined her to fight against all forms of hypocrisy—combined with her amorous involvement with someone the authors described as 'a half-savage' Arab man—were thus classified as symptoms. The diagnosis Porot and

Gutmann reached was highly original, with the woman being said to suffer from 'Donquixotism,' and 'resistant Arabophilia.' How else could anyone explain her desire to learn Arabic or her love for a Muslim?

From *Fanon, Psychiatry and Politics* (Gibson and Beneduce, 2017: 101)

Had the year not been cited, this incident with the Swiss woman could read as quite contemporary. Indeed, many of its themes still ring true today: the clinical evaluation of an individual who is not only opposed to, but actively resisting, the dominant geo-political order; the psychologisation of 'excessive and unhealthy sensitivity to 'social causes'; the way proximity to Muslims, in light of resistance, is problematised; the racialised signifiers associated with 'love for Arabs', such as Arabic speech. This case may be a century old, but it still reveals a trajectory of Islamophobia upon which its current manifestation still hinges. Neither Islamophobia nor the psy-discipline's involvement in the management of Muslim (and Muslim-adjacent) subjectivity— thinking, consciousness and agency—are new phenomena in the Global North. That much is clear.

This chapter argues why *racialisation* is critical in any discussion of Islamophobia to make sense of cases such as Adam, from Chapter 1, and the Swiss woman above. It illuminates the complex reality for Muslim consciousness in the Global North. Salman Sayyid (2014: 121) observes that 'Muslim subjectivity presents a serious challenge to the idea of the nation'. But why? This interrogation is fundamental in appreciating the role of the psy-disciplines in Islamophobia. As with the case of the Swiss woman, psychological rhetoric blends with geo-politics in ways very pertinent to Muslims. Therefore, we need to complicate our discussions of Islamophobia. That will be the purpose of this chapter.

MUSLIMS AND ISLAMOPHOBIA: A BRIEF INTRODUCTION

The history of 'Muslims' is transcribed across time and place—the Ottoman Empire, Egyptians, etc. The category of 'Muslim' is at times divided by ethnicity, such as South Asians and Arabs, but also nationality where ethnic divisions are less decisive, such as Algerians and Moroccans. However, there is something to be underscored in a more universal categorisation of being 'Muslim', especially within the Global North.

Islamophobia reveals the West's historical relationship with Islam and Muslim civilisation. For example, the fascination with Muslims fanaticism was not introduced by the War on Terror. As Alberto Tosano (2017) explains, the idea of Muslim fanaticism has a long history in the Global North. It helped determine the contours of 'rationality' in the Enlightenment project, *in contrast* to the irrationality of Muslims. This can be seen, for example, in the writings of Voltaire such as his 1741 play *Fanaticism, or Mahomet the Prophet* (Toscano, 2017).

But Islamophobia also reflects the West's relationship with its own continuance, its uncertain predicament in a world which no longer centres around it. Among other events, financial crises, growing supremacy of non-Western powers (like China) and migratory pathways of former colonies merge into an existential crisis for the Global North. This is significant not only for Muslims, but all racialised minority communities. Socio-economic crises tend to play a role in the growth of nationalist politics which privilege the 'white majority' (Valluvan, 2019).

Mainstream discussions of racism often allude to overt and covert expressions of racial hostility. These actions

reflect statements and behaviours as well as microaggressions. While pertinent to Muslims, the focus on these actions tends to reduce racism to a problem of individual prejudice and ignorance, rather than a system of meaning. Racism is then rendered something akin to a virus, spreading throughout 'vulnerable' societies. But Islamophobia is meaningless unless it is understood within global power structures which target *Islam and Muslimness* to maintain economic, political, social and cultural superiority.

Herein lies the significance of racialisation, and why Islamophobia is increasingly understood as a form of racism. As Meer (2013: 390) explains, racialisation offers a focus, 'not on religious bigotry or prejudice per se, but on people, groups and minorities who are the sites of racial inscriptions'. For this book then, the question 'Who are Muslims?' is secondary to how Muslims are made out to be.

It is important then to distinguish between group membership (or self-identification) and political categorisation. An individual's identification as a Muslim may be personally meaningful, whatever their definition is in that regard. But, irrespective of their definition, they are *also identified as Muslim* according to their political context, which endows 'being Muslim' with its own meaning. This is particularly important for our understanding of racialisation. Muslims are thus racialised—that is, made sense of—in ways which go beyond their understanding of themselves. Thus, an individual can be racialised without fully appreciating how or why, with tremendous impact on how they perceive themselves. In fact, the experience of this political categorisation may take on its own meaning that is personally meaningful. Take the following as an example.

There is a distinct logic which associates Muslim anger with risk in the War on Terror. As a result, through this logic, a teacher may refer an angry Muslim student to counter-extremism. Counter-extremism in turn offers the student a therapeutic regimen to help manage their emotions. But they also learn to suppress their anger as a result. This anger suppression is further supported by the Muslim community, who advocate a psycho-theological viewpoint for Muslims to 'not be angry', especially in the Global North. In all this, the Muslim student may well recognise the double-standards in how their white classmates are treated, but they may not understand the logic underlying this. It is simply experienced as an isolated moment of racism (from the teacher). Meanwhile, the adolescent is convinced the Muslim community is right in denouncing the experience of anger. 'Do not get angry,' the adolescent believes. This is a realisation which is now not only felt in their body, but justified in their Islamic beliefs.

It is important to highlight here the intersectional dimension of how Muslims are racialised. Consider the following example: *The police stop and search a Black youth in West London. A knife is found on them, but in the process, it is also discovered they are Muslim. They are referred through a counter-extremism programme for potential vulnerability to radicalisation.*

A racialised Black Muslim man (who sports a beard, for example) will find themselves within *several* logics of racialisation. These not only include those mentioned above, but also the association of Blackness with gangs, like stop-and-search policies. Their Blackness increases the likelihood of being stopped by the police, but it is their Muslimness which opens the door for a counter-extremism referral.

NATIONALISM, IMPERIALISM AND THE WAR ON TERROR

Western nation-states are experiencing an unprecedented degree of uncertainty through globalisation. In this upheaval, political elites draw upon long-standing moral panics which see 'Islam' outside the fold of the 'West'. This reproduction of moral panics associated with backwardness, threat and disobedience consolidates a political platform centred on Muslims. Muslims embody a 'looming death' of European civilization (Goldberg, 2008). Both the threat and remedy of this are registered in psychological terms.

Muslims are racialised according to various ideologies and social conflicts, like nationalism, imperialism, and the War on Terror. These are deeply interrelated and distinguishing between them is an artificial exercise. The purpose here is simply to clarify how Muslims are racialised similarly and differently—within the 'Muslim' group as well as others—in systems which give supremacy to the white European.

Nationalism is an ideology in the Global North associated with Whiteness. This forms the basis of the unending question for racialised minorities, 'Where are you really from?' This is because the idea of the Nation in the public imaginary is racialised to its majority ethnic population. As such, British, Germans, Danes, etc, see those who are 'indigenous' to their Nation as White. Most racialised Muslims in the Global North are immediately classed as 'not from here'—hence the question above. This has consequences on the management of family and gender dynamics among Muslim communities in the Global North. Muslims must thus continuously perform their national identity to prove their belonging and maintain their 'outsider insider' status.

Whiteness is extended as politically dominant *in contrast* to non-white groups. Through nationalism, it is sufficient then that most diaspora Muslims are *not white* for their bodies alone to be racialised. An interesting point of reflection here would be White Muslims. I will note that while a White Muslim may not immediately figure in the exclusionary logic of *nationalism*, other racialised signifiers of Muslimness complicates their relationship to the nation nonetheless (as seen with the Swiss woman above). This brings us to imperialism, and especially the War on Terror.

Yassir Morsi (2017), drawing on Aimé Césaire, reminds us that Europe, in wanting to see itself as the 'end of history'—that is, the pinnacle of civilisation—rendered all other civilisations inferior. (Such discussions about the reduction/erasure of Muslim will has been taken further, such as in the recent book, *Can Muslims Think?* by Muneeb Hafiz (2022).) In doing so, all other political, historical and cultural wills are rendered void, therefore legitimising their extermination and exploitation. This is the basis of imperialism.

Imperialism is an ideology which saw the Global North as the dominant force in the world. In the spirit of the 'the West versus the Rest', orientalist logics justified the subordination of Muslim-majority societies, which were classed as biologically and culturally inferior. In this meaning system, Muslims were also associated with fanaticism. This logic is maintained until today, translated into integration and security policies which explicitly target Muslim communities.

Here we can see how, with imperialism and in contrast to nationalism, Muslims are racialised uniquely compared to other groups. For example, the idea that Muslims are culturally backward was observed in the US/UK's justification for invading Afghanistan, where Muslim women were framed as in

need of 'liberation' from regressive traditions. Muslim women are particularly racialised through symbols like the headscarf.

Similarly, the War on Terror also institutionalised the securitisation of Muslims across the world. As Salman Sayyid (2014) discusses, these security logics attempt to differentiate between the Double Muslim—the fanatic—and the Musulmane—the pacifist subservient to the state. The threat of terrorism is associated with Islam and Muslim bodies in the public imaginary. This orientalist logic sees Muslims as forever holding the potential of the Double Muslim, its signs associated with markers of faith—the beard, prayer, etc.

Of course, the growth of the security industry does not fall on the shoulders of Muslims alone. Indeed, contemporary security measures reflect a deeper historical development: the commodification of thoughts and feelings in a digital age. Shoshana Zuboff (2019) calls this the 'third modernity'. The War on Terror, she explains, was integral to allowing surveillance capitalist industries (like Facebook) to flourish, as governments find technological tools to oversee, manage and ultimately steer the subjectivity (thoughts, feeling, identity, etc.) of the population. This applies to Muslims but is not exclusive to them.

The Global North has long viewed Muslim populations—especially those colonised—as bubbling cauldrons of rage, their fanaticism ready to erupt. If a Muslim begins to think the state is discriminatory, this indicates the Muslim is questioning their subservience to the state. I have previously discussed a document in the UK's National Health Service wherein it states the grievance UK counterterrorism is discriminatory is *itself* framed as a risk factor for terrorism (Younis, 2020b). If it can be said Muslims should not express anger in general, this is especially true if directed towards the state. Discontent and protest are precisely what counter-extremism strategies hope to capture.

Should a Muslim be stricken by 'extremism', rehabilitation is questionable. The signs of extremism are considered encoded within the very symbols of Islam, which must be handled with moderation and with careful attention to secular sensibilities. Instead, the only solution for 'extremists' is to engage in the never-ending performance of state solidarity, performing one's allegiances continuously and without interruption, while managing one's religious practices and convictions accordingly. Chapter 4 explores the role of psychology in this ever-present surveillance.

LIBERALISM, CULTURAL RACISM AND ISLAMOPHOBIA

To begin, it is important to first introduce race before I outline its erasure—racism without racists (Bonilla-Silva, 2017). It is well understood that *race* is a social construct. This means that race, like wellbeing and other concepts in psychology, is something that is *socially* meaningful. Race is not a fixed category. Rather, racial formations—how groups are racialised— differ across time and space. Racial formations have very real consequences for racialised groups. This is important, for even though race is a social construct, this does not mean its impact is illusory—far from it. Indeed, the Global North has prospered enormously upon racial formations, to tremendous violent effect maintained until today.

It goes without saying that nation-states in the Global North see themselves as *post-racial*. This is the belief that society itself is no longer structured along racial lines. Everyone is equal, allegedly, regardless of ethnicity or religion. While imperfect, the post-racial has much purchase in countries like the United States and United Kingdom. The post-racial

does not suggest *racism* no longer exists, but rather when it appears, it reflects individual prejudice and/or a network of actors on the peripheries of society. Racism is cast as an outlier of otherwise egalitarian systems. Such a belief not only erases, but in fact legitimises, the maintenance of racial formations.

There are many ways scholars have conceptualised how racism operates in post-racial societies. Here I will briefly introduce two overlapping ideas, which are significant not only for racialised minorities but indeed the psy-disciplines: liberal racism and cultural racism. As for liberal racism, we recall Malcolm X's distinction between wolves and foxes. The wolves are the white peoples who openly declare their revulsion to racialised minorities. These, as Mondon and Winter (2020) explain, are considered 'illiberal' in our times. They are often common-sensically positioned as prototypical racists when discussions of racism take place; they are the ones alluded to when statements like 'hate has no place in our society' are made. But white liberals, Malcolm X goes on, are like foxes. They lure in racialised minorities with a smile, offering support and encouragement, only to bite them later. The clamour for assimilation is a good example in this regard. Here Mondon and Winter discuss the importance of liberal racism, especially in post-racial societies.

Liberal racism is not the wholesale demonisation of groups. Rather, it maintains the racialisation of these groups, while distinguishing *within them* along different registers. For example, while an illiberal racist may despise all Muslims, a liberal one will acknowledge that there are good Muslims out there, but that *Islam/Muslimness* is nonetheless deserving of attention for its disinclination to assimilate and propensity towards violence. The approach of white liberals is often that of *colour-blindness*, erasing the importance of racialisation in existing

racial formations (Alexander, 2012). In other words, they do not outright state their opposition with racialised groups, but rather mobilise on allegedly colourblind terms like integration, terrorism, gangs and immigration. Muslims may embody several registers of 'good/bad', though these are not exclusive to them, such as 'immigrant' (the good immigrant gives back to society, the bad immigrant leeches on welfare, etc.) We will see later in Chapter 4 how the psy-disciplines are integral to colourblindness and liberal racism.

Another important concept to make note of in post-racial societies is *cultural racism*. Cultural racism sees Western/White civilisation as distinct and superior to others. People of colour are thus racialised as being at odds with the Global North, not only in their appearance, but in their practices, values and customs. Concerns about the 'appropriateness' of teachers donning a headscarf in Germany, France and Canada follow as prime examples of cultural racism. The question of religious signifiers in secular spaces is almost always aimed in the direction of Muslims, whose place in Western liberal societies has remained questionable until today (Norton, 2013). The origins of cultural racism towards Muslims can be charted through European history. While it is beyond the scope of this book, it worth recognising the braided roles of *liberalism* and *orientalism* in cultural racism.

Islam is significant in the boundary-making of liberalism, as Massad (2016: 12) outlines in his book *How Liberalism Constitutes Islam in Constituting Itself.* His book explores how liberalism projects onto Islam qualities of despotism, intolerance, misogyny and homophobia as a means of projecting onto itself (and the world) the exact opposite: democracy, tolerance, as well as women's rights and sexual freedom. This process of juxtaposition is, not least, a long-standing

consequence of *orientalism*. Edward Said (1994) famously outlined in detail how imagery of Arabs and Muslims (the Orient) depicts an opposite to the West. This contrast is not simply fantasy. As Said explains, orientalism serves the political purpose of demarcating and identity—we, the Europeans, as different from the Rest. This underscores the logic for the material goals of colonial-minded imperialism.

DEFINING ISLAMOPHOBIA

This book will put a particular definition of Islamophobia to work. With no need to reinvent the wheel, it will be anchored in two sources. First, the definition proposed by Runnymede's recent report on Islamophobia: 'Islamophobia is a type of racism that targets expressions of Muslimness or perceived Muslimness.' Second, there is the longer definition proposed by the Islamophobia Research and Documentation Project at University of California, Berkley, to which I will only highlight the first line here: 'Islamophobia is a contrived fear or prejudice fomented by the existing Eurocentric and orientalist global power structure.'

These two definitions agree both in theory and practice, insofar as it is the global power structures which racialise Islam and Muslims, rendering (perceived) Muslimness a target. For this book, I will add one more layer to these definitions. That is, given the global power structures which target Muslimness, we can then assume there is an ideal way of experiencing, thinking and displaying one's *Muslimness.* Thus I will put Islamophobia to *work* in the following manner: **_Islamophobia is the management of ideal Muslim subjectivity_**. In other words, there are political boundaries of

agency, thoughts and behaviours for Muslims in the Global North. While Muslims *may* manage within these boundaries, there are consequences for crossing them. Again, this is not an alternative definition to those proposed above. It is simply one element which I believe deserves attention.

The management of ideal Muslim subjectivity will differ across contexts, according to local variations of Islamophobia (Sayyid and Vakil, 2010). In some countries, like France, Islam's place in secular society is explicitly in question, leading to hijab/niqab bans. While the UK may not be entertaining such bans, Muslims are nonetheless securitised, their thoughts and practices rendered suspect.

If Muslims are *racialised* and Islamophobia is a form of *racism*, it is important to recognise what makes Islamophobia distinct. This is particularly important as many anti-racism efforts tend to group all nominal racisms (i.e. Black, Muslim, Jewish, etc) under one banner, such as 'hate'. Such blanket groupings depoliticise racism, reducing it to 'anti-discrimination' check-box exercises for institutions. This rhetoric does not give justice to any racialised group.

Salman Sayyid offers three points on how Islamophobia may be considered distinct, which opens it up to critique as well (Sayyid and Vakil, 2010). First, while racialisations are often associated with non-white ethnicity, Islamophobia subverts this entirely. Though certainly there is a non-white ethnic component to Islamophobia in any context across the Global North, its *multi-ethnic* reality is precisely a reason why many denounce it as a form of racism. They argue that 'Muslim' reflects a personal choice, unlike 'Black' or 'Jewish.' These are all 'floating signifiers' however, subject to racialisation. An individual can certainly be racialised as Muslim, irrespective of their choice. Herein we must consider Islamophobia towards white Muslims as well.

Second, Islamophobia transcends the nation-state. In fact, the 'Muslim problem' is partly a consequence of the nation-state's inability to commandeer its own future. It is too much at mercy of, for example, global market forces. Western nation-state often project their insecurity onto the idea of the 'Muslim', who symbolises the uncertainty of the future itself. Third, and continuing from the second, if Islamophobia is revealing of the nation-state's insecurities, then this also reveals a harsh reality back onto itself: Western civilisation is not the 'end of history', as it might presume. Islamophobia is unique then in confirming that the Western world's supremacy is transient—it may be the centre of the world, but only momentarily.

Many critiques have been levied against the term Islamophobia over the years: it's not a racism; it's not irrational; it conflates a critique of Islam with hate towards Muslims; it doesn't focus enough on Islam; it restricts freedom of speech, etc. Abdoolkarim Vakil addresses these in full (Sayyid and Vakil, 2010). Of the criticisms, one stands out for the purpose of our discussion: incoherence. As Vakil (2010: 272) relates, Islamophobia is 'essentially contested as both phenomenon and term, both in what it names and as a name.' Vakil reminds us, however, that the lack of consensus in definition and inconsistency in usage can be found with every concept.

This point, however, can be expanded further, especially in psychology. Psychology is replete with concepts which are not only ill-defined but have remained so over decades. Consider the term 'severe mental illness' (SMI). This term is quite popular, seen frequently in both public and academic circles. But Lauren Gonzales and her colleagues (2022) recently asked how reliable SMI really is. Conducting a systematic review of 788 studies, published between January 2015 and December 2019, they found that 85% of publications provided *no*

operational definition for SMI. Of the remaining that did define SMI, there was tremendous variation. Anyone familiar with the histories of psychology and psychiatry may be unsurprised by such figures. Indeed, their histories are replete with uncertainties. Such is the harsh reality of constructing order within the chaos of human experience. But how can it be then that SMI retains its popularity?

Returning to Vakil, citing Terence Hawkes, he argues it matters more what *we mean* by Islamophobia. In other words, it is less important how it is defined, and more important to consider how it *works* for us. This is not only true within mental health, but also concepts like 'extremism'. Entire industries were newly built upon 'counter-extremism', without any clear definition what it entails. This works, because undeniably the term is put to work and is meant to operate through common-sense. This also explains why extremism is inherently racialised. As such, to reiterate, it's not the definition of Islamophobia that is important, but rather what sort of *work* the term allows. In this book, Islamophobia *works* to make the politics of the psy-disciplines visible. But first, what is meant by politics?

ISLAMOPHOBIA, RACISM AND MENTAL HEALTH

Discussions of racism in mental health go several ways. There is a strand which focuses on the impact—immediate and long-lasting—of both structural and explicit forms of discrimination. These call for changes within therapeutic settings as well. Claims are made to capture and understand the unique experiences of people of color, especially *racial trauma* (that is, trauma that is a consequence of one's racialisation). Another strand—though not exclusive to the first—is to consider

the nature of the psy-disciplines as embedded within white supremacy. This avenue of thought draws on post-structuralists, foremost Foucault, where the attention is less devoted to the *experience* of those marginalised (i.e. Black, Muslim, etc.), favouring instead the *relationships* between power, knowledge and practice.

Medical and psychological language and tools have long been employed in the liberal management of unwanted behaviours and thinking in the population. (Scholars like Nikolas Rose have elaborated on this in detail, see his writings for examples, 1999, 2007). Racial minorities have always been especially subject to these forms of management, given their elusive status of 'belonging' in the Global North (I elaborate on this later). Thus some of the themes in this book on Muslims will overlap with other racialised groups but also be distinct from them.

For example, during the civil rights movement, Black Americans were increasingly diagnosed with schizophrenia for 'irrationally' showing interest in figures like Malcolm X and going against 'American order'. Besides the mental health implications of this, these diagnoses also resulted in their inability to purchase weapons to defend themselves— another form of social control (Metzl, 2011). Another example involves the the Maori of New Zealand. As Cohen (2014) notes, discussions regarding the growing numbers of mental health issues often dismiss the continued colonial legacy following theft of land.

Thus, we also see how the employment of mental health plays a crucial role in depoliticising (and therefore de-historicising) the causes of distress in the Black and Maori communities—in this case, ongoing legacy of slavery, and the theft of land. Certainly, neither slavery nor theft of land can account for the experience

of Muslims across the Global North today. Islamophobia is unique in that it's necessarily global, with peculiar civilisational and historical dimensions. As Goldberg (2008) asserts, Muslims have come to represent the 'death of Europe' itself and, in this, a global form of subjectivity which must, always, be managed.

