THE PSYCHOLOGY OF HATE AND HATE CRIMES: THE STORY OF THOSE WHO REFUSED TO HATE

Jamshid A. Marvasti, M.D. and Anton Power

In this article, we first define the terms “hate,” “hate crimes” and “hate groups.” Legal and social attempts to control and punish those who are labeled hate criminals are reviewed. The neuropsychological aspect of hate is briefly explored. Subsequently, we focus on how people with extensive histories of victimization and trauma can survive and not demonstrate hatred or revenge. We have selected two cases, both involving physicians, and an organization (consisting of families who lost loved ones during the terrorist attacks of September 11, 2001). Both doctors were exposed to trauma, brutalization and murder. And although they suffered through cruel and heartbreaking events, they emerged without hate or feelings of revenge. They did not identify with the aggressors. On the contrary, they endorsed and encouraged love, peace and forgiveness. In doing so, they embodied the words of the famous Persian poet, Rumi: “Through love thorns become roses, through love vinegar becomes sweet wine.”

Newspapers and cable news programs broadcast a steady stream of stories about murder, hate crimes, genocide, terrorism and the mass killings of civilians—from Paris and Germany, to Iraq, Yemen, and the United States. Recent news headlines have highlighted police brutalization of the African American community, and resulting mass shootings. In July 2016, at a march for peace in Dallas, Micah Johnson, an Army veteran, killed five police officers with a sniper rifle (1). Later, a decorated ex-Marine ambushed police officers in Baton Rouge, killing three and wounding three more. Unfortunately, it is often more politically expedient to pursue and punish alleged criminals, an eye for an eye, rather than pursue sound forward-thinking policies in response to the root causes of hate. As Mahatma Gandhi stated: “An eye for an eye only ends up making the whole world blind.” There are numerous ex-
amples of killings leading to more killings, but as Confucius warned, “If you plan for revenge, dig two graves.”

Many psychologists consider hate an attitude or disposition because of its duration. Anger, on the other hand, is a temporary emotional state. Freud considered hate an ego state that wants to eliminate the original source of its unhappiness (2). The Penguin Dictionary of Psychology (3) defines hate as a “deep, enduring, intense emotion expressing animosity, anger and hostility toward a person, group or object.”

News media follow crime victims for extended durations, neglecting to highlight those who forgave their offenders and refused to “hate.” In this article, we report on victims who did not seek revenge, refused to hate, and were not in denial of the victimization and trauma imposed upon them.

HATE AND THE CONTEMPORARY WORLD

A Native American parable tells the story of an elder who explains to his grandson that two wolves live and fight inside our hearts—a wolf of love and a wolf of hate. The child asks which wolf will win. The elder replies, “The one that you feed.” This story emphasizes that each of us has the ability for love, compassion and kindness, while also having the ability to restrain, reduce, and eliminate our disdain, aggression and hate.

After World War II and the horrific Nazi genocide, the expression “never again” became the rallying cry in response to the massacres of WWII. However, numerous events over the last 70 years have proven that “never again” is a dream. In the heart of Europe, Bosnian Muslims were raped, tortured, placed in concentration camps, and murdered. In the Middle East, Israeli settlers kill Palestinians, and vice versa. Look no further than the Rwanda genocide, the 9/11 attacks, religious extremists’ murders of physicians and nurses in abortion clinics (4), and the latest news of mass shootings in Florida, Texas and Louisiana. These sad events are clearly not accidents, nor are they random events.
Rather, they are premeditated hate acts perpetuated by hateful ideologies. With these events and more unfolding around the world, we believe focusing on the psychology and neurology of hate, hate groups and haters is necessary, and institutions should make research on these subjects a priority.

**DEFINITION OF HATE CRIME**

Literature defines hate crime as any felony/crime of violence toward a group of people that may be considered as an extreme expression of prejudice (5). Hate crime toward a population causes a tremendous amount of anxiety, fear, insecurity, and health problems in the targeted population. Hate crimes are the consequence of a variety of ideologies and beliefs. They appear to be on the rise, although it is estimated that 74% of hate crimes are still not officially reported to law enforcement officials (6).

