Could Strengthening the Association Between Antisemitism and Mental Illness Help to Curb It?

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ABSTRACT

In 1973, The American Psychiatric Association removed homosexuality from its official diagnostic manual. The decision had a very positive political, legal and cultural impact, playing a critical role in the de-stigmatization of gayness. If the APA has such power to de-stigmatize human behavior by eliminating supposed disorders from its manual, could it conversely have the power to stigmatize and shun other behavior by *adding* previously unlisted ones? This paper looks to the APA's 1973 ruling as a model and proposes that if renewed research on antisemitism can more forcefully demonstrate its association with psychopathology, its institutional recognition through the APA manual may help to treat clinical manifestations, and intensify social unacceptability at subclinical levels.

Introduction

Apparently, 'Never Again' means never again—for about 70 years. From Toulouse to Hormuz, and from Spain to The Ukraine, the evidence is incontrovertible: the old world disease of antisemitism is having a major flare-up and continues on a dangerous path. As history demonstrates and the current moment all too sadly proves, Jew hatred is a chronic condition, a dormant virus whose next acute outbreak is always only a matter of time.

In this paper, I do not re-trace the history of antisemitism; this has been done extremely well by the experts. Nor do I attempt to locate the origins of this particular flare-up. What I wish to do here is acknowledge that we are in the throes of the first 21st century resurgence of antisemitism, that the virulence of its new strains are alarming, and that new ideas and stepped-up strategies to halt it must be proposed. With daily reports of yet more graffiti and grave desecration, more humiliation and assaults, and more killings, it is difficult not to feel anxious and pessimistic. However, there may be previously unexplored avenues in the search for concrete, actionable solutions. This paper turns to the psychiatric and psychological communities for their possible contributions in this fight.

I am a peculiar author for the article before you. I am neither a mental health professional nor any kind of social scientist. I am an artist, playwright and an adjunct college professor. However, I am a Jew, an Israeli, and a grandson of Holocaust victims, and as a student of history, I have been attuned to the dynamics of antisemitism all my life. Despite my awareness of the cyclical nature of the disease, I have been taken by surprise by post-Auschwitz antisemitism—both in Europe where it was born and in the Islamic world where it has migrated. Moreover, I remain astounded by the ignorance of the Western, 'liberal' media and the extreme ambivalence of supposed progressive

academics. As a gay man, my perspectives are further nuanced, as the experiences in one margin yield insights and strategies in the other. In the paper before you, I have tried to synthesize all of these ideas and perspectives with the hope of making some concrete contribution to the sad state of affairs. Again, the resulting proposal is a product of resolutely laymen 'connecting-of-the-dots.' If I am wrong, I hope my esteemed colleagues from the appropriate fields will gently disappoint me. If I am on to something, I hope they will help me to further articulate a strategy to put this into action. I'm afraid once again in history, time is of the essence.

The Power of the APA

In 1973, The American Psychiatric Association (APA) voted to remove 'homosexuality'[i] from its Diagnostic and Statistical Manual of Mental Disorders (DSM.) Coming only 4 years after Stonewall, the landmark ruling was the result of heavy lobbying by the new and aggressive gay rights movement. It was, in a word, a game-changer. Aside from defusing the anger and shame of many gays and lesbians, ironically a step *towards* the improvement of their mental health, the APA shift facilitated great strides in the social, cultural, political and legal arenas in subsequent decades. It stands to reason that the general thinking in the culture was "*If the shrinks say it's not a disorder, I guess it's not one*." And so it went that in the span of just 3 generations, we gays went from being an entry in a mental illness catalog, to being largely 'emancipated' and integrated, with very little left in 2015 to symbolize institutional exclusion. Real progress, it seems, had rested on that pivotal, *institutional* decision.

The psychiatrists in that APA conference room were likely mostly male and mostly white. It must have been difficult for them to admit that essentially, Freud was wrong. Being gay was not a mental disorder. Whether it was true courage to face Freud's errors and to confront the field's homophobia, or simply a political caving-in under the pressure of the gay lobby, it frankly doesn't matter. What matters is the result. It was good for the gays.

Now, what I wish to propose is the opposite. I would like the APA to reconvene and put a new and oh-so-old illness on the books: *Antisemitism*. To be accurate, antisemitism itself would not be the disorder but the *content* of some other personality disorder. (That is a shame, as we could have listed it right there on the first page, under the A's!) Nevertheless, as I demonstrate in this paper, it is a malady associated with greater levels of psychopathology.[1, 2] The main point is, it stands to reason that if taking a disorder ('homosexuality') out of the *DSM* does so much to de-stigmatize it, then perhaps putting one *in* may do the opposite. With that in mind, what I wish to do from this point on is threefold: 1. demonstrate the successes of gay activism in de-medicalizing homosexuality; 2. define and distinguish between clinical and subclinical (or 'social') manifestations of antisemitism; and 3. present some intriguing research to support the medicalization or *psychiatricization* of antisemitism. I believe such a strategy may help to short-circuit and reduce antisemitism by both finding suitable, compassionate treatment for the truly clinical patients and by re-stigmatizing, de-legitimizing and shaming the

[i] Not unlike 'antisemitism,' 'homosexuality' is a late 19th century, pseudoscientific and largely derogatory term devised by a German (psychologist Karoly Maria Benkert.) I use it here purely for convenience.

subclinical, social antisemite. Particularly for the latter, who represent the majority of antisemites, newer and stronger taboos and disincentives may help to make hateful ideology much more socially unacceptable, and help prevent the most vulnerable individuals from slipping into the more dangerous clinical diagnosis.

Gay Activism as a Model

Like Jews, gays throughout history have suffered discrimination, isolation, persecution—burnings at the stake. It was in our more recent history, during the reactionary and repressive Cold War era that we became particular targets once again. While most of the paranoia and witch-hunting was of course reserved for communists, the subversiveness of gays came in a close second. It is no accident that true, politically viable gay liberation was born of this chapter.

Allow me to quickly recount. The post-war era's conformism and consensus made a priority the consolidation of nationalist identity, ideological homogeneity, and clearly defined gender roles. Any kind of deviance was suspect but sexual deviance was abhorred.[3] Like communists, gays were viewed as subversives, an insidious, domestic menace, invisible and thus able to infiltrate. As American historian and activist John D'Emilio explains, both undermined the political interests of the nation by confusing social structure and gender roles. Thus, communism and homosexuality became joint metaphors for perversion: the former corrupted the mind of the young, the latter corrupted the body.[4]

Julius and Ethyl Rosenberg notwithstanding, in the McCarthyist 50s, the Jew of America was the homosexual. Gay men especially personified all that was unnatural, perverse and dangerous, reflecting the rampant paranoia and renewed puritanism endemic to the time. The perceived threat, the 'the menace from within' that homosexuality represented made it a broad target on which to collectively project 'fear of subversion' and a myriad of other irrational ideations. Invisible and powerless, with no legal protections, gays were the scapegoats for the era. Major purging consequently took place in all walks of life. Ruthless public outings ended careers, families, and often lives, in suicide. Those who had the courage to be open suffered greatly through persistent humiliations, black-mailings, and violence. In the larger cities, gay bars were run by the mafia, and while the police were suitably paid off, they nevertheless raided the establishments regularly with tragic consequences.[5] From the late 1940s to as late as the early 60s, gays, lesbians and bisexuals were subject to incarceration, confinement in insane asylums, and medical experiments, including lobotomies.[6]

It was precisely this measure of extreme persecution that gave rise to the gay rights movement. In the late 1960s and early 1970s, lesbians and gay men rose to the historical occasion to unravel the ideological web that had supported degrading stereotypes, not just in the preceding era, but for centuries. Like other minorities, we struggled to discard the self-hatred that we had internalized, rejecting the negative definitions that society had affixed to our love, to embrace our identity with pride. Hard research in the form of the Kinsey Report was timely in that it allowed us to argue our 'orientation' as a plot point on a diverse spectrum of human sexuality, as well as the reality of our numbers.