An example may illustrate this point. We see the significance of politics both for Islamophobia and the psy-disciplines in discussions of anger. It is not irrelevant that expressions of anger are scrutinised through a racialised gaze—validating some expressions, effacing others. A Muslim anger is no longer a legitimate expression of political resentment—unless, of course, it undergoes a liberal-secular translation, such as through the arts. The 'angry Muslim'—with its neo-orientalist imagery of protest and violence—is especially in need of management. Their anger underlies a potential security threat that must be surveilled, guided by state-approved ideological mentoring, and treated with mental health support. Perhaps this was the idea Adam drew on, when he expressed anger at the movement of the psychologist's finger—he understood this would arouse the psychologist's interest. But, as we will see, anger is immediately depoliticised through this therapeutic lens. That is the conundrum as Cornel West (2017) observes of Malcolm X, his popularity stemmed from his ability to give significance to Black rage, understanding and channelling the psychic tensions of being Black in White America. This understanding— this psychic conversion—can be lost through the therapeutic.

CONCLUSION

This chapter attempted to complicate Islamophobia to think *through* the psy-disciplines, which is the subject of the next chapter. Before moving on, I will briefly pre-empt another

question: with the rising trend in 'decolonising' the psy-disciplines, would Islamic psychology not be sufficient to account for Islamophobia in the Global North? While the answer is complicated, it is important to point out that Islamic thought—and by extension Islamic psychology—has the potential to *individualise* structural problems unto a fusion of psyche *and* soul. This *psycho-theology*, which sees the contemporary emphasis on the soul/psyche as *the* primary locus of intervention, will be discussed in the conclusion. I merely flag this now for the reader to consider what decoloniality entails for the issues covered in the proceeding chapters.

3

POLITICS AND PSYCHOLOGY: THE ONLY REVOLUTION IS WITHIN

It is customary to begin a chapter on the politics of psychology with Frantz Fanon. Born in Martinique in 1925, Fanon received his medical training in France. He then ventured forth to Algeria, where he gained notoriety for his revolutionary writings on racism, decolonisation, and the psy-disciplines. I will set aside his thinking on the psy-disciplines for now and begin instead with rather an unconventional moment: before joining the struggle to liberate Algeria from the French, Fanon first volunteered to fight the Nazis in France. He was determined to join the battle, as Hussein Abdullahi Bulhan explains:

> Yet nothing would change Fanon's mind; his decision was irrevocable, come what may. To be sure, what propelled him toward such self-sacrifice and departure from the family fold, at this tender age, were ideals and convictions, not an aberration

of personality or the desire to escape a family pathology. If the professor's warnings to the young Martiniqueans were both wise and prophetic, the response of Frantz to them during the stormy discussion with Joby on that wedding day demonstrates the height of his idealism and his profound regard for human rights. 'Joby,' retorted Frantz, 'each time that liberty is at stake, we are all affected, be we whites, blacks, yellows, or kakos. Your professor is a fool and I swear to you today that no matter where it may be, each time that Freedom is threatened, I'll be there.'

From *Frantz Fanon and the Psychology of Oppression* by Hussein Abdullahi Bulhan (1985: 22). He is citing Joby Fanon's *Frantz Fanon, My Brother*.

Frantz Fanon snuck away, unbeknownst to his family, on his brother's wedding day. He was 17. This decision set in motion the becoming of Frantz Fanon, the revolutionary figure and scholar, admired and cherished by millions. This chapter begins with this scene for two reasons. First, it is not only interesting, but entirely significant, to juxtapose Fanon with Muslim youth who covertly left their families to join the battle against tyranny—in Bosnia and Syria, especially. This is not an endorsement of those who travel illegally to join a struggle without involving their families. It is simply an acknowledgment that our cherishing of Fanon, and our disdain for Muslim youth who share his sensibilities, is political (just as it is that British citizens were publicly lauded for their desire to fight Russians in Ukraine, it is worth noting, Fanon's desire to liberate France from Germany was received differently from his desire to liberate Algeria from France.). This is especially relevant when we consider the thousands of young men—many

of whom are British—heeding Ukraine's call to enlist in the Ukrainian International Legion and join the fight against Russia (Ward, 2022).

Second, there is a tremendous wealth of scholarship devoted to analysing the desire *to fight* among Muslims. The current intellectual fascination with the minds of Muslim 'fanatics' is not new. Rather, it is built on a bulwark of neo-orientalist literature which has long found fascination in the allegedly regressive and aggressive leanings of Muslims. Today's socio-psychological profiling of *those who fight* occurs under national sponsorship of preventing such attitudes from developing. So, too, did Toby Fanon consider if his little brother made this decision out of an 'an aberration of personality or the desire to escape a family pathology' (Bulhan, 1985: 37).

It is here, at the questioning of Fanon's psyche, where we begin our discussion of politics, the psy-disciplines, and Muslims. In psychology, the political becomes apparent on the boundaries of the status quo. When a person brushes against the boundaries of what *ought* to be considered *normal*, psychologists heed the call to make sense of this behaviour. Indeed, Rose (1999) reminds us that the history of psychology is marked by the management of the 'anti-citizen'. This can be understood by those who seek to disrupt national order, but also increasingly those perceived to be burdens on it as well.

But this chapter is not about the boundaries of acceptable Muslim thoughts and behaviours (these are discussed in later chapters). Rather, it is to remind the reader that the psy-disciplines remain political well within the boundaries of everyday work. Cushman (1996: 248, emphasis original) argues that

'as a profession therapy seems uncomfortable with grappling with how therapy practices are *unintentionally* political and how they unknowingly reinforce the status quo'.

The purpose of this chapter is to consider the politics of psychology, as it relates to Muslims. It will offer some critique of the psy-disciplines, neither for its own sake nor to suggest alternatives. Rather, it is a reminder that knowledge is always positioned—it always finds its roots within space and time. Often consideration of Muslim distress and Islamophobia is framed in how to best address this distress within the existing mental health system. As explained in Chapter 1, this can be made through changes (i.e. adapting therapies for Muslims) or additions (i.e. incorporating an Islamic psychology paradigm).

This chapter posits two additional ways of thinking about Muslim distress. The first way is to consider what this distress reveals of a Muslim's *political context*. Introducing *psycho-politics*, we return to Fanon to understand how he diagnosed the political *through* the psy-disciplines.

The second way concerns the *therapeutic ethos*. This concept refers to the importance of understanding how, in fact, modernity is psychologised. In other words, the therapeutic culture dictates the Muslim's relationship with the state. Here I will raise the possibility of a *psychological* contract—not just a social one—which exists between the Muslim and the state.

Both psycho-politics and therapeutic ethos were not initially theorised for Muslims, yet it would be incorrect to presume these do not have *specific* relevance to Muslims, either. The content of this chapter builds upwardly, each topic building

on the previous. Before speaking to these concepts, however, it is necessary to explore the Western tendency to consider issues of politics in the psy-disciplines as *exceptional* rather than *systemic.* For this we travel back to the Soviet era and compare it to our present climate.

WHERE ARE THE POLITICS IN THE PSY-DISCIPLINES?

Soviet Defence Counsel: '*What form did his delirium take*?'

Expert (Psychiatrist):   '*He did not respond to correction.*'

Defence Counsel: '*What does that mean? He had written that he would be true to his convictions until death. Is that delirium?*'

Expert: '*He expressed ideas about reorganization, anti-Soviet remarks.*'

Defence Counsel: '*But these ideas can be those of a healthy person. How can you confirm that these ideas are not anti-Soviet but delirious?* '

Expert: '*They do not respond to correction. I do not wish to add anything further.*'

Defence Counsel: '*You are not able to or you do not wish to?* '

Expert: '*I do not wish to.*'

Defence Counsel: '*Apart from the delirious ideas of reform, did Rozhdestvov have any other delirious ideas, for instance, of persecution?*'

Expert: '*Not yet.*'

Defence Counsel: '*What characteristics of Rozhdestvov's psychology give grounds for putting him in a special psychiatric hospital?*'

Expert: '*Long-term treatment of the illness, its incurable nature, that is, it does not respond to treatment.*'

- Psychiatrist L Tronina, expert witness, during Rozhdestvov's court hearing, 1977. From Amnesty International's *Prisoners of Conscience in the USSR: Their Treatment and Conditions* (1980: 187–188)

When the political abuse of psychiatry is recalled, few examples are cited as regularly as the Soviet Union. In 1977, for example, Rozhdestvov was admitted into a psychiatric ward. As gleaned from the court proceedings above, the reason is obvious: his political thinking was not aligned with that of the Soviet state. In other words, he was a dissenter. At the time, everyone who opposed the Soviet order fell into that category. This not only included conscientious rebels, but religious groups as well. Indeed, religious belief was associated with mental illness.

Nonconformists were often diagnosed with mental health issues through both public/civil and criminal pathways. As with the case of Rozhdestvov's psychiatrist above, patients were put into special psychiatric hospitals without the need for criminal courts. And if imprisoned, religious practitioners and dissenters remained under strict administrative surveillance. They were intensely discriminated against by authorities, and still largely deprived of their liberties despite their 'freedom' after release.

In 1971, the Russian Vladimir Bukovsky shared an infamous document of psychiatric practices in the Soviet Union. The document outlined the Soviet Union's use of psychiatry to manage dissidents with a disease known as 'sluggish schizophrenia'. This disease described an unremarkable individual who displayed, for example, odd thinking patterns or asocial behaviours which might be indicative of a future illness (Zajicek, 2018).

It was revealed that dissenters diagnosed with 'sluggish schizophrenia' were then promptly detained in psychiatric hospitals. When people are incarcerated for their views, they are called 'prisoners of conscience'. Amnesty International (1980) recorded over 400 cases of psychiatric abuse in the period between May 31 1979 and June 1 1979. Undoubtedly, most understood this psychiatric abuse as a reflection of the Soviet apparatus, whose mandate was control, not freedom.

As Charlotte Heath-Kelly (2022) outlines, Bukovsky's document made the rounds within the US-based World Psychiatric Association (WPA). Around this time, it came to light that British psychiatrists were involved in the torture of detainees in Northern Ireland. Following these twin revelations of abuse—the Soviet Union and Northern Ireland—the Royal College of Psychiatrists (RCPSych) formed an Ethical Working Group (EWG) in 1974. The purpose of the EWG was to inform the ethical conduct of psychiatrists. Heath-Kelly (2022) sifted through the minutes of the EWG and made several stunning observations.

Between 1978 and 1983, there was an active campaign to expel the Soviet Union from the World Psychiatric Association. For Western psychiatrists, the Soviet Union's abuse of psychiatry was systemic—a clear political arrangement to control dissent. The motion to expel came after the Soviet Union refused to allow two RCPsych psychiatrists, who claimed they represented 'all psychiatrists in the West,' to investigate the abuse claims. The Soviet Union rejected this proposal as patronising. In 1983, the Soviet Union left the WPA of their own accord.

Meanwhile, while the EWG maintained their interest in both Northern Ireland and the Soviet Union, they viewed malpractice

within Britain differently. In Britain, psychiatric malpractice was not a systemic issue, but an individual one. Indeed, the EWG blamed rising numbers of cases of malpractice on racialised minority doctors whose cultural upbringing impacted their work unfavourably. When issues of abuse arose in Britain, these were seen as exceptional to its psychiatric institution.

Thus, we have an interesting juxtaposition between the Soviet Union and Britain. As Heath-Kelly notes, reigning geo-politics became apparent in the treatment of the Soviet Union. British psychiatrists failed to account for the history of psychiatry in the Soviet Union, including the various internal debates surrounding 'sluggish schizophrenia'. They dismissed the way sluggish schizophrenia was first introduced within a liberal public health framework. It was then *rejected* by Stalin's regime due to its potential for abuse. Indeed, sluggish schizophrenia was only *re-introduced* under novel conditions of liberalisation—around the time the RCPsych rebuked it for its illiberal abuse. This demonstrates that 'sluggish schizophrenia' in fact developed within its own meaning system of disease. It was not simply an artefact of the Soviet state's management of dissent.

This does not absolve the Soviet Union from abuse. Rather, it raises the question of how Western psychiatry positioned itself as an apolitical and scientific authority on the world stage. Soviet Union psychiatry was framed as wilfully repressive, in contrast to the West. As Heath-Kelly (2022) further notes, by dismissing the Soviet Union's scientific basis of their own practices, the RCPsych demonstrated two things: their unwillingness to engage with power dynamics which did not centre the West, and the elusive line between 'malpractice' and 'systemic abuse'. Indeed, Heath-Kelly further observes that

RCPsych did not have a definition of 'psychiatric abuse' at the time of the Soviet Union's removal. Rather, it was developed retrospectively once they left.

To appreciate the tacit acceptance (and blindness) of the political undertone underlying Western psy-disciplines, we briefly turn to the United Kingdom and the counter-extremism industry. Jumping to 2021, the rights-based NGO Medact published a damning report on Vulnerability Support Services Hubs (VSS) in Britain (Aked et al., 2021). These Hubs serve to manage 'non-violent extremists' deemed to have a mental health issue (Chapter 5 will discuss the significance of these Hubs in more depth). It was revealed, however, that *all* alleged non-violent extremists received mental health assessments in one of the Hubs. Much like 'sluggish schizophrenia', non-violent extremism is ill-defined and heavily criticised for its ambiguity, racism, and social control of political thinking.

Despite extremism's ambiguity, this has not stopped the embedding of public mental health services in counter-extremism. Today, the Hubs are being rolled out nationally despite their rather secretive development. It is suspected that racialised Muslims are at least 20 times more likely to be referred to these Hubs for alleged extremism, in comparison to White Brits. Following Medact's report, National Prevent Coordinator Nik Adams and clinical psychologist Nikki Fowler (2021) published a response, which included this revealing line: 'What our vulnerability support service (VSS) does is not the 'securitisation' of mental health provision but the 'clinicalisation' of preventive counter-terrorism work.' Despite the rhetorical acrobatics in this statement, the intended sentiment remains the same: the psy-disciplines play a critical role in preventing extremist— i.e. anti-British—attitudes from developing.

If Soviet psychiatry was scolded for 1) its wilful interference in political thinking and 2) the lack and possible suppression of state-critical voices within the profession, how does that fare for the UK? At the time of writing, Medact stands alone in raising ethical concerns as the state embeds its confusing non-violent extremism strategy within mental health institutions. Major bodies like the RCPsych mentioned above, or the British Psychological Society, have yet to comment on these vulnerability support services.

Some readers may scoff at any comparison made between modern Britain and the Soviet Union. The idea here is *not* that the two are perfectly alike. Choices of liberty and structures of discipline certainly differ. The point rather is to reflect on our *acknowledgement* of the role of politics in mental health. Western psy-disciplines may claim to be apolitical and universalist, but this position tends to unravel when seen through geo-politics. And while the attention has been on Britain, it certainly is not the only example. Alison Howell (2009), for example, explores how diagnoses such as 'manipulative self-injurious behaviours' targets Guantánamo Bay detainees. Such diagnoses depoliticise the gravity of their circumstances and negate the spirit of resistance embedded within such actions.

In the end, issues of racism and political repression in the Global North are not viewed as *systemic,* as was the case in the Soviet Union. These issues are instead framed as the result of individual faults or mistaken-but-tweakable policies—bad apples in an otherwise guiltless system. Now we have an indication how the psy-disciplines may be, at worst, colluding with the state and, at best, oblivious of their own politics. This brings us to the two main themes of this chapter. The first: what do the psy-disciplines tell us about our political climate? The second:

what do the psy-disciplines reveal about the Muslim's relationship to the state?

PSYCHO-POLITICS: RAISING THE POLITICAL

To appreciate how the psychological reveals the political, we return to Frantz Fanon. Some have considered Fanon's psychological contributions incidental to his main work (Gibson and Beneduce, 2017: 4 for example). They claim his writings on race and violence brought him to prominence. But this would be a shallow reading of Fanon. The focus in this section will be on his psycho-politics.

Psycho-politics speaks to the politicisation of the psychological. Derek Hook (2014) explains the three ways the psychological is politicised. First, by making sense of psychological concepts within the political—that is, rooted in space and time across geographies and histories. Second, it speaks to how we use psychology to make sense of power. Through the language of psychology, we understand how power exerts its force upon individuals. Thirdly, and as an extension from the second, developing in turn psychological ideas to bolster movements of resistance.

While each understanding is useful, the first is sufficient. As Hook explains, Fanon's psycho-politics provided a glimpse in understanding the experience of being racialised as Black beyond self-centred, psychological jargon. For Muslims today, this self-centredness appears often under the banner 'This is what it feels like to be a Muslim in a Western country.' As we will see in this chapter, the racialised minority experience today is increasingly confessional in nature, demanding

recognition from the state in the hope of improving their conditions. The goal is to consolidate the 'Muslim' better within existing institutions, such as mental health. Fanon, on the other hand, *employed* the psychological to *diagnose* the socio-political. He understood that the psychological is better clarified through the political forces of domination and violence. This is how Fanon's approach is best described as *sociogenic.*

Fanon's sociogenic approach to mental health is best contrasted with the mainstream bio-psycho-social-spiritual approach of today. Some might argue that the current paradigm of the bio-psycho-social-spiritual accounts for the 'political' (spiritual is often dismissed from the bio-psycho-social amalgam. I've added it here, so the reader understands my critique applies even when 'spiritual' is tacked on with intent.). They might argue this paradigm considers the political arrangements which marginalise. But the recognition of the political is not like its attendance. Here we ask, is the political attended to, even if recognised by name (perhaps within the 'social')?

Even if both Fanon and current psy-disciplines claim to account for an individual's context, the purpose is quite different. As Bulhan (1985: 195) illustrates, the mainstream approach is often 'half-hearted and tends to treat the social order as if inert like a fixed background, as a canvas to a painting'. The issue, however, is compounded by the division of bio-psycho-social-spiritual in neat, seemingly equal domains. Here it is worth underlining how the 'bio' is given primacy. This is, not least, a result of psycho-pharmaceutical supremacy in mental health interventions.

The flattening of the bio-psycho-social-domains uncovers the unequal relationship of coloniser and colonised, for subjective experience has been colonised by a medicalisation of suffering. As Bracken and colleagues (2012) argue, the pivot in mental health continues to rely primarily on biomedical disorders of the brain, which are *impacted* by social, cultural and psychological factors, but are not determined by them. This is neuro-reductivism.

In contrast, Fanon's sociogenic approach is dynamic. It emphasises the significance of the environment to its fullest extent on the psyche. Western psychology sought to create—and then impose—a universal template of human psychology. In doing so, it viewed the environment as only one of several factors which influences our shared psychological configurations. Fanon approached the human in constant relationship with the environment. In other words, human experience necessarily revealed the actuality of its environment—not just informing some vague 'reality' within us. It is as if one could diagnose an environment by attending to our distress. And indeed, this was Fanon's intent. Fanon believed the central role of the psy-disciplines was not only to alleviate suffering, but to illuminate social structures and remedy them.

Further to this, as Bulhan (1985) clarifies, Fanon viewed pathology as a result of one's will and liberty battered by anxieties and conflicts. These anxieties and conflicts have a personal quality, certainly, but are equally the internalisation of social conflicts and inhibited liberties *in relation to* one's environment. This remains significant for Islamophobia. Recall the definition of Islamophobia guiding this book: the management of ideal Muslim subjectivity. This corresponds directly with Fanon's discussion of inhibited liberty, described above.

Through the sociogenic, Fanon indeed offered a way of considering the psychological for political objectives. An understanding of the psychological ought to subvert and bring about change in the political. If our understanding and usage of psychology does not inform resistance, then it is certainly not decolonial—at least, not according to Fanon. What is essential in this process, however, is understanding just how psychology is necessarily political, according to its historical time and place, and why this matters for Muslims.

Why it Matters for Muslims: Double Consciousness

But if all Muslims in the Global North must navigate Islamophobia, how then do some develop pathologies and others do not? Moreover, how is it possible some distressed Muslims do not attribute their distress to the socio-political context while others do? Fanon's answer to this would be that individuals differ in their *experiences* of struggles and loss of liberty. The lack of distress or pathology is not evidence for the absence of violence.

We further clarify this, however, in the chapters to come, especially Chapters 5 and 6. A Muslim who has internalised and accepted Islamophobia in turn brings it into reality by performing as expected. Fanon called this process objectification. Muslims reap incalculable rewards for managing their *selves* according to the (often secular-liberal) paradigm of the state—an imagined equality with white co-citizens. Jameson (1986) relates to this conundrum within sociogenic approaches which prioritise the role of economics and politics on individual distress. Such distress cannot be treated through psychological therapies, for these do not alleviate the conditions of abuse. At the same time, Jameson argues, the dispositions developed

under socio-political conditions—like the departure of a colonial power—are enduring. A change in conditions does not inspire an immediate transformation in people.

There is thus a much more complicated phenomenon at play within psycho-politics. Here we are relating directly to *double consciousness*, which Fanon related to as the internalisation of inferiority and Otherness. For Muslims, this entails how self-understanding is shaped through the political realities they inhabit. A recent study in fact discovered that *1 in 5* American Muslims (19%) are more likely to believe 'Muslims living in the United States are less civilised than other people,' compared to the general American public (5%) (Mogahed et al., 2022). Consider that 62% of these same respondents (over 2000) personally experienced Islamophobia in the past year alone—higher than any other group.

This stark duality—high levels of discrimination *and* self-condemnation—raises many questions of double consciousness and internalised Islamophobia. This entails widespread Muslim individualisation of Islamophobia with a corresponding depoliticitisation of conditions of oppression: *we either deserve the discrimination, and/or are responsible for educating others about Islam*. This indicates the opposite of a sociogenic attitude. In terms of mental health, it suggests internalising the mainstream model of distress, whereby the ideal Western Muslim *ought to be framed* within a bio-psycho-social framework. To take a sociogenic approach, and to therefore to hold the state accountable, is too contentious. We return to this issue of Muslim double consciousness again in Chapter 3 (it is worth noting that others, like Yassir Morsi (2017), have

discussed the subject of Muslim double consciousness in much greater detail.). It is only worth relating to briefly, in this instance, as it bridges neatly into the *therapeutic ethos*.

