The Impact of the September 11, 2001, Attacks on the Well-Being of Arab Americans in New York City

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In this exploratory study, eight focus groups were conducted, utilizing 83 participants. A structured, but flexible, interview guided by trauma theory was designed to solicit perspectives on the impact of the September 11, 2001, attacks on the Arab American community in New York City. Participants identified several common areas of concern, including fear of hate crimes, anxiety about the future, threats to their safety, loss of community, isolation, and stigmatization. Barriers to services and current mental health needs were discussed. The results of this study may assist social workers and clinical psychologists in developing targeted mental health initiatives using community outreach strategies. This approach may enhance recovery and healing at the individual and community levels, particularly if services are provided by those who are culturally and linguistically competent and sensitive.

Keywords *Arab and Muslim Americans, barriers, mental healths, September 11th, services*

INTRODUCTION

The American Psychiatric Association (1994) has defined a traumatic event as:

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> a psychologically distressing event that involves actual or threatened
> death or serious injury, or other threat to one's physical integrity; or
> witnessing an event that involves death, injury or a threat to the physi-
> cal integrity of another person. . . . Responses to the event must involve
> intense fear, hopelessness, and horror. . . . (p. 424)

Traumatic events may encompass either natural (floods, earthquakes) or
man-made (airplane crashes, car accidents, terrorism) disasters, and their
impact on individuals may last seconds, days, or years (Ursano, McCaughey,
& Fullerton, 2001). The September 11, 2001, terrorist attacks on the World
Trade Center and the Pentagon inspired a new category in the trauma field:
mass trauma, which involves high numbers of injuries or causalities occurring
outside the context of war (Galea, Ahern, Resnick, et al., 2002).

Based on the trauma and health model (Ursano et al., 2001), individuals'
responses to traumatic events vary depending on the type and severity of the
stressors. The model suggested that, in order to have a better understand-
ing of the impact of traumatic events on individuals' health, other mediator
factors should be considered, including personal developmental history, pre-
vious exposure to trauma, biological givens, preexisting illness, sociocultural
context, availability of social support, and meaning and attribution that indi-
viduals have for their trauma (Ursano, 1987; Ursano et al., 2001).

Studies have suggested that the effects of trauma may be physical, so-
cial, psychological, spiritual, and economic (Davidson & Baum, 2001; Galea,
Resnick, Ahern, et al., 2002; Norris, Phifer, & Kaniasty, 2001), and that trauma
affects individuals, groups, and communities in various ways. Trauma can
manifest intense feelings of vulnerability, anger, and depression; physical
illness; difficult interpersonal relations; and learning problems among school
children. Findings from the International Society for Traumatic Stress Studies
(2003) showed that individuals who have already experienced trauma (immi-
grants, refugees, survivors of war, or those who have lived through periods
of unemployment or discrimination) are more vulnerable to severe stress re-
actions following a traumatic event. Social support is a crucial factor that di-
rectly and indirectly contributes to the mental health outcomes of individuals
exposed to traumatic events (Galea et al., 2002; Ursano et al., 2001). Provid-
ing social support to individuals, whether through existing services or family
and community, can be an important source of help and recovery to those
who have been affected by traumatic events. Lack of social support, however,
may put these individuals at greater risk of mental health problems, including
depression, anxiety, and post-traumatic stress disorder (PTSD). Further, PTSD
symptoms may generate ongoing insecurity and fear of exposure to danger or
the threat of danger, which may impede daily functioning. Besides the nega-
tive mental health outcomes, traumatic events may create a new meaning to
those who have been exposed to trauma. According to Ursano et al. (2001),

meaning is a rich and varied concept which is not static but results from interaction of past history, present context, and physiological state. Thus, the meaning of a traumatic event changes over time with the individual's ever changing psychosocial context. (p. 20)

The 9/11 attacks, for example, were a significant traumatic event, not only for the many wounded, and the families of the nearly 3,000 individuals who died, but also for many New York City residents. Several surveys (Fredrickson, Tugade, Waugh, & Larkin, 2003; Greenberg Quinlan Rosner Research, 2002) that tracked the impact of 9/11 on the mental health of Americans indicated that rates of PTSD and symptoms of stress among children and adults across the country had substantially increased. On the other hand, polling indicated that, post-9/11, approximately 60% of Americans felt heightened positive emotions for loved ones, subsequently resulting in strengthened relationships (Saad, 2001). Greenberg Quinlan Rosner Research (2002) concluded that 81% of Americans demonstrated resiliency and a healthy level of functioning following 9/11, while others continued to experience significant distress (Bossolo, Bergantino, Lichtenstein, & Gutman, 2002; American Psychological Association, 2003).

IDENTIFYING THE ARAB AMERICAN COMMUNITY IN NEW YORK CITY

Before exploring the effects of the events of 9/11 on the Arab American community, it is useful to address the question: Who are Arab Americans? The term *Arab* is a cultural and linguistic designation referring to those who speak Arabic as their first language. The term *Arab immigrants*, now identified as *Arab Americans* (Abraham & Abraham, 1983), refers to Arabic-speaking peoples who have immigrated to the United States from such countries as Palestine, Syria, Lebanon, and Egypt as well as substantial communities from Yemen and Iraq.[1] (Although the term would also include Arabs from the Persian Gulf region, their actual numbers in the New York City area are few.)