It was in this context that the APA action was taken. Following reviews of the

scientific literature and consultations with experts in the field, the APA at last found that 'homosexuality' does not in fact meet the criteria to be considered a mental illness. And as absurd as the overnight change of status was, it was a joyous and victorious moment. While it took the World Health Organization another 20 years to remove 'homosexuality' from *its* list of illnesses (1992!), there was now a critical worldwide consensus. Looking back at it, this is a stunning model of political activism, social engineering and cultural amelioration. Gay men and women refused to be defined by ignorant and homophobic institutions, and were quite resolute about ending their ostracization and marginalization. As a gay man, I am extremely grateful to and very proud of my predecessors on whose shoulders I stand. As a Jew, I find this very instructive.

Racism and Antisemitism

Conversely, there *is* a body of literature out there that, taken together, can make a good case for antisemitism as a sign or symptom of serious mental illness. Again, while the diagnosis itself would have to be *structural* (i.e. a personality disorder of some kind), the content of the delusion or paranoia or irrational belief system would be Jew hatred. Astonishingly, the APA's *DSM* does not include antisemitism, nor any other kind of bias disorder in its listings. And while the Oxford Handbook of Personality Disorder does include 'extreme bias,' it is not specific enough and may mostly connote racism.

You may be thinking, "Isn't antisemitism a form of racism?" and if so, wouldn't all racism, all extreme hate, constitute a form of mental illness? Let me answer these two central and very valid questions directly: No and Sometimes. No, antisemitism is not a form of racism because a.) the whole construct of 'race' is itself a delusion, and b.) even if it were entertained, Jews of course would not constitute a 'race;' they are indigenous to the Middle East and thus technically regarded as Caucasians[ii]. And to the second question, *Sometimes*: bias falls along a spectrum such that *sometimes* it is in fact a sign of mental illness and sometimes it is subclinical.[7] Allow me to elaborate further on these two important points.

The construct of race is rather a new fancy. It is a product of the darker side of 19th century modernist, nationalist and scientific metanarratives, with their incessant need 'to know' the world through categorization (read: *rank*.) This strictly European notion that humanity is made up of three races (Caucasian, Negroid and Mongoloid) is rather useless. It tells us nothing except that in the last several millennia, humans seem to display three main genetic lineages (though there are others, as I've learned.) What purpose does distinguishing and segregating random, prehistoric DNA variance serve, except to strengthen the convictions of modern-day bigots? Yes, the primitive parts of our brains are indeed hard-wired with xenophobic reactions as a survival mechanism. One-hundred-thousand years ago, humans had to know who represented a danger to the group, who was 'in' and who was 'out.' But it strikes me that we have evolved since then. As Clarence Page explains, the phenomenon of outgroup discrimination still occurs today only in individuals whose "more-advanced brain circuits don't work hard enough to suppress our fight-or-flight impulses about people who don't look like us."[8]

[ii] For instance, in America, when an individual of Jewish descent fills out an official form, his only real option in the 'race' category is 'White' or 'Caucasian,' despite the fact that he may be Sephardic or Mizrachi. In American racial discourse, whether Jewish *or Arab*, peoples of the Middle East are considered White. (I usually check off 'Other' and write in 'Olive.')

In its weak surrender to those earlier human instincts, the pseudoscience of race appealed to many Europeans, for a variety of reasons. In the 19th century, it sought to justify and perhaps uphold the waning practice of slavery. In the following century, it would have disastrous consequences, fueling vast amounts of discrimination, persecution and unprecedented genocide in the form of the Holocaust. In response to this madness, our late 20th and early 21st century multicultural societies rightly prioritize racism as a chief form of bias against which to fight. However, because of the sensitivities and guilt it evokes, particularly in America, the word has become an unexamined hot potato in our lexicon, often erroneously subsuming ethnicity, indigenous status and even religion into its vague concept of otherness. This entanglement is the reason why it is not enough to cite 'extreme bias,' as is the case in the Oxford Handbook.

The fallacy is that antisemitism should be presumed to be covered under 'extreme bias' because of that immediate association with 'minority,' 'outgroup,' 'otherness,' 'difference.' This underscores the fact that, in the case of Jews, many still do not understand how to define the group; is it a religion, an ethnicity, a race? Some, including some Jews, do not recognize that misunderstanding Jews as a 'race' is a result of Hitlerian propaganda, devised to justify and propel his extreme antisemitism.[iii] Still others mistake Jewishness as exclusively a religion, as reinforced by overly simplified 'world religions' discourse. Jews are, in fact, a people, a nation, an ethnicity—like Italians, or Greeks or Poles. Like all other peoples or nations, they have their own history, region, language, culture, archeology and in the case of Jews, their own religion.

Another reason the multicultural use of 'racism' is problematic is because in its laudable subtext of championing equality, it has an undesired leveling effect. That is, in its tacit disapproval of outgroup bias, all bigotry against any group (who are in any case all equal) is equally bad. And though this gives immediate ammunition to the antisemite, the reality of the matter is, Jew-hatred is *not* equal to all other prejudices. It is, unfortunately, unique.[iv]

As for whether all bias and hate constitute a mental disorder, it is, as mentioned, best understood as a matter of degree. There is a spectrum along which manifest both clinical and subclinical instances.[v] That is, some bias, including some antisemitism, may be mild, likely resulting from learned social behavior and cultural cues; other antisemitism can be severe, possibly a co-occurring symptom or a 'subtype' of psychiatric pathology. As Allport explains, 'bias severity continuum' may range from simple stereotype activation at one end to intergroup violence and extermination at the other extreme.[9] I am interested in the entirety of the spectrum, believing that the clinical cases obviously need to come under the care of appropriate psychiatric professionals, and that the subclinical need to be vigorously engaged on the social and cultural level.

[iii] The American cultural and literary historian Sander Gilman maintains that the pseudoscience of race in the late nineteenth century simply secularized prior Christian religious negative views of the Jews and expressed them in a neutral, "scientific" language. See Sander Gilman, *Difference and Pathology: Stereotypes of Sexuality, Race, and Madness* (Cornell University Press, 1985.)

[iv] Perhaps one of the reasons antisemitism does not appear in the DSM is because the Jews who are disproportionately represented in the APA, fear classic accusation of 'control everything.'

