

Depression and Fear among Muslim Families in Southern California

A Post September 11, 2001 Analysis

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Islam: “No one of you is a believer until he desires for brother or a sister that which he desires for himself”.

Christianity: “All things whatsoever ye would that men should do to you, do ye even so to them.”

Judaism: “What is hateful to you do not do to your fellow man.”

Buddhism: “Hurt not others in ways that you yourself would find hurtful.”

Hinduism: “Do naught unto others what would cause you pain if done to you.”

Taoism: “Regard your neighbor’s gain as your own gain and your neighbor’s loss as your own case.”

Abstract

The authors of this article aim to raise cultural awareness and cultural sensitivity to marriage and family therapists by providing knowledge gained from a study of the impact of September 11, 2001, on Muslim families in Southern California. The authors will look at the depression and fear as related to such factors as culture, religion, ethnicity, and gender. Findings reflect the Muslim people experience varying levels of depression and fear when faced with traumatic events, such as the horrific events of September 11, 2001. The data in this study were collected and multiple regression statistical analysis were used to examine the significance or the extent to which factors contributed to imbalances in mental well being of Muslim families in Southern California. Findings may be helpful to marriage and family therapists when treating Muslim families.

Introduction

The terrorist attacks that took place on September 11, 2001 not only had a profound impact on the American population, but a sobering effect on the entire world. In the United States, the attacks of September 11th have had significant negative consequences for a variety of ethnic and religious groups perceived by the general public to be associated with or somehow to blame for these horrific events. This post September 11th emotional consequences phenomenon was specifically experienced by Muslim families. Muslims, who had lived peacefully in American society to this point, were widely perceived as being connected with various terrorist organizations and therefore became perceived threats to U.S. national security. As a result, a significant number of hate crimes were committed. Gilbert and associates (2002) polled 521 Muslims who indicated that they experienced anti-Muslim acts and sentiments, such as discrimination, harassment, verbal abuse, and physical attacks. Some statements illustrating this abuse were: “you are demons,” “pig religion,” and “you guys did it.” Some experiences other respondents described were: “he spit in my face” and “he pulled off my daughter’s hijab (cover).” Research findings indicate that illegal discrimination is clearly a stressful event that effects both physical and mental health. Experiences like these can place minorities at risk for mental disorders such as depression and anxiety (Anderson & Clark & Williams, 1999).

Because of the connections drawn by the media and others between the 9/11 attacks and the Islamic faith, many Muslims in this country faced oppression, animosity, and, in some cases, victimization. The purpose of this study is to examine the collective response of Muslims to such marginalization, specifically focusing on their psychological and sociological responses by gauging the amount of depression and fear they

experienced post 9/11. This paper will examine the collective response of Muslim families in three sections. First, a brief introduction to Islam will be presented. As previously stated, Muslims in America were vilified in large part because of the connections made between Islam and the 9/11 attacks. Second, current literature pertaining to one's experience of depression and fear in the face of trauma will be presented. Third, the data gathered in this study were analyzed by using multiple regression statistical analysis and discussed highlighting important findings and results. Taken together, this information is being presented with the goal of providing researchers, practitioners, educators, and marriage and family therapists with an accurate understanding of Islam and the Muslim faith so they can more effectively treat Muslim clients who may be experiencing increased levels of depression and fear in response to the attacks of 9/11.

What is Islam the religion, and who are the Muslims?

The tenants of Islam promote the principles of peace, harmony, respect, and love. Muslims strive to cultivate these principles in their personal and professional lives. The attacks of 9/11 wore the face of madness rather than the face of any religious group or sect. Although the terrorists implicated in these attacks may identify themselves as Muslims, they are not representative of Islam. Islam does not sanction nor support such atrocious acts. Two of the most important tenants of Islam are valuing human life, and cherishing and promoting peace. An accurate understanding of Muslims and what they truly believe is critical in interpreting the collective Muslim response to the attacks of September 11th.

The term "Islam" means "peace" and the term "Muslim" means "one who practices peace." In addition, "Islam" means "submission to the will of God." Islam teaches belief in

only one God, the Day of Judgment, and individual accountability for actions. Allah in Arabic, the language of the Koran, means “God,” “the Omnipotent,” “the Compassionate,” and “the Merciful.” These titles can be found in numerous verses in the Koran (Abdalati, 1994).

