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The Negative Impact Of Islamophobia On The Mental Health Of Muslims Living In Park Circus.

Gungun Islam
(MPhil in Sociology, Jadavpur University, India)

Abstract
This Qualitative Study Set Out To Comprehend The Negative Impact Of Islamophobia On The Mental Health Of Muslims Living In Park Circus, Kolkata. 20 Participants Living In The Park Circus Area Were Contacted For An In-Depth Semi-Structured Interview. Three Main Topics Emerged From The Data Analysis: 1) Muslims Living In The Park Circus Area Encounter Islamophobia In Various Forms; 2) Islamophobia Impacts The Mental Well-Being Of Muslims. 3) Interpretations Drawn From The Data Analysis Provide Light On The Psychosocial Effects Of Being Subjected To Islamophobia. Additionally, It Includes Information On The Coping Mechanisms Employed By Muslims To Lessen The Effects Of Islamophobia And Maintain Or Develop Their Sense Of Self.

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I. Introduction

According to the 2011 census, there are approximately 172 million Muslims in India, representing 14.2 percent of the country's population. Although there are more Muslims in India than ever, just 33% of Hindus, who make up the majority of the country's population, consider Muslims to be close friends (Neha Sahgal, 2021). Anti-Muslim prejudice is more pervasive than ever in India with many recently passed bills targeting the population (The Wire, 2021). The recent increase in Islamophobia necessitates a mental health perspective that considers the stigmatized status of Indian Muslims and the effects of Islamophobic prejudice on mental health. In this article, I aim to broaden the conversation on the increase of Islamophobia to a discussion of how Islamophobia affects the mental health of Muslims living in the Park Circus area by drawing on prejudice, inequality, and health paradigm. The research on health inequalities in relation to race, ethnicity, gender, socioeconomic level, and religion has been the subject of substantial, multidisciplinary research in social epidemiology, public health, and medical sociology (Gupta and Coffey, 2020). Many researchers in the United States have focused on understanding the quantitative differences in a wide variety of health outcomes by racial and ethnic group. They have also looked at mortality disparities in third-world countries with regard to racial and ethnic health (Burgard and Treiman, 2006). However, the relationship between mental health and Muslims in third-world countries is poorly understood. There is a severe paucity of research on Islamophobic incidents in India and how they affect one's psychological well-being. Islamophobia can have a negative impact on one's health by interfering with several systems, including interpersonal (social interactions and socialization processes) and individual (stress, anxiety, PTSD) (Samari,2016). As a cause of poor mental health outcomes and health inequities, Islamophobia demands immediate attention. The primary objective of this article was to analyze a profile of Muslim men and women living in the Park Circus area of Kolkata and examine how they comprehend and deal with mental health problems, which are frequently brought on by prejudice based on their identity as Muslims.

The rise of Islamophobia in India has now compelled reputable foreign organizations to take notice of it as the human rights report from the US Department of State claims that racial prejudice and violence against Muslims in India are widespread. The declaration was made by the state department in the chapter on India's "2021 Country Reports on Human Rights Practices." In addition to other issues, the report brought up discrimination against minorities in India, extrajudicial executions, inhumane treatment or punishment by police and prison guards, and arbitrary arrests and detentions by government officials (Scroll, 2022). In India, the Muslim community has constantly experienced oppression and has had their rights consistently violated over the past few decades (Naqvi, 2016). This has often led to a sense of insecurity among Muslims living in India. According to Nida Kirmani, insecurity is the biggest problem Muslims are facing right now in India, even when they hold a high position or live in a luxurious colony. This kind of insecurity frequently compels Muslims to

cohabitate because they believe it will deter potential attackers from targeting the neighborhood (Kirmani, 2008). Motivated by Nida Kirmani's work I wanted to conduct my fieldwork in one of the most renowned urban Muslim ghettoes in Kolkata to understand the various types of discrimination Muslims living in Park Circus face in relation to the unique aspects of their identity. Through this article, I attempt to familiarize the non-Muslim audience with Indian Muslims' unique needs regarding mental health and the Islamic faith. In addition, I also aim to understand the stigma of seeking mental health services in the Muslim community, as well as the association between mental health and spirituality.