There were approximately 6 million to 7 million Muslims (not all of them Arabs) and about 1.2 million Arabs (i.e., Muslims and Christians) living in the United States in 2000 (U.S. Census Bureau, 2000). The Arab American Institute ([AAI], 2007) and others (Beveridge, 2001) believed that the exact number was difficult to determine because Arab Americans are often reluctant to identify themselves for fear of negative societal reactions, particularly in the wake of the 9/11 terrorist attacks. About 94% lived in metropolitan areas, concentrated in Los Angeles, Detroit, New York, Chicago, and Washington, DC (AAI, 2007). The vast majority (77%) of Arab Americans were Christians (mostly Catholics, Eastern Orthodox, and Protestants) and only 23% were

Muslims (divided between Sunni, Shia, and Druze) (Zogby, 2001). About 40% and 24% of Arab Americans, respectively, had graduate and postgraduate degrees, compared to 17% and 9% of the general U.S. population (U.S. Census Bureau, 2000).

The majority of Arabs immigrated to the northeastern United States in two waves. The first arrived between the 1870s and the 1920s, after which new laws curtailed much of the influx. From the late nineteenth century until the beginning of the 1940s, Manhattan's Little Syria was home to countless immigrants from Syria and Lebanon, most of whom were Christian (Gotham Gazette, 2002). When these immigrants became more affluent, they settled on Atlantic Avenue in Brooklyn, which encompassed most of the neighborhoods now called Brooklyn Heights and Cobble Hill. Later, in the 1950s, many of these Syrian Americans moved to Bay Ridge. After immigration laws changed in 1965, the second large group of arrivals came to New York City, first settling on Washington Street, but the 1970s saw a new wave of immigrants who differed from their predecessors. This community was mostly Muslim, highly educated, and from Egypt, Yemen, Palestine, and Jordan (Gotham Gazette).

THE IMPACT OF 9/11 ON ARAB AMERICANS: WHY ARE THEY AT HIGH RISK?

The tragic events of 9/11 had negative consequences for the Arab American community, consequences not reflected among the wider U.S. population. Following the attacks, Arab Americans became the subject of increased suspicion and hostility, and many became more fearful as a result (Alvi, 2003). According to reports by the American Civil Liberties Union (2002), the American-Arab Anti-Discrimination Committee ([ADC], 2002), the Human Rights Watch Report ([HRWR], 2002), and the Federal Bureau of Investigation ([FBI], 2002), the number of hate crimes against people who were perceived to be Arabs or Muslims increased 17-fold since September 11, 2001. Similar reports surfaced in 1995, after the Oklahoma City bombing, when 277 serious hate crimes were committed against Arab Americans and American Muslims (ADC, 2002).

Further setting apart the Arab American community are a number of new immigration policies enacted by the federal government that specifically target individuals of Middle Eastern origin. These policies have allowed for the detention of more than 1,200 people of Arab, Muslim, and South Asian heritage (HRWR, 2002), the investigation of over 8,000 individuals, the monitoring of international students, and the deportation of 16% of 130,000 individuals who registered following the Immigration and Naturalization Service alien registration process based on national origin and ethnicity (ADC, 2002; Eggen, 2003). Since 9/11, therefore, Arab Americans have expressed a pervading sense of insecurity and vulnerability (ADC, 2002).

The trauma of 9/11 also revived in many Arab Americans previous memories and experiences of trauma, thus intensifying their experiences of discrimination and exacerbating their preexisting political, economic, social, spiritual, psychological, and medical problems. Many Arab Americans have had firsthand experiences of war. Most emigrated from countries that were previously under the control of European colonialism and are now governed by repressive authoritarian regimes (ADC, 2002; Eggen, 2003). Thus, it is often second nature for Arab Americans to feel alienated from the authorities and, as a result, to fear and distrust the world beyond their own culture.

As a consequence of these interrelated factors, Arab and Muslim communities in New York City are living under a great deal of pressure and, based on reports from both the Arab American Association of New York (AAANY) (Abu-Ras, 2003) and O. Ali, Milstein, and Marzuk (2005), an increasing number of clients have sought psychological counseling. Due to the lack of targeted services available to Arab Americans, however, mosques and churches have become important resources for families and individuals seeking individual counseling. The issues raised in counseling include: mental health concerns, marital problems, partner abuse, divorce, emotional and personality growth, and the promoting of inner consciousness (Al-Radi, 1999; Abu-Ras, Gheith, & Courns, 2006). Providing services to address the needs of an immigrant community that is increasingly alienated by the larger society can be a tremendous challenge. This research attempted to redress the dearth of scholarly work on Arab Americans in this particular context, and highlight the new and specific traumas experienced by this community after a broad national tragedy.

METHOD

Although there is a considerable body of literature examining the impact of trauma on survivors of 9/11, this study—to the best of the authors' knowledge—is the first systematic effort to explore the impact of September 11, 2001, on the Arab American community. This study, conducted 2 years afterward (between May and August 2003), aimed to examine the following within that community:

1. The impact on mental health conditions;
2. The impact on the community's sense of well-being, coping strategies, and perception of ongoing trauma;
3. The positive and negative lifestyle changes brought about by 9/11; and
4. Impediments to obtaining mental health services.

In addition, this study explored how mental health professionals might improve service delivery to this vulnerable population. Findings from this research should inform the development of educational programs, the

construction of social supports, and promotion of cultural, social, and political understanding between individuals and ethnic groups as well as a nondiscriminatory and mutually respectful mental health care environment.