“Throughout history, religion has been abused and misunderstood.... In the name of religion unjustifiable wars have been launched, freedom of thought and conscience has been oppressed, scientists and pioneers have been persecuted, the right of the individual to reach spiritual maturity has been denied, and man’s dignity and honor have been flagrantly debased. In addition, in the name of religion, various injustices have been inflicted upon humanity resulting in many losses for religion itself” (Abdalati, 1994).

The 9/11 attacks are reminiscent of the Crusader/Muslim wars. Tragically, the peoples involved in both incidents have engaged in hostilities and warfare, in spite of their shared religious convictions. These include the belief in one God who is merciful and the belief in personal accountability and in the resurrection on the Day of Judgment. One verse in the Koran says: “if you’ve killed one innocent person (including oneself) it’s as if you’ve killed all of humanity” (Abdalati, 1995). Islam will not allow killing someone unjustly by taking the law and judgment into one’s own hand.

“Unfortunately, Islam's reception in the West is also one tinged with fear and misunderstanding. For example, the continuing crises in the Middle East seem to be reflected in American popular opinion as a series of latter-day Crusades. The fear Americans hold towards Islam and the resulting deaths in the Middle East are, in part, due to a misunderstanding of Islam. A better understanding of Islam might help remedy this fear and ease relations. Overall, if one were to make a judgment about the future of Islam, one

is led to expect that this dynamic world religion will continue to grow and thrive. It is presently the fastest growing religion in the United States. Sadly enough, in addition to this perception, one might be easily led to expect that conflict will continue to grow between the Muslim world and the West.”(Islam & Welty,1993).

This brief introduction to some of the basic principles of Islam effectively demonstrates that Islam did not sanction the attacks of 9/11. Rather, they were acts of hatred performed by terrorists. These individuals to promote their own personal agenda used Islamic beliefs. However, a peace loving religious philosophy was maligned in these attacks. It was implicated in the attacks; many innocent Muslim families experienced various forms of maltreatment, violence, and prejudice. It is the assumption of the authors that such experiences led to increased levels of depression and fear in these families.

Theoretical approaches to this study

The theoretical approach used in this study is Crisis Intervention theory. The population under consideration is assumed to be traumatized. In addition, they may have experienced all the emotional responses associate with crisis experiences. These include the experience of denial, fear, anger, bargaining, depression, and acceptance. Therefore, the crisis intervention approach focuses on reducing the experience of these debilitating effects and on optimizing the individual’s capacity for growth and self-mastery during what could be a time of severe disorganization (Kanel, 1999).

The underlying assumptions of Crisis Theory are that depression and anxiety are precipitated or touched off by some specific event. Some events are thought to be universally devastating and are capable of precipitating a crisis response. Other events, although not of crisis-inducing proportions, must be viewed in context of the individual’s

overall stage of development. An individual in crisis event becomes vulnerable with reduced defensiveness (Kanel, 1999).

The main goal of crisis intervention is to help the individual regain a level of functioning similar to that which existed prior to the crisis event. The purpose of the ABC crisis intervention model is to identify the event, the client's cognitions about the precipitating event, and to assess their subjective distress, failed coping mechanisms, and level of impaired functioning. The first or the "A" phase is to establish empathy, a non-judgmental attitude, and a genuine concern for the client. The second or the "B" phase focuses on delineating the problem. The third or the "C" phase is coping, which explores the client's ability to cope (Kanel, 1999).

Depression

Major Depressive Disorder (296.2x) is a type of mood disorder caused by either depressed mood or the loss of interest or pleasure in nearly all activities. Culture, age, and gender can influence the experience and communication of the symptoms of depression. Depression is a disorder that can be caused by many precipitating factors. Some of these are associated with the experience of a crisis, abuse, the loss or death of a loved one, and catastrophic events (DSM-IV-TR, 2000).

Depression (Culture, Religion, Ethnicity, and Gender)

Depression in everyday life is, a temporary experience that can range from mild dejection to profound despair. Depression becomes an illness when the person cannot get rid themselves of a state of deep sadness that paralyzes the self. Studies indicate that depression occurs more often in women than in men. While the symptoms of depression often include feelings of sadness, aches, pain, or the experience of anxiety (fear), all of

these emotions can be qualified as a part of everyday experiences. Evidence that women are more often depressed than men comes not only from statistics but also from hospitals and clinical practices (Howell & Bayes, 1981).

