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## “Loss and Fear”: Acculturation Stresses Leading to Depression in South Asian Muslim Immigrants in Toronto “Perte et Peur”: stress d’acculturation entraînant la dépression chez les immigrants musulmans d’Asie du Sud vivant à Toronto

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### ABSTRACT

This article explores acculturation challenges and consequent depression among South Asian Muslim immigrants in Toronto. Thirteen immigrants were interviewed about their personal settlement and the challenges and conflicts that they experienced. The data were analyzed using a grounded theory approach. Two major themes emerged: *loss* and *fear*. Recommendations are made to inform mental health professionals who work with this population. Implications for mental health practices and future research are discussed.

### RÉSUMÉ

Cet article examine les difficultés liées au processus d’acculturation et la dépression qui s’ensuit chez les immigrants musulmans d’Asie du Sud vivant à Toronto. Treize immigrants ont été interviewés sur leurs expériences personnelles d’adaptation et sur les difficultés et les conflits qu’ils ont rencontrés. Les résultats ont été analysés en se servant de l’approche de la théorie ancrée dans des données empiriques. Deux grands thèmes en sont ressortis : la *perte* et la *peur*. Des recommandations sont faites afin de guider les professionnels de la santé mentale qui travaillent avec la population ciblée. Des implications pour la pratique en santé mentale et la recherche future sont discutées.

Since the 1960s, the number of ethnic or visible minority immigrants to Canada has been increasing, making Canada one of the most diverse and multicultural countries in the modern world. This group represents 19.1% of Canada’s total population of 35.5 million (National Household Survey, 2011). South Asians (i.e., people from India, Pakistan, and Bangladesh) account for 25.0% of the total visible minority population and 4.8% of Canada’s total population, making South Asians the largest visible minority group. The National Household Survey (2011) indicated that two thirds of South Asians reported East Indian ethnic ancestry, and 9.3% reported Pakistani ancestry. In 2011, just over one million individuals identified themselves as Muslim, representing 3.2% of Canada’s total population. Among the Muslim immigrants who came between 2006 and 2011, the largest group came from Pakistan (National Household Survey, 2011).

All immigrants, including South Asian Muslims, face acculturation challenges of adaptation to another culture. This involves learning, development, and competence in adjusting to the new culture and facing new challenges (Berry, 2006; Tadmor, Tetlock, & Peng, 2009). However, South Asian Muslim immigrants face additional challenges due to their Muslim and South Asian identities (Khan & Watson, 2005). This experience of contact with the host culture invariably modifies and alters the immigrants' understanding of their own culture (Gibson, 2001). Indeed, during this process, cultural features are exchanged and the original cultural patterns of either or both groups may be altered; however, the groups remain distinct (Kottak, 2004).

Acculturation is a complex and challenging process that invariably produces "acculturation stress" in immigrants (Berry, 2001), with varying levels of hardships due to a number of factors such as lower sense of coherence, low perceived social support, and demographic variables (Berry, 1997; Jibeen & Khalid, 2010). *Acculturation stress* refers to the mental, emotional, cognitive, social, and somatic difficulties individuals experience during their acculturation process. Indeed, acculturation processes are closely connected with many psychological and emotional challenges that may lead to mental health difficulties (Abouguendia & Noels, 2001). Moreover, there appears to be a strong correlation between the acculturation process and mental health, due in part to resettlement contexts such as migrant status, constant preoccupation with adaptation to the new culture, and decisions about how much of their original culture to sacrifice (Berry, 1999). There is no doubt that these persistent cultural challenges and conflicts tend to impact the mental health of immigrants (Berry, Kim, Power, & Young, 1989; Jibeen & Khalid, 2010; Khan & Watson, 2005). Depending on how these challenges and conflicts are responded to, adverse negative or positive mental health conditions may result (Akutsu & Chu, 2006).

It is likely that some South Asian Muslim immigrants in Toronto experience acculturation challenges that negatively impact their mental health. Since little has been written about these experiences, particularly after the initial period of immigration (Jibeen & Khalid, 2010), we decided to investigate the acculturation challenges that South Asian Muslim immigrants experience. Therefore, the purpose of this research was to better understand how acculturation challenges might impact the mental health of South Asian Muslim immigrants during their acculturation and settlement process. We used a qualitative methodology, specifically grounded theory (Strauss & Corbin, 1994), to investigate the acculturation challenges and resulting depression of South Asian Muslim immigrants. We have focused on depression because it is one of the commonly reported mental health issues revealed by various research studies (Jang, Kim, & Chiriboga, 2005; Potochnick & Perrerrira, 2010; Ying & Han, 2007).