PSYCHOLOGISATION AND THERAPEUTIC ETHOS: ERASING THE POLITICAL

> I learned to speak less like a Muslim, and more like a psychologist.
> – Ibrahim, former Muslim inmate

Psychologists, psychiatrists and counsellors have installed themselves in every field, domain and discipline. Schools, public bodies and workplaces are encouraged to have an on-site mental health professional. Public health strategies often emphasise mental health as a key element in population wellbeing. This is line with the World Health Organisation's (2013) guidance that depression will predominate other illnesses in the 21st century. Indeed, health claims are increasingly argued in the language of mental health to seek both allowance from work as well as justice from abuse. Similarly, we define ourselves according to our wounds, scars, and traumas (Brown, 1995). It is the meaning system of the day—*modernity itself is psychologised*. Everything, from personal to global affairs, is made sense of in the language of the self.

In this, *psychologisation* is a key concept. Psychologisation, sitting alongside medicalisation, reflects modernity's trend to reduce all human experience within (Eurocentric constructions of) the mind. For example, rather than claiming fields like counterterrorism *employ* psychology, it would be more appropriate to say they inevitably rely on its language and framework to make sense of human phenomena. As I have

outlined in my research on counter-extremism training, the teaching of counter-extremism is one of many examples which take the form of psychoeducation (Younis, 2020b). DeVos summarises the sentiment of such training well: 'Look at yourself as we psychologists do' (De Vos, 2012: 107).

This pervasiveness of psychology as a language is what is understood by the *therapeutic ethos*. It is a meaning system of the Global North established on the self—its injuries, potential and recovery. The West's therapeutic ethos renders issues back to the individual, even when acknowledging their environment. The therapeutic ethos allows everyone to play the role of a psychologist. In terms of security, it also translates the social contract between Muslims and the state into a psychological contract, whereby emotions (especially anger) are particularly in need of surveillance and management. I will illustrate the significance of the therapeutic ethos for Muslims by drawing on the social contract and present the case of Ibrahim.

Why it Matters for Muslims: The Psychological Contract

The concept of the social contract has many origins, but in its most basic form relates to the *agreement* between the citizen and the state. The contract entails the granting of citizens' rights, insofar as these fulfil their obligations. Scholars have deliberated on the nature of the social contract. *The Social Contract from Hobbes to Rawls* by Boucher and Kelly (1994) provides an overview of these different orientations. The editors divide the social contracts into civil, moral and constitutional categories. While it is unnecessary to engage

these differences for the purpose of this chapter, I would posit that my argument follows the 'civic' angle of the social contract. See *The Impossible State* by Wael Hallaq (2014) for a discussion on this social contract from a perspective which is not centred on Western philosophy). For the purpose of this book, I argue the social contract is psychological, recast through the therapeutic ethos. There is an interesting way we can observe this with Muslims who already exist on the boundary of belonging, and whose social contract may be deemed insecure. Consider Shamima Begum's citizenship deprivation as an example of this. Shamima is one of the three Muslims adolescents who left to join ISIS in 2016. Regretting the decision, she sought to return to the UK. Instead, Sajid Javid, then UK Home Office minister, ceremoniously deprived her of her British citizenship, leaving her effectively stateless (Johnson and Fernandez, 2019).

Citizenship deprivation primarily targets Muslims. Indeed, nation-states across the global North routinely deprive, extradite, and deport Muslims through the War on Terror (Kapoor, 2018). I highlight this to begin on the premise that we can look at those who have breached the social contract—already insecure for Muslims—to consider how *they* make sense of *re-entering it*. I believe it is in the re-entry into the social contract where we can recognise the therapeutic ethos most glaringly. In the section I will draw on a former client, Ibrahim, with whom this section began.

Ibrahim shared with me the need to speak 'more like a psychologist' in passing, as we documented his experiences in prison. Ibrahim was detained on several occasions for his alleged extremism, housed in relatively secretive Muslim

segregated prison units. There, inmates are treated differently from the rest of the prison population. As enemies of the state, Muslims in these units may experience terrible abuse—something Ibrahim endured for years. Much of the abuse often focuses on the religious character of the prisoners: a disdain for when they speak Arabic (even 'salam'), pray or demonstrate anything remotely religious (as an aside, I know of a Muslim prisoner who prayed in secret for two years, stopping his prayer when he heard prison staff approach his door). The result is sheer suffocation, a violence from partitioning a person from their soul. Ibrahim's psychologists were oblivious, or otherwise dismissive, of the abuse Muslims experienced in prison. So why speak with them?

Ibrahim (and others) have admitted to me their hopes in seeing a prison psychologist: impressing on the system some process of rehabilitation, but also receiving some tangible support for their burdened and distressed state of mind. Incidentally, those two goals are inexplicably bound. As a Muslim 'extremist', having broken the social contract, the only means of protection and re-integration was through the therapeutic. His psychologist said his Muslim-thinking got him into prison. In turn Ibrahim reasoned that thinking like a psychologist would get him out.

This is not simply a question of 'playing along' to leave a positive impression. There are three points here. First, Muslim prisoners like Ibrahim are made to feel that *not* seeking psychological support does not bode well for their profile. In other words, the therapeutic exerts a force on the extremist seeking reform, so much so that to deny it is made to feel like rejecting the social contract for good. Second, as the therapeutic

ethos is one which gives primacy to an individual's thoughts and emotions, it creates a dynamic whereby it is made to feel that the Muslim extremist's only defence is *full transparency.* Indeed, the therapeutic ethos encourages this very logic across the board, promising fuller truths the deeper we *understand* an individual. This affirms the authority of psychologists—and therapeutic ethos—in matters of truth, despite a bitter reality: psychologists are woefully inadept at determining any 'truths' in individuals, try as they might.

Ibrahim confronted a strange duality in this therapeutic space. On the one hand, there was some salvation—legal, perhaps—in seeing a prison psychologist, a means of signalling to the state that one is indeed on the path of rehabilitation. On the other hand, the psychological space was entirely depoliticising. And this is the crux of the therapeutic ethos. Given its psychologising and individualising force, it is a means of affirming that whatever the Muslim's concern, it is quintessentially *theirs*. And alternative experiences of ones concerns is always possible.

For Ibrahim, the therapeutic thus takes on the awkward dual role of *both* a confessional and a re-entry into the social contract. The point of the confessional has long been recognised, as scholars like Cushman (1996) have noted the therapeutic's replacement of Christian confessional spaces. The re-entry into the social contract is understated, however. It is a rather novel development and is only salient with those who are deemed least deserving of attention—Muslim extremists.

In summary for this section, the psychological contract can be seen, or best observed, in times when an individual has breached the social contract and is therefore on the precipice

of belonging. This is most true for alleged extremists, which serves as a very good example when trying to understand what the psychological contract is, and how it is based on the therapeutic ethos. Re-entry into the psychological contract of the state requires one to reformulate one's *self* in a manner that is psychologically legible, first and foremost.

CONCLUSION: THE ONLY REVOLUTION IS YOUR OWN

This chapter made a casual review of several complicated themes. First, the psy-disciplines claim a universalist, apolitical position, but the illusion tends to fall apart when seen through the lens of global geo-politics. Second, within psychopolitics, the psychological experiences of racialised Muslims can in fact shed light on the political conditions they inhabit. Third, modernity itself is psychologised. This depoliticises how Muslims are uniquely governed in secular-liberal nation-states. This unfortunately leaves us with a conundrum. As Dana L. Cloud (1997: xx) asks, when everything becomes a question of the self and the psyche, 'what are the consequences of a therapeutic rhetoric for politics, activism and social change?'

Ole Jacob Madsen (2015: 229) inadvertently addresses this question in his interrogation of psychologists as agents of change or maintenance men. His reflections hint at a sombre reality 'where psychotherapy is ever more popular, as the only societal institution left where people dare to dream about revolutions'. He concludes his thoughts on the inevitable consequence of the therapeutic ethos, with its hyper-individualising gaze which sees everything through the prism of the self. Now weakened in our ability to comprehend the

structures that oppress us, 'revolutions beyond the private, individual sphere remain nothing but a forgotten and ridiculed dream' (Madsen, 2015: 229).

This is a complicated and thorny subject—unfortunately too vast for this book. But I argue the answer to Cloud's question must begin from here: we must recognise the possibility that Muslims adopt the therapeutic, not simply to address issues of distress in their community, *but to commit to the necessary ethos of belonging in the Global North*. Arguably, both Muslim double consciousness and the Muslim's relationship to the state is therapeutic. The politics of Muslim mental health itself—dealing with actual Muslim distress and trauma—is the subject of the next chapter.

4

THE POLITICS OF MUSLIM MENTAL HEALTH: LEGITIMACY THROUGH SUFFERING

If Islamophobia can be understood as the management of ideal Muslim thoughts and behaviours according to the state, how does it relate to mental health settings and interventions? The following cases will address this question, not least on the 'legibility' of what constitutes Islamophobia and how it arises. I will *not* speak about cases of explicit discrimination, such as being attacked for one's Muslimness, or being told to remove one's headscarf. These cases are quite plain, and while important, are often well recognised as discriminatory in liberal societies. This chapter will instead observe the awkward distinction between individual ignorance/prejudice, and the institutional practices and policies which legitimise Islamophobia. It will build up towards the concern that discussions of Islamophobia are established on a politics of injury. In other words, injuries

caused by Islamophobic climates are prevented from trans-
lating into a politics of change. Rather, they remain trapped
within the liberal structures which define and treat them. The
use of 'trauma' will be revealing in this regard.

To begin, I will illustrate three cases of Muslims seeking
therapy, to outline why it is important to consider the politi-
cal within mental health. Each case will be briefly analysed
separately, before unpacking the significant ways in which a
Muslim's mental health is understood. All the cases are real.

> A Muslim man, Ahmed, sees a psychologist for anxiety. Ahmed
> is a university student and admits his relationship with Allah
> was central to his anxiety. The student suffered from scruples,
> or 'religiously themed', obsessive thoughts, soon followed
> by repeated rituals of purification. He lived in constant fear
> of God's wrath. The psychologist, who understood the man's
> faith as a source of threat and domination, tells him he has
> obsessive-compulsive disorder, and his religious beliefs are
> part of the issue. In specific, the psychologist tells the client
> his belief in God is irrational. The Muslim client quits therapy.

In the first case, we see ignorance and what many might
deem an opportunity for education. Scrupulosity (commonly
understood as an obsessive-compulsive disorder centred on
religious thoughts and practices) happened to be the subject
in this case, but in many ways, this 'faith-based' issue could
have been replaced with *jinn* (demonic possession)—another
common subject in Muslim mental health research. In the
case above, the reader might be unsure if the psychologist's
attitude arises from an aversion towards organised religions
(and corresponding beliefs in God) more broadly, or if this
is particular to Islam. Nonetheless, there is something about

religious beliefs and practice which are seen in the need of management, as it relates directly to the student's 'wellbeing'. The centrality of faith in mental health is understood, and even the most defiant anti-religious therapist would acknowledge the outcome serves the need to understand and develop therapeutic interventions which are sensitive to Muslim beliefs. Ahmed's case thus serves the most common example which speaks to the development of cultural competency training, education to eliminate prejudice, and encouragement to train and employ Muslim mental health professionals. In the following case, Layla—a racialised white Muslim convert—shares a different therapeutic experience.

> Layla sees a therapist for trauma. She wears the niqab (face veil which leaves the eyes uncovered). In their first meeting, the therapist informs Layla one of the signs of 'successful' treatment would be her ability to remove her niqab. The therapist also reminds her that violence goes against 'British values' when Layla outlined her fight-or-flight response to angry men. Layla suddenly feels a pang of uncertainty, beyond the immediate hurt of discrimination, out of fear the therapist will make a counter-extremism referral to the police. She is reminded that all mental health professionals in the UK are mandated to have due regard in referring patients they suspect might be vulnerable to radicalisation.

The second case resembles the first, in that there is a religious belief or practice (the niqab) which is viewed as central in the formulation of distress and the process of treatment. This case is more revealing of the logics of Islamophobia, given the distinct way Layla's *capacity to unveil* is attended to (I have preserved the anonymity of Layla with this pseudonym, however she has since published her own account of this story. It can be found in the excellent chapter, 'On Therapy', in the book, 'Cut From the Same Cloth? Muslim Women on Life in Britain', an

anthology edited by Sabeena Akhtar (2021)). Before we engage in this, however, it is important to note that the therapist here did not display 'ill intent' in the generic understanding of 'hate crime'. Rather, they spoke in the language of healing. The therapist is policing presumed correct, liberal conduct *through* the therapeutic. This case is noteworthy insofar as it reveals the liberal attitude which underlines much of Global North's saviour complex towards the Global South. We easily recognise the effects of years of femo-nationalist politics in this interaction, centring on the Muslim veil (femo-nationalism refers to the pivoting of feminists and feminist movements in the State's Islamophobic and xenophobic campaigns (Farris, 2017)). Well before 9/11, in countries across the Global North, the Muslim veil occupied an exotic fascination (and fantasy) on the one hand, and a question of integration into 'Western' values, in body and spirit, on the other.

The War on Terror marked the contemporary evolution of the mission to civilise whereby even the War on Afghanistan was justified in the name of liberating Muslim women. Indeed, this narrative continued just as recently as when the Taliban took control of Afghanistan in 2021, though critics demonstrate how 20 years of Western occupation did little to improve the situation for women. Thus, the therapist's position is not difficult to comprehend: a *niqabi's* ability to remove her face veil exhibits a healthy capacity to overcome allegedly regressive and oppressive religious-cultural practices. Given that 'empowerment' and 'resilience' are key features of modern therapy, it is unsurprising for the therapist to translate this directly in their assessment. Indeed, I have heard racialised White psychologists and psychiatrists speak of the veil as a problem, an affliction, on numerous occasions. Layla's fear that her therapist will make a counter-terrorism referral is significant, though the therapist made no mention of this. This understated link

between racialised Muslim signifiers in need of regulation—in this case, the *niqab*—and the securitisation of mental health will be outlined in more detail below. But first, I introduce the case of Ibrahim.

> A Muslim man, Ibrahim, sees a psychologist in prison. He is not compelled to do so, but it is not uncommon for inmates to believe it might help challenge their legal charge of alleged extremism. Besides, he is suffering from anxiety and sleeplessness given the intensity of abuse he received from the police and security officials. He narrates some of this abuse to the psychologist in prison, who in turn encourages mindfulness breathing exercises and cognitive techniques to 'put the bad thoughts in a bubble'. He is told he is experiencing trauma, and the focus is on the impact trauma has on him. He feels every religious behaviour and statement is interpreted along the lines of his alleged 'extremism'. The Muslim client continues seeing the psychologist for strategic purposes but affirms the psychologist's complacency in the abuse exacerbated the rift between them.

The third case takes the question of Muslim mental health in a setting that is the strictest in terms of management, and thus most revealing of Islamophobic logics: prisons. Here we find a Muslim prisoner who was abused because of their alleged terrorism charges. While the details of these charges are insignificant, I remind the reader that prisoners are never deserving of abuse. It is worth noting that the majority of those charged and imprisoned on terrorism charges eventually have their charges dropped due to lack of evidence. The abuse at the hands of the police and state, at times discussed as torture, developed many of the symptoms one associates with trauma—insomnia, flashbacks, nightmares and intense anxiety

around security officials. I will add that, in my years of practice, this is not an isolated case of abuse and consequence. Rather, following Muslim prisoners (especially 'bad' Muslims) upon release acutely demonstrates how interwoven Islamophobia is in public life. Continued surveillance and discrimination—through healthcare workers, schools and above all social services—reveal how permeable the disciplinary membrane is separating the prison from the public. Such cases require further elaboration, but what is important for this discussion is the role of the psychologist. This patient admitted he had seen many mental health professionals over the years, all of whom either dismissed the continued abuse, or erased its significance. For example, having once shared his *ongoing* experiences of prison guard abuse with a psychologist, Ibrahim was instructed to practise mindfulness at times of acute tension. Insofar as the breadth and depth of Islamophobia is neither understood nor acknowledged, psychologists such as these are little more than complicit in maintaining the 'deservedness' of this abuse. As I will elaborate later, this case certainly also complicates our usage of 'trauma'.

ISLAMOPHOBIA IN MENTAL HEALTH: BEYOND BAD APPLES

The three cases above may sit alongside one another beneath the headline of 'Islamophobia in mental health'—indeed a cursory survey exploring discriminatory experiences may group them as such. But I argue they differ in important ways, and these differences cannot be understated. In Ahmed's case, as with Layla and Ibrahim, it is clear the intervention 'failed' on the part of the therapist. These clinical examples are often then

tackled as instances of 'misunderstanding' and 'ignorance'. Like the common reference to *jinn* (demonic possession) as a 'culture bound syndrome', issues of faith are often a mainstay in discussions of Muslim patients. The point remains the same: to better serve Muslim patients, it is important to understand their faith and work alongside them, not simply impose a Eurocentric conception of illness and rehabilitation.

It would be unsurprising to see cultural competence and sensitivity training on the tail end of Ahmed's case. The therapist might be educated on the significance of the spiritual within a 'bio-psycho-social-spiritual' understanding of mental health. Research on these 'education' programmes is limited. It hyper-focuses on the qualities of the patient, often taking a reductive approach to religion/culture, to the exclusion of *why* therapists developed their views on Islam and Muslims— beyond simple nods to the media. In other words, reflexive thought into the many structural causes of Islamophobia—not least the military–academic complex—is missing. This requires reflexivity on one's politics, not basic sensitivity towards others. Unfortunately, given the lack of research on the politics of mental health professionals, especially as it relates to Islam and Muslims, it is impossible to address these incidents outside of mundane diversity training. Some might argue it is unclear if Ahmed's therapist held a disdain for all religions, or a particular aversion to Islam—the two should not be conflated under 'Islamophobia.' Indeed, it would be a far more productive if we began on the premise that therapists, sitting in Muslim cultural competence training, believed they *already* had a 'correct' understanding of Islam—that the religion is regressive,

for example. As Stephen Jones and Amy Unsworth (2022) found, this view indeed appears more common among middle- and upper-class occupational groups in Britain—to which the psy-disciplines belong (more research on attitudes towards Muslims/Islam within the mental health professions remains necessary).

Layla's therapist reveals a more direct and explicit revulsion towards Islam, and interestingly sees a corresponding element of security as well. While a liberal judge of Ahmed's therapist may not agree with a charge of Islamophobia—though Ahmed admitted he experienced it as such—Layla's therapist is unquestionable. Her therapist's harkening of 'British values'; her likening of de-veiling as liberty; and, importantly, Layla's fear of a potential counter-terrorism referral all speak of a racialised interaction distinctly focused on Layla's 'Muslimness'. The fact that Layla is white also relates to how Muslimness works as a 'floating signifier'—like any racism. Such a case highlights the need to think more structurally about political environments which allow such attitudes to be fostered and develop legitimacy in mental health settings, as mentioned above. It also acutely demonstrates the limitation in seeing this white therapist as 'ignorant' of Islam, when the corresponding issue is the glorification of a femo-nationalist image of women. This would be a distinct case of accountability—Layla was discriminated against—not a case of cultural competence. Reflexivity is up to the therapist, but only following a process of accountability. Indeed, I would imagine most liberal therapists would take issue with this therapist's intervention. While the Muslim woman being told to remove her niqab in the process of 'successful

therapy' is pertinent to a discussion of Islamophobia, I would argue it is also quite obviously an instance of discrimination. The fact that such incidents occur—and with some evidence, consistently—with little accountability, is part and parcel of the wider issue of Islamophobia and the role of the psy disciplines in this regard.

This last point on the legibility of discrimination is what distinguishes, to an extent, Ibrahim from Layla. With Ibrahim, the psychologist is embedded within the prison system. While it is not stated in the summary of the case, Ibrahim admitted nothing to his mental health team (psychiatrists, psychologists and therapists) who could therefore see past his charge of extremism. In other words, by virtue of their uncritical acceptance of Ibrahim as an 'extremist'—a political, elusive label—these mental health professionals reified the legitimacy of this label. Extremism is both the virus *and* the body; a disease in need of a cure yet an irremovable fibre of his being. Often this label is also then enmeshed into the structures of the 'extremist's' networks, including family and friends. They are all subject to becoming extremists, unless attended to. As Rob Faure Walker (2022) explains, extremism is inevitably a racist and elusive label (Faure Walker, 2022).

Furthermore, while Ahmed and Layla's therapists might be reduced to individual cases of ignorance and prejudice (to the supposed exclusion of institutional practices which promote and legitimise their attitudes), Ibrahim's case clearly demonstrates the limitation in this explanation. Indeed, in Ibrahim's case, his prison psychologist is immediately partisan to the Islamophobia embedded within the War on Terror. There is no speech or action necessary on the part of the therapist to affirm this. This speaks to the institutional element of Islamophobia itself—it is the walls, the air and the ground. As many

ex-prisoner clients have since admitted to me, the moment you enter the clinical space with therapists, you are immediately struggling to prove you're a good Muslim. Unlike Layla who also sets out to 'prove she's not an extremist' *upon* hearing the Islamophobic remarks of her therapist, the encroachment of state security in mental health renders all prison therapy suspect—irrespective of any remarks from the therapist themselves.

Now if we hold all three cases--Ahmed, Layla and Ibrahim—at the same time, we notice a distinct pattern: the logics of Islamophobia belong to public consciousness. In other words, the distinctive attitudes which *sees* Muslims as external to the West are embedded within all mental health settings. Given Islamophobia is encoded in common sense, attitudes such as the therapist's are customary. Layla may have been shocked by the Islamophobia of the therapist, but her therapist is not immune from a society which has long vilified the figure of the 'Muslim.' In other words, the therapist was like this before Layla entered the room. It is not difficult to assume the therapist maintains this same femo-nationalist outlook with all her clients—Muslim or not.

Based on the discussion above, we see how the intersections of statecraft, Islamophobia and the psy-disciplines can easily be located within the form and functions of liberal democracies. This helps us think beyond examples of Guantanamo Bay and torture practices during the Iraq War, both of which have consistently been referenced as primary examples of the psy-disciplines and state collusion in the War on Terror. Guantanamo Bay certainly symbolises the Global War on Terror and its positioning of Muslims as on the boundaries of humanness—and therefore not subject to humane treatment. That being said, an exclusive focus on the War on Terror

reproduces the moral boundaries found in the public imagi-nary (torture is bad), while overlooking how Islamophobia operates in everyday life (managing and surveilling Muslim thoughts and behaviours is good and necessary). The point here is the frame. This is not to say that Guantanamo Bay and the torture are not important—they undoubtedly are. Rather, it is to underline the necessity of understanding how Muslims are understood, managed, and suffocated beyond the confines of more direct disciplinary systems such as prisons, only to be told by a psychologist to practise mindfulness in response. These dynamics of blatant and latent Islamophobia play out on the same world stage—we simply have not given these linkages enough attention.