[v] In medicine, clinical significance is reached when patients are symptomatic and require treatment intervention; those who are asymptomatic and otherwise functional are considered subclinical.

The Uniqueness of Antisemitism

All forms of bias, bigotry and discrimination are appalling. It is of course a multi-modal, multidimensional phenomenon, the vicissitudes of which I am unqualified to address. However, broadly speaking, what characterizes many forms of outgroup bias—be it racism, religious hatred, misogyny or homophobia—is the perpetrator's belief in the inferiority of the outgroup. Both the group and its individual members are easily seen as 'lesser than.' It categorically enables a consistent form of condescension, disregard and often degradation, securing the imagined superiority of the perpetrator. With antisemitism, the feelings are mixed, and here is where the problem lies: the perpetrator believes the Jew to be at once both inferior *and* superior to himself. He is able to locate and develop resentment for evidence of both realities. This breeds a particular kind of ambivalence, an unnerving psychic disconnect. Uniquely, the perpetrator experiences both revulsion and disapproval, but also admiration and jealousy. This form of contradictory ideation requires a lot of thinking, and may tax the cognitive circuits and emotional strength of its holder, to the point where it may become a riddling preoccupation. The xenophobia triggers primal fear, delving into the far reaches of the imagination, while the begrudging admiration feeds feelings of inadequacy. It is this that resembles what mental health professionals term an irrational belief system, illogical and inconsistent thought, out of synch with social reality. And it is at this point where we depart from garden-variety bias. Employing Allport's understanding of a continuum, allow me to attempt to demonstrate the possible downward spiral of antisemitism, from social and subclinical levels to deeper pathology.

A Slippery Slope

As confirmed, simply being biased or having prejudice is not presumed to be a mental disorder. Rather, bias—at the subclinical level—is a significant *moderator* upon the mental health and social functioning of the individual.[10] At the subclinical level, it can be a minor disturbance; circumstantial, anecdotal, and perhaps even transient in nature. However, as bias is influenced by transactional human discord, its social dimensions must be examined.

Indeed, there is much 'nurture' in bias and bigotry, with many environmental and cultural cues. We are not necessarily born hating blacks or gays or Jews. This is not in dispute. Even those researchers who are interested in the individual's psychopathologies appreciate that "any serious effort to examine the psychological etiology and consequences of racism need to consider the larger social context."[11] Thus, we must first examine the cultural conditions that lead to social, inter-group discord, particularly as pertinent to antisemitism.

When individuals and groups experience unusual, prolonged adversity and its resulting stress, the weaker among them may succumb to alternate sense-making ideation in the form of conspiracy thinking. As American political economist Marvin Zonis explains, when the realities of change outpace individuals' capacities to adapt, a crisis often ensues which "induces regression in mental processes and facilitates the eruption of more primitive ideation."[12] In conspiratorial thinking, there is the perception of the existence of a hidden reality behind the familiar reality, the idea that what

one thought was going on the whole time was in fact an illusion or conspiracy. The frustrated individual— so as not to be taken for a fool—wishes to resist these hidden forces, to afford himself a sense of agency. However, as Zonis explains, conspiracy thinking has such universal appeal precisely because 'hidden forces' are so hard to prove and so difficult to fight. Drawing a parallel to religion, Zonis notes "Even as it terrifies, it can comfort: everything's out of your hands."[13]

More so than other forms of bias, antisemitism at the subclinical, social level is associated with conspiracy thinking.[14] As is well known, since their expulsion from their ancestral home and subsequent global dispersal as unwanted minorities in various host cultures, Jews have served as scapegoats. While a scapegoat is an external symbol, it is the result of *projection*; an unconscious defensive process wherein disavowal of one's own evils is reified in an object of blame. The individual projects his or her own unacceptable behavior and fears onto various outgroups (racial, ethnic, religious, sexual minorities), scapegoating them for his own or his group's problems. Over the centuries, as the ill-conceived animosity towards Jews evolved for a myriad of reasons (the voluminous accounting of which space does not allow), Jews became closely associated with the psychodynamics of blame. After generations of unabated reinforcement, their scapegoating became a kind of reflex. This is underscored by the findings of Moroccan-French American psychoanalyst Danielle Knafo who observes that in psychoanalysis, the emotional conflicts of patients are often conveyed in terms of religious, racial, or ethnic stereotypes. As Knafo relates, "Patients bring up antisemitic feelings at critical times during their therapy."[15] One can assume that 'the Jews' likely had little to do with patient predicament; rather, their invocation is a non-sequitur *reflex*, underscoring their status as a symbol, a scapegoat. As Israeli psychologist Avner Falk explains, the antisemite, in confrontation with reality that subverts his narcissistic illusion of omnipotence, pours out his narcissistic rage on the Jews rather than face the pain of his own broken dreams.[16] Here, Jews-as-scapegoats exists at a subconscious level, finding unexpected expression when patients' guards are down.

But the tragic history of Jewish scapegoating can only be analyzed socio-historically and in retrospect, and therefore not scientifically. For more sound research, Zonis examines the phenomenon of rampant antisemitic conspiracy thinking in today's Middle East. In his research, Zonis identifies that a disproportionate numbers of Arab-Muslim populations are particularly vulnerable to conspiracy thinking due to their sense of prolonged disenfranchisement and personal helplessness in the social-political world.[17] This chronic stress caused by lack of agency may be due to authoritarian and corrupt regimes, restrictive religion, pervasive child abuse and abuse of women, extreme poverty, cultural alienation, and other factors.[vi] But it breeds virulent antisemitism. Indeed, the Arab-Muslim populations of the Middle East have the highest rates of antisemitism in the world. And while some might immediately point to the Arab-Israeli conflict to explain the staggering statistic of 93% of Palestinians harboring antisemitic feelings,[18] it is telling that Palestinian ire is very often directed not at Israelis but at Jews, invoking classic, *pre-*

[vi] Normalized tribal practices include widespread child pedophilia and pederasty, pornography, genital mutilation, beatings, sex slavery, sex trafficking, rape, and 'honor killings.' Young boys and girls scarred from such incessant, culturally-sanctioned abuse are filled with shame and anger. It is in *this* state of mind that they are then exposed to mosque indoctrination, where their rage is successfully and not surprisingly re-directed toward imagined 'infidels' and 'occupiers.' These desperate conditions certainly have an impact on individual and collective mental health. See Phyllis Chesler, *Turning a blind eye to Islam's brutal treatment of women*, National Post, March 12, 2011 and http://www.phyllis-chesler.com/topics/1/islamic-gender-religious-apartheid

Zionist antisemitic tropes, such as describing Jews as pigs and apes, (despite being some of the most educated and secular in the Arab world.) Thus, what should essentially be a territorial dispute devolves into symbolic demonization, where negotiation is unacceptable since the Jew is viewed as a filth-ridden prohibited animal, or a pre-human primate.