Men are less likely than women to show obvious symptoms of depression following a traumatic loss experience. For most men, there may appear little correlation between the experiences of trauma, loss, and the onset of depressive symptomology. Unlike men, women are given permission culturally to express emotional pain overtly. Instead of overtly expressing the emotional impact of loss, men are prone to outwardly diminish its significance in order to maintain a balance over their lives (Cochran & Rabinowitz, 2000).

Women are at higher risk for most types of depression than men. Specific life events and other circumstances are correlated with depression in both genders, but are more likely to be experienced by women. People who have less education, lower income, lower socioeconomic status, and are unemployed are at higher risk for depression than individuals in other societal demographic categories (Golding, 1988). Knudson-martin (2000) writes, "Gender shapes how people experience themselves and others and influences their psychological health and well-being. However, the relationship between gender, family processes, and the presence of psychological symptoms is not clear. Men and women tend to approach relationships differently." Other studies of gender differences indicate that women's experiences are more emotional with higher levels of depression while men experience independence with lower levels of depression. One such study proposed that women's way of being emotional helps men to express the full range of their emotions, thereby enriching their shared relationship (Feldman, 1982). This enables men to share in socio-emotional tasks that have been traditionally borne by women, such as the

expression of grief and the comforting of others during times of loss and adversity (Walsh & McGoldrick, 1988).

Cross-cultural studies offer a particularly important and unfulfilled opportunity to study gender differences in the experience of depressive symptoms. The fact that depression in most societies appears to be more prevalent among women, individuals occupying a specific social status such as the powerless, and the economically marginalized, provide support for an important hypothesis linking social and psychological theories. The differences between men and women regarding depression may be attributed to the social forces driving men to be powerful, strong, and capable and women to be weak, emotional, and incapable. Researchers are finding links between gender and acculturation to high levels of depression and focusing more on cross-cultural and gender-related factors as the core social determinants of the distribution of depressive illness affecting the relatively powerless (Kleinman & Good, 1985). “Discussing gender in the context of culture might help us to understand the problems of women more clearly, while highlighting some aspects of cultural differences that are otherwise hidden” (McGoldrick & Anderson & Walsh, 1991).

Fear

Fear is an anxiety disorder caused by exposure to a traumatic stressor. Posttraumatic Stress Disorder (309.81) is the development of specific symptoms following the exposure to an extreme traumatic stressor. This event may involve the direct personal experience of an event that involves one, or any combination of the following. The threat of death or serious injury, a threat to the physical integrity of another person, learning about or witnessing an unexpected or violent death, serious harm, or threat of death or injury

experienced by a family member or other close associates (DSM-IV-TR, 2000).

Fear (Culture, Religion, Ethnicity, and Gender)

Fear is what humans feel in the presence of real or assumed danger. While experiencing real or assumed danger, human beings concentrate upon self-defense or the defense of that which is valued as the self. Unfortunately, at the human level fear becomes an exceedingly complex emotion. The difference between men's and women's experience of fear is that, for men admitting they are afraid of anything, is a sign culturally understood by others as weakness. On the other hand, it's acceptable for women to acknowledge being afraid. In many instances, fear functions as self-defense mechanism and as a means of self-preservation. In other instances it becomes a reason in itself for behaviors that are life-defeating (Overstreet, 1951).

Fear is an emotion, a feeling, and a state of mind, which is dependent on the thought that evil has befallen, or may or must befall ourselves, those we love, or others. High levels of anxiety and fear are associated with traumatic events in life (Leahy, 1962)

Some men show high levels of anxiety and fear during crises or traumatic events. They have unusual emotional swings with disorganized and confused behavior, dramatic reduction of work and social functioning, sleeping and eating disturbances which can be associated with anxiety or depression (Witkin-Lanoil, 1986). Cavanaugh (1993) cites estimates of up to 10 percent of women and five percent of men have symptoms of anxiety.