II. Fieldwork in Park Circus

The fieldwork was conducted in Park Circus, Kolkata which is a densely populated Muslim Ghetto, located in the area adjacent to the Institute of Child Health, Kolkata's biggest childcare facility. In Park circus, one can also find the famous Quest Mall, home to many luxury brands like Gucci, Versace, and Michael Kors. Most of the people that live in Park circus are educated middle-class Muslims. The vast bulk of the population has lived here for at least 30 years. Though most of the residents of Park Circus share the label of being 'Muslim,' the area can by no means be classified as a homogeneous or unified community since it is home to both Bengali Muslims, non-Bengali Muslims, and a very few non-Bengali Hindus can also be found here. On the outskirts of Park Circus, however, there is a sizable and expanding population of destitute Muslim migrant workers who live in illegal structures next to the Maa flyover that connects Park Circus with the E M Bypass. This wider area is often referred to as the "Muslim belt" by residents of the area as well as by outsiders. Even though Park Circus is one of the most convenient areas in Kolkata because of its proximity to the south and north Kolkata, Savarna middle-class Bengalis often refer to the area as "unclean" or "home of rioters" and view it negatively. This kind of stereotype comes from the assumption that Muslims are violent and unclean; hence, the areas they live in must be unclean too. In recent years, this area has seen a lot of turmoil. In 2020, the protest against the CAA turned violent when the Muslim women protestors refused to leave the site of the protest. Besides this incident, Park Circus residents also witnessed several other religious-based riots, such as a recent violent protest against Nupur Sharma's (a BJP government leader) comment against Prophet Muhammad. It is common for the residents of this area to encounter violent protests regularly. When I started to inquire as to why people decided to reside in the Park Circus area, I received a wide range of responses, including economic factors, personal and family pulls, and the desire to be in a recognizable culture with a shared religious identity. There was a persistent fear of structural discrimination and religious-based violence among the residents. The overwhelming sense of unease and worry felt by the residents in the Park Circus area inspired me to investigate the effects of Islamophobia on the mental health of its residents. Initially, I faced difficulties gaining access to Muslim respondents. Something I did not anticipate as I thought my own identity as a Muslim would help me gain access to the people of my community very easily. Most of them did not want to speak to me as I was associated with Jadavpur University (an institution known for its upfront student politics.) In their eyes, the fact that I was a research scholar at Jadavpur University had more importance than my identity as a Muslim woman. After receiving some initial rejections, I was able to successfully schedule interviews with 20 people. This was made possible by my long-standing affiliation with Know Your Neighbour, a non-profit organization that does considerable work for Muslims in Kolkata. Even while the residents of Park Circus initially disregarded my identification as a Muslim as being of less significance, later, they believed that I could comprehend their experiences since I had lived them myself.

It is unfortunate that despite Islamophobia being prevalent, it has been understudied in terms of its effects on the mental health of the Indian Muslim community. There is a lack of substantial studies that have been able to capture the connection between Islamophobic incidents and how they affect the mental health of Muslims in India (Gupta and Coffey,2020). A variety of studies in the West have demonstrated that mental health problems, including anxiety, depression, and post-traumatic stress, are often associated with discrimination (Pascoe and Richman, 2009) Discrimination based on religion adversely affects millions of people's mental and physical health, pushing communities toward health crises. A recent study published in the Journal of Health Sciences found that Muslims in India were more likely to experience anxiety than Hindus. The study also found that mental health problems correlate substantially with age, education, media exposure, and gender (Ahmad, 2020). Thus, it is now essential to address how variations in mental health impact the present debate over the severity and implications of prejudice and socioeconomic hardship in India.