Participants

This study employed focus group methodology, using both qualitative and quantitative research methods. The principal investigator of this study facilitated eight focus groups (six of which included both men and women and two of which comprised only women). Each focus group lasted 2 hours and consisted of 8 to 11 participants, all residents of Bay Ridge, Brooklyn, resulting in a total number of 83 participants. Participants in six of the groups were key male and female stakeholders (such as imams, priests, educators, youth center representatives, mental health providers, social workers, and physicians) selected from the community.

About 53% (44) were men and 47% (39) were women. The ages of the participants ranged from 20 to 61, with a mean age of 39 for men and 33 for women. The majority (85%) of the male participants had undergraduate or graduate levels of education compared to 15% of the female participants. About 94% of the male participants and 35% of the female participants were employed. Their yearly income ranged from $43,000 to $71,000 with a mean income of $53,000 for men and $34,000 for women. The two female focus groups were comprised of housewives and unemployed participants. Approximately 50% of these women were taking classes in English as a second language, and 85% of them had finished high school (the remainder had some college education). The vast majority of all focus group participants (95% of the men and 97% of the women) were Muslims; only four were Christians.[2]

All participants in this study immigrated to the United States from Algeria, Egypt, Jordan, Lebanon, Palestine, Morocco, Syria, Tunisia, or Yemen. About 95% of the male participants and 97% of the female participants were married and lived with a spouse and children. A majority of the participants were legal immigrants and had been living in the United States for more than 10 years. All but three participants were in the United States when the 9/11 attacks occurred. None of the participants reported any physical injury or immediate loss due to the attacks. All participants, however, reported experiences of hate crimes, racial profiling, and discrimination after September 11, 2001 (see Table 1).

Materials

All focus groups were conducted in Arabic and most of the groups met at the AAANY site. The first six focus groups were selected from the resource book, a list of community activists and service providers, prepared by the AAANY.

Table 1 Demographic Characteristics of the Study Sample ($N = 83$)

	Men	Women
Number	44	39
Age	$M = 39$	$M = 33$
Education	85% Under/graduate	15%Under/graduate
Employment	94% Employed	35% Employed
Income	$M = \$53,000$ ($43,000–$71,000)	$M = \$34,000$ ($28,000–$42,000)
Religion	97% Muslims	92% Muslims
Marital status	95% Married	97% Married
Immigration status	95% Had U.S. citizenship	85% Had U.S. citizenship
Years in the US	100% > 10	83% > 10
Hate crimes, racial profiling, and discrimination experiences	100%	100%
Injury	0%	0%

The two solely female focus groups were recruited from the Family Services Center, and were intended to determine if and how women's responses differed from men.

Data Analysis

For each focus group, the principal researcher and cofacilitators posed questions that explored the coping strategies used and the major barriers faced in dealing with this trauma. Thematic findings were compared and contrasted using documentation from all eight focus groups, and all interviews were coded according to the system developed by Morgan and Krueger (1993). To improve consistency and reliability, all notes and coded data were given to an expert in the field of trauma for further analysis and identification of central themes.

RESULTS

Fear, Anxiety, and Safety

Fear was the first reaction identified by all group participants. Their fear manifested itself in the common wish that the perpetrators of the 9/11 attacks had not been from an Arab or Muslim country. Almost all participants expressed fear of new waves of hate crimes against the Arab American community. According to the participants, hate crimes against Arabs was not a new phenomena, having occurred after the 1980 Iranian hostage crisis and during the 1991 Gulf War. All group participants reported that after 9/11, intensified hate crimes had increased their feelings of fear and anxiety.

Approximately one third of the participants indicated that the war in Iraq had prolonged these attacks against the Arab and Muslim communities. "We fear for our lives and our children's futures," one male participant said. "We came to the States seeking a refuge from wars in our home countries only to face other types of war, a war of discrimination, a war against Islam, and war against Arabs in general." A female participant expressed anxiety about the way that Americans perceive Arabs in this country: "They look at us as enemies and not as American citizens. We became the ones blamed for any terrorist activities inside and outside the U.S."

Safety emerged as the single biggest concern identified by participants. When asked what "safety" meant, the majority agreed on a definition: to feel secure in this country in and out of their homes. "To us, safety is not only to be physically and mentally protected," one of the imams said, "but to have family stability, to be safe and protected from all institutionalized laws and policies that have been aggressively created and practiced against the Arab community, especially against illegal immigrants." For the majority of the participants, and particularly for women, safety also meant feeling secure that the FBI or police would not raid their homes in the middle of the night to investigate or arrest them, their husbands, or their brothers. One female participant said, "I believe each one of us has the same fear of being . . . deported to our countries without regard for whether we have done something wrong or not." The arrest of male providers was a particular threat to many of the female participants who came to this country as wives, and who had few independent sources of emotional, social, physical, or financial support in the United States. One participant, a physician, explained, "By holding so many Arabs prisoner without trial, our civil rights and safety are threatened. This is a threat to our financial, social, and political stability."