While men and women are "simply different" and there is a need to understand these differences, some researchers contend that men and women are socialized to behave different in personal and family situations (Chusmir, 2001). Knudson-Martin (2000) examines gender differences and writes; "Even what constitutes well-being and defines

‘appropriate’ responses to distressing or problematic issues may be somewhat different for women than for men.” Others have attributed these differences to socialization, as well as learning culturally different ways of behaving. For example, men often deal with the conflict and stress by withdrawing, while women report higher levels of depression and psychological distress. Women may experience more rigidity in their ability to express negative emotions (Mead, 2002).

Williams, Yu, Jackson, and Anderson (1997), identify an important relationship between race, class, education, and health. In addition, income has been found to influence educational levels while race has been found to restrict education and employment. Overall, researchers have identified environmental and social factors that influence depression and fear, and several of these variables are interconnected. Race and education have been identified as demographics that influence health and well-being. Researchers state that environmental factors, such as culture and economics, are correlated with levels of stress and instability (Bray & Hetherington, 1993).

Culture and religion cannot be separated. Culture may have as much or more to say about anxiety than does religion. The purpose of religion on the other hand, is to provide peace of mind on a day-to-day basis (Koenig, 1998). Culture, gender, age and other social factors contribute to mental illness. Contribution varies by disorder. Depression and fear fall in the mental disorder category and are considered the product of a complex interaction among biological, psychological, social, and cultural factors (DHHS, 1999).

Cultural Imperialism is the idea that Western culture assumes that Western truths, morals and explanations are universal (Gergen, 2000). Western Culture has struggled with matters related to race, ethnicity, and immigration, as have many other nations. The

history of each racial and ethnic minority group reveals long periods of victimization and oppression with legalized discrimination and more subtle forms of de facto discrimination within United States' borders (Takaki, 1993). Research findings indicate that illegal discrimination is clearly a stressful event that affects health and mental health. This places minorities at risk for mental disorders such as depression and anxiety (Anderson & Clark & Williams, 1999).

“The injustice of ethnic and gender discrimination will continue with the dominant White culture unless accountability of actions is enforced and the reversal of roles for change takes place” (White, 1992). The therapist’s approach should attempt to reverse the societal bias against women and other culturally oppressed groups. Western culture tells men to be strong. Historically, men have considered this culturally-dictated way of being as “rational” while women’s culturally-dictated roles have been deemed as “overly emotional” or “irrational” (Mclean & Carey & White, 1998).

According to Koenig (1998), “Religion can contribute to human pathology by emphasizing magical thinking and superstition above reason and rationality. Others portray religion in a much more positive light, considering it to be the essential element in the search for significance, providing purpose for our lives, achieving intimacy with others, and aiding us in finding a sense of comfort in living. Only with the aid of the sacred can we understand the incomprehensible, manage the unmanageable, and endure the unbearable”.

Religion can be reframed negatively in terms of a punishment from God. The cost of this form of coping in terms of guilt and fear of further repercussions might be too great. Studies have shown that those who report more negative religious reframing also report

higher levels of distress and negative mood (Lenski, 1961). Cross-cultural comparisons suggest that different religious groups have different social expectations and attitudes toward mental illness such as depression and anxiety (Lenski, 1961). Although genetic factors may contribute to depression, social factors like immigrant status of a religious group may also explain more of the variance to the relation of depression and anxiety (Vega & Bohdan & Hough & Figueroa, 1987).

According to current cultural perspectives on emotion, culture can penetrate deeply into every component of emotion, not only the cognitive or linguistic elements that are directly provided by the culturally shared pool of knowledge, but also physiological and neuro-chemical elements, which need to be adjusted or turned for the individual to accomplish a reasonable degree of adaptation and adjustment to the pertinent cultural environment. The meanings attached to emotional experiences like anxiety, fear, and depressions vary among different cultures (Kitayama, & Markus, 1994).

The psychological damage resulting from uncontrollable, terrifying life events has been the central focus of psychiatric interest for centuries (Kolk, 1987). Human response to overwhelming and uncontrollable life events is remarkably consistent. Although the nature of the trauma, the personality of the victim, their predisposing personality, and community response all have an important effect on ultimate posttraumatic adaptation, the core features of posttraumatic syndrome are fairly constant across these variables (Kolk, 1987).