THE POLITICS OF MUSLIM MENTAL HEALTH: A CRITIQUE OF TRAUMA

When Ariel Sharon charged Al-Aqsa mosque with a thousand soldiers on September 28, 2000, the second *Intifada* (upris-ing) was all but sparked. From 1993—the start of the Oslo negotiations—until 2000, Israel's colonial project saw the population of settlers double to 400,000, worsening an already violent apartheid system. At least 6,371 Palestinians were killed in the 10 years following the uprising, among them 1,317 children (B'Tselem, 2010).

According to Fassin and Rechtman (2009), the second Intifada saw a new form of engagement from Doctors Without Borders (DWB), who previously only entered areas of conflict months after they had ended. The authors review DWB's self-professed role in the conflict: to bear witness to the victims; to document the suffering; and to testify to the world the

violence at hand. In this, the authors charted the necessity of making Palestinian suffering legible—to convey the severity of the violence for everyone outside of Palestine. But how did DWB attempt this? Trauma was essential in this regard. As the authors argue, 'trauma becomes the medium that makes it possible for them [DWB and Doctors of the World], from a strictly humanitarian perspective, to give an account of the violence of war, not of its causes but of its consequences, not of politics but of suffering' (Fassin and Rechtman, 2009: 197).

This following section discusses some of the limitations of understanding Islamophobia from the perspective of trauma. I present a narrative whereby the use of trauma—as mental health—may depoliticise in its attempt to capture the Muslim problem.

Trauma and PTSD

Trauma is not an easy concept to grasp. Its meaning fluctuates. At times it refers to—presumably biologically bound—traces of psychic wounds. Other times, it relates to an injury that is collective and historical in nature. To begin, it's important to state the issue at hand is not with the meaning 'trauma' conveys per se—in the sense of having experienced an injury or an injustice. Certainly, there is much research in the centrality of traumatic experiences, from psychoanalytic thought to the idea of Adverse Childhood Experiences (ACE), to wider discussions of structural violence. At the same time, there is room to think critically about the generalisation of trauma. This begins with the development and diagnosis of post-traumatic stress disorder (PTSD).

PTSD began as a politically campaigned diagnosis for American veterans returning from Vietnam to claim healthcare

benefits (previously, in World War 2, their symptoms upon return were called 'shell shock') (Young, 1997). In the DSM-III, when PTSD was first introduced, traumatic events related to experiences 'outside the range of usual human experience'. As Allan Young (1997) explains, this made sense given the exceptional experiences of war. However, this understanding was incongruent with the many cases diagnosed with PTSD outside the context of war. The DSM-IV then, addressing this discrepancy, expanded the category of PTSD to include all sorts of experiences, irrespective of where they stand along 'usual human experiences,' to account for all the various ways people experience threat. Thus, PTSD expanded beyond the frames of war towards other phenomena, such as abuse.

This brief history of PTSD is only important for our current discussion on Islamophobia insofar as it relates to a cultural shift which saw trauma determined according to embodied experiences (such as the experience of hyperarousal, deemed a common symptom of PTSD), irrespective of the nature of the event itself. Trauma became one of the primary pathways of seeking institutional legitimacy for one's experiences, as Derek Summerfield (2001: 96) labels it, a 'certificate of impairment'. The issue, however, is that this shift introduced a depoliticised and decontextualised understanding of trauma. Frantz Fanon critiqued this depoliticisation especially, underlining how both history and politics are erased within the theory and practice of the psychiatry. All this is especially relevant with regard to Islamophobia.

The Testimony of Islamophobia: Making Violence towards Muslims Legible

Incidentally, 9/11 seems to be a quintessential example of the politics underlining trauma. This can be seen in the

widespread growth of 'trauma' interventions following the attacks, and all terrorist attacks thereafter. Indeed, as Frank Furedi (2003) documented, where there is a terrorist attack, trauma ensues. This seems simple enough to understand. However, since terrorism is a political construct—and a highly racialised one—things become complicated. Indeed, terrorism remains ill-defined to this day, privileging whiteness. Now, by relating trauma to the elusive label of terrorism, we see how trauma discourse serves as an additional means of legitimising forms of violence, and depoliticising others. Trauma discourse may thus serve state functions, despite its relevance in culture or clinical settings.

Fassin and Rechtman (2009) further relate to the political functions of trauma, thinking about Palestinians. Their observation of trauma discourse's equalising function among humanitarian relief organisations is significant in this regard:

> This is easily understood: political analysis would not offer any support for such symmetry [between Israel and Palestine]; a legal interpretation would be no more appropriate in comparing the persecutions of a state with attacks perpetrated by individuals; death statistics could be used, but the manifest imbalance in the figures would be likely to weaken the parallel. **In effect, only the presentation of psychological effects and individual post-traumatic stress can allow a symmetry to be established—all the more effectively when the entire population of both sides can be presented as victims.** (2009: 207, emphasis my own)

The point is simple: only through trauma can the suffering of Palestinians and Israelis be placed on the same 'level'. This is because discourse of trauma reduces its subjects to victims. And

as victims, defined by the presentation of 'psychological effects', we are more or less on an equal footing due to our shared human capacity for suffering. Thus, Israelis are 'traumatised' by the alleged conflict as much as Palestinians are.

The capacity for trauma discourse to depoliticise is not its only issue, as Fassin and Rechtman continue. As seen through humanitarian mental health relief work, the role of the psy-professionals is to present the 'truth' of a conflict to the world—to illustrate the toll of the conflict on a population. Suffering becomes the prism which makes sense of the world. As Sahar Ghumkhor (2020) relates in the politics of 'unveiling' Muslim women across the Global North, this is a process which reduces truth to that which can be observed. Histories told by psychologists and psychiatrists are unique refractions—individualised, psychologised and emotionally laden. As explained before, the psy-disciplines have occupied an interesting role of 'truth speaking' in the modern world. We recognise the truth of an experience through the language of psychology, and we produce the technologies, policies, and cultural symbols to reify this. In the case of the First Nations peoples of North America, Dian Million (2013: 50) speaks to the 'dense amount of psychological technologies […] to produce the speech/affect/memory we were formerly denied, to explain the feelings we weren't supposed to have, or to suggest how we "should" feel.'

Trauma is thus integral in this regard, making 'suffering' legible on an international stage. However, in speaking of 'traumatised communities', the depoliticising nature of psychology also render its subjects victims and, by extension, potential patients. Colonised populations, like Palestinians, may reject this ascription. For example, in seeing themselves

as a resistance, their political aspirations in repelling Israel's perpetual settler-colonial project cannot be reduced to *only* experiences of suffering. Trauma's depoliticising force may also erase the religious aspect from their experiences. The suffering wrought by colonisation may entail spiritual meaning charged with divine purpose (theodicy)—not victims, but inevitable martyrs in a quest for a just world. This complicates the Muslim reality of Israeli occupation, not least given that al-Aqsa is a significant holy site in Islam. Thus, in making the Palestinian experience relatable to the world, trauma depoliticises the Palestinian experience on several fronts.

Finding Legitimacy through Trauma: Therapeutic Citizenship

Therapeutic citizenship is the medical language which mediates between patients and the state. Through therapeutic citizenship, state recognition of a health concern is translated into health benefits for its citizens. If Muslims exist precariously on the boundaries of citizenship, then their experience of violence is mediated by the conditions which recognise some forms of injury as valid, and not others. It is then ultimately, in a psychologised world, a means of claiming rights. But to claim the right of injury *because* of state practices, like police surveillance, would then establish the state—and everyone involved—as an abuser. This is a tall order.

Through humanitarian psychiatry, we see the role of psy-professionals in being close as possible to sites of violence, both in time and space, to record the 'truth' of its impact. This truth is assumed to be found having peeled off the layers of our experiences, delving into depths of our psyche, seemingly coming closer to the core of our emotions. In this vein,

when Islamophobia is viewed through trauma, it is making a statement: Muslims suffer too; their suffering is genuine; and everyone should be able to see that. Herein lies the point of legitimacy—the politics of making suffering knowable, visible, and treatable. I began this chapter with a case of a Muslim man who was deeply troubled by his experiences of guards and police within and outside of prison. This is certainly not an isolated phenomenon. However, in the War on Terror, the racist violence inflicted by the state is deemed necessary, even if at times tragic. Thus, his experiences of torture and abuse in British prisons were never acknowledged as such. Trauma discourse, now pervasive, lays bare whose injuries are legitimate.

Compare the situation of two Muslim women who admit feeling traumatised: one is attacked on the street, and the other whose child received a police counter-extremism referral. Through the systems we have in place, the suffering of the Muslim woman whose headscarf is ripped away on the street is obvious and understood, but the suffering of the Muslim woman who fears her children may be taken by the state is complicated and questionable. In the former, a host of state-recognised legal procedures, policies, health responses and community structures are in place to capture and document the trauma of being physically attacked on the street—as terribly imperfect (and at times questionable) these might be. In the latter, the Muslim woman fearing her children might be removed because of a counter-extremism referral has no resources other than those she can galvanise herself, such as third-party NGOs who recognise her plight. The difference between the two women underscores the reality of therapeutic citizenship.

The point of legitimacy and therapeutic citizenship also extends towards Muslim refugees and asylum seekers, who must lay their 'trauma' to bear for validation, to be offered sanctuary. This plays into forms of 'correct' trauma, which plays further into wider dynamics of therapeutic citizenship. Take for example Muslim LGBTQ+ asylum seekers, arriving in Germany (Tschalaer, 2020). Claiming the need for asylum as a result of persecution from where they fled, these Muslims identified then rejected within nationalist framing of LGBTQ+. They are told they are not queer like the Germans. Thus, what is assumed to be a 'science' of trauma is in fact a normative assessment that is not only laden with power, but generative of who is deserving of care and treatment—therapeutic citizenship.

The Trauma of Islamophobia: A Critique

There is another point to trauma and the culture of injury it extends to, as it relates to Muslims. Wendy Brown (1995) argues the politics of injury is always tied to the past, unable to project itself a vision into the future. In other words, the current discourse of injury and harm is almost always one of reparation. When a highly visible event of 'Islamophobia' occurs, such as the mosque shooting in Christchurch, the response is one of treatment within the confines of existing political structures. This maintains Islamophobia which, as I explained previously, serves to interrupt any global, political consciousness of Muslimness. This notion of an interrupted political imagination of 'suffering towards a future' is very significant. Trauma discourse cannot escape the confines of liberal structures and individualism. If a Muslim is to suffer, this suffering remains entangled within current structures—

hopefully to provide relief to the individual and possibly protect others from it—but it is prevented from informing a political project beyond the liberal and individualising system in which it exists.

Consider the example of the Quebec City mosque massacre. In 2017, Alexandre Bisonnette entered the Quebec City mosque with an assault rifle, firing on the backs of 53 congregants and killing six. In the aftermath, health services devised a psychological response strategy for the Muslim victims. Kendil (2019) provides an overview of the mental health strategy for victims which notably revolved around trauma—the risks towards PTSD, traumatic mourning, etc. The mental health response was also pivoted as a reason to improve the need for cultural competence with Muslims overall. But this response—again a reflection of the politics of injury—did little else to inform a political project of resistance towards mainstream Islamophobia which informed Bisonette's thinking. The proof of this can be seen in Quebec politics not long after the attack: a concerted and successful attempt to ban the niqab/headscarf, erasing Muslim signifiers from public spaces. I have also outlined, in my own experience speaking at the funeral of the victims, my own self-censorship in channelling the anger I felt towards a political class which has not only informed but benefitted from the Islamophobia which underscored the shooting (Younis, 2020a). Politicians who peddled Islamophobic rhetoric were standing in the audience, literally and figuratively between myself and the bodies of the victims.

The political climate certainly has not stopped Muslims from claiming their rights in the wake of growing Islamophobia. The 'confessional Muslim' is shorthand, developed by Sahar Ghumkhor (2020) to relate to a development

in the Good Muslim/Bad Muslim dynamic. Whereas previously this dynamic locates Muslims on the boundaries of belonging, in need to 'prove themselves' by developing politician/security allegiances. Indeed, a central practice of the Good Muslim was to condemn the thinking and behaviours of Bad Muslims everywhere. The confessional Muslim does not replace the condemning Muslim but speaks to the evolution of War on Terror as a whole (Ghumkhor and Younis, 2021). The newly emerging confessional Muslim seeks recognition for the trauma caused by non-state actors, via the state. What makes the condemnation and confessional alike is their direction—facing the state for recognition. Here the 'trauma' caused by White supremacy is translated into the Muslim's call for increased securitisation of the far right. This evolution from 'condemnation' to 'confessional' involves a point of psychologisation and the issue with an uncritical adoption of trauma discourse.

There's a contrast that is made here between 'Muslim/bad' and 'psychology/good', which also speaks to a wider point of legibility and respectability politics among Muslims. Legibility speaks to how we present ourselves to make ourselves understood, and respectability politics speaks to the strategy of being liked and respected to change the situation for Muslims. To speak in the language of psychology is a way of making oneself understandable within a liberal order (and thus viewed as relatable) and setting the foundation for healing and reformation. This speaks to the role of the psy-disciplines in both establishing the extent of the traumas experienced by Guantanamo Bay prisoners, but also as a means of humanising and rendering them respectable and worthy of care—while imprisoned outside the boundaries of human rights.

Are there ways of considering trauma outside its liberal uses, which both politicise and historicise Muslim experiences? This seems to be the key question moving forward, and racial trauma may be offered as a response. To this, I will briefly discuss the limitations of racial trauma, as it relates to Islamophobia. The discourse around racial trauma is gaining some traction in psy-circles. Notably, the Black Lives Matters movement, originating in US but with its local iterations across the Global North, has inspired professional bodies to commit towards an 'anti-racist' stance in theory and practice. And while the psy-disciplines are largely white, there is an increasing drive towards diversity and inclusivity, especially among the younger generations. The appetite for mental health practices that are racially, historically and politically sensitive is certainly present, though this appetite might not rise the further one goes up in seniority.

An uncritical application of racial trauma in Islamophobia needs to be reconsidered. The violence wrought by Islamophobia speaks to a wider apprehension of Islam/Muslim's relationship with the West. The 'Muslim Problem'—as articulated recently by Ismail Patel (2022)—developed through various colonial and post-colonial arrangements of domination. The global Muslim community, as represented by their diasporas in the Global North, are not singularly racialised as 'Muslim', but also speak to many racialisations with distinct political meanings. For example, Arab Muslims during the American Civil Rights Movement were largely still racialised as white, as opposed to the Black Muslims in the same period, who were not only violently suppressed for their Blackness but also for their Muslimness (Cainkar, 2017). In this instance alone, it may prove difficult to conceive of 'racial trauma' for the category of 'Muslim', without

erasing these significant differences between racialised Muslim communities. This is not to discard the use of 'racial trauma'— especially not its intent— but simply to consider what might be erased in the usage of the term with Muslims. The fact it still hinges on 'trauma', with regard to its depoliticising potential described above, means one should at least exercise some caution in its usage.

CONCLUSION

In conclusion, trauma provides us with a lens to think critically of Muslim suffering. It raises questions of legibility and legitimacy. It may depoliticise, providing a veneer over a state which defines and provides the material benefits of trauma through therapeutic citizenship, while maintaining the very structures which manage ideal Muslim subjectivity all along. It also overlooks the increasing state defining trauma as a 'risk factor'. We also see movement from 'condemnation' to 'confessional' – seeking recognition for non-state trauma by the state, ultimately doesn't challenge the 'definition' of trauma but reinforces it. How do we move forward then, to go beyond a politics of injury in Islamophobia? This will be discussed in the concluding chapter of the book, which outlines some ideas.

5

SECURITY AND EXTREMISM: SECURING THE MUSLIM MIND

It was a Friday afternoon, and I was about to speak with several mosque attendees about their experiences with security, when I received a phone call. "As a psychologist, what do you make of this report?" a friend asked. He sent an email, attached within a risk assessment of a British Muslim's alleged extremism. A probation officer wrote it based on a risk appraisal system designed for offenders. I had read similar reports in the past, but this one stuck out.

I found his email and saw the file (some details have been changed to maintain the anonymity of the report's subject.). It appeared to be an assessment of a British Muslim's risk of 'further extremist offending'. A probation officer wrote it based on a risk appraisal system designed for offenders. Khalid, the subject of the report, apparently provided material support to a terrorist group in Syria in the form of a donation. Khalid vehemently denies his support for terrorists. According to the officer, Khalid affirms his intent was to help those in need—

innocent civilians trapped in a civil war. Then the report takes a strange turn.

Khalid had already been found innocent in the court of law.

As he was soon to be released back into the public, the purpose of this report was not to inform any *legal* process. Rather, it was to assess Khalid's potential of *risk* beyond his momentary innocence. His *pre-criminal potential* depended on the officer's observations. What did the officer observe and, importantly, how were their observations made?

As stated in the report, the officer's frame of reference relied entirely on the Extremism Risk Guidance framework (the ERG, more on this in the next section). They would have only received two rounds of brief training with the ERG prior to this. With the ERG at hand, the officer observed that Khalid exhibited several risky behaviours:

- *Khalid was overwhelmed by the loss and suffering he witnessed in Syria, and this injustice instilled in him a religious duty to help the innocent.*
- *Though Khalid admitted not having identity concerns, he experienced turmoils in his adolescence. He rediscovered his faith at the time, and derived his self-worth by being part of something greater than himself, providing him a sense of purpose.*
- *A prominent, reoccurring feature in the report was Khalid's altruism, which was seen as prone to abuse by others.*
- *Khalid was politically and morally driven to help those in need. Khalid was confused how funding a non-terrorist group amounted to terrorism, even if the stated aim of the funds was to protect innocent lives.*
- *Finally, and unfortunately stated without irony, Khalid's displeasure and distress of having entered the Criminal Justice System is itself a vulnerability towards radicalisation.*

All these observations—infused with psychology talk—are framed as risk factors for Khalid's potential for political violence in the future. Otherwise, he exhibited no signs of aggression, violence, or anti-social behaviour. This chapter will explore how these benign psychological observations belong to the expansive world of pre-crime. This is a world where anyone can be deemed a pre-criminal—but especially Muslims like Khalid.

Security of the Mind: Extremism, Muslims and the Psychological Contract

The Extremism Risk Guidance (ERG) is a significant example of the racist, permeable membrane separating prison and public, made possible through the growth of 'pre-crime'. In this section I will describe how the ERG, developed within prisons, came to be deployed for patients entering mental health institutions. This could only be made possible when the defining spirit of our times is that the future, as Giddens (1991) described, is *colonised by risk*.

The psy-disciplines offer us hope facing a future pregnant with threat and uncertainty, a holy grail of psychological theories and profiles to manage and prevent an impending catastrophe. Given public health's focus on *vulnerability*, pre-crime strategies blur the line between psychology's emphasis on *vulnerability* and security's attention to *risk*. This is nothing new in psychology; as noted in Chapter 2, government policies have long worked towards the management of 'anti-citizens'. Counter-extremism is simply an evolution of this.

Extremism is a nebulous term. As Rob Faure Walker (2022) highlights, the concept has a history of referencing political opposition and resistance movements, while today it seemingly refers to some configuration of thought preceding

political violence. In theory, counter-extremism initiatives see *everyone* vulnerable to becoming an extremist—this vulnerability being contingent, for example, on experiences like insecurity. In practice, given the racialisation of extremism to Islam, Muslim communities are at the forefront of counter-extremism policies and institutions. Indeed, Khalid represents the ever-present reality of Muslims ascribing to something greater than the nation-state. Care for the *ummah*—the global Muslim community—for example, was how the probation officer made sense of Khalid's vulnerability. This is because a Muslim already sits on the boundaries of national belonging; any love towards a universal system outside the nation-state is a step in the wrong direction.

As is the case with many Muslim prisoners accused of extremism, the probation officer was wary Khalid was deceiving them (*taqiya* or sublimation, hiding one's true purpose). There is an exceptionality of Muslims in this regard. It would be difficult to associate a white British man's sense of altruism with extremism, as was done with Khalid. But how is this racial discrepancy allowed to occur? The role of 'psychology' is understated. Consider the Extremism Risk Guidance (ERG)—the risk assessment tool used with Khalid—to make sense of the marriage of psychology and security in Islamophobia. I will outline this in three steps, each one building on the other – for a complete overview of all the issues with the ERG, see the 'Science of Pre-Crime' report (Qureshi, 2016).

First, as Qureshi (2016) explains, the ERG was developed by James Dean and Monica Lloyd, forensic psychologists, with close ties to national security. The ERG was based on the Structured Risk Guidance (SRG), also developed by Dean and Lloyd. For the SRG, the two interviewed 20 Muslim inmates deemed 'extremists', but who fell short of having committed any acts of violence. Thus, the ERG was rolled out on the

presumption that it could help identify individuals who may commit acts of violence in the future—based on individuals who never did. There is also a colourblind step involved, erasing the obvious 'Muslimness' of this work, discussed later.

Second, scientific tenets are laid to waste through national security. The research study underlying the ERG is not open to public scrutiny. This is critical, as questions have been raised in the over-emphasis on the socio-psychological, and the erasure of the political context as a factor leading to political violence (indeed the authors themselves admit this). To make matters worse, the study's two *independent* reviewers of the ERG study were in fact members of its advisory committee who oversaw the research. Again, this occurs through the exceptionality of the War on Terror, which erases democratic processes of checks and balances.

Third, the ERG is rolled out to health institutions as the basis of of counter-extremism training, Prevent. Mental health professionals across Britain are trained in counter-extremism based on the ERG. Furthermore, it was discovered that several Mental Health Trusts in the UK screen *all their patients for extremism* based on the ERG (Heath-Kelly and Strausz, 2018). John Holmwood and Layla Aitlhadj (2022) discovered that counter-extremism measures are more prevalent in Muslim-majority neighborhoods, so this may inform which Mental Health Trusts screen for extremism.