For the participants, feeling safe also meant a life free from mysterious and ever-changing laws and policies targeted specifically at Arabs and Muslims. As a female participant recalled, "After September 11th, my husband was in New Jersey and was stopped by a police car. [They] immediately arrested him after my husband was identified as an Arab; he was not released until the following day. We were at home and expecting the police to come any minute and deport us, especially because we still did not have our green cards." Another participant said, "I was afraid to go out into the street. . . . My husband did not go to work because he was afraid that the police would . . . take him to jail just for being an Arab." A third participant added, "We really don't know what the next accusation will be. Every day, we are faced with new laws and policies. One day, we have problems with immigration, the next day with the motor vehicle department, and the following day with the rent . . . . God knows what other problems we may have."

The contrast between the mental health needs of Arab Americans and the wider American community is evident in the way these two communities defined "safety." For participants in this study, safety meant protection

from hate crimes and discrimination. On the other hand, 54% of the wider U.S. population defined "safety" as "protection from future terrorist attacks" (Fredrickson et al., 2003).

Loss of Community

According to the participants in this study, most Arab Americans have experienced three related traumas: the 9/11 terrorist attacks, increased hate crimes, and targeting by new immigration laws and policies—all of which have, in turn, generated a sense of loss of community.

"Prior to September 11th, Arab Muslims, in the face of adversity or hardship, sought out religion and religious organizations as a source of comfort and support to help them bounce back until they could adapt to the new situation," one group participant, a key leader, stated. "For example, in case of death, the whole community came together to support the traumatized family until they returned to normal life. However, after September 11th, this source of support has been hard-hit because many [individuals] are afraid to visit each other or to join religious institutions and organizations." A second male participant explained how Arab Americans have further isolated themselves for fear of guilt-by-association: "We became like strangers [to each other]. We lost trust in ourselves and in others and many of us stopped visiting each other, fearing that getting together could send a suspicious message to the authorities. Isolation became our only friend during the tragedy."

Most female participants reported that veiled Muslim women were ordered by community and religious leaders to stay home and keep their children from going to school for several days. This isolation ruptured any reassuring sources of safety that daily routine might have provided. One imam emphasized individuals' lack of trust in the Arab community itself: "[Since] September 11th, and despite our assurances to all worshipers, the number of people attending Friday prayer has decreased tremendously. They stopped coming to the mosque, fearing that one of our own people [might] point them out to police officers because they have no legal papers." Another male community leader expressed disappointment in some Arab American individuals: "I did not fear the government as much as I feared my own people, who threatened my life if I [didn't] go on TV and condemn the authority's attitudes toward Arabs and Muslims in general. I had to resign from my job and move to another one just to avoid a conflict with my own people."

As a result of fear and insecurity, the Arab American community reacted as individuals, rather than reaching out to others in the community for collective support. This avoidance of community made it difficult for organizations or service providers to reach out to the Arab American community and address the issues they faced. The majority of the participants expressed their belief that Arab Americans were more isolated by September 11th than

any other immigrant community. As one young female participant voiced, "Even when we tried to come out of our hiding places and offered help and support, we were not acknowledged or recognized."

Stigmatization and Exclusion from the Grieving Process

The 9/11 attacks and subsequent government response united most of the American people against one enemy, "terrorism." Americans were further united by their shared sense of loss, trauma, and grief; quickly and collectively, they responded to the disaster and addressed the immediate needs of those who suffered most. Community relationships were strengthened by the bridging of formal and informal support services, manifested in the numerous services provided to victims and their family members by organizations such as the American Red Cross, New York City Family Assistance Center, New York State Individual and Family Grant Program, and the New York Crime Victims Compensation Board (Klitzman & Freudenberg, 2003).

   The opposite occurred in the Arab American community. The immediate reaction of most Arab American individuals was to hide from mainstream society. One female participant stated, "My first and immediate concern was [the welfare of] my family members. I did not think about going out and connecting with other Arab and Muslim friends or relatives." A male participant said, "When I first heard about the attack, the first thing that came to my mind was how could I be safe tomorrow when I would go to work and find out that I was unemployed? What should I do if they asked about my legal papers, and how could I avoid confrontation with the American people?" A female participant said, "Some of us actually tried to hide our identities by changing our Islamic dress code, especially Muslim women who felt forced to uncover their heads in order to avoid hate crimes." Another female participant said, "No matter how much I tried to hide my identity, whether by changing my Islamic dress or by avoiding speaking Arabic in public, my Arabic and Middle Eastern appearance is still obvious and I would not have been protected from all angry Americans. Therefore, I decided to stay at home and keep my kids around me."

   The vast majority of the participants, reported feeling that, due to the nationality of the 9/11 perpetrators, the first reaction of the majority of Americans was to blame Muslim and Arab citizens for the attack. As a result, the Arab American community felt itself in the "enemy camp" and automatically excluded from the larger American grieving process. One participant, a community leader, said, "America forgot that Arabs and Muslims were also victims of the attack and [excluded] us from expressing our sadness for what happened." Further, about half of the participants emphasized the compounding of this isolation when the vast majority of Arab Americans further segregated themselves from the American mainstream.