**UNDERSTANDING HATE CRIMES**

Much of the literature in forensic psychology examines victims and the emotional and physical harm incurred by the recipients of hate crimes, racism and bigotry. The literature illustrates the hazards of racism and hate crimes and the negative impact on the individual (the target), as well as the individual’s ethnic group and organization. Forensic psychologists testify regarding a victim’s possible psychosomatic harms, but appear far less likely to testify on behalf of offenders in court. However, the court may be interested to know the motivation and psychology of a suspected offender and the elements that may have contributed to the individual’s alleged crime. Moreover, forensic psychologists may be able to shed light on the mental stability of the offender, the capacity of the offender for rehabilitation, and the risk of committing future crimes.

**UNDERSTANDING PERPETRATORS**

Understanding is not justifying. From the point of view of forensic psychology, examining the motivation of an offender enables us to
explore what drives hate crimes and racism. This understanding in turn enables us to consider how to decrease or possibly prevent future criminal activities.

The clinical literature indicates that people tend to see groups that they are not part of as more homogenous than their own group. Individualities and personal characteristics are not considered and the members of other groups are assumed to be the same. Moreover, people have a tendency to mistrust those who are not part of their own group.

The Los Angeles Police Department, with the help of psychologist Edward Dunbar (7), examined 550 hate crime offenders, discovering that, while they lacked the clinical features of psychosis or schizophrenia, they were disturbed individuals who posed a high level of risk to the community and a tendency for violence. Their childhood histories contained a high frequency of abuse by caregivers, including violence as a solution to family conflicts. Preexisting unresolved childhood hostility may be directed at a group or race toward whom society already exhibits negative feelings.

THE SEVEN-STAGE HATE MODEL

Schafer and Navarro (8) wrote about the seven stages of hate crimes as a model to understand what an offender may endure before committing violence. These are:

- Stage 1: The Haters Gather
- Stage 2: The Hate Group Defines Itself
- Stage 3: The Hate Group Disparages the Target
- Stage 4: The Hate Group Taunts the Target
- Stage 5: The Hate Group Attacks the Target without Weapons
- Stage 6: The Hate Group Attacks the Target with Weapons
- Stage 7: The Hate Group Destroys the Target

A group of researchers joined a white racist chat room to study why some chat room members developed negative attitudes toward
another group with a different ethnic background. The researchers posted fake and fabricated comments about the objectives of black people, such as moving into white neighborhoods, marrying white women, taking white people’s jobs, etc. The researchers discovered that the closer black people came to “invading white territory,” the more violent their responses became. The most extreme comments were connected to a threat to the white cultural integrity, such as marrying a white woman, rather than losing jobs to blacks (7).

THE PSYCHOLOGY OF HATE CRIMES

Clinical literature speculates that offenders may be classified in terms of their motivations for committing hate crimes as follows (9, 10):

1. Thrill seeking offenders
2. Defensive offenders
3. Mission offenders
4. Retaliatory offenders

Thrill seeking offenders are looking for excitement—at someone else’s expense—by destroying property and harassing minorities, often through brutal physical attacks. Further, they want to exercise their power to gain status and prestige among their peer groups who encourage hatred.

Defensive offenders commit hate crimes to protect or defend their community or way of life that, in their view, is being threatened, simply by the presence of a different group.

Mission offenders are those who are attached to their prejudice and ideology, which becomes a mission to get rid of all members of a particular group of people, believing them to be evil and subhuman. Examples of this group are the Ku Klux Klan and National Alliance.