In summary then, the ERG—whose study is not publicly available through the War on Terror—developed from a small number of Muslims in prisons to becoming an essential screening assessment for all patients entering mental health hospitals. The War on Terror and its emphasis on national security is the primary driver which allowed this evolution—from prison to public health—to occur. Psychology and psychologists were necessary components in this process.

Statements such as 'Khalid's altruism is susceptible to abuse' uncovers the extent to which psychology is one of the primary frames of risk. The ERG's development also indicates how the performance of the academic process—in this case, publishing a study—provides a thin, empirical veneer to racist security practices. In doing so, it couches security's racism in the guise of science. As mentioned however, the ERG's alleged foundations could hardly be considered scientific. This argument would apply to all of counter-extremism, in fact. The ERG's involvement in Khalid's case also reveals the depths to which the Academy is complicit in oppressive systems.

The mind is a space to be fought over and won, like any other. Feeling and thoughts—such as those associated with Khalid's altruism—belongs to a territory, if not entirely off-limits, at least worthy of suspicion. We see here again the emergence of the *psychological contract* for Muslims to uphold the legitimacy of the state, in exchange for their liberty. This psychological contract establishes fluid boundaries of thoughts and emotions which may not be crossed, though in Khalid's case, may happen unbeknownst to the individual.

Khalid's innocence and future depended on casual, psychological evaluations made by state actors, like probation officers. The build-up and ultimate message of this chapter will be one which runs contrary to what we are promised: the psy-disciplines are not a solution to issues of security—they are part of the problem. There are many Khalids out there, and though I will focus on Western Muslims in particular none of this excludes the securitisation of other minorities, especially racialised Black communities (including Muslims) and their subjugation through anti-gang strategies, or undocumented migrants (including Muslims) and their subjugation through anti-immigration strategies. Muslims in the Global North will formulate the primary vehicle of this journey, for those deemed

'terrorists' are the least likely to garner any public support, exiled completely from society (i.e. citizenship deprivation) or confined indefinitely in a network of surveillance measures.

In this chapter we will explore how the psyche (and its corollaries, i.e. mental health, well-being, etc.) is the 'common-sensical' approach to issues of security in liberal democracies. We will explore pre-crime's encroachment on areas of safe-guarding and health. The United Kingdom appears to be the foremost liberal democracy anchoring its domestic security strategies in mental health institutions. To this, there are two major developments to be familiar with. The first is the Prevent strategy, first introduced into public bodies in 2011, which shifted the goal posts from *violent extremism* to non-violent extremism. In other words, the focus shifted from policing those who call for violence, towards those who *may never have thought of violence but may do so in the future.*

The Prevent strategy became a statutory duty through Section 26 of the 2015 Counter-Terrorism Act. It 'places a duty on certain bodies in the exercise of their functions to have "due regard to the need to prevent people from being drawn into terrorism"' (HM Government, 2015). Healthcare is significant among the bodies they had in mind. In other words, healthcare staff are now responsible in having to give 'due regard' to identifying individuals they suspect may be sus-ceptible to radicalisation to the police—pre-crime. The Prevent strategy has since evolved and expanded along different lines, especially to sell itself as best practice across the world. The word *sell* is significant in this regard. The UK government has withheld releasing the ERG to the general public because this would be 'prejudicing the commercial interests of the depart-ment and allowing us to get best value for money' (Qureshi,

2017). Indeed, it is more appropriate to think of pre-crime as an *industry* which, like any other, is primarily profit-driven.

In the spirit of industry, the London Policing College—a private company whose work at times is funded by UK taxpayers—in fact trained Beijing's elite policing university based on the UK's Prevent strategy (Middle East Eye, 2022). Notably, this same Beijing university collaborates with Xinjiang police/security institutions, some of which are sanctioned by the UK for their gross human rights violations against Uyghur Muslims. Such links underscore the transnational links of Islamophobia. Moreover, Chinese counter-extremism provides an example of how health remains a useful metaphor for pre-crime, the subject of the next section.

PRE-CRIME AND THE HEALTH METAPHOR: THE CASE OF CHINA

To make sense of how psychology features as 'obvious' in security, we need to distinguish between both liberal and illiberal forms of racism discussed in the first chapter. The marriage of Islamophobia, security and contemporary psychology practices takes both illiberal and liberal forms. While it is more significant to consider the liberal form found in the Global North, the illiberal serves to demonstrate the logic of Islamophobia to its extreme—though I hope readers will appreciate the liberal spin China puts on these camps. I will first turn to China and its treatment of Uyghurs, before returning to the Global North.

In 2017, Radio Free Asia (2018) obtained a remarkable recording of the Chinese Communist Party's justification for the existence of its re-education camps, developed for the

Muslim Uighur population. The speech in question entitled, 'What Kind of Place is the Educational Transformation Center,' addresses the concerns and purpose of the re-education camps for the Muslim Uighur population of East Turkistan. It is estimated that over 1 million Uyghurs are taken to these 're-education camps', while China also is cleansing the region of its Islamic practices and symbols. Inevitably, the War on Terror serves as the state's justification for the near-total control of these Muslims. The speech is noteworthy for two reasons which, as we will see, overlap with the key features of the West's security narrative: illness and rehabilitation. The following are two extracts of the speech which speak to each theme:

Illness

> 'Ideological illnesses are the same as physical illnesses, in that they must be treated in time, and should never be ignored and allowed to become serious. Otherwise, later we will regret it, as it will be too late … Being infected by religious extremism and violent terrorist ideology and not seeking treatment is like being infected by a disease that has not been treated in time, or like taking toxic drugs … There is no guarantee that it will not trigger and affect you in the future. If people don't attend re-education class because there is no one to take responsibility for the household chores, or if they choose to run away from re-education, that can be considered being very irresponsible to themselves, their families and society.' (Radio Free Asia, 2018)

The metaphor of illness, as it relates to alleged Muslim extremism, is glaring and repeated throughout this speech in China, as well as the West. Nor is the use of medical metaphors surprising. As Raza Kolb (2021) outlines, medical narratives and

practices have long been employed to manage and temper counter-insurgencies in colonial contexts. The Chinese government speaks here of extremism in a similar vein, relating to 'infections' and likening the disease of ideology to that of drug abuse. In practice, the notion of a toxin serves many purposes in the management of a population.

First, the metaphor draws attention towards transmission, rendering important the social settings and online networks which may facilitate ideological toxins. Thus, the fact that one is in close contact with certain people or spaces serves as enough justification to suspect an individual is potentially infected. This was particularly striking in the case of Adam, in the introduction to this book: it was close relations with others which justified his initial imprisonment—he otherwise did nothing wrong. Second, the metaphor justifies the liberal use of 'treatment' as the primary public-facing narrative, rather than punishment or imprisonment. When someone is suspected of being vulnerable to extremism, heightened surveillance of their thoughts and behaviours is deemed necessary in both diagnosis and prognosis of their ideological illness, all in the name 'for their own good'.

Finally, colourblindness is key here. In the current age of human rights and liberal ideals, medical metaphors work through their ability to erase the racialised people implied, by speaking generically of toxins and illnesses. This is certainly more relevant in the Global North, whose use of this colourblind metaphor is not just a matter of public appearance.

The significance of the drug metaphor cannot be understated, for it draws on the common refrain in drug rehabilitation, 'once a user, always a user' to speak towards 'ideology'. In other words, once a person has abused an ideology, they are

always vulnerable to relapsing for the rest of their lives. They are, to all intents and purposes, to be considered 'ideology abusers', always carrying the uncertainty of return. The speaker ends by reminding us that this possibility for relapse is a danger, not only to themselves, but others as well. This point is further illustrated below.

Rehabilitation

> However, we must be cautious about one fact: having gone through re-education and recovered from the ideological disease doesn't mean that one is permanently cured. We can only say that they are physically healthy, and there is no sign that the disease may return. After recovering from an illness, if one doesn't exercise to strengthen the body and the immune system against disease, it could return worse than before. So, after completing the re-education process in the hospital and returning home … they must remain vigilant, empower themselves with the correct knowledge, strengthen their ideological studies, and actively attend various public activities to bolster their immune system against the influence of religious extremism and violent terrorism, and safeguard themselves from being infected once again, to prevent later regrets. (Radio Free Asia, 2018)

As it is with drugs, 'ideology abusers' are never completely cured—this is the metaphorical significance of the lack of a medical disease, like addiction. The threat of one is not 'permanently cured' is only found in this speech, but increasingly discussed about Muslims in the Global North. Insofar as the speaker is attending to a Chinese audience, the use of this metaphor makes sense: there is a high incidence of alcohol abuse in China, as is the case with the West. In Alcoholics Anonymous, for example, participants are encouraged to remind

themselves they are, and forever will be, weak to the temptation of intoxicants. To overcome their vulnerability, they must prepare their lives in accordance with this. There are two co-current dynamics to this process in rehabilitation: developing resilience and avoiding risks into relapse. Both are found in the extract mentioned above, and both outline the significance of mental health in CVE strategies.

As for risks, the 'ideology abuser' is understood to be at risk of relapse in accordance with presumed factors, both internal and external to them. The significance of this in the UK is acutely underscored by the police who speak of the need for mental health 'tripwires' which might trigger to the authorities an individual's descent into ideology. Like drug abusers, these tripwires are risk factors which may be internal, like mental illness, or external, like associating with friends or contacts. The person is thus reminded—and others reminded of them— that they are perpetually susceptible to relapse into extremism, should the individual be exposed to these risk factors. They must always be protected from them. This is the theoretical framing of this, but in practice, especially in prisons, it must be said—both in China, the Global North, and everywhere else—that the foremost 'risk factor' deemed important to the 'truth' of one's ascent to, descent into, extremism, is religiosity. Muslim ex-prisoners thus admitted to me shaving their beards and changing their religious behaviours, to not be seen 'at risk' of falling back into alleged ideology.

Conversely, the notion of resilience speaks to the importance of developing one's defences against relapse. These may reflect the flip side of risk factors. Thus, if low self-esteem is deemed to be a factor in ideology abusers, then confidence and esteem serve as protection. Hence the speaker's call to

strengthen the immune system with 'correct knowledge, strengthen their ideological studies, and actively attend various public activities to bolster their immune system against the influence of religious extremism'. None of this will come as a surprise to those interested in extremism. It simply serves to bolster the role of the medical metaphor in the enterprise, and to underline then how one is never truly cured. This is the central issue which will govern the management of racialised Muslim populations in the coming years.

THE NEW ERA OF PRE-CRIME AND PSYCHOLOGY: THE BRITISH CASE OF PREVENT AND VULNERABILITY SUPPORT HUBS

While there may not be 'Muslim re-education camps' in the Global North, this does not preclude alternative forms of management. Much like China, the Global North uses 'health' as a primary means of communicating national threats. Biomedical metaphors, with their reliance on diagnosis and treatment, have a history of re-imaging the face of war (Rodehau-Noack, 2021). As such, much of pre-crime figures as an issue of public health, where mental health takes centre stage. Here policies like Prevent in the UK are paramount, though Prevent is certainly not an exception to counter-radicalisation strategies across the Global North. In focusing on Prevent, I am not encouraging the reader to think of this as an exclusively British issue, but to see *through* Prevent to consider the role the psy-disciplines play in national security. The European Union's Radicalisation Awareness Network runs a Mental Health working group to discuss and share strategies across nations. A recent review of activities reveals that there are national and local counter-extremism activities, focusing on mental health, across Europe (RAN Mental Health Working Group, 2021).

Prevent: A Nationwide Counter-Extremism Strategy

There is not enough space to describe all the issues with the Prevent strategy, from its racism to its shoddy veneer of science (for a comprehensive review, see The People's Review of Prevent by Holmwood and Aitlhadj, 2022). Prevent is unique in the global North because it is enforced by the government. Public bodies like schools, nurseries and hospitals must demonstrate their performance of counter-extremism. If not, they may be downgraded in their regulatory rankings, or lose their licence to operate (HM Government, 2015). Such a downgrade was in danger of happening recently to a nursery which was told it required improvement following Ofsted inspectors highlighting that staff could not effectively demonstrate an ability to counter extremism among infants, toddlers, and their parents. The strategy has been repeatedly critiqued by the largest Muslim civil society organisations, human rights NGOs, UN Special Rapporteurs, scholars from across academia, politicians as well as the very practitioners and recipients of Prevent referrals (Holmwood and Aitlhadj, 2022). All this, and yet in a strange twist of racist irony, proponents like Sara Khan (previous Commissioner to Countering Extremism) and the neoconservative Policy Exchange think tank reduce its critics to alleged 'Islamists' within Muslim civil society. Indeed, a recent report by Policy Exchange—with a foreword by previous British prime minister David Cameron—focuses exclusively on Muslim civil society (Jenkins et al., 2022). In the report they argue any Muslim group critical of Prevent or counterterrorism should not be dealt with and are, in fact, deserving of suspicion.

Taking Khalid as a possible example, I will discuss how a Prevent referral works. If a psychologist suspects Khalid is vulnerable to becoming a terrorist, because of his overwhelming

concerns with Muslim affairs, they refer Khalid's case to their institutional 'safeguarding lead'. These leads are not scholars in counter-terrorism (or Islamophobia for that matter) but are tasked with determining the legitimacy of the referral. If the lead thinks Khalid's referral is legitimate, his file / medical record is sent to the police, where it is immediately stored in a special database for seven years—irrespective of whether it was all a mistake. The police cross-reference the patient's file with their own databases and try to determine if an intervention is required. If they think Khalid, is in fact, susceptible to radicalisation (again sidestepping the racism in this language for the moment), they pass his file on to a local committee called Channel. The people sitting on a Channel panel can be random. They consist of an eclectic group of individuals whom the police think can contribute to the assessment and intervention of alleged extremists—Muslim scholars, psychiatrists, etc. Channel develops a counter/deradicalisation intervention plan which might consist of ideological reprogramming, mental health services and housing.

The referee, Khalid, is only *then* informed of Channel's intervention plan, and is now given the choice to accept or refuse their offer. Besides the obvious coercion in accepting a counter-terrorism intervention, a police chief also admitted that failure to comply with Channel's intervention may warrant further police investigation (Cobain, 2018). Studies with Channel mentors (those providing ideological reprogramming, like imams) have admitted that referrals are often founded on banal behaviours (Pettinger, 2020). In other words, astoundingly, they work mostly with individuals who pose no risk to others but are somehow still involved in this pseudo-criminal procedure, their file stowed in a police database.

Let us take another young adult, Ahmed—an amalgamation of several real cases—to illustrate the role of the therapeutic in security's management of Muslim thoughts and behaviours. Ahmed is an Arab 16-year-old adolescent, a secondary school student, a practising Muslim, and a vocal advocate for Palestinians. He was previously sent to a Behaviour Support Unit (BSU) in his secondary school for shouting aggressively at fellow students who sneered racist remarks his way. These BSUs offer 'anger management' for students like Ahmed, and Gillies (2011) found they have a tendency to depoliticise emotions from their contexts. The *cause* of anger is made irrelevant—students should learn to manage it better when it arises. We will first examine how Ahmed is racialised through Prevent training, then how this continues in his mental health intervention.

1) Training: Trust Your Gut, Everyone Is a Psychologist

Prevent training for public health workers, like psychologists, consists of an eclectic mix of speaking elusively of threat and responsibilising employees to play their part. As I have argued in more detail elsewhere (Younis, 2020b), 'psychology talk' plays an integral role throughout. In a Prevent training session I attended, much of it emphasised concerns of 'identity' and 'desire for belonging' to the attendees—psychological themes which remind us of the probation officer's notes at the beginning of this chapter. However, in this particular training, an awkward but revealing moment occurred. The trainer was discussing the 'emotional signs' of an adolescent who may be vulnerable to radicalisation, stating it 'It could be an adolescent who loses confidence, but it could also be an adolescent who gains confidence'. Until then I had remained silent throughout

the training—a fly on the wall—but now I felt the need to interject. Raising my hand, I admitted my confusion: what does the trainer mean, speaking of *adolescents* who may fluctuate in confidence? Others nodded in agreement, equally muddled apparently. The trainer smiled and assured me it may be confusing, but the point of the exercise was the following: to trust our *gut feelings* when something doesn't feel right and, ultimately, 'Refer every minuscule of concern.' That was her point.

Prevent training thus seeks to responsibilise the public in pre-crime by institutionalising a system-wide strategy of gut-feeling referrals. This is unsurprising and belongs within a wider strategy of public surveillance strategies. For example, passengers on London's public transport are constantly reminded to 'see it, say it, sorted' (as in, inform the police) when witnessing allegedly suspicious behaviour. What is important is the psychological language dictating the gut feeling. When should your gut tingle? Certainly, the trainer does not mean *all adolescents* should be referred through Prevent when they gain or lose confidence—that would be preposterous. Rather, the tingling should ideally occur in instances when a 'raceless' adolescent's change in confidence is cause for suspicion *towards terrorism*. This performance in rendering counter-terrorism's racism colourblind, by speaking of 'confidence' more generally, is nothing less than awkward, but can only be accomplished with a psychologising frame.

Ahmed's Case

Ahmed's teacher noticed his student was becoming increasingly agitated during Israel's attacks on Al-Aqsa mosque. Always irritable, Ahmed's new-found faith in Islam and interest in Palestine has brought with it a change of behaviours. Ahmed

now speaks with more assertion on issues pertaining to Israel. Another student shows the teacher a video of Ahmed chanting 'Israel is a terror state' at a protest. The teacher finds Ahmed's change in demeanour, and his agitation towards Israel—and the support it galvanises from the UK—a cause of concern. The teacher makes a Prevent referral and the school's safeguarding lead agrees it is best to forward their concern to the police. The Channel team are concerned for his mental health, given his profile, which takes us to the next section.

Before that, however, it is important to outline why Palestine is important in this discussion. First, Israel was integral in the development of modern counter-terrorism (Stampnitzky, 2013). Second, Palestine remains a mainstay in counter-extremism. Security and pro-Israel groups are often closely aligned (Kundnani, 2014). These contribute to the increased surveillance and securitisation of pro-Palestinian activities. Third, and most crucially, the continued occupation and ethnic cleansing of Palestine remains an ever-present, anger-provoking reality for many Muslims. Muslims adamant in rejecting a 'two-sides' narrative to Israel's colonial project veer closely to the to the International Holocaust Remembrance Alliance's (IHRA) definition of anti-semitism—a headline subject in counter-extremism (Antony Lerman (2018) critiques IHRA's definition of anti-semitism for its slippery overlap with anti-Zionism. For example, statements such as the 'state of Israel is a racist endeavour' is included in its proscription.). To substantiate this last point, take the example of Arfan Christie. Arfan is a long-standing counter-extremism practitioner and Imam who has worked with the UK prevent policy for many years. In a speech he gave in August 2021, he mentioned, among other things, that 'Israel is a terrorist state'—like Ahmed above. Because of this, he was removed

from his position and an investigation was launched into his role as a Prevent practitioner (Fernandez and Younis, 2021). Significantly, he later apologised for his remarks, maintaining thus his work in counter-extremism. Such cases provide some clarity into the sort of statements and sentiments which trigger gut feeling referrals to counter-extremism, even when not explicitly outlined as such in policy.

2) Treatment: Vulnerability Support Hubs, Pre-crime and the Pathologising of Political Thought

Channel may offer Ahmed services such as housing, ideological mentoring and mental health. Indeed, Charlotte Heath-Kelly (2018) found that healthcare staff were considering counter-extremism referrals *because* it might help a patient skip the waiting list for housing. In Ahmed's case, as he was based in London during 2017, Heath-Kelly discovered though Freedom of Information requests that *all* Prevent referrals within the Midlands region were receiving mental health assessments for their potential pre-criminal vulnerabilities. This Kafka-esque arrangement is called the Vulnerability Support Hub, an unprecedented mental health/police collaboration, and the subject of this section. The reader is reminded that patients discussed in this section *are not criminals* but have been referred through dubious and racist assumptions of *pre-criminality*.

Prevent referrals are forwarded to Vulnerability Support Hubs (VSH) for mental health assessments, interventions and monitoring. The development and roll-out of VSH are largely secretive. Their development was neither based on any open-access evidence nor open to public scrutiny. Much of the knowledge we have of these hubs was discovered through enormous efforts by Dr Hilary Aked of Medact, via Freedom

of Information (FOI) requests. Through FOIs, police reports describe and evaluate the operations of VSH. In a co-written report on the VSH police reports titled *Racism, Mental Health and Pre-Crime Policing: The Ethics of Vulnerability Support Hubs*, Dr Aked, Dr Charlotte Heath-Kelly and I (2021) have made the following observations:

1. The VSH set an unprecedented relationship between NHS mental health professionals and policing. They encourage mental health professionals to 'monitor' pre-criminals, joining both mental health and terrorism risk assessments into one process. This marriage between counter-terrorism and NHS mental health professionals circumvents any promise of confidentiality in the name of national security. There is a totally undemocratic absence of transparency or independent scrutiny in the process. Coercion becomes of particular concern when mental health is subsumed under pre-crime.

2. The VSH set another unprecedented development in pathologising political thinking on the one hand, and criminalising mental health on the other. As we will see in the case of Ahmed, this depoliticises an adolescent's political thinking as a symptom of psychological vulnerabilities. It is important to remember that counter-extremism is racist at its roots. Mainstream but harmful ethnonationalism (anti-immigration, for example) privileges whiteness. Indeed, we found that a racialised Muslim is at least 23 times more likely to be referred to a mental health hub for 'Islamism' than a white British individual is for 'far-right extremism'. The VSH may thus be the foremost example of a mental health institution stigmatising racialised minorities, especially Muslims. These racist pre-criminal assumptions directly influence medical treatment.

3. There is also a remarkable embedding of surveillance in and through mental health services. The police claim modern attackers need 'sophisticated health and police "eyes"'—an exceptional marriage of security and mental health. The police also speak of the need to set up 'tripwires' in mental health services. These tripwires would be triggered when a patient presumably is getting worse, 'to ensure an escalation in concern is noticed and triggers re-referral/re-engagement with Prevent'. In other words, security becomes the bedrock of one's mental health programme; the therapeutic space is laced with elusive and racialised 'tripwires'. A Muslim may never know where these tripwires are as they anxiously navigate mental health spaces.