Predominantly, I used in-depth semi-structured interviews with Muslim residents living in the Park Circus area, to collect my data. Each interview consisted of 10-15 open-ended questions and included follow-up questions to delve deeper into each participant's unique experiences. (Seidman, 2006). I felt that choosing interviews as the data collection method allowed me to establish rapport and empathy with the participants, ask questions that guide the discussion, and incorporate probing questions to further delve into each participant's experiences. (Smith & Osborn, 2008). There were 20 participants who were included in the study. The ages of the participants ranged from 20-50 years old at the time of the interview, on average. The research consisted of

10 males and 10 females. The language disposition of the sample included 12 - Bengali Muslims and 8- Non-Bengali Muslims. I used Snowball sampling to recruit additional research subjects. A semi-structured interview schedule was developed, in accordance with relevant literature. However, the emphasis within interviews was on allowing participants to lead the direction of interviews, with open questions used as prompts.

III. Prevalence of Islamophobia in India

India is home to almost 200 million Muslims, albeit they are a minority in the primarily Hindu nation. Despite constitutional protections, Muslims in India have experienced systematic prejudice, discrimination, and violence since the country's inception. However, there has been a noticeable increase in Islamophobia since the BJP first took office in 2014 (Khan, 2020). This has resulted in several lynchings, many of which have been committed in the name of Gau-Raksha, or cow protection. (Maizland, 2020) After targeted violence continued to occur in its name, the Love Jihad narrative got legislative support in the shape of anti-conversion laws. (Guruswamy, 2020). The Runnymede Trust defined Islamophobia as "the dread or hatred of Islam - and, therefore, to fear or dislike all or most Muslims". Beydoun, in his book "American Islamophobia: Understanding the Roots and Rise of Fear", provided one of the most recent definitions of Islamophobia, defining it as "the presumption that Islam is inherently violent, alien, and unassimilable, an idea is driven by the belief that expressions of Muslim identity correlate with a propensity for terrorism. Beydoun went ahead to demonstrate in his work that Islamophobia can take many forms and not just one element, including private and structural Islamophobia as well as microaggressions, stereotyping, discrimination, verbal and physical harassment, and federal laws.

Private Islamophobia is the dread, distrust, and violent targeting of Muslims by private actors. Structural Islamophobia refers to the mistrust and fear of Muslims among government actors and institutions. He attempted to demonstrate structural Islamophobia by showing how the government promotes Islamophobia through its laws and practices (Zempi and Awan,2019).

In the case of India, one can easily identify the role played by the government bodies to promote structural Islamophobia by noticing the recent anti-Muslim laws. Human Rights Watch (HRW) recently released a report claiming that Indian authorities have enacted laws and policies that discriminate against Muslims and demonize those who oppose the government. In December 2019, the government approved a discriminatory citizenship law that has been specially designed to target Muslims in India. Jammu and Kashmir, the only state with a majority of Muslims, lost its constitutional autonomy in August 2019, and the government enforced limitations that violated peoples' fundamental rights. Most recently, a law against conversion was passed in three BJP-ruled states; it is applied to Muslim men who marry Hindu women (Guruswamy, 2020). The Indian government's activities infringe on both domestic law and India's commitments under international human rights law, which forbids discrimination based on race, ethnicity, or religion and mandates that all citizens get an equal level of legal protection.