#### METHOD

We decided that grounded theory using a semistructured questionnaire and a depression checklist would offer the best opportunity to explore the socially

constructed lived experiences of South Asian Muslims in this research. Grounded theory is an intertwining of research process (i.e., detailed and flexible interrogation that is grounded in the data) and outcomes (i.e., theory). This allowed the first author to conduct the interviews in the language of the participant's choice: Urdu, Punjabi, or English. Moreover, the grounded theory method allowed for an inductive reasoning process to understand the relationship between the researcher, what is studied, and other situational constraints that become part of the inquiry (Denzin & Lincoln, 2003).

### *Participants*

Participants were first-generation Muslim immigrants from India or Pakistan who self-identified as South Asian Muslims, and who had lived in Canada with immigrant status for more than three years and less than five (i.e., Canadian citizens, landed immigrants, convention refugees, refugee claimants). All were able to communicate in Urdu, Punjabi, or English. Participants experienced self-reported or diagnosed depression during their acculturation process but self-managed it. The participants who fulfilled the research selection criteria were recruited through posters and flyers distributed throughout the Greater Toronto Area.

Thirteen individuals (7 men and 6 women) participated in the study ( $M = 38$  years, age range = 19–53). Nine participants were married and living with their spouses, 2 were single, and 2 were divorced. The ages of their children ranged from 2 to 21 years. Seven participants immigrated to Canada through family-class sponsorship, 5 through the independent professional class, and 1 as a refugee. Five participants were working in full-time jobs, 1 worked part-time, 4 were students, 2 were homemakers, and 1 was not employed at the time of the interview. Ninety per cent of the participants had postgraduate degrees from their country of origin, including bachelors in medicine, masters in engineering and pharmacy, and a doctorate in psychology. Eleven interviews were conducted in Urdu and two in Punjabi (see Table 1 for details of participants' information).

### *Instruments*

We used a grounded theory approach to understand the relationship between acculturation challenges and depression. A depression checklist and a semistructured interview questionnaire were used for the data collection. The depression checklist was based on the symptoms identified in the Beck Depression Inventory II (Beck, Steer, & Brown, 1996) to evaluate depression. Our checklist contained the same number of items, but the wording was changed to assess the symptoms of depression reported by participants. The checklist was administered twice: first, to assess if participants experienced depression during their acculturation process through the recall of their experiences; and second, to assess if participants were experiencing depression at the time of participation in the study. Only those who reported experiencing depression during their acculturation process but not at the time of participation in the study were included in the research. The semistructured interview questionnaire included questions about experiences of acculturation,

Table 1  
*Demographic Information of Research Participants*

Pseudonym	Gender	Immigration status at the time of migration	Current occupation	Age	Education in country of origin	Annual family income	Marital status	Length of stay in Canada	Preferred language
Amna	Female	Landed	ESL-student	35	2 Masters	10,000-20,000	Married	4 1/2 yrs.	Urdu
Fatima	Female	Landed	Homemaker	39	Medicine	30,000-40,000	Married	4 yrs.	Urdu
Ali	Male	Independent	Taxi driver	45	Bachelor of Eng.	20,000-30,000	Married	4 1/2 yrs.	Urdu
Osman	Male	Refugee	Taxi driver	43	BA	20,000-30,000	Married	3 yrs.	Punjabi
Doctor	Male	Landed	Student	26	MA	20,000-30,000	Single	4 yrs.	Urdu
Sunny	Male	Landed	Student	19	Grade 12	30,000-40,000	Single	4 yrs.	Urdu
Rita	Female	Independent	Homemaker	42	MEd	below 10,000	Divorced	3 yrs.	Urdu
Iman	Male	Independent	Factory work	41	B Pharmacy	below 10,000	Married	3 yrs.	Urdu
Fowad	Male	Independent	Unemployed	53	BSc Eng	below 10,000	Married	3 yrs.	Punjabi
Sara	Female	Landed	Security	29	BE Engineering	More than 50,000	Divorced	3 yrs.	Urdu
Rahat	Female	Landed	PhD. Student	29	MA Economics	10,000-20,000	Married	3 yrs.	Urdu
Amina	Female	Landed	Factory work	43	Grade 10	More than 50,000	Married	4 1/2 yrs.	Hindi
Perveen	Female	Independent	Settlement Counsellor	45	PhD	More than 50,000	Married	4 1/2 yrs.	Hindi

depression, and coping. Semistructured interviews (60–90 minutes) were conducted, which required participants to reflect on their experiences of migration, arrival, and settling; their process of acculturation and adaptation; their vision of the future; and, importantly, their depression.