There is much to be said about these VSH, but in thinking of Ahmed, I will only speak of 1) coercion and 2) racist pathologisation (pathologisation refers to the process by which one's political thinking is associated with illness) of political thought.

Ahmed's case

The issue of coercion cannot be understated. Here it is worth reviewing how coercion operates as it relates to policing. Michelle Alexander (2012) gives a revealing history of police stop-and-searches in this regard. The US constitution prohibits the police from unreasonable searches of people—it must have a reason to do so. However, it was determined in the Supreme Court that unreasonable search may be permissible, so long as the individual in question 'consent'. Naturally, as

Alexander (2012: 65) demonstrates, '*consent searches are valuable tools for the police only because hardly anyone dares to say no'*. It seems when the police ask a driver if they can search the vehicle, everyone complies. Refusing police in the process of an intrusive and otherwise anxiety-ridden stop-and-search exercised is not a simple decision.

Indeed, to deny the 'option' offered by police and security forces is made to feel akin to admitting guilt. This is a common refrain, which is in fact often repeated by security services as well—'If you have nothing to hide, what's the problem?' In the UK, the 'optional' services provided by the Channel Panel would be indicated as such. Yet police chief and National Prevent Coordinator Simon Cole admitted the following in 2018: '*A Prevent referral is a voluntary referral. It is not a compulsion.'* But then adds: 'If you do not want to comply or cooperate then you do not have to do so. If you choose not to of course that does cause us to question why and you may head into the Pursuit space' (adapted from Cobain, 2018). Pursuit is the wing of counter-terrorism where individuals are actively investigated by the police.

In VSH, counter-terrorism's moral force which glorifies the 'good Muslims' working alongside them—and vilifies the 'bad Muslims' who resist—is reconstituted within mental health. In Ahmed's case, his first experience is that of mistrust and suffocation. Ahmed knows the *right* thing to do is accept the mental health services offered through counter-terrorism, while the *wrong* thing is to reject them. Indeed, many clients and their families affirm the pressure of 'playing along'. The fear of rejecting the police can be overwhelming. This is how coercion works, despite the liberal promise of 'choice'.

There is also the issue of pathologising political grievances which might legitimately provoke strong emotions. Herein I will describe some of the grievances outlined within counter-extremism, then relate them to interesting mental health observations the police make in VSH reports. In Prevent guidance for *all* healthcare staff, a section titled 'Grievances' lists a number of examples (Younis, 2020b). These consist of the following, verbatim: 'a misconception of and/or rejection of UK foreign policy; distrust of Western media reporting; perceptions that UK government policy is discriminatory (e.g. counter-terrorist legislation).' The subtle racism increases with each colourblind example. First, concerns with foreign policy certainly speaks about Muslims—far-right movements do not galvanise on issues of foreign British military interventions. Second, some Western media reporting speaks about the idea of the 'West vs the Rest', in other words relating to non-Western peoples like Muslims. The far right would never claim an issue with some Western media reporting (perhaps *mainstream* instead). Finally, and most egregiously, there is no group that is more concerned with counter-terror legislation discrimination than Muslim civil society. This is not only a direct reference to Muslims, but also a clear indictment that political grievances about counter-terrorism, for Muslims, is itself a factor associated with extremism. Imagine then how many racist referrals were made, based on this guidance alone. This sets the stage for the police report.

In one of the VSH, all counter-extremism referrals were subject to mental health assessments. Because the police were taking a 'no wrong patient' approach, they were even considering the mental health of potential pre-criminals who

do *not* present a mental illness. They do so by constructing a new category of 'mental health or psychological difficulties as part of multiple and complex needs and risks'. This category contained the majority of referrals (41%), while those with diagnosable mental illness, like depression, were fewer (26%). What are these multiple and complex needs? The police list a random selection of issues, among others homelessness, autism and poor impulse control (risk to self and others). We see how Ahmed may fit into the latter: the racism which led him to be referred to his Behaviour Support Unit in school is now again caught through securitised mental health as a sign of emotional dysfunction. Herein lies the most revealing observation from the police. Among the mental health 'observations', the clinical lead working with the police states the following:

> Analysis of the 302 referrals highlighted that overall 68% had traits of a mental health difficulty following initial Triage. ... the highest prevalence was for Emotional or Behavioural Dysregulation (individuals with difficulties managing their emotions and behaviour), which totalled 27%. Psychosis was also identified in 22% of the cases. *Interestingly Distress (e.g. due to aversive life events) was prevalent in only 2.6%, which is lower than expected. One hypothesis for this may be that distress is getting misinterpreted for another mental health difficulty.* (Clinical Lead [Staff name removed for FOI], 2017, emphasis my own)

This point is essential, especially as it relates to racist referrals like Ahmed's. To paraphrase, the police noted that the cases of Emotional or Behavioural Dysregulation totalled 27%, but that distress (due to difficult life events) was only 2.6%, among those alleged to be vulnerable to radicalisation. They

then note, on their own, the possibility that distress is 'getting misinterpreted for another mental health difficulty'. This wink and a nod to the pathologising and depoliticising force of psychology has enormous implications. Is Ahmed's anger and frustration at Israel's colonial project a mental health issue, or a legitimate cause of distress? The entire racist and securitised mental health strategy points to the former, as is evidenced by the police's own admission. The harm this causes Ahmed and the overall impact security policies have on the sanctity of the mental health spaces is incalculable.

Andrew Silke (1998: 67) calls this the 'pathology aura' but this is only a fraction of the reality. Rather, the psy-disciplines have historically played a fundamental role in both constructing as well as managing our understanding of 'risk'. Furthermore, the psy-discipline's role extends further into rendering racist structures colourblind within liberal society. This is the theme of the final section.

NEW RACISM: THE PSY DISCIPLINES, LIBERAL IDEALS AND COLOURBLINDNESS

The claim that counter-extremism is racist and that the psy-disciplines are complicit is almost always followed by the same retort: what about the far right? Is far-right politics not the foremost threat to liberal democracies in the Global North? Certainly, the Prevent policy has no longer focused exclusively on British Muslims since 2011. Thus, a point must be made on colour-blindness. Colour-blindness is the position whereby race is dismissed or minimised in social interactions, either by rejecting the possibility of white privilege or by diminishing the importance of racism in social structures (Frankenberg, 1993). Both are processes which

sustain racial formation, while protecting those in power from the charge of racism.

Prevent is not unique in this regard. As Alexander (2012: 101) explains, it is tremendously difficult to challenge the racism of policing in an era of colourblindness 'because everyone knows—but does not say—that the enemy in the War on Drugs can be identified by race'. The same can be said about the War on Terror. Colourblind counter-extremism strategies inevitably target Muslims, while protecting those in power from the charge of Islamophobia.

With the far right, counter-extremists have an opportunity to distance themselves from their abominable history of targeting Muslim communities. This allows counter-extremists to revamp their image as the vanguard against the far right and fascism. But this rhetorical shift does little to placate two inter-related realities. First, the terrorist threat remains associated with racialised Muslims in the public imagination. Second, and building on the first, the politics of xenophobia and racism are entirely mainstream (Mondon and Winter, 2020). Thus, the far right is also a construction which privileges whiteness, whereby racism is fine as long as it is mainstream (i.e. as we heard in public discourse around migrants during the Brexit referendum campaign). Muslims, on the other hand, are securitised for much less, not least for being Muslim.

This is especially relevant in the post-Brexit era, and the rise of nationalism all over. For example, one-third of Britons believe Islam is a threat to the British way of life (Perraudin, 2019). As such, there is a false equivalence drawn between Muslim and far-right 'extremisms', as Fekete (2018: 20) argues: the far right have moved 'from the periphery to the

centre of society, consolidating their authority at a local level, and establishing power bases in municipal and regional governments across Europe'. We cannot discard the significance of this political moment – including the normalisation of xenophobia piloted by the Brexit campaign – from Prevent's colourblindness. The racist differences of who and what represents the 'threat' in public consciousness, compounded by the individual focus on far-right members as society's xenophobic outliers, is integral in the colourblind performance of a racialised policy. White referrals to counter-extremism do not disprove the race frame—they maintain the colourblindness of the War on Terror's inherent racism.

How does the UK government reconcile this dissonance: a colourblind counter-extremism strategy for everyone in theory, yet deeply impactful on Muslim communities in particular? Not unlike the War on Drugs, PREVENT's counter-radicalisation training must actively engage in *performative colourblindness* (I have previously discussed this in detail, in Younis and Jadhav, 2019). This takes the following two forms. The first is to raise examples of terrorism, then follow this with a declaration not to associate terrorism with Muslims – a performance of raising and erasing the centrality of race. In PREVENT training, this takes the form of asking mental health professionals if they believe that the beard is a sign of radicalisation, then telling them it's not. The second is to deny the role of race altogether, by affirming that anyone can be vulnerable to radicalisation, just as anyone is susceptible to mental illness. It is this second form which establishes the basis of this discussion on psychologisation.

Psychologisation is a process which reduces any social and political phenomenon to questions of human experience. Through our common, human psychologies, everyone is *theoretically* capable of becoming a terrorist (even you, the reader) if you are psychologically vulnerable enough to succumb to ideological viruses. Today, mental health professionals are increasingly adopting roles to tackle problems outside the traditional purview of psychology. Psychologisation professes an unbiased, unselfish and apolitical framework which applies to all—this is called positivism. In turn, PREVENT trainers 'claim the unselfish and professional position of being the mere servant of a body of knowledge, dealing with the universals of humankind' (De Vos, 2012: 113). If psychologisation is a process of reduction, then what is being erased is how Muslims are racialised in the War on Terror. Radicalisation, as any vulnerability, is made equal across 'bodies' without accounting for power. The result then of psychologisation is depoliticisation—the erasure of the political.

As explained in the introduction, while the liberal sensibilities reject *explicit* displays of racism, racism persists today in colourblind formulations. This is liberal racism. While PREVENT's message towards the far right might be, 'This is Britishness taken too far', the message towards so-called Islamists remains 'You do not belong to Britain'. Such an attitude is best exemplified by the increase in citizenship deprivation and the deportations of Muslims accused of terrorism. In the case of Shamima Begum's citizenship deprivation, there is an understated irony: prior to this event, Shamima was used as a case example in PREVENT training to demonstrate the

importance of counter-radicalisation (Johnson and Fernandez, 2019). There is a clear double-standard in citizenship, and the psy-disicplines are powerful in erasing the difference.

CONCLUSION

On March 23rd, 2019, ISIS was defeated territorially—their final havens liberated. But this was not the end. Even without borders, as then foreign secretary Jeremy Hunt (2019) explained that ISIS' ideology still exists as an idea. Extremism poses an everlasting threat to peace and security. If the hearts and minds of populations cannot be won, terrorism cannot be defeated.

Though it did not receive much acclimation, I believe the territorial defeat of ISIS is nonetheless a symbolic one in the War on Terror. Up until that point, there was some notion of overlap between geography and ideology. When an individual was 'radicalised' by ISIS, be they in Syria or the Global North, it was understood the ideological virus originated from a particular region on the map, where such ideas proliferated and contaminated the rest of the world. But now, with no exact territory to speak of (at least, for ISIS), the geography of threat is further mapped onto the minds of individuals. The mind is the final battlefield against evil.

Prevent is driven by the politician's syllogism: something must be done about political violence; we are doing something; therefore, what we are doing is correct. Policies like Prevent work because there is a seductive promise that such attacks could be prevented. This sustains a moral imperative on the public to 'do the right thing'. Pre-crime is advertised as a treatment then, but also as a form of sustaining hope—a return

to normality predating the age of violence. This might explain, as I was told in confidence, that counter-extremism training in British healthcare spaces is pushing to meet *minimum targets*. There seems to be a concerted drive to give the appearance that security is *at work*, incentivising the racist surveillance of political thinking. This belongs well within hyper-individualised neoliberal ideals, the subject of the next chapter.

6

NEOLIBERALISM AND AUSTERITY: BOLSTERING THE MUSLIM MIND

On June 14th, 2017, the Grenfell tower block in the Royal Borough of Kensington and Chelsea, one of the richest boroughs of London—indeed, Europe—caught fire. The smoke and flames took the lives of 72 people, the deadliest residential fire in post-WWII British history. The remainder of the residents lost family, friends, possessions and their homes. But these are not the sort of residents one associates with this wealthy neighbourhood. As Danny Dorling (2011) notes, the majority of children who live above the 4th floor in England's tower blocks are Black or South Asian. Most of Grenfell's departed consisted of racialised minorities, and the majority of these were Muslims. Indeed, it was nicknamed the Moroccan Tower at the time of its opening in 1974, given the ethnic make-up of its residents (Graham-Harrison, 2017).

The fire may have been an accident, but the catastrophe was not. The Grenfell tower block was abhorred by the council.

They found the tower ugly and ill-fitting near the new leisure centre developments the council had in store for the wealthy neighbourhood. In 2016, the council renewed the tower's appearance to keep up with its surroundings, but cut costs by purchasing a cheaper, combustible polyethylene cladding. The council saved £293,368 in the process (Davies et al., 2019). Residents of Grenfell complained of the tower's cladding for years. They lamented its highly flammable materials and the fire safety of all residents—but the council ignored them (Charters, 2021).

When a fire struck an apartment, and the building became enflamed in an instant, the full extent of the state-corporate violence which fuelled the dismissal of Grenfell residents became clear. These were racialised minorities whose lives were underserving of attention until a fire took hold. Today, tower blocks in England are still coated with the same cladding which bellows a fire into flames by the minute (Lee, 2021). As for the residents, they are still denied justice and accountability to this day. The ashy husk of Grenfell stands as a stark reminder of what the violence of neoliberalism entails.

Race has always been fundamental in neoliberalism. The movement towards a global free market reproduces the racist logic which distinguishes the *worth* of different peoples, and their roles in this global market. Neoliberalism deepens and bolsters the imagined differences between populations, who are racialised in the process. Explaining the outcomes of this, Kundnani (2021: 64) argues that 'race serves as the means by which neoliberalism organises and codes the complex, dispersed boundaries between these populations and others, between the 'exploitable' and 'unexploitable', the 'free' and 'unfree', the 'deserving' and 'undeserving'.' To accentuate the centrality of race, some refer to this as *racial neoliberalism.*

Besides the roles of race and neoliberalism, there is an understated development from the Grenfell story that is significant for this book. The mental health response to Grenfell tower was one of the largest in European history. Over 1300 people were seen for trauma following the tragedy (Press Association, 2017). Like mosque shootings discussed in the previous chapter, it is important to observe the monumental role of 'trauma response' on the one hand, and the utter lack of justice and accountability on the other. It is this marriage between neoliberalism, Muslims and mental health which formulates the subject of this chapter.

I will begin by outlining neoliberalism and austerity, and why these are especially important when speaking of Muslims. I will then explore the impact neoliberal policies have on Muslims, followed by a discussion of how Muslim manage their own thoughts and behaviours according to neoliberal climates. The understated politics of self-care, mindfulness and resilience will be discussed in this regard. I will briefly outline how these interventions are formulated for Muslims to navigate—rather than resist—conditions of inequality.

NEOLIBERALISM AND AUSTERITY: AN INTRODUCTION

One of the central drives of this book is to complicate our discussion of Islamophobia—beyond discrimination. According to Nadya Ali and Ben Whitham (2021), the dismissal of the political–economic dimensions of Islamophobia proves a gaping hole in our scholarship. Grenfell reveals there is something about 'neoliberalism' which warrants some attention. Any discussion of neoliberalism must, however, begin with some clarity, as the term has been widely criticised for its over-reach

and ambiguity. I will thus introduce neoliberalism as well as policies of austerity, before relating these to the role of the psy-disciplines in Islamophobia.

Broadly, neoliberalism speaks to a shift in the political economy which sees the state less involved in regulating market forces upon society. Previously, the state served as a *mediator* between market and society with state-organised capitalism. This mitigated the harmful effects of the market and buffered the market from society. The current neoliberal age is underlined by a belief that society is best left to market forces, a belief which leads to the total disintegration of a welfare state. As Goldberg (2008: 332) explains, neoliberalism sees itself as the cheerleader of 'freedom', insofar as 'freedom' is about facilitating the stream of profiteering. Free from the shackles of the nation-state and unions, neoliberalism sees a limitless world of value. In a digital age, the product is now our *selves*. Every thought and behaviour is commodified, repackaged and sold by tech juggernauts like Google, Facebook and Microsoft—social media is the marketplace of our lives (2019). If the significance of neoliberalism still sounds confusing, it is worth considering healthcare to make sense of this.

Prior to the neoliberal shift in the 1970s, the state secured healthcare as a public right. So, even if the market considered healthcare to be more efficient and profitable if run by profit-seeking corporations, it had no say in the matter. The National Health Service (NHS) in the United Kingdom was borne of this spirit. In post-WWII Britain, taxes funded a population-wide healthcare system which placed its people over profits. In other words, pre-neoliberal healthcare was assured through public spending. Now the state's buffer between market and society is diminished. Instead of securing healthcare as a right, the state steps back to give reign to private companies whose

primary mandate is profits, not patients. And what is *not* privatised in the NHS is made to run *like a market*, because the presumption remains the same: a profit-driven model is the most efficient way forward (Davies, 2021). This is the rule of the market—to extract value out of everything.

Austerity is one of the hallmarks of neoliberalism. In times of austerity, the state cuts spending and leaves public services—like healthcare—to the third sector and private corporations. In the COVID-19 pandemic, years of privatisation and austerity revealed just how gutted the British healthcare system had become. Between 2009 and 2019, the NHS was critically underfunded, with more than three quarters of staff admitting they were neither satisfied with their pay, nor did they feel valued as healthcare workers (UNISON, 2014). The ultimate purpose of neoliberalism is to capitalise on all of life itself, as Dion Million (2013) explains. It is not simply that everything is reduced to value; it is that there are fewer safeguards to protect society. The unfortunate reality, however, is that which is deemed 'of value' is highly racialised. Returning briefly to Grenfell, the council did not heed the residents' warnings, not because of a lack of funds. Indeed, Kensington and Chelsea council had made *£129 million* pounds in property sales at the time of the fire, despite managing to save £293,368 in fire-cladding costs. The issue at hand was not *lack of funds,* but rather the safety of residents was not deemed *fund-worthy*. Herein lies how race plays an integral role in who is, and who is not, deserving of protection.

Austerity and Mental Health

There is emerging work on the intersection of austerity and mental health. Studies have explored the impact of austerity on the health of communities (Curtis et al., 2021), policy changes

in mental health provision (Cummins, 2018) and the complicated adjustments made to mental health services because of changes in benefits and stricter budgets (Hannigan, 2013). Some have tried to underline austerity's silver lining, inspiring a need to innovate and develop cost-effective, evidence-based mental health services (McDaid and Knapp, 2010). But this would be a callous reduction of austerity's impact, both on mental health and racialised communities like Muslims.

Take, for example, Improving Access to Psychological Therapies (IAPT) services in the United Kingdom. IAPT is a short-term, cost-effective therapy service launched by New Labour, by psychologist David M Clark and economist Richard Layard. Rolled out during the financial crash in 2008, it dominates as the NHS' primary therapeutic service. It received an increasing influx of funding despite austerity policies while local community-based mental health services were being shut down (Atkinson, 2020). IAPT primarily targets the unemployed and disabled people through JobCentres (Knight and Thomas, 2019). It has been criticised for being untenable in times of austerity, and in 2017, the British Psychological Society reviewed the service. It found that half of IAPT therapists reported feeling a failure in the work they do, and almost half of them reported suffering from depression (Davies, 2021). Indeed, in a survey of 35 mental health trust chairs and executives in England, almost all recognised that financial hardship (98%), cuts in local services (91%) and changes to benefits (92%) have contributed to mental illness (Evans, 2019).

Without a functioning welfare system, mental health institutions cannot but responsibilise both mental health staff and the public to provide for their own needs and happiness in times of economic crises. To do so under market conditions,

therapists are encouraged to conceive of their patients as autonomous actors. Their patients must learn to steer themselves through ever-competitive fields of opportunities. And distress—whatever form this may take—must be overcome for this purpose. This applies just as much, if not more, to racialised minorities, who are often lower on the socio-economic ladder. If an Asian woman is the least likely to get a job that corresponds to her education, as research shows, then it is on her to break that wall down. Neoliberal governance dictates that individuals become responsible for themselves and stop looking for 'handouts.' As I will relate in the conclusion, many Muslims (especially middle-class Muslims) espouse this same neoliberal outlook and drape it in a religious garment.

All this paints a picture of why austerity is especially pertinent for Muslims, whose value is seen through these neoliberal arrangements (Ali and Whitham, 2021). Muslims, already on the precipice of national belonging, are taxed to prove their value to achieve social mobility—to climb the rungs of acceptability. It has been argued that psychological theories and practices especially sustain and perpetuate ideal forms of selves within neoliberal structures. By emphasising self-care and self-management in the face of increasing wealth disparities and decreased benefits for the marginalised, individuals are responsibilised to shoulder the burden of the economy.

NEOLIBERALISM, AUSTERITY AND MUSLIMS: SUFFOCATION FROM ABOVE

To appreciate the role racialised neoliberalism has in marginalising the Muslim community, one need not look much further than the COVID-19 pandemic. In 2020, the pandemic laid bare the wealth of structural disparities in society. Earliest reports

of COVID-19's impact revealed stark differences between the rich and the poor, white and people of colour, etc, across the Global North (Nazroo and Bécares, 2020). In the UK, as has since been revealed, years of budget cuts through austerity gutted public health (like the NHS) and local services. This disproportionately impacted those who depended on public spending, which disproportionately affects racialised minorities. Those who identify as adhering to the Muslim faith had the highest mortality rates of all groups. Muslim men and women were 2.5 and 1.9 times, respectively, at greater risk of dying than Christian men and women (Office for National Statistics, 2021).