IV. Negative Effects of Islamophobia on Mental Health

The literature on racial inequities in mental health can guide research into how different forms of socioeconomic disadvantage, such caste and religion, affect mental health outcomes (Williams, and Anglade, 2011). A study by the head of Standford Lab claimed that prejudice towards Muslims is widespread and very real. She discovered through her research that there was a direct link between prejudice based on race or religion and mental health. She adds that earlier research has found a connection between this discrimination and suicide attempts (Awaad, 2021). Another study by Kevin. L. Nadal found that Muslims who have perceived discrimination based on their Muslim identity were susceptible to mental and physical health issues (Nadal, 2012). It has been noted that incidents of Islamophobia can substantially impact mental health. For instance, numerous studies carried out in the wake of 9/11 in the United States reveal that Muslims reported higher rates of depression, anxiety, PTSD, and suicidal thoughts. 82% of those surveyed from this population have reported feeling "extremely unsafe" following 9/11 (Clay, 2011). A diminished sense of belonging and an increased sense of burden are caused by higher rates of racial or religious discrimination, and both of these factors directly contribute to the development of mental health crises (Khan, 2020). There is compelling evidence that prejudice, whether actualized or perceived, triggers stress responses and poor mental health (Myer, 2008). However, there is a lack of information on mental health in India, and there are no reliable national estimates of the prevalence of mental health issues (Gururaj and Gautham 2016). It is critical to remember that India is a third-world country, with most of the populace lacking access to mental health services. In India, most people continue to view mental health services as a privilege instead of a necessity for their well-being (Gupta and Coffey, 2020). The problem is made worse for a sizable minority of Muslims who lack financial stability. Another essential aspect is that, in addition to a person's financial position, the community's perception of mental health also has an impact on their ability to obtain mental health care facilities. Even those Muslims who are monetarily and

socially advantaged to receive counseling services face additional challenges of being stigmatized by the same community members.
So, in this research paper, I look at a few questions:

- What is the effect of Islamophobia on the mental health of Muslims living in the Park Circus area?
- How do Muslims perceive mental health, and what factors threaten their mental health amidst the prevalence of Islamophobia?
- How do Muslim communities deal with mental health issues, and how are they responding to such challenges?

While talking to the respondents about their experience of Islamophobia, 13 out of 20 people mentioned that Islamophobic incidents bother them and make them feel anxious. Sana Khan, a 23-year-old Master's student, mentioned to me the way Islamophobia affected her mental well-being.

"I have faced Islamophobia all my life. I remember one such incident when the 26/11 attack took place in Mumbai. Two of my male classmates jokingly mentioned in front of the entire class that if my family and I had anything to do with that. I did complain to the teacher she told me to forget about it as it was a silly joke. The incident affected my mental health in a bad way. For the next few days, I became extremely conscious of my identity as a Muslim. The negative impact of that incident was such, whenever someone was bringing up that topic and talked about the terrorist attack, I felt they were talking about me and felt extremely anxious."

It is important to point out that the feeling of anxiousness Sana felt after facing Islamophobia is not unnatural as in many research findings, it has been observed that there is a significant relationship between religious discrimination and subclinical paranoia (Rippy, 2006). Muslims have often experienced disbelief, confusion, shock, anxiety, fear, sadness, and anger after facing Islamophobic events (Barkdull, Khaja, & Tajalli, 2011). It has also been observed that Islamophobia has been found to impact Muslim identity in such a way that they often feel devalued in society. Many Muslims report feeling isolated and rejected when encountering Islamophobia; some even change their clothing to avoid being identified as Muslims (Barkdull, Khaja, & Tajalli, 2011).

For instance, Hifza Khan, a 25-year-old working professional, mentioned that.
"When I was in my third year, I went to Haj, so when I returned back to India, I started wearing Burka to college. Every day I would be bombarded with questions from my classmates and professors. They kept asking me why am I wearing this. Do I not feel hot? Some even had the savior complex where they wanted to save me from my parents and believed it was not my wish to wear the Burka, but my family was forcing me to wear it. I felt anxious about going to college for the next couple of months. I felt like people constantly judged me because of my clothes, which affected my mental health. I hated going to college, and my attendance dropped below 50%, significantly affecting my academics. By the end of the semester, I was so frustrated I stopped wearing a burka to college."

In her research paper, Rania Awaad noted that she had observed a clear connection between prejudice based on race or religion and mental health. She adds that higher racial or religious discrimination rates cause a diminished sense of belonging and increased understanding of burden. These factors directly contribute to the development of mental health crises. In the research, it was observed that Islamophobia disproportionately affected participants' mental health by increasing anxiety-related symptoms (Awaad, 2021).