Interestingly, on occasion, a member of the group emerges who does not subscribe to the unexamined stereotypes and perpetuation of hate so common in Arab-Muslim communities of the Middle East. How can this individual risk opposing the metanarrative about the 'evil Jews' at his own peril? Genocide scholar Steven K. Baum explains that research on *non-prejudiced* persons suggests that such individuals are less identified with their social and political identity and more focused on their personal and emotional life, or personal identity.[19] These emotionally developed individuals may or may not have evolved from less authoritarian backgrounds, but were able to achieve the highest stages of cognitive, emotional and moral development and less prone to believing the cultural myths that propagate hate.[vii] Thus, according to Baum and several other prominent researchers, the views of the subclinical majority can be reversed.[20] American professor of psychiatry Alvin F. Poussaint also emphasizes the reversibility of bias when he relays that in some of his patients, "fixed belief systems impervious to reality checks were symptoms of serious mental dysfunction. When these patients became more aware of their own problems, they grew less paranoid—and less prejudiced."[21]

In the West, Baum states that antisemitism has often been wrongly "reduced to a social problem, its fallout often dismissed as a prank or hooliganism." With the current resurgence of antisemitism in Europe, clearly this explanation is inadequate. Recognizing that the divide has never been fully addressed in psychiatry, Baum asks, "where do social delusions end and psychological ones begin?"[22] At this point, we can suppose a psychological divergence between those who recognize their own psychodynamic processes of frustration and projection, and are able to self-defuse, and those who do not or cannot. In *The Nature of Prejudice*, Allport describes a 5-point prejudice scale, to illustrate a slippery slope. According to Allport, in the first stage, conspiracy thinking and scapegoating lead to verbal expression of antagonism. In the second stage, the individual actively avoids members of the disliked group. The third stage progresses to active discrimination against the outgroup, and the fourth to physical attack. Finally, the last stage is the group's extermination through lynchings, massacres or genocide. At some point in these five stages, social delusions indeed end and individual ones begin. Let us examine the drift into mental illness.

[vii] After administering psychotherapy to 150 imprisoned Muslim men in a European prison, and comparing them to their non-Muslim inmates, Danish psychologist Nicolai Sennels concluded that Muslim cultural and religious experience played a central role in their psychological development. His most striking insight concerns the culpability of the Muslim concept of honor, so central to social and political life. As Sennels explains, "Instead of being flexible and humorous, they become stiff and develop fragile, glass-like, narcissistic personalities." See Nicolai Sennels, *Muslims and Westerners: The Psychological Differences* In New English Review (May 2010) http://www.newenglishreview.org/Nicolai_Sennels/Muslims_ and_Westerners%3A __The_Psychological_Differences/

Antisemitism as Mental Illness

It has been broadly proposed by several prominent researchers that racist and antisemitic feelings, thoughts and behaviors can be *a principle co-occurring symptom* of psychopathology, including anxiety disorder, delusional personality disorder, and narcissistic personality disorder.[23] On this point, there seems to be more consensus than not. In 1996, American psychiatrist and neuroscientist Mortimer Ostow did a major study and concluded plainly that "to the question of whether there is a mental health component to antisemitism, the answer at least statistically, is yes."[24] Through his interviews with patients, Ostow found that the more one held antisemitic beliefs, the more likely they were to harbor psychotic thinking. The most pathological patients harbored the most antisemitic responses. Conversely, persons who believed the less antisemitic stereotypes had less pathological thought.[25] More recently, American psychologists Carl C. Bell and Edward Dunbar used a prejudice rating scale to assess and describe levels of prejudice. They too found clear associations between highly prejudiced people and other indicators of psychopathology.[26] Of course, correlation is not causation and there may be patients who are psychotic and not antisemitic, just as there may be antisemites who are not psychotic. Nevertheless, the statistical co-occurrence is significant and thus worth examining.

What separates 'social antisemitism,' if you will, from antisemitism as a sign of psychiatric illness? Or as historian and preeminent expert on antisemitism Robert S. Wistrich asks, "At what point does 'normal' ethnocentrism turn into xenophobia, racism and antisemitism? When does family or group egoism, the tendency to exclude or distrust the other turn into hatred, aggressive hostility, deliberate persecution, even massacre?" And, as in the extreme case of Nazism, Wistrich continues, "how do racist fantasies acquire a genocidal dynamic that attributes intrinsically evil qualities to the identity and being of the mythical enemy, whose existence is so threatening that he must be totally destroyed?"[27] Let us examine antisemitism as a co-occurring symptom in psychopathology.

In the later 1990s, Dunbar sought to explore the clinical manifestations of the prejudiced personality. He juxtaposed *DSM* diagnostic criteria for psychopathology with Gough's Prejudice Scale. Results indicated that clinician ratings of outgroup bias were significantly related to psychopathology, specifically paranoid, borderline, and antisocial disorders.[28] Here, in order of deterioration, are some of the psychological markers.

Irrationality and Contradiction

The first signs of psychological disturbance may be expressed rhetorically. The main distinguishing characteristics of this speech are irrationality and its attendant contradictions. As eminent British historian Paul Johnson explains in the *The Anti-Semitic Disease*, what struck him as an historian surveying antisemitism worldwide over more than two millennia is "its fundamental irrationality." Remarkably, Johnson demonstrates that in all of the history surveyed, "it is hard to point to a single occasion when a wave of antisemitism was provoked by a real Jewish threat (as opposed to an imaginary one)."[29] At infinitesimal numbers, Jews are not known for their fear-inducing presence. A largely peaceable people, they have contributed significantly to, rather than

detracted from the betterment of world civilization, especially proportionately to their numbers. Any rational observer might conclude that they are more an asset than a threat to humanity. And yet, the opposite is true: they are historically and to this day, the most vilified of nations, whether in or out of their homeland. Furthermore, even in their complete absence and any empirical evidence, irrationality figures prominently in ruminations of them. In Japan, for instance, antisemitism is common even though there has never been a Jewish community there of any size.[30] This is a known condition called "anti-Semitism without Jews" and it underscores the universal need for scapegoating at the expense of rational thought.

If one of the principal traits of the rational mind is an ability to distinguish between binary or polar opposites, an immediate problem arises with antisemites. As Johnson explains, "Asked to explain why they hate Jews, most antisemites contradict themselves."[31] He cites examples from his interviews: "Jews are always showing off; they are hermetic and secretive. They will not assimilate; they assimilate only too well. They are too religious; they are too materialistic, and a threat to religion. They are uncultured; they have too much culture. They avoid manual work; they work too hard. They are miserly; they are ostentatious spenders. They are inveterate capitalists; they are born Communists," and so on.[32] In his book *Spain Derailed*, Gustavo Perednik observes similar, striking contradiction when he notes, "The Jews were accused by the nationalists of being the creators of Communism; by the Communists of ruling Capitalism. If they live in non-Jewish countries, they are accused of double-loyalties; if they live in the Jewish country, of being racists. When they spend their money, they are reproached for being ostentatious; when they don't spend their money, of being avaricious. They are called rootless cosmopolitans or hardened chauvinists. If they assimilate, they are accused of fifth-columnists, if they don't, of shutting themselves away," and so on.[33] There is a consistent pattern of inconsistency and illogic when it comes to antisemites, unique in the repertoire of prejudice. It fascinates and vexes the rational mind that knows one cannot be one thing and simultaneously its opposite. This indeed is the red flag in the mental well-being of the individual who harbors such irrational contradictions[viii]

In their studies, Bell and Dunbar wish to identify signs or symptoms of bias that would constitute more clinical significance. They found that beyond contradictory and illogical rhetoric, the primary sign or symptom of a more serious nature is "intrusive ideation and intrusive rumination concerning outgroup persons;" that is, an unusual or otherwise unwarranted preoccupation with the outgroup to levels of aversive affect.[34] Excessive and aversive preoccupation with outgroups, especially when a person has little contact with other groups, can cause significant impairment to the holder of the biased beliefs. "Aversive affects with contact experience and relationship-damaging behaviors employed in benign contact situations" are signs that serious attention to the consequences of the condition is warranted.[35] Here is where we may cross the clinical line from an irrational belief system to psychological disorder.