In contrast to depression, which is a reaction to loss and is oriented toward the past, anxiety is a reaction to threat and is directed toward the future. The threat may involve danger, lack of support or what is unknown. Psychic manifestations consist of affective reactions ranging from tension to fear, and in the extreme, full-fledged panic (Noyes &

Hoehn-Saric, 1998).

Victims of trauma are often voiceless about their innermost fears, and become accustomed to having life happen to them. Victims of trauma are vulnerable to being used for a variety of political and social ends, both for good and ill. They can be nurtured and idealized, or just as easily spurned, stigmatized, and rejected (Kolk & McFarlane, 1996). Solomon (1995) reports how, between 1947 and 1982, Israeli society moved from the latter to the former position in its attitude to Holocaust survivors, without ever resting in the middle of the spectrum by treating them as fellow human beings who had been exposed to the unspeakable. The methods using the cross-cultural approach to the social significance of fear and rage requires a knowledge of the dynamics of personality within that specific culture. To deal with cultural emotions is to understand their meaning of anxiety and fear (Solomon, 1995).

Research studies suggest that the importance attached to certain “central issues” may increase the vulnerability of individuals to the point of distress and depression, and may explain the differential rates of depression across gender, racial, and ethnic groups (Cleary & Mechanic, (1983).

This body of research effectively demonstrates how culture, religion, ethnicity, and gender influence an individual’s experience of depression and fear. Specifically, the review of this literature supports the view that women experience higher levels of depression and fear than men. In light of these findings, one of the goals of this study was to test their generalizability in reference to the experience of Muslims living in Southern California post 9/11.

Hypotheses

Current research implicates factors such as culture, religion, ethnicity, and gender as important factors in determining how people experience depression and fear in the face of traumatic events. In the event of disasters such as the attacks of 9/11, people tend to become extremely depressed and fearful. During the aftermath of the events of 9/11, Muslim families in this country became the focus of various acts of cruelty. Based on existing research studies and the literature review, is the belief of these authors that women in Muslim communities will report higher levels of depression and fear than men post 9/11 context. Also, factors such as culture, religion, ethnicity, as well as gender would impact the experience of Muslims' depression and fear after 9/11.

Participants

In order to solicit Muslim participation in this study, many Islamic centers in Los Angeles and San Bernardino counties were contacted. In order to qualify to participate in this study, respondents had to be Muslim. The participants who participated were from fourteen different countries with thirty-six different occupations.

Methods

A questionnaire made up of 25 questions was distributed to the participants at an Islamic school and Mosque. Of the 25 questions, eleven were demographic and fourteen were open-ended. School representatives sent the questionnaires home with the students as part of a homework assignment, to be filled out by their parents. The questionnaires were also distributed to adult males and females during the Friday prayer at the Mosque. A total of 250 questionnaires were distributed and 120 were returned.

Measures

Two dependent variables were used in this study. These were depression and fear.

Race, age, marital status, education, income, gender, and religion functioned as independent variables. The independent variables were formed and assessed using a process of dummy coding. All scaled variables were coded in the direction of the variable name so that a high score reflect a high value of that specific variable. Two measures of self-reported depression and fear were considered in the analyses.

The first dependent variable was depression. Depression was assessed using one question where participants were asked: “Do you feel depressed? If yes, on a scale of 1 to 10 with one being the lowest and ten being the highest, where do you see yourself with regard to depression?” Responses ranged from “no depression” (coded 1) to “highly depressed” (coded 10).

The second dependent variable was associated with the measure of fear. Fears were assessed by six questions, and were combined into one category and where participants were asked: “Do you fear revenge toward Muslims? Do you fear traveling? Do you fear negative impact in achieving success in the following areas (Employment, Education, Business, and Opportunities)? What is the impact on women wearing traditional covers? How is the impact on Muslim employers? How is the impact on Muslim employees? If yes, on a scale of 1 to 10 with one being the lowest and ten being the highest, where do you see yourself with regard to fear?” Responses ranged from “no fear” (coded 1) to “highly fear” (coded 10).