Parvez Khan , a 47 -year-old working professional while discussing structural Islamophobia mentioned to me that
"For the longest time I was not given a promotion because of my identity even though I was the most qualified person in my department. These incidents do bother your mental health. You start doubting yourself. This kind of incident does not just happen in the private sector it is the same story in the public sector as well. My cousin brother a retired WBCS officer was often ill-treated by high-ranking officers for his identity. It became worse when he started working in Nabanna under the chief minister. He had become extremely depressed in the last stage of his career because of the constant humiliation he had to endure."

Considering the recent growth of Islamophobic incidents, both private and structural, 15 out of 2020 participants said they felt anxious, suggesting that this was a common reaction among the study's participants. The American Psychiatric Association's (APA) (2013) 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) lists several symptoms associated with anxiety, including nervousness, difficulty managing worries, restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep

disturbance. 7 participants reported that anxiety-related symptoms preceded the 2014 Loksabha elections. However, according to the other 13 participants, the onset of their anxiety-related symptoms happened following the increase in Islamophobia with the BJP government taking office. They believe that during this time, it became completely acceptable to harbour anti-Islamic sentiment in the country. A total of 8 participants mentioned that their anxiety symptoms were triggered in public because of a clear marker of their Muslim identity (wearing a headscarf). Additionally, 13 out of 20 participants reported that Islamophobia adversely affected their self-esteem. More female participants reported feeling insecure and having low self-esteem. In India, the three main factors that affect Muslim women's poor socioeconomic status are their level of education, their occupations, and the processes of ghettoization. Together, these three factors are responsible for Muslim women's dismal socioeconomic standing. (Sanyal, 2011) Anti-Muslim riots have repeatedly pushed the population to seek out safer areas, and ghettos have been developed as a result (Ali and Sikand, 2006). It goes without saying women are the ones who suffer the most from this painful ghettoization since it has an impact on how they relate to other communities and makes them more susceptible inside the already marginalized community.

Atufah Nishant, a 27-year-old working professional mentioned to me that
" I feel extremely blessed that I am able to understand when I feel anxious. I can understand the cause and I know what I need to do to feel all right. I can only imagine how difficult it must have been for my mother, and grandmother who did not know what they were going through."

The point Atufah makes is really important as many Muslim women who live in ghettos frequently lack access to even the most basic medical care. Since many of these women lack the vocabulary or expression to convey their emotions, mental health is an even more underappreciated concern. The stigma around mental illness is one thing that hinders getting care and undermines the system of services. (Patrick W. Corrigan, 2014) In the case of Muslims, socioeconomic backwardness is more prevalent among women. Muslim women have a low employment participation rate and mostly engage in low-remunerative self-employment. Muslim men frequently impose barriers on Muslim women's social mobility and involvement in public life, which disempowers Muslim women within vulnerable communities (Kirmani,2013). The experience of marginalisation within a marginalised community influences Muslim women's identity formation, resulting in many compromises to negotiate space within a broader context (Library of Congress, 2005). It goes without saying women are the ones who suffer the most from this painful ghettoization since it has an impact on how they relate to other communities and makes them more susceptible inside the already marginalized community (Ghosh, 2004).

V. Coping with Islamophobia

I listened to numerous testimonials during the interview regarding the presence and damaging consequences of mental health stigma on the lives of Muslims residents in the Park Circus area. Many participants voiced their concerns about how little the community talked about mental health. Five respondents brought up how individuals in the Muslim community generally tended to downplay emotions and restrict conversations about psychological issues to a minimum. Sarah Nishant pointed out that talking about mental health requires vulnerability from individuals, which can keep them from sharing. She went on to say, "*It's hard enough to talk to my family about these things. Talking to a stranger seems even worse."* Six other respondents expressed a similar discomfort at talking to family members about mental health problems. The stigma Muslims in the Park Circus felt seems influenced by familial viewpoints and opinions on mental health. Some participants shared how their families had the perception that mental health issues showed a lack of faith or confidence in God, which was interpreted as a sign that one was not a good Muslim.