Prior to the pandemic, Heath and Mustafa (2017) argued that Muslims experienced a 'Muslim penalty' on the job market—racialised for faith, not just as people of color. This partially illustrates why over 50% of British Muslims experience household poverty, more than other faith and non-faith groups, where the national average is 18%. As Ali and Whitham (2021) argue, neoliberal policies do not only marginalise Muslims because of class, as if the effect is shouldered equally for everyone living in poverty. Rather, Muslims are especially racialised as alien and underserving—as seen through the example of Grenfell above.

Over the years, this has rung especially true in discussions surrounding immigration across the Global North. Popular belief has us assume the left is *pro*-immigration and the right is *anti*-immigration. In fact, immigration is mostly a nonpartisan issue. In other words, immigration policies do not differ much regardless if left or right political parties are in power (though their rhetoric on immigration may certainly differ) (de Haas and Natter, 2015). Rather, attitudes towards immigration are largely determined by economic prosperity, not political ideology. And these are economically turbulent

times. There is widespread angst about immigration across the Global North today, and the spectre of the immigrant is largely racialised as Muslim.

For decades, politicians and media pundits have reiterated their concern with Muslims benefitting from their alleged host nations, while refusing to integrate Western values. Given their questionable belongingness to secular-liberal societies, the question is raised: how can public spending on Muslims be justified? This 'question' precedes today's neoliberal arrangements, including post-2008 austerity policies. Classed as undeserving— *unless proving themselves otherwise*—many racialised Muslims are bound to a politics which sees them as leeches on already financially burdened nations. The Muslim figure offers a convenient scapegoat for society's ills. If there is a crisis, be it financial or otherwise, then the Muslim figure is rediscovered as a threat to the nation and its white population.

This is exacerbated by other qualities Muslims may be racialised and politicised by, such as Black, undocumented migrants, woman, etc. The intersectional dimension is essential in this discussion, as it also speaks to the social stratification *between* Muslims. For example, a recent study found Pakistani and Bangladeshi women are less likely to find a job that corresponds to their education, as compared to their white counterparts (Platt and Zuccotti, 2021). This means Muslim Asian men are privileged on the job market—even if they are underprivileged in other respects. Here I recall France's particular normalisation of Islamophobia in employment, where employers offer interviewees alcohol as a means of filtering out the religiously devoted. While all alcohol-avoidant Muslims are impacted by such a policy, a hijab-wearing woman, an undocumented migrant, and a Black Muslim are taxed manyfold.

All these structural dimensions reflect precisely what is meant by institutional racism, as exacerbated through neoliberal policies like austerity. Here we must note that diversity is favoured within neoliberal identity politics. The superficial investment in diversity makes it difficult to identify racist policies as 'racism' proper. There's a Muslim involved in every level of governance, and successful Muslims especially are prone to disavow the reality of any structural impediments. They made it—others can too. Having now explained so far how Muslims are unequally taxed within neoliberal political climates, marked by the alleged withdrawal of the state and a cutting back in public spending, this all raises a question: are Muslims truly offered more opportunity to self-organise in neoliberal climates? This question is important because, theoretically, neoliberalism ought to facilitate the self-organising of non-governmental organisations.

Neoliberalism, the Fallacy of Multiculturalism, and Healing

In the UK, following its regime of austerity, the Conservative party introduced its Big Society strategy. This signalled the promotion of the third sector—e.g. NGOs, civil society organisations, etc.—in tandem with austerity budget cuts. The point is to mobilise society to care for itself through community self-organisation (see Joseph, 2018 for the Big Society's relation to resilience). For Muslims, this was the signal whereby it was presumed more grassroots level organisations would be celebrated and supported. Hypothetically, in such a regime, the government would celebrate a little bit of self-governance from its communities.

Did neoliberalism and the Big Society truly facilitate the self-governance of Muslim communities? Certainly not. What we

see today are forms of management which conveniently over-look any of the root causes of inequality. For example, as Theo Goldberg (2008: 335) explains, 'the neoliberal state increases its interest in social control as social welfare is eroded through austerity and privatisation'. What we are seeing, in other words, is a turn to social control—the indirect management of popu-lation—through other means. Davies (2021) explains how David Cameron, former British prime minister, took a special interest for example in 'nudging' and promoted the idea heav-ily in his cabinet. Nudging refers to the changing of people's behaviours, outside of their awareness. This reflects how deeply psychologised the political class sees governance. And it speaks to the extent in which structural issues are dismissed, especially the racism embedded in the rise of nationalism within our neo-liberal era.

As we see with Muslims, the last few decades have seen increased social control through security policies. Muslims certainly *can* strive if they operate within the neoliberal struc-tures, as the later section on psycho-theology of self-care and resilience will demonstrate. This striving of Muslims, however, corresponds with their performing their Muslimness according to nationalist and neoliberalism ideals. In other words, Muslims succeed insofar as they are productive, loyal and risk-free citi-zens. In the War on Terror, for example, Muslims developed rich careers in informing and translating best practices for the state to govern Muslim communities.

It is important to recognise that this issue does not belong to Muslims alone. An analogy will be made to the First Nations in North America, and their aspirations for self-governance given devastating—and continued—histories of colonisation. First, Million (2013) observes how First Nation's right to sovereignty exists only insofar as it does not jeopardise the sovereignty of

the nation-state. This is important, certainly when juxtaposed with the panic associated with Muslim (as in Islamic) aspirations of self-governance in the Global North. If we think back to Khaled in Chapter 5, whose very concern with the suffering of Muslims around the world was deemed a security risk. Million's observation here is important, in that *even if non-state communion were not deemed risky, it would still be subsumed within a neoliberal paradigm.* How so? Million (2013: 133) goes on to explain how the self-determination of First Nations is 'envisioned in part as a form that might be prepped to compete in the marketplace'. In other words, the First Nations, success is anchored in part in their existence within the global, deregulated market. Neoliberalism thus allows, indeed even celebrates, multiculturalism and self-determination, insofar as these fit the desires of a capitalist nation-state.

It is also quite revealing then how healing is understood and practised in this neoliberal context—this is especially informative for Muslims. As Million explains, governmental funds attached to the traumas of residential schools were relegated to the process of national reconciliation between indigenous communities and the nation. So even though healing is rhetorically associated with self-determination, it rarely informs the 'the political spaces where those conversations take place' (Million, 2013: 19). The healing fund of $350 million was predetermined for issues related to alcohol, drugs, and sexual abuse and incest survival. So, trauma was positioned and categorised in certain ways, making available certain cures, and disclosing other approaches.

Similarly, the way Muslims receive funding is conditional on their framing. If initiatives hit certain state-approved buzzwords, like integration and extremism, this facilitates their approval. At the same time, an increasing number of grassroots

organisations which mobilise on Muslim issues vis-à-vis the state, like Collective Against Islamophobia in France (CCIF) in France and CAGE in the UK, are vilified and explicitly denied from state support (Choudhury, 2021). Within neoliberal politics then, we see that the investment in diversity and self-governance is paper thin. Rather, the state still maintains and exerts social control by other means, supporting some forms of Muslimness over others. This is especially pertinent to security.

Through security, Muslim 'freedom' and 'self-governance' promised by neoliberalism is illusory. Rather, Muslims remain ensnared and governed within public security policies, enacted to protect the 'freedom' of the free market. These security policies police the way Muslims think, act and mobilise, much like integration discourse in the past, prior to 9/11. What differentiates security from integration, however, are the implications. What used to be, 'conform or return to your country of origin' has become, 'conform or you're a threat to national security'. The growth of security to manage communities does not disprove the neoliberal climate. Rather, these are the exceptions which prove the rule: self-governance was never promised to Muslims in the first place. *If* Muslims mobilise, they must do so in full accordance with existing politics—Labour, Conservatives, etc.

One principal way the state *governs Muslims* through security then, while withdrawing from its position of direct governance in general, is by distilling its governance through public bodies. This is exactly the case of the Prevent strategy. The public becomes responsibilised to identify and report Muslims who think or act out of line. As discussed in the previous chapter, therapy spaces have become responsibilised to identify and report individuals they suspect may be extremists (Younis and Jadhav, 2019). Returning to the significance

of austerity in this, Heath-Kelly (2018) spoke with health professionals who considered counter-extremism referrals only in order to help their patients skip outrageous waiting lists. In other words, the current neoliberal arrangement in mental health also facilitates security pathways *because* austerity has gutted health services.

NEOLIBERALISM AND THE MUSLIM MIND: ACCEPTING CONDITIONS OF INEQUALITY

So far, we have discussed how Muslim thoughts and behaviours are impacted by and governed by neoliberal states. We have seen how Muslims' capacity to self-organise does not exactly fulfil the liberal dream imagined within such societies. This has been especially striking in Europe in the past few years. Muslim civil society organisations like the Collective Against Islamophobia in France CCIF, CAGE and others have been vilified and even shut down in political campaigns (Choudhury, 2021). However, the heart of this discussion goes further: Muslims *governing themselves* according to neoliberal ideals. In other words, how do Muslims fashion their own thoughts and behaviours according to a neoliberal political economy, and how does this impact Muslims' experience with mental health?

In neoliberal societies, the challenges of life, be they social, economic or political, are highly individualised. Success is seemingly determined by our individual ability to work and overcome hardship. If we fail—as likely as it is becoming in a hyper-competitive market—then this is a reflection of our own faults. These faults are more than likely framed in psychological terms given the individualisation of the neoliberal arrangement. As Ian Parker (2007: 53) notes, 'neoliberalism provides the perfect context for the discipline of psychology to thrive'.

Like everyone else, Muslims are responsible for developing the skills, tools and networks (often with the police) to unburden themselves. This basic premise underscores the Muslim's relationship to the state. It becomes one firmly established upon respectability policies and a thriving for social mobility. It is assumed if Muslims were 'better'—this is said in a generic sense, but certainly it is often framed in terms of contribution to society—then many of our issues would diminish. This is certainly not limited to Muslims, of course. It is well-recognised that Obama is exemplar in this regard, who responsibilised the Black community to pull themselves out of their plights since early in his presidency (Bohan, 2008). In this way, the success of racialised minorities can help erase the influence of institutional racism.

With the State's now limited investment in governance, Muslims are expected to govern themselves according to neoliberal logic, while at the same time national security still allows the state to manage Muslims directly if need be. Thus, we see what is an apparent contradiction in Muslim communities across the Global North. On the one hand, we have Muslims who have 'made it', rising through the upper echelons of society for their contributions to the environment, medicine, science and especially status-quo politics. Nowadays, Muslim counter-extremists especially are delights of the state, often receiving accolades for their work. They are people who have succeeded in and through the neoliberal arrangement. On the other hand, Muslims who have 'failed' are those whose thinking and behaviours fall out of line of the boundaries of the ideal Muslim citizenry. These face an extraordinary number of disciplinary structures—some applicable to all, others constructed for

Muslims in particular—including social services, mental health and security policies.

All this underscores the myth of social mobility. The under-privileged do not have the luxury to be mediocre and climb the social mobility ladder, whereas those in privilege thrive despite their mediocrity. The fact many Muslims have indeed excelled does not disprove the need to excel. The myth of social mobility also leads to tremendous self-policing. For example, Muslims often self-censor experiences of abuse at the hands of employers. This is not only a means of self-protection, but of protecting one's economic future. The need to develop resilience to abuse derives from the hope of salvation in social mobility—that is, rising the ranks in order to protect oneself and others from further abuse. Herein, we see the rise of self-care and resilience, the subject of the next section.

THE LIMITS OF SELF-CARE AND RESILIENCE

Let us now reconsider resilience and self-care as neoliberal strategies. As a guide, we will follow the case of Noor through-out the remainder of this section.

Noor is a Pakistani woman, born in London. She has been struggling to find work again since 2018, when she had lost her adult care worker job due to budget cuts, alongside 70,000 others in the sector. Half of the Muslim population in the UK live in 10% of the most deprived neighbourhoods in the nation. Living in social housing, Noor is one of them. These residents are most affected by austerity policies; they rely extensively on public services and social welfare to get by. As a single mother of two, 4 and 7 years old, Noor struggles to keep up with everyday expenses—the cost of

living has gone up due to inflation. Her parents support her, but they too are financially constrained. Noor has felt anxious ever since she lost her job. She feels dejected in her job search. Ever-worried about her future, Noor is increasingly irritable around her children.

Noor shared her struggles in passing to her GP, who suggested it might help to see a therapist. Reluctantly, Noor agreed. After six months of waiting, she finally met with a therapist in the NHS. In a handful of sessions, the therapist taught Noor the importance of self-care and how to manage her negative thinking—it is important to remain optimistic. This was to help ground her when her mind gravitated too closely to the uncertainties of her future. Though these sessions helped Noor in the short term, she admitted feeling deflated not long after.

Noor then saw a private, Muslim therapist. The Muslim therapist taught Noor mindfulness techniques and helped her reconsider her anxiety within a psycho-spiritual framework. The therapist spoke repeatedly of resilience, and how faith is a shield against life's hurdles. Noor was reminded to trust in God, and that life is a test. Equipped with breathing techniques and a deeper connection to her body—cognisant when she feels anxious and how her body translates this—Noor admitted feeling better. Therapy ended and Noor continued with her struggles, but soon felt deflated again after a short while.

Each deflation was worse than the last.

To understand Noor's predicament, we must relate briefly to the rise of positive psychology. As a discipline and a neoliberal mindset, positive psychology emphasises the favourable side of our human experiences—those which lead to happiness and thriving. Its current iteration was developed by Martin Seligman in the early 2000s and has since been criticised for its emphasis on inculcating positive emotions (like

happiness) *despite* an individual's circumstances (Klein and Mills, 2017). Self-care, resilience and mindfulness will be key concepts in this regard. This is not to quash the efforts of those who espouse these concepts. Certainly, these are ageless ideas which find roots in many philosophies and faiths—including Islam. Rather, it is to underline that their performances are *unavoidably* political. As both state instruments and market commodities, resilience and self-care are of particular relevance to Muslims then. They belong to a range of practices to survive unfavourable life conditions, than to mobilise on the means to change them. This becomes especially relevant when we reflect on Noor's experiences.

Self-care and Mindfulness

Given Audre Lorde's unique framing of self-care as both an act of self-preservation and resistance, it would be apt to begin with this. In 1988, Audre Lorde (2017: 130) famously wrote of self-care, 'caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare'. The wisdom in this statement is manyfold. Lorde is speaking about a reality of racial capitalism. In this, Black women are especially responsibilised to attend to the needs and feelings of others—as workers, wives, mothers, etc—given a system of gendered racism which sees their value as little more than this. There is no room to care for oneself—this is seen as selfish and incongruent with the social roles expected of them. Self-care then, as a strategy of care, resists the logic of racial capitalism.

We see the radical element in Lorde's thinking. To care for oneself is not to think only of oneself. Rather, self-care is necessary to preserve one's self *in resistance* to the very racial capitalism structures which box them up. Without self-care, one's value is bracketed to the general role of *caretaker,*

depleted of the energy or drive to engage in any act of resistance towards oppression. This is how Lorde sees self-care as an act of political warfare. It is not self-care in subordination to the *self,* but self-care in the path of *resistance to the state.* The former is a celebrated, neoliberal ideal, the latter is a securitised, deplored objective—yet both speak of self-care. This line is easily blurred as, in both cases, the *self* is given primacy.

There is much to appreciate in Lorde's insights, decades later and thinking broadly about Islamophobia. Certainly, the structures of neoliberal institutions demand that Muslims remain constantly vigilant to how others *feel about them*, especially if they aspire to climb the social ladder. This relates well to the spirit of condemnation in the War on Terror, a subject that has been discussed extensively (Qureshi, 2020). Living within a nationalist, secular–liberal gaze which sees Muslims as perpetually associated with threat and regressiveness, Muslims who seek material success within the Global North must perpetually thwart these associations made of them. Someone like Noor then suffers from a religious penalty of being Muslim— not just a person of color—when entering the job market. They thus feel compelled to quickly disassociate from 'bad Muslims' and their acts of violence or behaviours which seem untimely in these nation-states. There is an emotional toil to this that cannot be understated. Given South Asian women are less likely to get a job that corresponds to their education, as explained above, self-care offers a counter-narrative to the constant need to self-regulate one's image according to the expectations of others.

But once we situate self-care within neoliberal times, especially austerity, things become slightly more complicated. Within neoliberal structures, self-care finds itself alongside

empowerment as the ideal state of mind while social welfare and public spending become gutted. Becker (2005) argues that 'empowerment' reflects a therapeutic culture that centres squarely on self-actualisation—not a notion of collective liberation. This is significant for our discussion of self-care, and the mindfulness Noor was taught.

Mindfulness is a practice that has been imported and adapted from centuries-old Buddhist teachings. Sharf (2015) explains how Buddhist practices have been distorted from their foundations, and perverted as a science of happiness—in particular, as a remedy for depression. This runs contrary to the ethics of early Buddhist *sutras*, which espouse the following doctrine: life is suffering; the only remedy to suffering is escape (*samsara*); and escape requires renouncing the possibility of happiness in this life. Such a doctrine not only reveals the social and cultural construction of depression—as a biomedical illness, to be treated—but also the extent to which archaic religious/cultural practices becomes secularised and commodified within the Global North.

But then, even if mindfulness is an aberration of what it once was, what if it remains useful in therapy? Purser (2019) draws on the term 'McMindfulness' to illustrate how spiritual practices are adapted to remedy the moment while neglecting both the individual's long-term experience as well as their context. Mindfulness thus contains enormous depoliticising potential, as seen with Noor's case. As Purser (2019: 37) argues, 'the depoliticized nature of mindfulness means its therapeutic ethos of individual action supports neoliberalism. When the individualized self bears sole responsibility for its happiness and emotional wellbeing, failure is synonymous with failure of the self, not external conditions. To change the world, we are told to

work on ourselves — to change our minds by being more mindful, nonjudgmental, and accepting of circumstances'.

Thus, the issue is not necessarily mindfulness *per se,* how and why it is valorised as a treatment method. Noor's situation acutely reflects the lived experience of many Muslims within contemporary neoliberal arrangements of austerity policies. Her many issues reveal the way in which poverty, gender and race intersect, putting her within a supremely suffocating position. The advent of self-care regimes like mindfulness signal how these elements can be erased. If we consider Ibrahim's case (Chapter 3), who was taught mindfulness in response to his prison abuse, we see just how much this erasure of context is itself a reproduction of violence. Self-care is no longer an act of political warfare, according to Lorde, but a total act of political pacification. Like mindfulness and self-care, the emerging emphasis on *resilience* contributes just as much as to a system which pushes for acceptance of one's circumstances rather than changing them.

Resilience

What if Noor had never developed anxiety in the first place? What if she, and her community, were to harness the positive qualities which prevent their descent into illness and suffering? This section will consider resilience through the therapeutic rhetoric. Again, like self-care, resilience is neither a modern concept, nor is its meaning historically tied to the individual. The writings of the 14th century Andalusian scholar, Ibn Khaldun, can be read as a signposting of the characteristics which leads civilisations to ruin—and he offers guidance on such. Whereas resilience may have always existed as a concept, even in centuries-old Islamic traditions, the neoliberal form sees the state

relinquish its ordained responsibilities, transferring them onto communities and individuals. If someone experiences hardship, this is because they have demonstrated a lack of resilience in this situation—framed to exclude the political and economic factors the individual finds themselves in. This occurs at the expense of having to invest in the welfare fabric of these issues when they arise. Resilience is thus unique in its current iteration.

When speaking of resilience, the question remains: resilience against what? This query becomes unique in its implications for Muslims. Two themes of resilience will be discussed here. The first is to prevent Muslims from becoming security threats to nations, while the second is to prevent the Muslim from failing in their task to be productive citizens. In both cases, we are speaking of psychologised boundaries—thinking and feeling in particular ways—the crossing of which merits exclusion from society. These boundaries are unique to Muslims, and especially unlike racialised white compatriots. White citizens may well be marginalised for their poverty or lack of nationalism, but these do not render them outcasts outside of national belonging.

As for security, Joseph (2018) argues in his analysis of resilience in the US and UK that there is a particular neoliberal dimension to resilience's appearance in policies. He explains how resilience has emerged as a key strategy, through counter-terrorism, for individuals to responsibilise and protect themselves from current and future threats. This relates directly to the public health strategy seen in counter-extremism across the Global North (discussed in Chapter 4). Herein, the state instils a regime of prevention by putting the responsibility on its people to not develop the psychological vulnerabilities which leads one down the path of violence.

As for productivity, the Global North's white middle-class is the standard by which all are held to. Deviation is a pathology, an illness of the mind and soul for not pursuing this white middle-class ideal. This is certainly pertinent to Muslims and racialised minorities burdened with the pressure to succeed in being socially mobile. It also explains how, as detailed in Chapter 2, ideas of well-being and mental health—and therefore resilience—are intrinsically linked to politics. While so far the discussion of resilience applies to all, it has particular dimensions which are important for Muslims in the Global North.

If resilience is ultimately about transferring the responsibility of an issue (e.g. political violence, poverty, climate, etc.) onto the individual, then the central thrust of neoliberal governance—the ideal way for Muslims to experience their predicament—is *acceptance*. In our neoliberal era, Muslims must *accept* responsibility: to climb the social ladder, to recognise their inherently risky community. In doing so, this means accepting the circumstances they find themselves in, and accepting the responsibility for getting through them.

To this end, Muslims across the Global North have adapted a psycho-theology coherent with neoliberalism. As William Barylo (2016) argues, Muslims circulate a sense of spirituality and citizenship which reflects the responsibilised individualism of their political condition. This deflects from structural inequalities, both consciously and unconsciously. Noor's therapist's intents aside, such are the connotations of her intervention on *resilience*. The therapist reframes Noor's experiences through a psycho-theology which refracts the conditions of austerity through Noor's self and soul—in this case, her spiritual connection with God.

Long (2014) speaks of the tendency to focus on the individual, to the exclusion of the structures which confine them, as *theocentric individualism.* Such a theocentric individualism—intentionally or not—can easily be embedded with Muslim mental health and Islamic psychology practices, as we saw with Noor. Ultimately, without any power to account for and resist the policies of austerity which constrain Noor, the Muslim therapist is left with little else but to attend directly to her experiences. This speaks to how embedded both public and private therapists are within their political climates. This is not an admonishment of such practices. Rather, it is to offer a reflection: if one were to juxtapose a therapy based on theocentric individualism—which favours resilience—with an approach which mobilises against the conditions which confine Noor, the former would win. This is the centrality of the therapeutic ethos we inhabit, and why it is important to acknowledge the neoliberal era.