### *Procedure*

Participants who met the inclusion criteria were given consent forms, and those who signed were interviewed at various community sites. Interviews were conducted in Punjabi and Urdu and were transcribed and translated into English. Three experts in the field reviewed the accuracy of the translations to ensure they were conveying the same content as reported by participants. Ethical approval for the study was given by the university's research ethics board.

### *Data Analysis*

Using grounded theory (Glaser & Strauss, 1967; Strauss & Corbin, 1994), the data were analyzed with open and axial coding, and constant comparative coding. The themes and categories were named based on the existing literature and language of the participants in the study. Once the themes were developed, transcripts were reviewed again. This process of movement from the themes to the data was replicated several times to ensure that consistent themes started to emerge from the data.

## RESULTS

Participants' responses were categorized into two major areas: *losses* and *fears*. These two major areas were further divided into themes and subthemes (see Figure 1). The themes and subthemes were based on the conceptual and experiential similarities of most of the participants' responses, which are further categorized and elaborated using participants' quotes. In the discussion below we discuss and analyze the key themes, subthemes, and categories that offer a brief glimpse into the acculturation challenges that led to the reported symptoms of depression for these South Asian Muslim immigrants living in Canada.

Loss (the experience of having something taken/destroyed) and fear (being afraid of something threatening) emerged as the key themes from the data. The concept of loss and fear appeared not as individually isolated points of references in the participants' narratives, but interwove as they expressed their concerns, anxieties, tensions, and stresses, as well as their desires, hopes, and aspirations for their children and their futures. In the discussion below, we have separated loss and fear so that we could look at each in depth. Each of these themes is explained in detail with relevant excerpts from the participants.

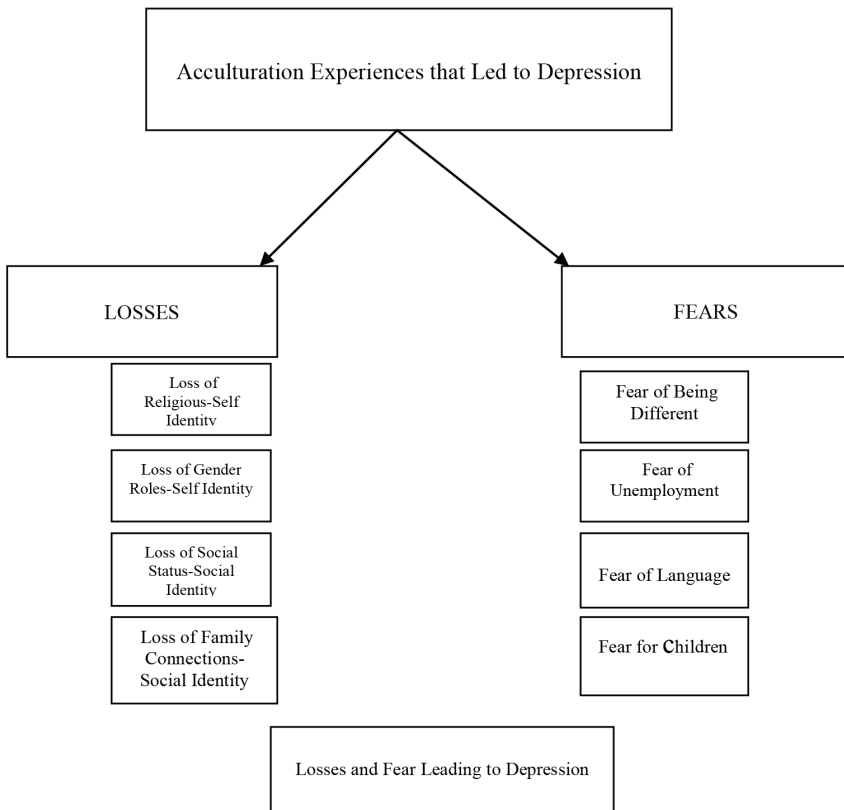
### *Loss(es)*

Participants expressed and explained their strong sense of loss since arriving in Canada and during their struggle to acculturate. Loss is understood both as

a material aspect of their lives as well as a psychological one. We have divided loss(es) into four subthemes: (a) loss of religious self-identity, (b) loss of gender roles and self-identity, (c) loss of social status and social identity, and (d) loss of family connections–social identity. In the last part of this section, we discuss how these loss(es) led to their reported symptoms of depression.

*Loss of religious self-identity.* Most of the participants shared their experiences of being away from their cultural, religious, and family settings, which made them feel isolated. This experience was particularly poignant in terms of their religious self-identity. It was difficult for them to cope with their “different” and “completely changed” lifestyles due to immigration to a Christian country. They preferred staying at home and being isolated from this new and alien world. In turn, they felt that they were not living like they did before immigrating to Canada. For example, Rita explained: “It seemed that I was living in a dead land. I could not live the way I was living before ... I lost my identity with my way of living.”