A few participants mentioned how their families had taught them that praying and memorizing the Quran were the answers to all life's problems. As a result, a lot of families were not open to the idea of their family members receiving medical attention. This is not something just seen among the Muslims living in the Park Circus, Kolkata. A similar trend is also quite visible in the Muslim community living in other parts of the world. For instance, (Beydoun 2018) mentioned in his work that Muslims living in America often avoid taking help for mental health problems because of the stigma associated with mental health problems in the community. (Haque, 2004) has mentioned in his work that mental health problems are fraught with stigma among Muslims, and they often equate mental health problems with non-religious behavior. In the Muslim community, mental illness is commonly associated with metaphysical forces brought on by the victim's immoral behaviour and inherent frailty (Campbell, 2014).

Saif Mridha observed that there is a great deal of stigma surrounding the subject of mental health among Muslims because it is frequently connected to disloyalty to Allah. He further went on to say.

"In my family, it is believed that if you have been faithful to Allah, you should not experience any difficulties. So, if you are facing any difficulties in your life, you are expected to pray more consistently. Also, there are many stigmas attached to the topic of mental health. Last year my cousin sister had a panic attack and everyone in our family knew about this. It was a matter of shame and everyone had a different explanation. Most of it had to do with her being distant from religious activities. Instead of taking her to a therapist, my aunt took her to a religious leader because she thought my cousin was possessed by a jin"

Shame around mental health is evident among Muslims living in the Park Circus area of Kolkata. Mental health issues faced by the residents are typically underreported and neglected because they are afraid of being misunderstood by mental health professionals as well as of humiliation and reprisals from the community (Gupta and Coffey, 2020). Many Muslims heavily depend on social support from their family, friends, and community members when they feel anxious (Ahmed, 2011). Participants identified various activities with the Muslim community that was helpful for them, such as praying, being surrounded by Muslims who are confident in their religious identity, and attending Muslim conferences.

The symptoms and impairments of many mental diseases have been successfully treated with various treatments developed and evaluated. Unfortunately, those affected by these conditions frequently opt not to use services to their fullest capacity or do not seek them out. The stigma around mental illness is one thing that hinders getting care and undermines the system of services (Patrick W. Corrigan, 2014). The younger Muslim generation in the Park Circus area, however, deviates from the beliefs and principles of the community and has started seeking mental health services when they deem necessary. However, some of them mentioned to me that even though they were excited to go for a session they did not find therapists who could truly resonate with them. There was a perception among the respondents that the therapist did not fully comprehend the stress and anxiety that comes with living with Islamophobia on a daily basis. Roshni Islam mentioned that in her first year of college, she went for the free counseling service offered by her college. However, she felt that the counsellor did not fully understand how she felt and was unable to emphasize with her because of the clear difference between their religious positions in society.

"It can be quite challenging to discuss structural prejudice with a therapist, as can the anxiety that results from it. I did try, and honestly, she could not help me. She kept saying I needed to look at the good things about life. She advised me not to watch the news and to keep a gratitude journal in which I could write the things for which I am thankful. None of these things was helpful because Islamophobic incidents in my life continue even if I don't follow the news. I felt she could not understand the gravity of the situation because she had never had to face such kind of discrimination in her life."

Roshni stopped going to her college counsellor after experiencing a negative counseling session, and she began looking for a Muslim therapist instead. She was sincere in her desire for a therapist with a similar life experience since they would truly understand what it is like to deal with institutional discrimination. Roshni also stated that while she had difficulty locating Muslim therapists, once she did, she preferred her interactions with the Muslim therapist more than with her college counsellor.

"I truly enjoyed the session with Ms. Khan. I felt it was easier for me to connect with her because she has had a similar experience in her life. She told me that haters often reflect their insecurities on us, which has nothing to do with us. I wanted to continue my sessions with her, but her fee was very expensive, and it was not possible for me to afford that kind of money."