The measures of depression and fear were recoded and all the independent variables were recoded into categorical dummy variables. The seven independent variables were grouped into four models. Model one consisted of race (White, Middle Eastern, and other race) white being the reference category, age (15-35, 36-55, and 56-75)

age 56-75 being the reference category, marital status (married, single, and other) single and other being the reference category. Model two consisted of education (high school, college, and graduate) graduate being the reference category and income (0-30,000, 31-70,000, 71,000 and above) 71,000 and above being the reference category. Model three consisted of religion (fundamentalist, liberal, and practicing) liberal being the reference category. Gender was the variable of interest across this study. Model four consisted of gender (females=1 and Males=0).

analysis

Table 1 Percentages, standard deviations, and sample size for variables used in the			
Variables	N	Percentages	S.D.
Race			
Caucasian *	30	25.00	.4345
Middle			
Eastern	60	50.00	.5021

Other			
Racial	30	25.00	.4345
Age			
15-35	24	23.20	.4245
36-55	46	46.50	.5013
56-75 *	30	30.30	.4619
Marital Status			.4942
Single and other*	49	41.20	
Married	71	58.80	
Education			
High School	18	15.00	.3586
College	55	45.80	.5004
Graduate *	47	39.20	.4902
Income			
0-30,000	39	32.50	.4703
31-70,000	45	37.50	.4862
71-and above *	36	30.00	.4602
Gender			
Female	66	55.00	.4996
Male *	54	45.00	
Religion			
Fundamentalist	28	23.30	.4247
Liberal *	68	56.70	.4976
Practicing	24	20.00	.4017

* = Reference category for multiple regression

Table 2

The Association to depression of race, age, marital status, education, income, religion, and gender

Variable	Model 1		Model 2		Model 3		Model 4	
	b	Std. Error	b	Std. Error	b	Std. Error	b	Std. Error
Race								
Middle East	-.244	.539	-.389	.535	-.525	.539	-.431	.557
Other Race Caucasian *	-.182	1.8	-.424	1.727	-.462	1.755	-.302	1.784
Age								
15-35	-1.896**	.748	-2.826*	.803	-2.839*	.805	-2.885*	.811
36-55	-.772	.603	-.901	.61	-.98	.62	-.923	.618
56-75 *								
Married	-.267	.556	-.9.61	.554	-.134	.557	-.187	.555
Single-Other *								
Education								
High School			.491	.821	.509	.815	.435	.812
College			.399	.568	.358	.570	.247	.574
Graduate *								
Income								
0-30,000			-1.659**	.644	-1.64**	.646	-1.647**	.643
31-70,000			-1.649**	.701	-1.587**	.707	-1.695**	.711
71-above *								
Religion								
Liberal *								
Fundamentalist							1.099	.693
Practicing							-.168	.676
Gender								
(Female)					-.395	.52	-.483	.522
Male *								
Constant	6.264		6.063		5.173		5.64	
R Square	.074		.166		.197		.202	

*p= .001, **p> .01, ***p> .05

Variable	Model 1		Model 2		Model 3		Model 4	
	b	Std. Error	b	Std. Error	b	Std. Error	b	Std. Error
Race								
Middle East	.139	.538	-4.33	.531	2.572	.548	-.182	.539
Other Race Caucasian *	-.297	1.683	-.835	1.668	-.923	1.684	.554	1.762
Age								
15-35	-.392	.769	-.474	.792	-.509	.799	-.457	.796
36-55	.518	.613	.224	.612	.163	.625	.384	.614
56-75 *								
Marital	.164	.534	-7.41	.530	-8.66	.533	-.213	.520
Other *								
Education								
High School			-2.076**	.812	-2.068**	.816	-2.422*	.809
College			-.138	.560	.134	.563	-.362	.561
Graduate *								
Income								
0-30,000			-.539	.607	-.497	.614	-.450	.598
31-71,000			-.478	.678	-.400	.695	-.514	.686
71-over *								
Religion								
Fundamentalist							1.292***	.672
Liberal *								.
Practicing							-.778	.705
Gender								
(Female)					-.295	0.523	-.427	.511
Male *								
Constant	5.582		7.182		7.368		6.073	
R Square	.031		.129		.133		.205	

*p> .001, **p>.01, ***p>.05

Statistical Analyses

Descriptive statistical analyses were utilized to identify the percentages and standard deviations in the distribution of responses across all variables used in the study. Multiple linear regression analyses were used to examine the association between gender, depression, and fear. Four regression models are identified for each of the dependent variables. The first model examines the association between race, age, and marital status. The second model includes education and income. The third model assesses the contribution of religion and model four adds the main independent variable of interest, gender.