Retaliatory offenders commit hate crimes in response to a perceived or actual hate crime. This attack could be motivated by a rumor, before even being verified for accuracy (9, 10).
A feeling of self-hate may motivate a person to restore his/her sense of significance through action and, as psychologist Arie Kruglan- ski indicates, the most powerful and primitive act that one can take to show his/her power over another is violence (11). This dynamic has been studied for years in rapists, as it is evident that the motivation for many rapes is to control/dominate/subdue someone via violence and intimidation. Hatred toward oneself is displaced toward others, an ego defense mechanism in psychoanalysis called “splitting and projection.” We “split” the part we don’t like about ourselves and “project” it toward others. By destroying the “other,” we also symbolically get rid of the part we hate about ourselves. For example, in the Orlando gay nightclub shooting, the father of Omar Mateen, the killer, reported that his son had recently become enraged when he saw two men kissing. Later on, it was reported that Mateen frequently visited the gay club he targeted, and used gay dating apps.

Adam Waytz from Northwestern University indicated that as people become more socially or emotionally attached/connected to a group, the more they believe that others outside of the group are less intelligent, even less human (11).

One interesting contradictory study of 169 cases of hate crime by the Boston Police Department found that the most common motivation behind hate crime was in fact the “excitement” and “thrill” of violence, while the least reported reason was the offender’s idea that the victim belonged to an inferior group (10).

NEUROLOGY OF HATE

Although poets and artists fantasize that love comes from the heart, science has proven that strong emotions (love, hate, sexual drive) emerge from the brain. In 2008, Professor Semir Zeki (12) scanned the brains of 17 subjects while they gazed at images of people they hated. Certain areas of the brain activated, such as the medial frontal gyrus, right putamen, premotor cortex and medial insula. These brain regions are now called collectively the “hate circuit,” and
they are also involved in the initiation of aggression. But the feeling of aggression and feeling of anger, fear and danger show different patterns in the brain than hatred does (12).

Another interesting finding in the neurobiology of the brain is that love seems to deactivate brain areas that are associated with judgment, while hatred traditionally activates areas of the frontal cortex that may be responsible in evaluating another person and predicting their behavior. There are also some commonalities between love and hate in the subcortical areas of the brain. The putamen and insula which are activated by hate are the same ones that are activated by romantic love. According to neurobiologist Zeki and colleagues, “this linkage may account for why love and hate are so closely linked to each other in life” (13).

HISTORY OF THE LEGISLATION OF HATE CRIME

The Civil Rights Act of 1964 outlawed discrimination based on race, color, religion, sex, or national origin. It ended unequal application of voter registration requirements and racial segregation in schools, public places, and at the workplace (14). However, one may commit a hate crime without the intent of interfering with another person’s federal rights. In 1990, the government defined hate crimes in the Hate Crime Statistics Act (HCSA) and mandated that the attorney general’s office collect statistical information on the subject (15). The HCSA’s primary goal was not to define hate crimes, but to mandate gathering statistics. The definition of hate crime itself has several ambiguities as it does not indicate what specific act should be construed a hate crime. It is not clear if the criminal behavior should be directed against the victim or personal property. Also, another ambiguity is connected to the word “prejudice,” as it is not clear if all prejudicial activities should be considered hate crimes. In 1994, the implementation of the Violent Crime Control and Law Enforcement Act and in 2009, the Matthew Shepard and James Byrd Jr. Hate Crimes Prevention Act expanded on existing hate crime law, and dropped the re-
requirement that victims have to be involved in federally protected activity (14).

**POLICY IMPLICATIONS IN THE UNITED STATES**

Federal law (18 U.S.C. § 249) states that hate crimes are felony violent acts that are directed toward individuals because of their race, color, religion or national origin. The Local Law Enforcement Hate Crimes Prevention Act of 2007 (H.R. 1592) and the Matthew Shepard Local Law Enforcement Hate Crimes Prevention Act of 2007 (S. 1105) were passed by Congress to extend coverage to those victimized due to their gender, gender identity, sexual orientation and disability.