[viii] More typical in the West, this subclincal, illogical, rhetorical antisemitism is common in the politically-correct, pseudo-liberal circles of left-leaning media, 'progressive' political activists, and of course, in academia. Insular and given to fads, many academics take up 'anti-Zionism' to demonstrate their erudition vis-à-vis postcolonial politics. They demonize and boycott Israel, all while holding down endowed chairmanships named after Jewish alumni donors. Ambivalence *par excellence*. See Ruth Wisse, *Antisemitism Goes to School* in Mosaic, May 2015.

Phobia

Complete avoidance, Allport's second stage on his prejudice scale, is a symptom of phobia. A type of anxiety disorder, a phobia is usually defined as a persistent fear of an object or situation in which "the sufferer commits to great lengths in avoiding, typically disproportional to the actual danger posed. If the object or situation is encountered, the phobic individual experiences great distress." [36] When these irrational fears and reactions result in interference with social and work life, the individual is suffering from a mental disorder.

As early as the late 19th century, the Jewish physician Judah Leib Pinsker preferred the term, 'Judeophobia' to the word 'antisemitism' (coined, incidentally, by German nationalist Wilhelm Marr in 1879 to give his own hatred an official, pseudoscientific name.) As Israeli-American journalist Daniel Greenfield explains, Pinkser recognized the irrational fear at the heart of the condition, underscoring that more than prejudice, hatred of Jews resembled an anxiety disorder—a mental illness.[37] Thus, Pinsker based his term 'Judeophobia' on demonophobia, a fear of demons—common in all cultures—as the fear seemed to resemble a medieval superstition more than a simple bias. It also seemed to emphasize for him the extent to which delusional beliefs were given such great force in the psyche. Greenfield concurs that Pinkser's use of the term 'Judeophobia' is more accurate to describe the demonopathic anxiety disorder inherent in antisemitism. But he also points out that at clinical levels, like other forms of mental illness, it is likely hereditary and requires serious psychiatric intervention. This underscores the limitations of grouping antisemitism with a generalized multicultural construction of 'race,' since cultural exposure and 'sensitivity training' are not the answer to psychiatric illness. Looking to Pinsker, Greenfield concludes that "It is time to abandon discussions of antisemitism as if it was a racial prejudice that could be resolved with a little communication... and acknowledge and begin to treat Judeophobia for what it is; a mental illness suffered by both Jews and non-Jews."[38] While it is beyond the scope of this paper, Jewish Judeophobia and internalized antisemitism is a phenomenon unto itself and well worth examining for a deeper understanding of both psychological self-hatred and intra-religious conflict.

Paranoia and Delusion

As we progress from irrational belief systems to phobia, we turn to paranoia, a clinical presentation of conspiracy thinking explored earlier. Paranoia is less an isolated mental illness as much as a thought process, seen in many mental disorders. As a thought process, paranoia is believed to be heavily influenced by fear and anxiety, often to the point of delusion.[39] A delusion is a belief held with strong conviction despite superior evidence to the contrary. The individual forms the delusion as a means of reducing his own anxiety. As Zonis explains, "delusional reconstruction of reality often brings a sense of relief to the [paranoid] patient, for now he 'knows' what the danger is, and something can be done about it."[40] Paranoid thinking typically includes persecutory beliefs, a perceived threat towards the self. Thus, distinct from the irrational fear displayed in phobias, paranoia involves blame. Identifiable characteristics include preoccupation with hidden motives, fear of being deceived or taken advantage of, self-righteousness,

argumentativeness and making false accusations. This kind of intense distrust of others may be accompanied by a sense of rage, betrayal and hatred.[41]

In this context, antisemitism may be understood as a delusion or series of delusions resulting from paranoid thought processes. While paranoid/delusional disorders are of course featured in *DSM*, no kind of bias is mentioned. Poussaint recognizes the need for more specificity. He recommends that a 'sub-type' be specified under the paranoid/delusional condition. Using the *DSM*'s structure of diagnostic criteria for delusional disorder, Poussaint suggests the following sub-type:

> ***Prejudice type:*** *A delusion whose theme is that a group of individuals, who share a defining characteristic, in one's environment have a particular and unusual significance. These delusions are usually of a negative or pejorative nature, but also may be grandiose in content. When these delusions are extreme, the person may act out by attempting to harm, and even murder, members of the despised group(s).*[42]

Thus, in the case of antisemitism as the 'Prejudice type,' the paranoid/delusional patient could be viewed as blaming 'the secretive Jews' for plotting against him and bringing about his misfortunes and failures (which may be further corroborated by available cultural cues.) The patient utilizes antisemitism as an anxiety-reducing, relief-giving 'answer' to his considerable distress.

Passivity seems to underscores paranoia as it does subclinical conspiracy thinking. The individual places him- or herself at the center of attention of "a malevolent coalition, which he or she is helpless to counteract."[43] Australian psychiatrist Russell Meares emphasizes that passivity is related to regression to a Freudian stage termed infantile narcissism, where the patient's helplessness causes 'psychic disintegration.'[44] This regression explains the prominence of projection as the primary defense. Indeed, Austrian-British psychoanalyst Melanie Klein believes projection is perhaps the earliest and most primitive defense, which supports the primordiality of xenophobia as earlier discussed.[45]

Delusion and Projection

American psychiatrist Theodore Isaac Rubin is also quite convinced that antisemitism is a symptom of serious mental illness, as his 2009 book entitled *Antisemitism: A Disease of the Mind* suggests. Rubin outright calls antisemitism a 'malignant psychiatric illness' and a 'grievous psychodynamic disorder.'[46] While acknowledging the socioeconomic, political, cultural, and historical dimensions at the outset, he exclaims that there is a clear and sizeable gap in research on the psychodynamics of the illness. To this end, his own contribution is an apt psycho-semiotic metaphor he calls 'Symbol Sickness.'