This was the experience not only of individuals and families, but also of institutions that would have otherwise formed a crucial link between Arab Americans and overarching social and government institutions. According to several group participants, as a result of stigmas placed on Arabs and Muslims, some mosques in the area were targeted as purportedly supportive of terrorist acts. Some Islamic institutes and organizations were ordered to close their doors, and three imams reported the vandalism of their mosques, threatening telephone calls and letters, and stone throwing. One participant reported, "Three days after the September 11th attack, I was attending a noon prayer with several other guys. Suddenly, I heard a blast next to the mosque's door. I thought something [had] happened in the street but, when I looked through the window, I saw a few young men sitting in a car and throwing something at the mosque door that made a kind of blast sounding like an explosion in order to scare us." Another imam added, "Immediately after the attack, the phone started to ring and there were several threatening calls from various people asking us to leave and go back to our country." A third imam participant said that he was called the name bin Ladin and taunted because of his beard. Several other male and female participants expressed fears of being targeted by the FBI because of their religious affiliation with certain mosques. "Although I have invited some of the police and FBI personnel to the mosque to reassure Muslims that the authorities will do their best to protect them," one of the imams said, "the regular number of worshipers has decreased because they fear arrest." These various layers of isolation are typical of those who have experienced trauma, who may in some cases withdraw from their extended family and community, isolating them from the world at large. Two years after the trauma of 9/11, Arab Americans had continued to seek ways to share its grief, loss, and fear.

Historical and Ongoing Trauma

The majority of the focus group participants indicated that historical trauma had continuing, negative effects on their lives. Trauma had become a part of their personal histories, and had also been passed to their children through recollections and the processes of identity building. One female participant said, "Every time I think about September 11th, it reminds me of the 1967 war [between Israel and Egypt, Syria, and Jordan] when I left my baby at home while I was trying to seek help from my neighbors. When the shooting started, I put myself in danger and ran from the neighbors' home to my home so I could save my baby's life." Another female participant also related that television images of bodies falling from the Twin Towers brought back memories of the 1967 war when she was a child trying to cross the Jordan River with her parents to flee the West Bank: "In the street, I saw dead bodies of women, men, and children. These memories will never go away

no matter how hard I try to forget. They always come back to me, even if I hear about a normal death situation."

The 9/11 attacks compounded the list of traumas experienced by Arab Americans. One of the community leaders said, "Every time we overcome one trauma, we find ourselves struggling with another one, leaving us with no room to breathe and reflect on what happened earlier, until we became numb." A second participant illuminated the transmission of trauma from one generation to another: "We can't avoid talking about trauma anymore. Watching TV every day is a trauma in itself, [from] misconceptions the media has of Arabs and Muslims." A third participant expressed concern about dealing with students who had been traumatized by what they saw, heard, and experienced: "As educators, we are always trying to come up with ways to stop the transmission of trauma from one generation to another. Students commonly talk about what happened after September 11th and reflect on their family experiences of specific types of trauma, such as the Palestinian problems, or what is happening in Iraq." Another participant, a female social service provider, noted the manner in which Arabic satellite television now brings these traumas closer to communities in the United States by transmitting the daily images into Arab American living rooms.

The specific nature of the insecurity felt after 9/11 is reminiscent of the historic traumas that initially brought some Arab Americans to the United States. Several participants in the study noted that they were forcefully uprooted or deported from their own counties and had sought safe haven and salvation in the United States. Thus, the majority of the participants said that 9/11 had revived memories of earlier trauma.

Constructing a New Meaning of Trauma

According to Ursano et al. (2001), *meaning* is a concept that results "from the interaction of past history, present context and physiological state. Thus the meaning of traumatic events changes over time with individuals' ever-changing psychosocial context" (p. 20). Most participants in this study attributed new meanings to 9/11, incorporating learned perceptions of how to best restore and reorganize their life and community as well as their own responsibilities in working to decrease harm and diminish threats to their safety.

One of the male participants said, "We usually take life for granted but, after September 11th, we began to value our lives and safety more." Another female participant said, "After the attack, we were afraid to go out and defend ourselves but now—2 years later—I recognize that we should do more to protect ourselves by teaching the American people about our religion, culture, and beliefs." A third male participant said, "Before September 11th, few Americans knew about us as a people, culture, and religion. Now

there are many Web sites, printed materials, and lectures that were created specifically after the attack that include ... information, educational materials, and articles about the Arabs and the real meaning of Islam." Another male participant reported that he thought the gap between the Arab American community and the wider American community was narrowing. "We are learning every day," he said. "The more we learn, the stronger we become ... by voicing our concerns, we can find solutions. Many educated people have started new activities aimed at educating the American public about our needs, concerns, and problems. They are actually changing our image and the way we are perceived by the general media."

The new meanings constructed by the participants indicated that, 2 years after 9/11, some Arab Americans were gradually developing new understandings of their identity and regaining their sense of community. This process remains ambiguous, complex, and hard to define. Many participants expressed the need for specific spiritual, educational, and political strategies for dealing with the isolation resulting from 9/11. When employing spiritual strategies, participants advocated tolerance, forgiveness, and prayer as the best ways of coping in times of crisis. As mentioned above, participants advocated attempts to educate American society by providing information about Islam and Arab culture as a means of mediating their trauma. Some participants took part in political coping methods, organizing the community and making themselves "visible" by donating blood, and planning educational and political activities against terrorism.

Coping Methods

Traditionally, the Arab American community has turned to its religious institutions in times of emotional need and crisis. Most participants in this study reported that they first turn to God when seeking comfort and help in life, personified by the religious leaders in their mosques and churches. To many participants, one of the most important functions of any religion was to provide a framework for its parishioners in dealing with emotional hardships and mental health. According to the Arab Muslim American Federation of New York and the imam's council of New York, the number of Muslims seeking mental health counseling at New York City mosques had quadrupled since 9/11.