Case examples of highly publicized hate crime victims in the United States include:

1. James Byrd Jr., a 49-year-old black man, was dragged behind a pickup truck by three white males, at least two of whom were white supremacists.
2. Matthew Shepard, an American student at the University of Wyoming, was kidnapped outside a known gay establishment by two strangers, pistol whipped, tied to a fence, tortured, and murdered.
3. David Ritcheson, an 18-year-old Latino, was attacked by two white teens (racially motivated), beaten, sodomized with an umbrella stand, and left unconscious. He testified before Congress about his experience, calling for an expansion of hate crime legislation. He later committed suicide.

**EXAMPLE OF RELIGIOUS HATE GROUPS**

Two private establishments monitor hate groups in the U.S.: The Anti-Defamation League (ADL) and the Southern Poverty Law Center (SPLC). The Southern Poverty Law Center (SPLC) considers several religious groups to be hate groups. A few of them are:

1. The Nation of Islam is considered by SPLC a “black separatist” group. They reportedly preach that a black scientist
named Yakub created the white race, a “race of devils,” on the Greek Island of Patmos. The Nation of Islam is not regarded as a legitimate branch of any religion by the mainstream Muslim community (16, 17).

2. The Creativity Movement (formerly called the World Church of the Creator) is considered by SPLC a white supremacist group and is involved with violence and bigotry.

3. The Westboro Baptist Church is also designated as a hate group due to their stance against homosexuality and against the United States (18). Many gay rights opponents and supporters have condemned this organization.

THOSE WHO REFUSE TO HATE

Izzeldin Abuelaish, M.D.

Dr. Izzeldin Abuelaish was a physician who lived and worked in the Gaza Strip. The Israeli army shelled his home in the Gaza Strip, killing three of his daughters and his niece. Afterward, he wrote a book, I Shall Not Hate (19). Elie Wiesel, a Nobel Peace Prize Laureate and Holocaust survivor, is quoted on the cover of the book—“This story is a necessary lesson against hatred and revenge.” President Carter commented: “In this book, Dr. Abuelaish has expressed a remarkable commitment to forgiveness and reconciliation that describes the foundation for a permanent peace in the Holy Land.” Dr. Abuelaish’s book was translated into 20 different languages and became an international bestseller. Throughout the book, he explains that he selected a “road to peace and human dignity.” He was nominated for three consecutive years for the Nobel Peace Prize.

The book contains his and his family’s biography: A Palestinian doctor with a degree from Harvard, he was born and raised in a refugee camp in the Gaza Strip, and as a physician treated patients on both sides of the line. His response to his tragedy made news and won him humanitarian awards around the world. Instead of seeking revenge or
sinking into hatred, Abuelaish called for the people of the region to start talking to each other. His deepest hope is that his daughters will be “the last sacrifice on the road to peace between Palestinians and Israelis.”

He thinks about his three daughters every day and created a foundation in their memory. Daughters for Life is a Canadian charity that provides the opportunity for young women to develop a strong voice and play a more influential role in improving the quality of life.

What elements in Dr. Abuelaish’s life or personality contributed to his lack of revenge and hatred toward the killers of his family? To explore this, we would like to quote from Dr. Marek Glezerman, chairman of the Hospital for Women in Israel, who has been involved closely with Dr. Abuelaish for years. He wrote a foreword for his book and disclosed some qualities of Abuelaish’s personality and attitude: “…Izzeldin visited our home a few weeks before the Israel Defense Forces began the bombardment of Gaza, and later we talked on the phone as shells were falling. I asked him how he was handling his life under the bombing, living under constant curfew with his children at home.”

Dr. Abuelaish responded:

Like everyone else, we are all sleeping in the same room. We put some children against one wall and some against another wall so if we’re hit we won’t all be wiped out.

Dr. Marek Glezerman continued:

On January 16th, 2009, three of his girls were on the wrong wall. After this tragedy, who would have blamed him if he had been taken over by revenge and contempt?…A small group of influential Israelis asked for a formal investigation into the attack of Izzeldin’s house, and the Ministry of Defense responded by stalling and evasion….Izzeldin has every reason to be frustrated, disappointed, and offended by the environment he’s lived in, but he is not. Despite everything he has seen and gone
through, his belief in coexistence and in the peace process between Palestinians and Jews remains unshaken….I never heard him condemn the injustices he suffered in general but only in specific, focused ways. The attitude is also reflected in his optimistic outlook on life: he seems devoid of any existential pessimism or hopelessness.

