Editor's Introduction

The first five volumes of the *Journal of Muslim Mental Health* featured seminal studies that have profoundly shaped the interdisciplinary field of mental health among Muslim populations. Our contributing scholars introduced new psychometric scales tailored for research with Muslim populations; advanced theoretical debates on the intersections between religion, culture, and mental health; filled gaps in basic epidemiological data on diverse Muslim communities; offered innovative models for mental health services; and provided practical clinical pearls in cross-cultural mental health counseling. One of the major missions of the journal since its inception is to elevate the discourse in resource poor countries and help close the “90/10 Gap”, in which 90% of research resources and capacity is allocated to 10% percent of the global population (mostly the United States and Europe). Volume VI of the journal marks a major milestone in which we have transitioned to an open access model so that researchers and providers from across the globe may access our publication and more easily contribute to the literature.

Volume VI reflects the growth and challenges of the interdisciplinary field of mental health with respect to Muslim populations. Neil Aggarwal's “Medical Orientalism and the War on Terror: Depictions of Arabs and Muslims in the Psychodynamic Literature post-9/11” draws on Edward Said's landmark work on orientalism to examine and interrogate the psychodynamic treatment of the so-called “Muslim mind”. He demonstrates how writers draw on psychodynamic theory to psychopathologize Muslim societies, explaining away political behavior outside geopolitical or historical context. The literature tends to treat Muslims collectively as developmentally arrested, violent aggressors with primitive defenses. Aggarwal's paper raises questions beyond how does publication bias against Muslims emerge; for instance, what is the role of psychodynamic theory in analyzing ethnic and religious groups' behavior? How can psychodynamic theorist “objectively” explain political events outside the context of political history? What is the responsibility of the editorial and peer review process in preventing orientalist rhetoric? What is the impact of this rhetoric on how mental health professionals approach the Muslim client?

An emerging field of inquiry in the mental health service literature takes up the potential contributions and roles of community mental health workers, including religious authorities and chaplains. Given that religious people, across traditions, often feel more comfortable reporting their emotional distress to religious authorities, chaplains may play a central role in identifying and managing mental illness and may also help refer people to mental health professionals. Islamic chaplaincy is a relatively new discipline beginning to form its professional identity in relation to the field of mental health specifically and the health care industry as a whole. In her article "Muslim Chaplain's Role as Perceived by Directors and Chaplains of New York City Hospitals and Health Care Settings," Wahiba Abu-Ras examines the perceived role of Islamic hospital chaplains among New York City hospital pastoral care directors and chaplains. She compares the different perceptions pastoral care directors have about the role of the Islamic chaplains to the ways chaplains define the roles of Islamic chaplains. While chaplains identified leading prayers, serving as cultural brokers, and providing spiritual support to Muslim patients as the primary work of an Islamic chaplain, the directors ranked conducting religious services and community outreach as the least important priorities of an Islamic chaplain in the hospital. As professional credentialing bodies develop core competencies for Islamic chaplaincy, it will be critical that the various stakeholders, including hospital administrators and practicing chaplains, align their visions for the role of Islamic hospital chaplains. Abu-Ras's article documents the growth of this emerging discipline as well as the challenges in building a consensus over the nature and future of Islamic chaplaincy.

Over the years, the *Journal of Muslim Mental Health* has played an instrumental role in providing psychometric scales for mental health researchers who work on different Muslim populations. In this issue two scales are validated by two different teams of contributing scholars. In "Initial Development of the Iranian Religious Coping Scale", Abdulaziz Aflakseir and Peter Coleman validate a religious coping scale that draws on Pargament's Religious Coping Scale but also incorporates Islamic principles. Religious coping may be framed in positive (increased sense of spirituality, security, meaning, and connectedness) or negative (increased sense of existential insecurity and discontent and deserving punishment) coping styles. While this scale was validated in Iranian university students, who are presumably Shi'ite, the items of the scale will likely be relevant for other Muslim populations as well. Jeffrey Bjorck and Audrey Maslim's article "The Multi-Faith Religious Support Scale: Validation with a Sample of Muslim Women" validates the Multi-Faith Religious Support Scale in an internet-based sample of Muslim women in North America, which is specifically designed to be used across religious orientations. However, as the authors note, their sample may limit how far the scale might be generalized. In this study, participants' identities could not be validated since it was in-

ternet-based; 60% of the sample were converts, which likely underrepresents immigrant and second-generation American Muslim women; all subjects were visitors of a Muslim women's magazine website, which may bias the sample, drawing younger, religious, and middle-class women. Although sample bias continues to be a challenge as researchers devise and revise whether and which scales are appropriate, Bjorck and Maslim provide several interesting insights. Participants who rated "support from Allah" as high were more likely to report higher life satisfaction and less depression. Among the several other interesting findings, a relationship between support from religious leader and greater life satisfaction and less depression was also noted. While these correlations clearly do not prove causation, findings may have implications regarding the significance of spirituality and religious leadership as a source of emotional support.

Finally, Yagoub Al-Kandari argues, in his article "Religiosity, Social Support, and Health among the Elderly in Kuwait," that the benefits of religiosity and social support are not limited to psychological well-being, they may also be associated with physical health. He reports that among elderly Kuwaitis, religiosity was associated with lower blood pressure as well as lower score on a somatic symptom checklist. While, again, this cross-sectional study cannot demonstrate causality, it suggests that nurturing spiritual health may improve overall health in the growing demographic of elderly populations.

We debut our first open access issue with much excitement and anticipation of the growth in our readership and in drawing an even wider set of contributing scholars from around the world. Although this issue is representative of the interdisciplinary scope of research the journal features, it is not a comprehensive reflection of the work we publish. We will continue to feature special, thematic sections in the journal, such as Islamic Ethics & Law, Historical Perspectives, Book Reviews, Family & Youth, and Global Health Policy. We especially encourage clinicians to submit case studies to our Cultural Formulations section that demonstrate the role of religion and culture in psychotherapy. We also welcome Islamic chaplains, imams, faith leaders, and other experts to offer innovative models for integrating spiritual care in mental health settings in our Faith-Based Practice section.

We thank all the readers, peer reviewers, editors, and contributors to the journal. For further questions, inquiries, or article submission, please contact journal@muslimmentalhealth.com.

Sincerely,

Dr. Hamada Hamid
Editor-in-Chief