According to Rubin, symbols and the object they represent can become separated. That is, the signifier can gradually detach from the signified or the referent and become autonomous to the point where the referent is obliterated. In the case of the word (or symbol or signifier) 'Jew,' for most it may represent a person, but for others it may

conjure characteristics, traits, myths.[ix] The gap between the symbol and the referent varies proportionate to psychopathology, such that various forms of intensity exist, from subtle neurotic manifestations, to psychotic and sociopathic mechanisms. Of course, not all people who summon negative associations with the signifier 'Jew' are mentally ill, as he concedes to cultural cues that are both learnt and internalized at subclinical levels. Nevertheless, according to Rubin, for extreme antisemites, there is always an emotional disturbance. In those who suffer from severe symbol sickness, the symbol (Jew) is not only dislodged from its object (a human), it is also removed from the central thinking process of the host. As Rubin explains, "The individual isolates him or herself from their own central identifying self. The symbol is now autonomous, an emotionally-laden construct out of the host's control. It is now free to take on any and all grotesqueries, providing a foil on which to project one's inner conflicts, frustrations, ambivalence, and self-hate."[47] Projection takes place particularly in conflicted areas of the self (sex, money, power, etc.), and in order to encompass the conflicting extremes, superlative, polarized opposites are projected onto the symbol (brilliant/moronic, all-powerful/weakling, sophisticated/coarse, money-lover/intellectual snob, human/inhuman.) The symbol is illogically distorted as inner necessity dictates—a delusional disorder.[48]

There is great emotional investment, tenacity and rigidity surrounding the delusional belief system due to the fear of self-confrontation and the comforts of passivity. If the patient cannot project his inner conflict onto an outside symbol, he is forced to take responsibility for his own difficulties.[x] Therefore, it behooves him or her to sustain the project and to feed, extend and strengthen it through outside means. Indeed, as Rubin explains, "the disturbed seeks out the most prejudicial elements from the environment to prop up his or her unifying belief system. These give a sense of 'synthetic aliveness,' which needs constant fueling."[49] This vicious cycle, bred in part in the social context, leads Rubin to describe antisemitism as contagious. Because it is 'an easy solution' for many in the masses who are suggestible, Rubin sees it as a chronic pandemic. As he explains, "gullibility is increased with loss of self, especially for people in a chronic transitional state; it provides a landmark."[50] In severe cases, obliterating one's conscience to be above morality—godlike, megalomaniacal—can also be contagious, constituting group psychosis, as in the case of the Nazis.

Infectiousness

While mental illness is of course an individual pathology, the social context acts as breeding ground for the spawn and spread of the malady. As history has shown, the virus of Jew hatred may lay dormant for a period and then flare up with astonishing potency, becoming endemic in certain localities and societies. This underscores the importance of further examining group contagiousness. In this final section, I explore collective imaginaries, group gullibility and the epidemiological force of antisemitism.

[ix] Italian scholar Riccardo Calamani explains that among many European Christians today, the terms (symbols) Jew, Israeli, Zionist, and Semite are often confused and interchanged. The dismissiveness of indiscriminately meshing these four very distinct terms is a good example of how the distorted symbol, or stereotype operates.

[x] American psychoanalyst Nancy Kobrin, explains that in the case of Islam in the Middle East, "it is the perfect religion to give justification for those who feel under attack and to maintain the eternal 'victim' fantasy... It's perfect for a fragile personality that has the need to hate and the need to have an enemy." See Sennels above.

Groups have 'psychological' processes as well. As already discussed, they have "a conscious and unconscious need for identity, boundaries, allies, and enemies."[51] When a real or imagined enemy is identified, all manner of evil may be perceived in it. As Rubin explains. "The enemy now appears not as an individual or group with needs, motivations, and goals which arise from quite separate or different concerns, but only as a malevolent force whose sole purpose is to destroy one's most precious asset, the majority group's ideology." Actions against the enemy may be explained as punishment for the collective narcissistic injury to the group, or as the projection by the offended party of its own disavowed evil," a collective pathology.[52] As Falk explains, when the narcissistic rage of the group is unleashed, the group is able consciously to stamp down empathy and produce the terrifying herd or 'mob' mentality, where otherwise morally-informed decisions are made based upon the actions of others.[53]

Group mentality and mass delusion go back a long way. As we have seen, the delusions of demonophobia was pervasive in earlier chapters of human evolution. Sander Gilman traces the Jew as symbolic "leper" to the Middle Ages when Jews were thought to carry and thus blamed for transmitting diseases. As Gilman explains, such thoughts encouraged and escalated a sense of paranoia amongst populations that feared epidemics of disease and searched for their cause.[54] British scholar Norman Cohn traced more recent group demonization to the myth of "a Jewish conspiracy to rule the world," mainly expressed in the fraudulent Protocols of the Elders of Zion— an anonymous *group* effort. Cohn analyzed the worldwide spread and acceptance of the forgery as a phenomenon of collective psychopathology. As he explains, "The Protocols combined medieval demonopathy with modern xenophobia, reflecting the complex structure of modern antisemitism in its most virulent form."[55]

The most calamitous manifestation of group psychosis is of course with Nazism. One of the psychological processes that enabled severe antisemites such as the Nazis to murder gays, Gypsies, Slavs, and six million Jews without feeling remorse, shame, guilt, or horror at their own actions, was that of collective or group demonization and dehumanization. The killers had convinced themselves *and one another* that the people they were killing were not human, and that they needed to be destroyed. Later, during the Nuremberg trials, the most common justification offered by the aging Nazi officials for their wartime actions was that they were simply 'following orders,' thus immediately sharing responsibility with their group.[56] They were, of course, instructed by a leader who was by all account psychotic,[xi] but the more interesting question becomes, *What is the mental state of the group that would readily vote for such an individual and support his murderous agenda?* It is important to acknowledge that 'saner' figures than Hitler have also intentionally spread the virus of antisemitism, among them Martin Luther, Voltaire, T.S. Eliot, Chopin, Disney and Henry Ford. Being functional and subclinical, they used their status to disseminate their hate to the masses. Such a list of luminaries underscores the incredulity of the disorder: otherwise revered figures are able to demonize a segment

[xi] Adolf Hitler's personality was investigated posthumously through the use of the Coolidge Axis II Inventory, which is designed for the assessment of personality, clinical, and neuropsychological disorders. Five academic Hitler historians completed the CATI. Indicators for Posttraumatic Stress Disorder, Psychotic Thinking and Schizophrenia were all significant, with even greater indicators for Paranoid Personality Disorder, Antisocial Personality Disorder, Narcissistic Personality Disorder, and Sadistic Personality Disorder. Basically, he was certifiable. See Frederick L. Coolidge, Understanding Madmen: A DSM-IV Assessment of Adolf Hitler Individual Differences Research, (2007) Vol. 5, No. 1 pp. 30-43, www.idr-journal.com

of humanity, obliterate their empathy, compartmentalize their hate and infect countless others with no guilt.