On January 19, 2011, Amy Goodman interviewed Abuelaish for Democracy Now (20). As Goodman reported, during Israel’s brutal 22-day assault on Gaza “…up to 1,400 Palestinians and 13 Israelis were killed….more than half the Palestinians killed were civilians, over 300 of them children.” Two days before the end of the assault, Dr. Abuelaish’s home was shelled twice by Israel tanks. In addition to the deaths of three daughters and a niece, Abuelaish’s other daughter, Shatha, and his brother were also badly injured. Shatha lost her eye. As Amy Goodman reported “…No ambulances ever reached Dr. Abuelaish’s home, which was surrounded by Israeli tanks. He and the surviving members of his family walked a quarter of a mile carrying the dead and wounded through the streets. They eventually found an ambulance to take them to the closest hospital. Standing outside, a grieving Dr. Abuelaish kissed the forehead and hands of his children as they were strapped onto stretchers. He addressed a news camera at the scene in Hebrew.

Abuelaish stated that he knows how much he has lost, and that they will never come back, “…but as a physician and a Muslim of deep faith, I need to move forward to the light, motivated by the spirits of those I lost…”

September Eleventh Families for Peaceful Tomorrows

Following another event that sparked anger and hatred in the hearts of Americans, an organization was created for the families who lost loved ones. These families joined together and created an organization against revenge and retaliation. Interestingly, this is the exact opposite approach that our leaders took us in as we entered an endless
war. The name of this organization is September Eleventh Families for Peaceful Tomorrows. Their name comes from a statement made by Martin Luther King, Jr., “Wars are poor chisels for carving out peaceful tomorrows.” According to their website:

The vision for September 11th Families for Peaceful Tomorrows was born when a small group of family members of those killed on 9/11 became connected after reading each other’s pleas for nonviolent and reasoned responses to the terrorist attacks. Several of these individuals met one another when they participated in the ‘Walk for Healing and Peace’ from Washington, D.C. to New York City in late 2001 (21).

In January of 2002, four family members traveled to Afghanistan to witness the consequences of U.S. military action there and to express their profound concern that high numbers of civilian casualties would increase terrorist recruitment rather than making the U.S. or the world safer.

These families believe that the violence that took their loved ones’ lives could spin out of control, and fear could be manipulated by politicians and the media to justify foreign and domestic policies that would increase violence while decreasing U.S. citizens’ rights and liberties.

Ebrahim Amanat, M.D.

The late Dr. Ebrahim Amanat practiced psychiatry for more than 30 years in the United States before his death. He is the author of The Miracle of Love: A Spiritual Approach to PTSD (22) and Suffering and Spiritual Growth, Calamities and Providence: from Trauma to Peace, Tranquility, Sanity and Dignity (23). During the course of his career, he treated thousands of trauma victims who experienced a wide range of incidents, from rape to the tragedies of war. In his personal life, Amanat endured substantial trauma, abuse, assaults and threats of death in Iran due to his Bahá’í faith. But he overcame his fear of and hate toward aggressors by using love/spirituality/faith/meditation/op-
timism/hope/forgiveness and his own interpretation of trauma, often saying: “My calamity is my providence, outwardly it is fire and vengeance, but inwardly it is light and mercy.” Amanat was able to transform his PTSD symptoms into peace, tranquility, serenity, and dignity. “The more you learn to love and care for fellow sufferers of PTSD, the farther and greater your own recovery. This is the miracle of love,” he said. Amanat was in fact able to recover from his own PTSD by helping others with the same condition.