Results

In Table 1 25% of the respondents were Caucasian, 50% were Middle Eastern, and 25% were from other racial groups (African American, Asian, Hispanic). Most of the respondents were between ages 36-55 (47%), followed by persons 56-75 (30%), and finally 23% of the participants were 15-35. About 59% of the sample was married and the remaining of 41% was single. About 15% were in high school, 55% in college, and 47% in graduate schools. Income ranged from 0-30,000 (32%), 31-70,000 (38%), and 71- and over (30%). Gender consisted of female (55%) and male (45%). Religious orientation included fundamentalist (23%), liberal (57%), and practicing (20%).

In Tables 2 and 3 multiple regression analysis was used to estimate the size and statistical significance of the association between the independent variables to depression and fear. Four regression models were identified for each of the dependent variables in this study. This first model examines the association between race, age, marital status and the dependent variables while the next model considers the impact of

education, income. In model three genders is added and religion orientation is entered in model four.

In Table 2 analysis were benefited focusing on the depression as the outcome variable. In model one race was not a significant predictor of variation in the dependent variable. However the coefficients for Middle Eastern and other race category were in the direction of lower levels of depression for these groups compared to Caucasians which is a reference category. Persons between the ages 15-35 reported significantly lower levels of depression compared to individual between ages 56-75. On the contrary persons between ages 36-55 did not significantly differ from those in the omitted category. Also, married Muslims did not report significantly different levels of depression than their single counter parts. In model 2, education was not significantly related to depression,

even though there was tendency for those with lower levels of education to have higher level of depression. Income is a significant predictor of variation in depression. That is persons with lower level of education and hence typically lowers income, report significantly lower levels of depression compared to those with the highest level of income. In model three religious orientation (fundamentalist, liberal, and practicing) was also not a significant predictor of variation in the dependent variable. In final model females tend to report lower levels of depression than males. However the coefficient is not significant.

In Table 3 analysis were benefited focusing on the fear as the outcome variable. In model one race was not a significant predictor of variation in the dependent variable. However the coefficients for Middle Eastern and other race category were in the

direction of lower levels of fear for these groups compared to Caucasians. Persons between the ages 15-35 reported significantly lower levels of fear compared to individual between ages 56-75. On the contrary persons between ages 36-55 did not significantly differ from those in the omitted category. Also, married Muslims did not report significantly different levels of fear than their single counter parts. In model 2, 3, and 4, high school education was significantly related to fear. Income is not a significant predictor of variation in fear. That is persons with lower level of education report significantly higher levels of fear compared to those with the highest level of income. In model three religious orientation (fundamentalist, liberal, and practicing) was a significant predictor of variation in the dependent variable. Therefore, religion coefficient is significant to fear. Females in final model tend to report lower levels of fear than males. However the coefficient is not significant.

Discussion and Conclusion

Marriage and family therapists are often ideally positioned to serve groups who find themselves acutely distressed by events that intersect between global cultures. These events can be experienced very differently by those groups, which are directly involved. This often requires the therapist, and perhaps the field as a whole, to critically evaluate the assumptions they bring to the therapeutic context. Marriage and family therapists need to explore more rigorously and deeply the meanings that underlie the presenting response of our clients to such events. This deeper level of understanding could foster sensitivity and lead to more effective joining and perhaps even to improved outcomes. Therefore studies like this one can make an important contribution to the field in adapting to an increasingly global community.

This study investigated and affirmed that the events of September 11, 2001 have had significant immediate and potentially longer-term effects on the Muslims in Southern California who participated in this study.

In review, depression and fear were the main dependent variables in these analyses, with race, age, marital status, education, income, and religion functioning as predictors. When the primary independent variable of gender was examined in connection with levels of depression and fear the results were not significant. These findings were inconsistent with our original hypothesis that women experience higher levels of depression and anxiety (fear) than men, but were consistent with the literature on gender differences in the experience of these variables.

In contrast, these findings indicate that there is a significant relationship between depression and fear and the variables of education, income, and religion. Even though the gender coefficients generated by our analyses showed no significance, the interaction of the dependent variables in the model is consistent with previous studies. Such studies to date have identified culture, religion, and other societal influences as heavily impacting perceptions of gender and depression and fear.