As discussed, Twenty-first century antisemitism breeds anew in Middle East Arab-Muslim cultures. The passivity and frustration that underlies it is very much an insult felt by the community, in what are highly group-oriented cultures. Zonis proposes that the underlying 'ethnicneurosis' or 'ethnicpsychosis' of many Middle East cultures is paranoia and antisemitism the sign of their shared, severe 'symbol sickness,' if you will.[57] For example, today, the forged *Protocols* are most widely circulated in Arab and Muslim countries as authentic proof of Jewish malevolence. This leads to extreme demonization of neighboring Israeli Jews in the Middle East, and to much unprovoked violence and killing. Josef Joffe, the German Jewish editor of the German weekly *Die Zeit* believes that what he calls 'operational anti-Semitism,' the desire for physical elimination of the Jews (and Allport's final stage) has migrated from the West to the Islamic world where the fear and hatred of Jews, and the wish for their annihilation, has become endemic.[58] Though we see that it is also exported back into Europe, where large Muslim populations reside as disenfranchised *groups* in 'no-go zones,' particularly France.

Other scholars also emphasize group formation dynamics in antisemitism. In its current study, the focus of psychoanalytic scholarship on antisemitism has indeed shifted from the individual to the group, where group conscious and unconscious needs are explored along side classic individual defensive processes such as repression, displacement and projection. For instance, German sociologist Gunnar Heinsohn and psychoanalyst Chasseguet Smirgel have explored an evocative psychoanalytic theory of sacrifice and guilt to explain antisemitism.[xii] To them, antisemitism is a psychoreligious process, carried through the generations by the group. The Hungarian psychoanalyst Imre Hermann surveyed popular antisemitism from a Marxist viewpoint as an endemic collective mental illness that becomes epidemic at times of economic or political crisis. Hermann focused on Hungarian antisemitism, which led to Hungarian collaboration (an *inter-group* alliance) with the Nazis in the extermination of Jews in 1944.[59] Howard Stein links resurgent antisemitism in the post-Soviet liberated Eastern European countries to their need for reinvigorated national identity. Decades of suppression of their ethnic identity under former Communist rule generated an intense search for identity, as well as a designated enemy, even in countries like Poland where there were virtually no more Jews. Stein shows how the Jews were unconsciously chosen because "Jews remain the final reminder of ambiguity and uncertainty of all human boundaries, between self and other, between good and evil, between clean and unclean, between male and female, between all human distinctions."[60]

[xii] In this theory, ancient Jews' renunciation of child sacrifice alienated other ancient peoples who continued the practice, which caused the latter great guilt, and which symbolically survived the generations in the cannibalistic Eucharist. The guilt is unconsciously projected onto the Jews, as though they had themselves sacrificed the Son of God and then renounced the practice. Such myths derive their emotional power from the archaic sadomasochistic themes of the victim and the victimizer, the sacrifice and the sacrificer, which begin in the early infant-parent relationship, a unit-group. (Freud himself believed the roots of antimsemitism lay in the unconscious castration fear of the uncircumcised and their envy of alleged Jewish political and sexual superiority.) See Falk in endnotes.

Conclusion

Throughout, we have witnessed the historical endurance, depth, and ubiquity of antisemitism. We have examined the social, subclinical manifestations and witnessed the descent into mental illness, where antisemitism can be a co-occurring symptom or sub-type of major psychopathology. Despite the valuable findings of eminent psychiatrists, psychologists and other social scientist as reviewed above, the American Psychiatric Association has never officially recognized antisemitism nor any other form of extreme bias as a mental health problem, as evidenced by its omission from its primary index for diagnosing psychiatric symptoms. As a consequence of this oversight or denial, there exist significant gaps in both research and awareness on the psychodynamics of antisemitism. As Poussaint explains, this leads psychiatrists to think that "it cannot and should not be treated in their patients, as they continue perceiving it and other forms of severe bias as cultural and not pathologic." Poussaint pleads his case when he starkly concludes:

> "Clearly, anyone who scapegoats a whole group of people and seeks to eliminate them to resolve his or her internal conflicts meets criteria for a delusional disorder, a major psychiatric illness. It is time for the American Psychiatric Association to designate extreme racism as a mental health problem by recognizing it as a delusional psychotic symptom. Persons afflicted with such psychopathology represent an immediate danger to themselves and others. Clinicians need guidelines for recognizing delusional racism in all its forms so that they can provide appropriate treatment."[61]

Likewise, leading proponents of bias research Ostow, Bell and Dunbar clearly concur that intergroup bias constitutes a psychiatric condition and a public health risk that needs to be addressed. To their extreme skeptic Bell and Dunbar retort that, at the very least, intergroup bias is a relational disorder, which should secure its place in the *DSM*.

In this article, I used the gay activism of the early 70s and proposed an inverted model. I tried to argue that if gay activists' successful lobbying of the APA to eliminate gayness from the *DSM* did in fact reduce homophobia, perhaps Jewish (and non-Jewish) activism to *include* antisemitism in the *DSM* can increase its stigma and social unacceptability at the subclinical level, and develop effective treatments at clinical levels. If the APA has such de facto power to de-legitimize prejudice in our culture, we need at the very least to examine it as one more avenue in our fight against antisemitism. Thus, as a successful model of social engineering and cultural amelioration, I believe there is much to learn from the courage, resolve and tactical brilliance of the gay activist community who, in the process of claiming their dignity, helped to re-educate an entire profession.[xiii] The various findings throughout indeed underscore the need for a 'change of culture' at the APA, echoing 1973.

To be clear, my goal here is not to shame and stigmatize the truly mentally ill. Rather, I wish sympathetically to raise awareness of their anguish and suffering, as those

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[xiii] Barker raises an interesting question when he recounts that "during the development of the most recent *DSM*-V, the APA were lobbied by gay, lesbian and transgendered people, who were opposed to classifying "Gender Identity Disorder" as a 'disorder.' This echo of the removal of 'homosexuality' in 1973 reminds us that if sufficient pressure can be brought to bear, 'mental disorder' can be created or made to disappear. This begs the question: are psychiatric diagnoses *medical, social* or *political* phenomena?" See *Mental Health Ethics: The Human Context*, Phil Barker, ed. (Routledge 2011)

familiar with mental illness recognize. Psychopathological antisemitism should be regarded as a cry for help, whether from a crazed gunman in Kansas City, a delusional British politician or rock star, or an abused and despairing Arab teen. Imagine the relief such patients might experience if they began to realize that their intense hatred of Jews is misplaced, and that they *can* change the circumstance of their lives if they are willing to seek help. However, let me be equally clear that for the social antisemite—the self-righteous, postmodern academic who should know better, or the 'liberal' but hopelessly ill-informed Western journalist—I *do* believe shaming and stigmatizing is in order, because their bigotry, willful ignorance and spreading of misinformation is shameful and dangerous. A wide discussion linking antisemitism to mental illness may add a layer of reticence to their rhetoric.

While I have tried to support my assertions with evidence in this paper, I do not wish for it to be regarded as theoretical or academic, but rather a call to action! Jews in this and in other countries must come out, stand up and be counted. We must get angrier at every incident—whether Islamic or European, whether from the Left or the Right—and resist thoughts about its inevitability in favor of devising smart, reinvigorated strategies for curbing this misplaced and deadly enmity toward us. I call on researchers, scholars, academics, theologians and activists to consider new research with workable data, so that we may lobby the APA to convene an historic meeting, like 1973, to place antisemitism where it belongs, in the *DSM* as part of the sphere of mental illness. Otherwise, as Poussaint predicts "extreme delusional [individuals] will continue to fall through the cracks of the mental health system, and we can expect more of them to explode and act out their deadly delusions."[62] More concerning, they will continue to infect others and to provide unintended catharsis for social antisemites who will subconsciously condone their violence. And the cycle will continue.