**Dr. Amanat’s Traumatic Life**

Dr. Amanat was born and raised in a loving family in Iran. His parents were Jewish and eventually converted to the Bahá’í Faith, which was considered heretical and a cult by a number of religious people in his community. He wrote that converting to the Bahá’í Faith put his family in mortal danger, at risk of death or annihilation. His mother was the daughter of a Sephardic Jewish rabbi, and converted to the Bahá’í Faith following a dream in her youth.

Considered by many to be members of the “misguided sect,” the Amanats were constantly harassed, abused, threatened, persecuted and assaulted. Amanat reflected on his experiences, writing “…the personal experiences of multiple trauma during my own childhood and youth, unveiled to me the significance of spirituality on trauma resolution as they are the two sides of one coin.”

How was Amanat able to overcome his PTSD, fear, and the strong desire to hate and seek revenge or retaliation? In a review of his writings, it appears that his faith was a source of great strength for him. During his early life, his loving family supported each other as they endured outside trauma and brutalities. Amanat wrote, “We had become totally interdependent. I soon realized that it was easier for me to talk about ‘us’ rather than ‘me.’ All things became ‘ours’…I let go of the illusion of self.” He indicated that his traumatized family members endured their nightmares, fears, paranoia and agitation with less long-term effects as a close-knit family unit. Later as a doctor, he used posi-
tive psychotherapy and spiritual psychiatry in his treatment of trauma victims.

Amanat reflected in his writings on the passing of his father, when he was 14. “…he had left me forever wondering what he wished me to do. I frantically cried, as my mother tried to calm me.” His father had shared many enchanting tales, which became the bedrock of Amanat’s development. He could reenter a state of innocence by recalling a tale, shedding his cynicism, “looking at the world through the loving spirit of my father.”

**Fred, a Vietnam Veteran with PTSD**

Dr. Amanat’s psychotherapy with Fred, a Vietnam War veteran suffering from PTSD, hate, fear and urges to do harm, appears to have served as a cathartic experience for Dr. Amanat. Both patient and therapist discovered that war can destroy the soul of participants. As Amanat indicated:

Warriors who do not lie to themselves often report that their experiences of killing were arousing and addictive. At times, such arousal consummated in unnecessary or random killing. The so-called ‘adrenaline rush’ of combat has turned up in studies of gang violence, police brutality and other incidents in subcultures that sanction killing (22).

Eric Fromm (24) wrote that one of the consequences of war is “necrophilic violence,” which indicates a pleasure in killing or abuse. This phenomenon generates a feeling of power, a craving to experience danger and a deviant interest in atrocities in the offenders.

Amanat shared some of Fred’s statements during individual and group therapy sessions:

…I enjoyed killing…Even if they were civilians, it didn’t matter to me. We didn’t know who ‘Cong’ was and who wasn’t. Sometimes I just went berserk…I started to enjoy the act of killing on my own…I felt powerful and ruthless. I didn’t listen to those folks cry. To me they were not real humans or children
… I was not alone in doing that. I feel so many men are savage killers like me. [Amanat wrote that at this point Fred burst into tears.]

Nietzsche warned that in fighting a monster, one should be careful not to become a monster. After a long involvement in a therapeutic relationship with Dr. Amanat (another victim of PTSD), Fred began to “de-identify with aggressors” and began to identify with his healer and overcome PTSD and hate. The monster became a human being.

Amanat treated numerous combat veterans during his many years at a Veterans Affairs hospital. He wrote, “excruciating combat experiences can destroy the self-image, changing one from a loving, merciful being into a psychotic individual with sadistic thoughts. This process of going mad signifies self-alienation. It occurs as a breakdown of self-image and a reaction to unbearable pain. In such circumstances we may exercise profound alterations in personality, body image, ideals, values, and a sense of coherence. Even years after combat experience, many soldiers cannot return to their original identity. They still carry the psychotic split…”

Fred was one such soldier; he received a tremendous amount of help from his physician, himself an “injured healer” who was healed and dedicated his life to trying to cure others. While Amanat did not participate in the Vietnam War, the war had come to him.