For the majority of participants, the backbone of religious and spiritual well-being consisted of prayer, faith, tolerance, and forgiveness. Muslim religious leaders in this study believed the Qur'an and Hadith were the best tools for prevention and treatment of emotional disturbances, and suggested that social service providers and mental health professionals incorporate religious values and ethics in their counseling techniques.

Prayer is the primary duty in both the Islamic and Christian faiths, and rejection of faith, according to an imam in this study, is considered a disease among Arab Americans. Many participants believed that, through the daily discipline of prayer and self-development, a Muslim could increase his or her own ability to adapt to stress and reach inner satisfaction, as stated in the Qur'an:

> But the guided to himself who turn to Him in patience, those who believe and whose hearts find peace and satisfaction in the remembrance of God: for without doubt in the remembrance of God do hearts find satisfaction and peace (Qur'an 5:27–28)
> Successful indeed are the believers who humble in their prayers. (Qur'an 23:1–2)

Most participants spoke of tolerance's ability to create peace and security within one's self. The word tolerance was defined by the group as "to bear" and extends not only to other faiths or beliefs, but also toward one's enemies. Participants further defined tolerance as "acceptance of others" and referred to a Qur'anic verse that states:

> God forbids you not with regard to those who fight you nor for (your) faith nor drive you out of your homes, from dealing kindly and justly with them, for God loves those who are just. (Qur'an 60:8)

On the subject of forgiveness, one of the Muslim teachers said, "Our religion, Islam, has taught us [that] forgiveness helps us heal wounds and restore good relations between people, and it maintains social order." Another participant said, "As much as Islam emphasizes justice and punishment of the wrongdoers, it also emphasizes kindness, love, and forgiveness." A third participant said, "Allah always forgives us for our own mistakes, and we also should practice what Allah has asked of us, [which is to act] the same towards those who do wrong to us." A number of participants believed that forgetting God and neglecting his commands and teachings may cause them to fail in their endeavors. One imam quoted, "As the prophet Mohammed said: 'O Allah, I seek refuge with you from distress and sorrow, from sloth and from decrepitude'" (Sahih Muslim, Book 35, chapter 14, Hadith No. 6539).

Participants rarely expressed overtly the desire to turn to other non-religious coping mechanisms, such as family comfort or professional help, but the need was articulated indirectly. For example, participants acknowledged that religious leaders may not have all the tools required to assist in all situations. In addition, the widespread acknowledgment that a sense of community had been lost indicates that individuals felt the absence of communal coping strategies not necessarily linked to religious belief and practice.

Barriers and Needs

The focus groups were asked to describe the major problems and barriers facing the Arab American community in accessing mental health services prior to and after 9/11 as well as the community's current needs. Several difficulties and obstacles were identified by the participants, some of which existed prior to 9/11 and had intensified afterward.

According to one male participant, "After September 11th, hundreds of services and programs were offered to a variety of communities and businesses, but nothing was done to address the problems of Arab Americans and Muslims." Several participants expressed their disappointment with the lack of mental health services in the community: "Immediately after September 11th, none of the existing services and the community-based organizations remembered to include us in their list of services," one participant offered. "As a matter of fact, they were indifferent to our needs and perhaps purposely ignored us as part of the general policy adopted against us." According to one of the religious leaders, "We, as imams, are very limited in terms of our ability to deal with trauma. We use our religious beliefs and ethics to address certain problems, such as spousal relationships, problems with children and other social issues, but this does not mean we are professionally trained to handle depression, for example. Certain mental health problems need to be addressed professionally, and sometimes require medication which we can't provide." Another imam said, "We all believe that the Qur'an can help people heal mentally, but the Qur'an can't solve problems such as discrimination or financial crises. Those problems should be addressed by specialized agencies that were created specifically for this particular purpose." A key community leader concluded, "All those who approached us after the attack wanted something from us. They came to our community looking for information and material about Arabs, or to conduct interviews with some of us for their research, studies, and reports. No one came to offer help, only to receive help."

The lack of resources available was reinforced by, and remained unaddressed due to, participants' feelings of fear and insecurity. "My business is the only source of income I have," another community leader noted. "After September 11, I almost lost my business because many people stopped going out to do their shopping and I did not have enough courage to seek help from funds specifically created for this purpose. I was afraid to bring my concern to the authorities, as many other communities had been doing, for fear of their negative response."

On the other hand, most participants indicated that other factors unrelated to 9/11 prevented their access to mental health services. Most prominently, negative cultural attitudes toward counseling hindered participants' access to assistance. "Women who have problems with their husbands are afraid to seek counseling or mental health help," one woman asserted. "The

mere knowledge that she received help from a psychologist or counselor will cause her to be labeled '*majnuna*' [crazy], and she will no longer be considered … a good mother … She could lose her children." A male participant added, "Many of us don't know much about mental health services and … don't believe in such services. We usually rely on God for help and, if the problem is serious, we prefer to seek help from religious leaders."

Although mosques play a central role in providing culturally sensitive services to the Arab Muslim community, religious leaders were admittedly ill equipped to address severe mental health problems and community trauma resulting from a massive crisis such as the events of 9/11 (Abu-Ras et al., 2007; O. Ali et al., 2005).