References

[1] Mortimer Ostow, *Myth and Madness: The Psychodynamics of Antisemitism* (Transaction, 1995) p. 10
[2] Megan Sullaway and Edward Dunbar, *Clinical Manifestations of Prejudice in Psychotherapy: Toward A Strategy of Assessment and Treatment*. Clinical Psychology, (1996) 3(4), 296-309.
[3] John D'Emilio, *Sexual Politics, Sexual Communities.* (University of Chicago Press, 1983) p. 1
[4] John D'Emilio, *Making Trouble* (Routledge, 1992) p. 64
[5] Rodger Streitmatter, *Voices of Revolution: The Dissident Press in America* (Columbia University Press, 2001) p. 239
[6] Katharine S. Milar, *The Myth Buster* (2011), Vol 42, No. 2, accessed 2 October 2015, http://www.apa.org/monitor/2011/02/myth-buster.aspx
[7] Gordon W. Allport**,** The Nature of Prejudice (Doubleday, 1958) p.101
[8] Clarence Page, *Are racists mentally ill?* (2014), accessed 9 September 1015, http://articles.chicagotribune.com/2014-04-16/opinion/ct-racism-mental-illness-oped-0416 20140416_1_green-berets-jews-racism
[9] Allport, p.102
[10] Carl C. Bell and Edward Dunbar, *Racism and Pathological Bias as a Co-Occurring Problem in Diagnosis and Assessment* In The Oxford Handbook of Personality Disorders, Thomas Widiger, ed. (Oxford University Press, 2012), accessed 9 October 2015, http://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780199735013.001.0001/oxfordhb-9780199735013-e-32
[11] Ibid p. 698
[12] Marvin Zonis and Craig M. Joseph, *Conspiracy Thinking in the Middle East* in *Political Psychology*, Vol. 15, No. 3 (Sept. 1994), p. 443-459, accessed 4 September 2015, http://www.jstor.org/stable/3791815
[13] Ibid
[14] Ibid
[15] Avner Falk, *Collective Psychological Processes in Anti-Semitism* in Jewish Political Studies Review 18:1-2 (Spring 2006), accessed 7 October 2015, http://www.jcpa.org/phas/phas-falk-s06.htm
[16] Ibid
[17] Ibid
[18] Rebecca Shimoni-Stoil, *Poll: 93% of Palestinians hold anti-Jewish beliefs* in Times of Israel, May 13, 1024, accessed 30 August 2015, http://www.timesofisrael.com/poll-93-of-palestinians-hold-anti-jewish-beliefs/
[19] Steve K. Baum, *Antisemitism as Mental Illness*, (2005), accessed 13 October 2015 www.stevebaum.com/pdf/mentalhealth.pdf
[20] Ibid
[21] Alvin F. Poussaint, *Is Extreme Racism a Mental Illness?* In Western Journal of Medicine (2002) 176(1): 4, accessed 15 September 2015, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1071634/
[22] Baum, *www.stevebaum.com/pdf/mentalhealth.pdf*
[23] Bell and Dunbar, http://www.oxfordhandbooks.com/view/10.1093/oxfordhb/ 9780199735013.001.0001/oxfordhb-9780199735013-e-32
[24] Mortimer Ostow, *Myth and Madness* (Transaction, 1995), p.10
[25] Bell and Dunbar, http://www.oxfordhandbooks.com/view/10.1093/oxfordhb/ 9780199735013.001.0001/oxfordhb-9780199735013-e-32
[26] Ibid
[27] Robert S. Wistrich, *The Devil, The Jews and Hatred of the "Other"* In R.S. Wistrich (Ed) *Demonizing the Other.* (Harwood Academic 1999). p. 2
[28] Edward Dunbar, The Relationship Of DSM Diagnostic Criteria And Gough's Prejudice Scale: Exploring The Clinical Manifestations Of The Prejudiced Personality in Cultural Diversity and Mental Health, 1997;3(4):247-57, accessed 20 September 2015 http://www.ncbi.nlm.nih.gov/pubmed/9409070
[29] Paul Johnson, *The Anti-Semitic Disease* in Commentary Magazine, June 1, 2005, accessed 3 October 2015, http://www.commentarymagazine.com/viewarticle.cfm/the-anti-semitic-disease-9904
[30] Ibid
[31] Ibid
[32] Ibid

[33] *Antisemitism*, see https://en.wikipedia.org/wiki/Antisemitism
[34] Bell and Dunbar, http://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780199735013.001.0001/oxfordhb-9780199735013-e-32
[35] Ibid
[36] *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition, American Psychiatric Association, eds. (American Psychiatric Publishing, 2013)
[37] Daniel Greenfield, *Why Anti-Semitism is a Mental Illness*, 2005, accessed 27 September 2015, at http://sultanknish.blogspot.com/2005/07/why-anti-semitism-is-mental-illness.html
[38] Ibid
[39] *World English Dictionary*,10th Edition, 2009, accessed 14 October 2015, https://en.wikipedia.org/wiki/Paranoia#cite_note-1
[40] Zonis and Joseph, http://www.jstor.org/stable/3791815
[41] *Paranoia and Paranoid Disorder*, in Mental Health America, Harvard Medical School of Mental Health, accessed 4 October 2015, http://www.mentalhealthamerica.net/conditions/paranoia-and-paranoid-disorders.wiki.
[42] Poussaint, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1071634/
[43] Zonis and Joseph, http://www.jstor.org/stable/3791815
[44] Ibid
[45] Ibid
[46] Theodore Isaac Rubin, *Anti-Semitism: A Disease of the Mind*, (Barricade, 2011) p. 13
[47] Ibid, p. 26
[48] Ibid, p. 26
[49] Ibid, p. 37
[50] Ibid, p. 34
[51] Johnson, http://www.commentarymagazine.com/viewarticle.cfm/the-anti-semitic-disease-9904
[52] Rubin, p.34
[53] Falk, http://www.jcpa.org/phas/phas-falk-s06.htm
[54] Gregory E. Czarnecki, *Analogies of Pre-War Anti-Semitism and Present-Day Homophobia in Poland* in *Everyday Life of LGBT People in Eastern Europ*e, Roman Kuhar, Judit Takács, eds. Mirovni Institute, accessed 1 October 2015, http://www.policy.hu/takacs/books/isbn9616455459/
[55] Falk, http://www.jcpa.org/phas/phas-falk-s06.htm
[56] Rick Nauert, *Herd Mentality Explained*, accessed 13 October 2015, http://psychcentral.com/news/2008/02/15/herd-mentality-explained/1922.html
[57] Zonis and Joseph, http://www.jstor.org/stable/3791815
[58] Falk, http://www.jcpa.org/phas/phas-falk-s06.htm
[59] Ibid
[60] Ibid
[61] Poussaint, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1071634/
[62] Ibid