Roshni would have continued to see Ms. Khan as her therapist if it were not for the money because she assured her that her vulnerability would not be exploited and facilitated a place where she could voice her true opinions. Three other young respondents expressed a similar discomfort at being able to afford the expenses of therapy. The results demonstrated that younger Muslims do seek therapy when they feel burdened by mental health issues. However, they either discontinue or fail to try therapy because they find it too expensive. I raised an essential query on how the residents deal with any potential mental health issues prompted by the regular incidence of Islamophobic incidents. A lot of the respondents talked about the coping strategies they use when they can't access mental health services. While talking about the coping strategies used by the respondents to deal with mental health issues, around twelve respondents spoke extensively about how prayer and their relationship with Allah helped them manage stress. They talked about praying and reciting the Quran to feel calm and serene in difficult circumstances. A few people also remarked how the Quranic proverb "with sorrow comes peace" and the idea that everything happens for a reason. Some of them also mentioned that the five daily prayers offered them a chance in establishing routines and a day-to-day sense of purpose and also helped them avoid negative aspects in their lives. Similarly, a few respondents claimed that their adherence to Islam enabled them to cultivate a spirit of thankfulness and optimism. They found that counting their blessings made it simpler

for them to live contentedly. They also claimed that Islamic teachings had taught them to prioritize what was crucial and pay attention to what they could control. Most female respondents talked about how they are frequently able to refocus themselves and cease worrying about these uncertainties by reminding themselves to prioritize their relationship with Allah over the widespread anti-Muslim sentiment that is contaminating the nation.

They also expressed appreciation for their neighborhood's Muslim population. They discussed how pleasant it was to be able to relate to other Muslims in the area by sharing their Muslim identity. Residents were able to participate in religious events and connect with spirituality thanks to the presence of a religious community, which helped them get through challenging times.

In terms of the recommendations made by the inhabitants for how to make things better for Muslims, they believed that the West Bengal government needed to make an effort to address both Islamophobia and the potential mental health issues that can result from it. They considered it necessary for the government to allocate funds for community mental health programming that teaches Muslim community members the importance of mental health and the need to eliminate the stigma associated with mental health services. Most residents believed that it is the responsibility of the government for providing free mental health services to Muslims so they could become aware of Islamophobia, and mental health problems that can take place because of Islamophobia. A few residents also believed that it was the younger generation's duty to inform the elders about the advantages of counseling and therapy. Many young respondents also talked about the importance of having more non- judgemental Muslim therapists who can provide a safe space for conversations where they don't need to explain the cultural and religious context.

VI. Conclusion

This research shows that the respondents living in the Park Circus area reported anxiety and trauma-related responses due to structural and private Islamophobic experiences.

This has indicated the harmful psychological effects that Islamophobia can have on the Muslim Population. This research suggested that social and cultural factors influenced the psychological well-being of Muslims living in the Park Circus area due to the rise of Islamophobia. It has also been seen among the Muslim Population that there is a high stigma attached to the topic of mental health and therapy. However, to deal with the anxiety caused by Islamophobic events, the participants use various coping strategies like depending further on their family, community members, and religion to deal with the negative effects of Islamophobia. The data also showed that even though the young residents are more open to receiving mental health services, they face difficulty talking to a non-Muslim therapist because of the difference in culture and religion. They also stated how many Muslims living in Park Circus were not able to receive counseling services since they were unaware of its advantages. In addition, the expense of therapy added fuel to this anxiety about accessibility. I believe the recommendations mentioned in the research can be a starting point for the West Bengal government to institutionalize long-term change that promotes wellness for the Muslim community living in Park Circus area. Perhaps understandably, considering India's high rates of mortality and burden of infectious and childhood diseases, the government and international organizations have traditionally focused on collecting physical health data. However, given its large population burden as well as its links with social inequality, monitoring and improving mental health should also be a priority

I was constrained in my analysis by data that only encompassed one metropolitan Muslim Ghetto and not India as a whole. Thus, it is essential to do research that includes data from several states or is broadly representative. I'm hoping that these findings will support larger campaigns to highlight the importance of studies and legislative measures to combat Islamophobia's damaging effects in India.

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