It is important to emphasize that in an environment where there is fear, suspicion and apprehension, the mechanical methods of conducting surveys and collecting data do not necessarily accurately assess the sentiments of those surveyed. Furthermore, it is clear that there is a higher level of anxiety experienced by the effected subjects that most are willing to admit. However, these admissions may be prompted out of fears of backlash or retribution.

Limitations of this study

This study suggests that among Muslim individuals in Southern California, both Muslim men and women experienced depression and fear in similar ways within the post 9/11 context. Generally speaking, the review of literature presented here supports the idea that men and women differ in their respective experiences of depression and fear. However, the important findings of this study is that, contrary to our original hypothesis that this study would follow suit with previous ones, it identifies a range of cultural, socioeconomic, ethnic, and religious variables as influencing the experience of depression and fear in the face of a traumatic event. Interestingly enough, the findings presented in this paper demonstrate that men's and women's experience of depression and fear during times of crisis, such as the attacks of 9/11, can be strikingly similar.

Across the age groups surveyed, the youngest participants' responses were compared to those of the oldest group and reported lower levels of internalized depression. When examined more closely, it was determined that both age groups experienced similar levels of fear. The lower income people were less depressed than higher income people because of higher risks factors. The lower income people had less money or wealth to worry about. On the other hand, higher income people were at higher risk for possible losses of their income and wealth.

The limitations of the study involve its small sample size comprised of only 120 respondents out of 250 patrons at one Islamic center and the conceptual design of the questionnaire. For example, questions about divorce, depression, and fear might be culturally associated with guilt, shame, and weakness. Therefore, controlling for cultural sensitivity in designing the questionnaire while formulating the questions in the

appropriate research direction would be very important.

The design of this study also lacked comparison groups, control groups, and a pre and post comparison structure. Running an interactional statistical analysis separating males and females into two categorically discrete variables could reveal significance in relationship to depression and fear. Although our original hypothesis that women would experience higher levels of depression and fear than men in times of trauma was not confirmed by our results, this is a very important study because it concludes that religious affiliation, youth, and lower socio-economic status have a significant impact on the experience of depression and fear within the Muslim communities surveyed.

Recommendations for future studies

The findings of this study implicate religious affiliation as a predictor of one's experience of depression and fear in times of crisis. Therefore, it is recommended that future studies examining depression and fear focus more on cultural and religious differences. In addition, more studies that can educate marriage and family therapists (MFTs) in cultural and religious differences are needed. Such studies should focus on providing education on the Muslim culture and the Islamic religion, as well as terrorism and the after effects of the 9/11 attacks upon America for marriage and family therapists (MFTs) and other readers. One of their aims should be to create space where the participants' voices could be heard and the realities of their dominant stories understood. It is also important to explore the meaning and interpretation of the participants' reconstruction of their realities. For example, how do they perceive equality

and justice?

Other recommendations are for future studies to focus on collectivistic ways vs. individualistic ways of living in the United States. A majority of families that migrated to the United States struggle with balancing collectivistic and individualistic ways of living in this country. In-depth studies are needed to educate the marriage and family therapists (MFTs) to the differences of collectivistic vs. individualistic ways and how the differences can create imbalances in our clients' lives and how to help our clients to find a balance in these two ways of living. We also recommend early education on diversity, different cultures, different religions, and humanity both in communities and in public schools.

Many American Muslims from the Middle East and other countries have married American spouses. In addition to the recommendations for future research offered above, this study could also be expanded to explore the effects of 9/11 upon such cross-cultural spousal relationships within these Muslim communities and the possible impact on their children.

In conclusion, this study examined the impact of the attacks of 9/11 on Muslim families living in Southern California. As a part of this investigation, the authors looked at the levels of depression and fear associated with the events and discovered a correlation between these two variables and the variables of culture, religion, ethnicity, and gender.

Overall, the goal of this study was to provide researchers, practitioners, educators, and marriage and family therapists awareness, sensitivity, and understanding of the Muslim community so they can provide better care for Muslim

clients.

It is the authors' hope that all the people of America along with the peoples of the world would learn from the horrific events of 9/11 that acts of violence against the innocent solve nothing and only lead to far worse consequences.

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