CONCLUSION

None of this is to rebuke the idea of self-care, mindfulness, resilience or even psycho-theology. Rather, it is simply to remember that everything is politically situated, no matter our awareness of this. Incidentally, Audre Lorde did provide a reference to consider these practices, without legitimising our political context. For her, it was not simply about self-care for the purpose of survival, but it had an explicit intention: *political warfare.* Insofar as self-care practices serve to mobilise against conditions of inequality then they are necessary indeed.

The cases of the Grenfell tower atrocity and Noor exemplify just how significant the political economy is for Muslims

in the Global North. We have seen how the neoliberal turn has impacted Muslims in terms of their health, but also how it sets a bedrock of how Muslims self-manage their experience, especially in times of distress. To appreciate the nuance of Muslim experience in the Global North then, it is imperative to politicise our understanding. The 'need to politicise' will be the theme of the concluding chapter.

7

CONCLUSION: THE DECOLONIAL SOMEWHERE BETWEEN JUSTICE AND PEACE

NO PEACE, NO JUSTICE

In December 2018, speakers and representatives from around the world with major ties to political efforts to repress Muslim communities gathered together in a conference ironically named the Peace Forum. One of the conveners of this conference was Abdullah bin Bayyah, one of the foremost living scholars of Islamic jurisprudence. Bin Bayyah's political ties to oppressive states have been known for some time. Unfortunately, the Peace Forum has done little else but affirm the Emirates' political alignment with Western-based, Eastern-approved War on Terror policies (Quisay and Parker, 2019). The War on Terror paradigm continues to justify the continuous suppression of dissent and populist movements in Muslim-majority countries (the Emirates, for example, helped squash the Arab Spring and funded the former Egyptian Minister of Defense and military commander, Abdel Fattah El-Sisi's, ascent to presidency).

The religious scholars invited to these conferences tend to espouse an apolitical view of religious observance. They believe the issues of the global Muslim community will rectify once its members reform themselves. Bin Bayyah himself makes this point, stating 'peace before justice'. One may very well read this as a psychological imperative as well: peace *of mind* before justice. Indeed, Bin Bayyah also draws on the therapeutic ethos, relating to Islamic scholars as *doctors of extremists* who are 'sick' in the soul (Bin Bayyah, translated by Shaykh Hamza Yusuf, 2014).

Bin Bayyah's sentiments can best be summarised as, *one cannot change social structures, but one can change one's experience of them.* The interaction of these two points produces the two following stances: the primacy of individual experiences over that of the social issues, and the universality of one's psychological configuration for everyone.

In other words, if someone is suffering *through* their context, we can directly treat their suffering based on a framework of treatment we believe is applicable to everyone. Irrespective of whether someone is depressed because they're confronted with the meaninglessness of life, or they're consistently denied employment because of their racialisation, *depression* remains a vital attribute to make sense of that individual's experience. Treat the experience, find peace, and justice will come—eventually.

It is ironic then that bin Bayyah also quoted a statement of the scholar Omar Ibn Abdul Aziz which implies there *ought* to be some nuance: *fight sedation with justice*. In other words, if there is a collective mobilising of anger, the primary concern of the state *should* be the assurance of justice—not emotional surveillance and management. As the experience of injustice based on oppressive state regimes provokes these experiences of anger, so too should the treatment insist on the structures underlying these experiences.

The insistence on 'peace of mind' is not simply alluring—it is presented as a necessary response to injustice. Yet injustice remains the cause of distress. All efforts to remedy or mediate the symptoms as they arise draw us further away from the actual issue, reinforcing a securitised, psychologised industry of risk management. We need an ethical framework which takes notice of the rhetoric and institutions of modernity. Seeking to remedy mental health through modernity disguises the issues of modernity itself. This concluding chapter will address the challenges in overcoming this industry, and the need to advance a coherent framework which seeks justice before mental peace can be developed.

OVERCOMING THE LIBERAL TURN AGAINST ISLAMOPHOBIA: SEARCHING FOR THE DECOLONIAL

This book addresses Islamophobia as an *artefact* of politics and inserted this artefact in conversation with the psy-disciplines. This differs from ordinary discussions of race in the psy-disciplines, abstracted from the political context. Seeing 'race' as one characteristic among many in fact reinforces a neoliberal check-boxing exercise of diversity. The intent is to placate all 'minorities' and integrate them within the wider capitalist system. Rather, discussions of race and racialisation ought to be subsumed within our political order. This is a point of reflection for those who take racism in mental health seriously, especially with the rising interest in Islamophobia.

This returns us to a liberal approach to Islamophobia raised in the introduction: public health. This approach entails documenting the negative impact of Islamophobia on the Muslim community as a means of evidencing its existence. Health often takes primacy in this regard. While commonplace, the issue with this approach is how it centres Eurocentrism

as the pivot whereby racism is taken seriously. This is done for legibility, of course. How else can Islamophobia be made digestible to the Global North, if not by framing Muslim issues through Eurocentric frameworks—like trauma—and then analysing parity with the majority white population?

If Muslims are more anxious, traumatised, depressed and suicidal than the rest of the population, then certainly these are indicative of *something*—Islamophobia must exist in some shape or form. This sets the stage for the two-pronged solution we normally see. First, liberal societies seek to integrate Islam and Muslims into mainstream mental health. Second, Muslim communities develop stronger, public ties to these mainstream institutions (improving mental health access), while working privately on their faith (*yaqeen,* or spiritual certainty) to counteract the experience of marginalisation. This latter point is especially propagated within particular Muslim circles, such as Bin Bayyah mentioned above.

But this would be a shallow reading of Islamophobia. It is not simply the issue that the inverse of the public health argument disproves Islamophobia. Rather, Islamophobia is not contingent on negative outcomes at all. Indeed, even if Muslims were somehow better off than the remainder of the population—in health and wealth—this does not refute Islamophobia, which I defined as the management of ideal Muslim subjectivity. Muslim success and good health is certainly achievable within more managed confines of thoughts and behaviours. This is the issue in seeking parity with the white population.

Take political violence as an example. The common argument of racism in counter-terrorism is that white people are deemed to be 'mentally ill' while people of colour are commanded by some sort perverse ideology. The drive then is to push for an understanding of ideology among white people, and a recognition of mental health among Muslims. The issue,

however, is not that white people are more likely to be pre-sented with a 'mental illness'. Rather, it is the ways in which 'mental illness' has political implications, *even if* racialised groups were diagnosed equally. In other words, trying to find parity in mental health access, assessment and treatment between white and non-white groups is insufficient.

While I believe many are cognisant and vehemently opposed to Islamophobia in mental health, we must be care-ful not to reduce it as a problem within the illiberal segments of society. Any thinking which reflects 'bad apples' or 'bad media representations' is part of the problem. This book has attempted to complicate the relationship of Islamophobia and the psy-disciplines in two ways.

First, the book argues that the role of psychology in society extends beyond the psy-professions themselves. Indeed, moder-nity itself is psychologised. Institutions are constructed around this reality, whereby primacy of experience is always directed *through* the therapeutic. For many advocating for *more* mental health awareness, it sounds unbelievable and counter-intuitive that a therapeutic ethos exists, *and* it serves the state. After all, the cel-ebrated position within the Muslim community is to both deepen and widen psychological awareness and mental health access. But by looking at examples of those who have allegedly broken their social contract on the margins, we see how the therapeutic is necessary in re-entering their relationship with the state.

Second, security and neoliberalism are particularly useful examples in exploring the relationship between Islamophobia and the psy-disciplines. Citizens are imagined as always vul-nerable, perpetually at risk of future decline in well-being and mental health. Indeed, scholars like Philip Cushman and Ian Parker have argued that the central thrust of the psy-disciplines is to maintain the status quo. There is no greater evidence of this, than the state's wielding of mental health

rhetoric and institutions in national security programmes. Counter-extremism talk is framed in the language of human vulnerability, not only depoliticising it in the process, but erasing the significance of its racism. And psychologists and psychiatrists are positioned as liberal mitigators of society's 'anti-citizens' in the process—those who are most at risk of becoming 'violent' and 'unproductive'.

This brings us to the 'decolonial.' A term now exhausted from its postcolonial foundations, decolonial can be found plastered in liberal institutions all over the Global North. It seems every university exercises some form of decoloniality. Among Muslims, this coincides with a growing interest in Islamic psychology. But is Islamic psychology somehow a response to the issues of statecraft, politics and psychology discussed in this book?

IS ISLAMIC PSYCHOLOGY AN ALTERNATIVE?

In the sweep to decolonise the psy-disciplines, a project to develop an indigenous Islamic psychology paradigm grows in the hope of addressing the *actual* needs of Muslims everywhere. This movement, while diverse and transnational, originally sought to understand and subsequently strip away from the Eurocentrism plaguing Western psychology, towards an Islamic ontology—that is, a model of 'being' that is based on Islamic tenets.

It is questionable however if 'Islamic psychology' is in-and-of-itself decolonial, a point I have argued previously (Younis, 2021). First, there is an issue of what constitutes the 'Islamic', given the various traditions found in its history. Second, and most significantly, there is an issue of secular translations, as discussed by Talal Asad (2019). In this, 'Islamic psychology' is

somewhat of an oxymoron—there was no such 'psychology' in Islamic history. Here is a need to deeply interrogate what it means to bridge two very different meaning systems, seeking the psychological in the Islamic and vice versa. Finally, and this is the only point significant to this book, it is questionable if even an authentically 'indigenous' Islamic psychology—should that exist—be decolonial if it is embedded within the contemporary world order.

Islamic psychology remains subject to the political context. Thus, while Islamic psychology may have had a 'decolonial impulse,' as Mohammed Seedat (2020: 3) argues, its 'literature on Islam and psychology does not engage explicitly with the lurking influences of coloniality of power, knowledge, and being on the formation of hegemonic and counter-hegemonic psychologies'.

In other words, one cannot simply take for granted that an Islamic psychological paradigm addresses the concerns raised in this book, such as the therapeutic ethos, the psychological contract, the securitisation of Muslims or the primacy given to productivity. The point here is the *work* Islamic psychology will accomplish, not the intent, theory, or discipline of the professional. Islamic psychologists ultimately play a political role like anyone else who seeks to alleviate suffering or promote healthier psyches. These belong within the structures of power where the paradigm of an Islamic psychology develops.

A turn towards culture, religion or spirituality is not inherently decolonial. Rather, it is important to mention the extent to which Islamic psychology theories and practices may validate paradigms like neoliberalism and security. Islamic psychology thus may be best positioned, as it develops, to offer a psycho-theological approach for ideal Muslim subjectivity that is productive and non-disruptive to the state. Indeed, it is well documented today just how much religious scholars

and psycho-theology work to validate or dismiss oppressive state practices (Quisay and Parker, 2019). This also begs other questions: the ethical space of responsibility; the embedding of mental health within legal, military and security functions of society; etc. Thus, the depoliticising potential of the psy-disciplines, charted in Chapter 2, remains within Islamic psychology as well.

MOVING FORWARD: POINTS OF CONSIDERATION FOR A PSYCHOLOGY OF LIBERATION

One of the central claims of this book is that we can account for the fallacies of our liberal-capitalist arrangement through the experiences of particular communities – especially Muslims. This is not to claim that all Muslims experience state violence, but rather *when they do*, it is immediately informative of the conditions affecting the entire community. There are boundaries of thoughts and behaviours Muslims may not cross. Should they politicise, there are limits to the thoughts and emotions they may have. This is regulated through the prism of the therapeutic, which sets apart which Muslims are legible and which are not.

This is not to say the solution is a wholesale rejection of the psy-disciplines—theories and practice. We do not want to fall into therapeutic nihilism, whereby the entire enterprise of therapy is discarded for its capacity to bandage societal ills. Rather, therapy may hold a liberatory potential, if offered in the right place, time, and context. Bulhan (2015) offers three ways forward, which I will now adapt to the context of this book. These are the focus on the collective (over individualism), the primacy of the human need of self-determination (over psychological configurations) and the importance of empowerment (over adjustment).

The point of collective over the individual is about reframing our concerns with Muslim distress, so that no one is left behind. Our collective efforts should thus begin with the most 'abject' of Muslims, the ones everyone tosses aside, the ones no one wants to associate with. Here I am explicitly referencing Muslims who have been imprisoned, deemed extremist/terrorist or have been otherwise vilified by the state. There is a moral imperative to disassociate from these figures. I have shared my own thoughts on how playing the good Muslim has benefited me. But for every instance of condemnation of 'bad Muslims', a Muslim is thrown under the bus. The language of security must be eschewed and, regardless of our sympathies with the varied sentiments of Muslim groups, we also recognise those who *criticise the state are most vulnerable to state violence.* We remember that Muslims with violent intent are *very* few, such as Adam from the introduction; a grave reality that 88.4% of all 'terror arrests' do not lead to convictions (CAGE UK, 2020). A wide security net simply gives the impression the fish are plenty. We begin prioritising the collective over the individual when we prioritise the most vulnerable in the Muslim community, like those securitised. Otherwise, Muslim mental health may be fated to become another middle-class institution.

Self-determination is also crucial following the themes of this book. There can be no psychology of liberation in a context where Muslim civil society is managed, vilified, and shut down by the state (Choudhury, 2021). This is a known reality for Muslim organisations across many nations across the Global North, such as the United States, United Kingdom, France, etc. Muslim mental health projects which operate in these contexts may well be servicing individuals, yet they run the risk of bandaging the consequences of suppressed Muslim agency. Certainly, the point of Muslim self-determination has been the foundation of 'parallel societies,' a term used to perpetuate a

'Muslim threat' and excuse the surveillance and dismantling of community resources (e.g. as we see in France, Denmark, Austria etc). But this fear is groundless. As it has now been demonstrated repeatedly, the *Muslim spectre* reveals the nation's own insecurities, projected onto an object of fear. The basic need for mobilisation must be afforded to Muslims, like anyone else (Elshayyal, 2020).

Finally, there is a need for true empowerment, not just adjustment. We are living in times of uncertainty and peril. Nationalism, neoliberalism, and security policies are now a mainstay. Fascism is showing its face across the Global North. All these shifts are likely to have tremendous consequences on Muslims, as well as other racialised groups. Muslim mental health projects cannot be content with adjusting to shifting sands. Rather, psychology must empower Muslims to resist these conditions. The future of Muslim mental health projects must be *explicitly politically conscious and active.* They cannot settle for neoliberal check-boxing of 'anti-racism'. Rather, it must be foundational to how they operate, with deep foundations in understanding the nature of Islamophobia and strong bonds of solidarity with anti-racist and anti-fascist groups across society.

Islamophobia and the Psy-Disicplines

There are other points of reflection as they relate to Muslims and the psy-disciplines, covered in spirit by the points above. These are not comprehensive, and simply serve to provoke further discussion.

First, the expanding management of Muslim civil society across the Global North must be resisted. This is essential. Muslim mental health professionals may be trained; Muslim mental health access may be improved; Muslim-sensitive interventions may be developed. But unless Muslims can organise according to their collective will, then all these serve little else

but to bandage the lived reality of Islamophobia. Therapy for Islamophobia is not enough. Rather the very conditions of Islamophobia must be resisted. The point of departure should begin with a discussion of communal good. Most likely, this cannot be reduced to mental health.

Second, given the growing securitisation of Muslim subjectivity, alternative mental health spaces must be made for Muslims who need it. In other words, there is a need for spaces outside of mainstream health settings that are politically sensitive, not just culturally competent. This will provoke the claim of parallel society, but it is the racist securitisation of mental health which has established that precedent—this need is simply accounting for this reality. These alternative, non-securitised mental health settings must be *explicitly politicised* and recognise the *Muslim*, not only as a religious affiliation, but as a political being. This is because, as argued throughout this book, Muslims are politicised whether they like it or not, and irrespective of their (at times self-professed) roles of good or bad Muslim.

Third, given the increased securitisation of mental health, more attention is needed to support racialised Muslims coerced into mental health, out of fear of what its rejection might look like to the state. These Muslims need a safe passage for both legal protection and psychological support, outside the austere gaze of the security apparatus. The most difficult challenge in this will be convincing any 'pre-criminal' or alleged 'extremist' to go against 'voluntary' mental health services. At the very least, we should mobilise to provide support for individuals suffocating—often, alone—from the burdens of the psychological contract. By normalising discussions of state violence, more people may come forward to share their experiences.

Fourth, given the Global dimension of Islamophobia, and especially the similarity of its appearance across liberal-capitalist

societies, so too should the support be international. Beyond now just contesting the need for alternative safe spaces, the fabric should be built which sees cases like Adam's (from the introduction) become immediately informative for Muslims across the Global North and elsewhere. Such experiences, so often brushed under the carpet, require more attention and documentation.

Given the dynamic reality of Islamophobia, Muslims must critically examine their positions in hierarchies of power (including racial formations). Here I offer two thoughts. The first has to do with middle-class Muslims. Given the Western origins of the therapeutic ethos, it would be unsurprising to see middle-class Muslims cheerlead for more mental health, not least as these fit nicely within mainstream respectability politics. The second has to do with Muslim psy-professionals, who may pivot their professional roles into leadership roles. As the therapeutic is the most legible means of making claims in the Global North, it serves as a particularly advantageous platform for those claiming leadership to stand on. We must be wary of individuals' proximity to the therapeutic as a means of pivoting into positions of power.

Fifth, Muslim mental health professionals must strive to go beyond a framing of Muslim mental health through parity with the white middle-class. If psychology and Muslims are not 'apolitical', then our thinking about distress must be politicised. In response to this, Muslims should not reduce their experiences as a statistic alongside other 'ethnic groups' but recognise all the dimensions which makes their experiences unique and therefore incomparable to the majority population: *politically rooted therapeutics*, not cultural competence, ethnic matching and religious sensitivity.

Sixth, in politicising our understanding of Muslim mental health, I must reiterate that neoliberalism cherishes diversity. While having a seat at the table feels like progress, it is well-documented that this reflects more of a co-opting of a 'Muslim identity' within defined boundaries, than an earnest allowance for Muslim agency to flourish. It is also noteworthy to mention in neoliberal diversity politics the commodification of 'good intentions'.

Seventh, class is certainly a topic which requires a great deal more attention in Muslim mental health. As discussed in Chapter 5, neoliberal policies are far more likely to increase the gap between the rich and the poor. Long-established Muslims are disadvantaged for their racialisation, but Muslim refugees whose home countries have been ravaged by wars and famine make up significant sub-populations in the Global North. Muslim mental health, especially in the private sector, must resist its own middle-class inclination.

Finally, there is a point to be made about therapy itself. To acknowledge that both the psy-disciplines and Muslims are political is to confront difficult contradictions which we take for granted. Can a therapeutic enterprise be successful while the Muslim community is hyper managed? In other words, can a surveilled community, within a neoliberal order, heal? Or is there another way to understand the proliferation of Muslim mental health professionals; mental health sensitivity of Muslim scholars; private Muslim therapists; dedicated therapeutic frameworks for both alleged 'extremists' and those incarcerated across the world? Does neoliberalism, with its tokenistic attitude towards diversity, truly allow for Muslim self-governance? These are difficult but necessary questions, should we allow ourselves to dream a different future.

NO JUSTICE, NO PEACE

'*But what matters now is not a question of profitability, not a question of increased productivity, not a question of production rates. No, it is not a question of back to nature. It is the very basic question of not dragging man in directions which mutilate him, of not imposing on his brain tempos that rapidly obliterate and unhinge it. The notion of catching up must not be used as a pretext to brutalize man, to tear him from himself and his inner consciousness, to break him, to kill him.*'

- Frantz Fanon, Wretched of the Earth, (1990: 238)

Frantz Fanon ends his final book with the sentiment shared above. He addresses the desire for underdeveloped nations to catch up with Europeans; to emulate and become like them. Fanon is warning against that, not simply to be antithetical to Europe thereby reproducing the 'West vs Rest' divide. Rather, Fanon is reflecting the inherent limits of what European thought has achieved, and the violence it has produced. He finishes with the hope, for Europe and indeed the world, to 'make a new start, develop a new way of thinking, and endeavour to create a new man'.

This book was a brief reflection on the management of Islam and Muslims in the West, which in many cases can be argued to be about 'dragging man in directions which mutilate him,' 'to tear him from himself and his inner consciousness, to break him, to kill him.' The psy-disciplines are not simply innocent bystanders in Islamophobia, but as I have argued throughout this book, are integral to these processes of *dragging, tearing, breaking and killing*.

As is always the case, the future is uncertain. The rising tides of fascism now meet a seawall of the psy-disciplines. The

therapeutic is directed towards fascism under the banner of *saving* Muslims, shouldering the promise to surveil, capture and manage the new wave of 'anti-citizens' engulfing the Global North. The therapeutic is also directed towards the Muslim community to *help them save themselves*. This comes with the hope to account for the surging numbers of Muslims in distress, at times manyfold more than other faith and non-faith groups—like suicide.

But what is to come of this? I suspect the integration of psychological rhetoric and rise in Muslim mental health professionals will produce new forms of leadership, both within the Muslim community and in civil society—individuals who can make the plight of Muslims legible to society. At the same time, the causes of depoliticisation—that is, the stripping of Muslim agency and delegitimising of any self-determination outside of public politics—remains alive and well. Perhaps the psy-disciplines must be remembered then, not as saviours, but as paradigms subject to the political contexts they operate in. They thus have inordinate potential to work for *and* against the interests of people: *for* in alleviating distress, certainly, but also *against* by depoliticising the very context of distress. This point is imperative in our growing awareness of inequality and injustice.

For Muslims around the world, the politics of the psy-disciplines ought to be factored in when making sense of our collective grievances and suffering, offering new avenues of addressing these in ways which liberate everyone (Muslims and otherwise) from the conditions of oppression. There is an eternal truth to the refrain shouted when injustice surfaces and our hearts become full: no justice, no peace. Indeed, this refrain could not be more apt for our collective peace of minds as well.

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INDEX