Stereotypes and Discrimination

According to the majority of the participants, the events of 9/11 aggravated prevailing stereotypes of Arabs and Muslims as terrorists and murderers who are violent by nature. These perceptions have further affected Arab Americans' biased views of crisis intervention. Almost all of the participants expressed fear of the way they are perceived by mental health professionals and social workers. They were also intimidated by the power these service providers wielded in their lives. "I have a problem with my children's school," one female participant expressed. "Every time the teacher sees a small scratch on my boys' faces she reports us to the social worker. Then, the social worker reports us to Abused Child Services, believing that we, as Arabs, are very violent and we abuse our children." Another female participant stated, "Before I went to [a clinical therapist], I almost decided to go back to my country. The school's social worker had been … accusing me and my husband of beating our children. No matter how hard we tried to tell her that the cause of the injury was him falling from his bicycle, she still [did] not believe us. She [had] already made up her mind that we beat our children." A third female participant concluded, "I know of many cases like that. Social workers at American schools think of us as abusive and this perception has increased since September 11th." Thus, the community's feelings of isolation, fear, and insecurity extend to the mental health community, transforming a possible aid into a threat.

CONCLUSIONS

Traumatic events often have a devastating impact on individuals' health, community stability, and general ability to function. Psychological responses to man-made disasters, such as terrorism, are varied and usually cause intense fear, anxiety, isolation, stigmatization, and withdrawal. The 9/11 attack has left a severe impact on the entire U.S. population, regardless of ethnic

and religious background. It has caused the loss of thousands of lives, and psychological and social disruption for millions of others.

The experience of trauma has nevertheless stimulated new thinking and new activities among Arab American individuals and communities. Zogby's (2001) poll indicated a strong ethnic identity, even pride, in the face of adversity faced by the community after 2001. The Arab American Institute of New York (AAI, 2002), on the other hand, showed that many Arab individuals continued to express fear and anxiety and shy away from proud expression of their Arab identity or being identified with the Arab community, fearing that such identification may lead to harassment or deportation.

Although this is a limited exploratory study, its findings clearly indicate that participants responded to this trauma with fear and an intense loss of security. This response caused the participants to reflect on the causes of their fear and to advocate new mechanisms for ensuring their safety and further educating the American public about their culture, the meaning of Islam, and the needs, struggles, and concerns of their community. This process of constructing new meanings, as expressed by the focus group members, was characterized by a strong linkage between religious and spiritual beliefs and methods for coping with trauma. Almost all of the participants expressed a high level of faith, tolerance, and forgiveness as actual means of coping with trauma, but few mentioned mental health services as a tool for overcoming their fear and anxiety. This suggests that religion and spirituality play an important role in the mental health of Arab American individuals, families, and communities and may be a central component of their identity and self-conception (Abudabbeh, 1996; Al-Krenawi, 1996). These results confirmed the findings of other studies (Conner, Davidson & Lee, 2003; Linley, Joseph, Cooper, Harris, & Meyer, 2003; Maercke & Herrle, 2003) that have shown the relationship between religious beliefs, personal growth, and successful processing of trauma. This relationship also indicates that, although some Arab Americans are becoming more familiar with and beginning to turn to, Western modern psychotherapy, many Arabs prefer to find solace within their faith and with traditional healers inside the community (Gorkin & Othman, 1994). Traditional and Qur'anic healing methods have also become more popular in most Muslim societies, and have gained further legitimacy among many Islamic scholars (Bari, 1993). Therefore, mosques and churches in the Arab American community in the United States have become important places for families and individuals to seek counseling for a variety of problems, including mental health problems, marital strife, partner abuse, divorce, and emotional trauma (Abu-Ras, Gheith, & Courns, 2007). At the same time, on the rare occasions when they solicited help in the outside world, participants in this study expressed concerns about the lack of culturally competent services at existing mental health agencies.

This gap needs to be closed via a mental health initiative employing a community outreach methodology and social workers, clinical psychologists,

and other mental health professionals such as psychiatrists who are culturally competent in Arab history and culture. Efforts should be directed at enhancing the cultural competence of mental health clinicians working in the Arab community. Integrating psychosocial educational interventions into nonstigmatizing physical settings, such as existing community centers, would minimize the stigma associated with mental health services. Disseminating language-appropriate information, life-net brochures in the Arabic language, and promoting psychosocial knowledge and education, which are essential professional tools in identifying severe stress reactions, will enhance the process of recovery and healing both at the individual and community level.

Limitations of the Study

The findings of this study have several methodological limitations: The study relied on a small, nonrandom sample of 83 participants from the same community in one borough of New York. The participants were contacted exclusively from a list provided by one organization site, the AAANY. These limitations potentially constrained the authors from making generalizations based on the findings because the data may not be representative of other subject populations in different regions. More varied data sources might enhance the accuracy and usefulness of future results.

This study also used focus group and qualitative methodology without controlling demographic variables, which may also have imposed certain limitations on the findings in terms of differences between the subjects' age, education, and income, marital, religious, and immigrant status as well as political factors—variables that could lead to the findings being interpreted differently.

In addition, the participants in this study were all people who had reported some experience of racial profiling, discrimination, and backlash related to 9/11. This may further limit the findings because it cannot be representative of all Arab Americans, many of whom may not have experienced discrimination in the wake of 9/11.