DISCUSSION

It seems that in the case of both physicians, their religion had an important influence on them and was their guide, mentor and director of their thinking, feelings and behavior.

Religion may have an impact on faithful individuals and direct some toward war and killing, and others into peace, forgiveness and mercy. The following example is a demonstration of both sides of these opposing feelings: In November, 2015 in Meriden, Connecticut, Ted Hakey Jr. took his gun and shot at the Meriden Muslim Mosque. He
was arrested and, although no one was hurt because he was shooting only at the building, Hakey was sentenced to six months in prison. The federal judge indicated that shooting at a religious institution cannot be tolerated and it was considered a hate crime. He was sentenced despite a plea of leniency from the president of the mosque, Dr. Qureshi, who stated, “Mr. Hakey should not be made an example of to deter future actions of this kind. We have firm conviction that he will not only never commit such a criminal act in the future, he will likely prevent others from doing the same, and by doing so, he would prevent future hate crimes against American Muslims.” During the entire period of the trial, Muslim members of the mosque did not demonstrate hate or revenge against Mr. Hakey. Several of them attended the court and spoke on Hakey’s behalf. They felt as if he was genuinely remorseful (25).

A number of researchers have commented on Vietnam’s culture. After many casualties and the destruction of their country by the U.S. military, they do not hate Americans. Researchers speculate that their religion has something to do with it, as they are directed by their faith to look at the present and future, not to the past. Psychologist Edward Tick (26) frequently takes Vietnam veterans suffering from PTSD/war trauma (who have not responded to contemporary psychiatric treatment) to Vietnam for a reconciliation journey. They usually meet an ex-Viet Cong soldier. One in particular, Mr. Tiger, is eighty years old and a veteran himself who was in the war for 30 years against three invaders of his nation. This ex-Viet Cong soldier regularly counsels American veterans. He welcomes our veterans and all Americans to his home, feeds them and offers forgiveness and the universal brotherhood of people who have survived hell. What is of interest is that he has no PTSD symptoms, despite fighting with invaders of his country for 30 years. When they left his country, he had no animosity or hate toward them.
CONCLUSION

The United States is characterized by many diverse cultures. When walking through New York City, for example, it is as if we are walking through the whole world in a few square miles. Generally, foreigners are well tolerated in this country because it was founded by foreigners. However, news media document highly publicized cases of hate and violence against minorities—to the point that the government created legislation to either prevent or punish the offenders.

The vast majority of Americans are proud of our diversity. The slogan “diverse, but united” is what made the U.S. a superpower. However, there are minorities (e.g., the KKK) who propagate hate and prejudice and their criminal/antisocial activities become news of the day all over the world.

Although the U.S. news media frequently publish details of fatal crimes and atrocities, this article has demonstrated that there are those who, despite their victimization and losses, don’t develop feelings of hate and revenge. We believe that the life history of an 80-year-old ex-Viet Cong soldier who does not hate, the members of September Eleventh Families for Peaceful Tomorrows, and the two physicians from Gaza and Iran who refused to step away from their peaceful principles should be extensively publicized. People should know there are alternatives.

REFERENCES


17. The Year in Hate 2005. Southern Poverty Law Center, 2005
24. Altimari D: Mosque shooter gets 6 months in federal prison; judge says deterrence needed. Harford Courant, June 17, 2016; 1
25. Tick E: War and the Soul. Wheaton, IL, Quest Books, 2005

ABOUT THE AUTHORS

Jamshid A. Marvasti, M.D., is a child and adult psychiatrist, and assistant clinical professor at the University of New England College of Osteopathic Medicine. He has published articles and edited books including War Trauma in Veterans and Their Families (2012), and Psycho-Political Aspects of Suicide Warriors, Terrorism, and Martyrdom (2008). Dr. Marvasti may be reached at: jmarvasti@aol.com

Anton Power is a fourth year osteopathic medical student at the University of New England College of Osteopathic Medicine, a recipient of the U.S. Army Health Professions Scholarship Program, and a Second Lieutenant in the United States Army Reserve.