SUMMARY

The terror of 9/11 severely affected many Arab Americans in a unique manner. First, some of the victims of the attacks were Arabs and Muslims, and they and their families experienced insurmountable loss and grief. Secondly, Arab Americans have felt the subsequent brunt of Americans' anger because of their national affiliation, and have been the target of a rising number of hate crimes. Finally, new government policies have singled out Arabs and Muslims in the Arab American community, generating feelings of isolation and discrimination instigated by the very agencies that are intended to promote

social security and stability. In the aftermath of 9/11, Arab Americans have lost employment, legal security, a feeling of safety, and freedom. These negative stressors have compounded and revived previous traumas, forcing Arab Americans to relive past periods of crisis before their immigration to the United States.

Participants in this study identified several symptoms resulting from these traumatic events. Their frequent reference to fear and lack of safety issues, as immediate reactions and responses to the trauma, reflects their psychosocial state and the effects of the threat of hate crimes. These emotions also reflect ongoing political and sociocultural challenges facing the Arab American community, which is among the most misrepresented and negatively perceived communities in mainstream America (Abudabbeh, 1996).

The impact of such misunderstandings is twofold. Misperceptions of Arab Americans not only isolate Arab Americans from the wider community and damage their ability to cope with trauma through a communal grieving process, but also can lead to prejudice, biases, and faulty assumptions among mental health professionals who serve Arab Americans.

Misperceptions about and misrepresentation of Arab Americans in American culture have prolonged feelings of danger and insecurity for this community. Therefore, Arab American methods for coping with trauma lean toward isolation, withdrawal, and avoidance in order to ward off danger from the wider society. Within the community, this threat has generated suspicion, lack of trust among community members, a loss of community support, and a decreased sense of belonging. Ursano et al. (2001) argued that community plays an important role in providing its members with a sense of belonging, identity, friendship, acceptance, and emotional, social, and practical support. As a result, traumatic events may create a feeling of extreme vulnerability among the entire community, thus heightening feelings of helplessness, loss of trust, loss of control, and uncertainty (Ursano et al., 2001). This isolation may lead to delays in the grieving process and future healing (Gerrity & Stenglass, 2001). In addition, self-blame is a common result of victimization (Janoff-Bulman, 1985). Many Arab Americans have avoided contact with their own religious organizations, and avoided seeking help or attending prayers, in order to preclude any accusation by the authorities.

Further, according to the participants of this study, Arab American attitudes toward mental health counseling have been a serious barrier in accessing and utilizing mental health services. In addition to a lack of awareness about available mental health support services in the community, there is a cultural stigma associated with Western mental health services. Based on her experience working as a clinical therapist in the Arab American community, the first author has ascertained that most individuals, regardless of their gender, express a high degree of fear and shame when they seek counseling services. Over the course of 8 months between 2003 and 2004, she worked with more than 30 individuals at their request and nearly all expressed worry

that they would be seen at the counseling site by other members of their community. If someone were to inquire about their visits to the site, they used their children as an excuse because seeking mental health services is associated with insanity or mental retardation in the Arab American culture (Gorkin, Massalha, & Yatziv, 1985; Kulwicki, 1996). This stigma may therefore constitute a formidable barrier to service utilization among Arab American individuals, especially for women, whose use of such services could harm their marital prospects, increase the possibility of divorce, and work against them in other social contexts (Abu-Ras, 2003; Al-Krenawi, 2000).

Psychotherapy and other Western mental health techniques and terminology are still new concepts to most Arabs Americans (Abu-Ras et al., 2007). In addition, Arab culture places little value on self-importance, self-improvement, or understanding inner needs (Gorkin et al., 1985). Therefore, Arab Americans may have fewer tendencies than Westerners to be "psychologically minded" (Jackson, 1997). According to Gorkin et al. (1985), Arab patients with mental health problems, such as depression, anxiety, or other mental distress, commonly expressed their ailments in terms of stomach complaints, fatigue, poor appetite, or shortness of breath. Prior to 9/11, mental health and social services in the Arab American community were nearly nonexistent, and those that did exist were little known to the public. Additional services created to serve the public post-9/11 failed to address the Arab American community and its special needs. Those Arab Americans who did seek mental health counseling went to their mosques and churches for help, but religious leaders expressed dismay at their inability to address new problems as a result of 9/11 (Abu-Ras et al., 2007).

The introduction of mental health services to the Arab American community should be undertaken with the nature of this group's trauma at the fore. Mental health professionals, like any other individuals, are influenced by historical and current understandings and experiences of discrimination, racism, and oppression (Arredondo, 1999). In addition, Western models of therapy have not been successful at incorporating new forms that take into account prejudices against minority and non-White ethnic groups (Arredondo, 1999). Therefore, social work and mental health interventions that are not mindful and sensitive of cultural and religious concerns will not be effective in working with Arabs and Muslims (Al-Dabbagh, 1993). Indeed, they may even aggravate the trauma.

NOTES

1. It is perhaps significant to note that most of these modern states were—less than a decade ago—considered one geographical unit, the Levant or Greater Syria.

2. It is important to note that our sample group was comprised of much greater Muslim representation than exists in the Arab American community as a whole. This may be the case, however, because all of the participants were first-generation immigrants, reflecting the more recent wave of Muslim Arab immigration. Further, the particular challenges related to this study are more relevant to Muslim Arab

Americans and thus those Arab Americans seeking mental health services post-9/11 (while not necessarily because of those events) may have been more likely to be Muslim.

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