Figure 1.  
*South Asian Muslim Acculturation Experiences of Losses and Fears That Led to Depression*



The newness of being in Canada and the isolation they felt led many participants to feel that they were “living in a dead land...” This, in turn, made them feel that there was a lack of recognition of their cultural and religious festivals, causing distress and leading them to feel a loss of their religious self-identity. Twelve of the 13 participants stated that they felt the lack of recognition of Islamic traditions and the loss of religious identity, such as wearing Islamic attire in public. For example, Perveen discussed her concerns about wearing the hijab:

I think Muslim women stood out the most when they wear the hijab ... it is hard to keep our religious identity ... when people talk negatively about those who wear the hijab, I feel bad ... it shows lack of respect for Muslim culture and our identity as Muslims.

Perveen was concerned that Muslim females were victimized and targeted for criticism when they followed Muslim traditions by wearing traditional attire. Consequently, some Muslim females felt pressured to lose their identity; as the result of “transformed attire” and “lost identity,” they felt limited in their ability to enjoy their right of religious freedom. Like Perveen, Fatima shared her strong feelings of being segregated from others when they perceived her to be strange due to wearing the hijab: “When we are wearing something different than the others, they looked at us with strange eyes ... caused feelings of exclusion and segregation ... lack of respect for our religious values is stressful.” Participants’ worries related to Islamic food and dress generated feelings of distress and loss of identity that eventually led them to report feeling depressed during their postimmigration period.

*Loss of gender roles and self-identity.* Most participants explained how changes in their gender roles caused personal distress and a “heavy sense of loss” for whatever they were practicing throughout their lives. Twelve of the 13 participants mentioned that they were not mentally prepared for such a “drastic shift” and “cultural contrast” in their gender roles. Osman expounded on his personal experiences in Pakistan and compared them with the lifestyle in Canada:

Back home wives are supposed to take care of children and husbands are responsible for earning money; here husbands cannot afford everything single-handedly ... wives have to go out to work which was quite stressful ... we were not used to these roles.

Amina described a similar concern as Osman: “It was disgraceful for me to work in a factory with other men, but for survival I had to do it even though both my husband and I hated it ... it was stressful.”

Many other participants expressed their concerns over the loss of their “culturally defined roles” that altered the configuration of their family life. Rahat expressed her challenges of getting permission from her husband to work in a factory:

When I wanted to work in a factory, my husband refused to permit me to do factory work ... he was not mentally prepared for this shift in our roles that required him to stay at home and I go to work, but we had no other choice ... it led to loss of family structure.

Ali explained: “Things are upside down here ... Due to lack of proper job and inability to afford my family expenses; my wife had to start working ... it was a shame for me that I was not able to fulfill my duties.”

Both male and female participants reported personal difficulties due to changes in their gender roles and responsibilities after immigration. They felt “grinded” by the Canadian system in which they had to fulfill a gender-role identity that was associated with the mainstream Canadian lifestyle while maintaining their own cultural values and gender norms . These experiences were stressful and led to their symptoms of depression.

*Loss of social status and social identity.* Most of the participants expressed their concerns about the loss of social status and social identity after immigrating to Canada; their lifestyles and sense of social identity seemed to be “reversed,” and at a lower rank of social status than in their home country. For example, Perveen expressed her sentiments due to loss of social identity: “Before coming to Canada, I was feeling proud of myself belonging to a high-class family but after coming here I felt like an ant on the wall ...” In a similar way, Iman explained his loss of identity: “There were strange feelings of emptiness after coming to Canada and living a socially and culturally different lifestyle ... a complete loss of my identity.” Perveen added: “I lost my place in society due to the loss of social status and social identity ... it was [a] painful and heartbreaking experience.”

Many other participants were also stressed due to changes in their social status and considered it a hard price to pay for leaving their country. For example, Rahat described changes in her social status as being “dropped from top to bottom,” which was emotionally disturbing for her: “I was ashamed of the change in my social status, in my financial status ... no recognition, no respect as if I was dropped from top to bottom with no social identity.”

Perveen, Rahat, and many other participants felt distressed that they lost their social identities due to changes in their contextual world and social status. In turn, this led to feelings of sadness and depression. Participants also reported loss of self-respect due to poor personal financial status, which generated guilty feelings due to not being able to meet their family’s basic needs after immigrating to Canada. For instance, Ali shared:

I was left with nothing to spend here [Canada] ... it was difficult to meet my family needs ... difficult to afford everyday living expenses which caused stress in my life, and I was ashamed of facing my family due to not meeting their needs.

Moreover, Fatima explained: “It was unacceptable for me to attend mixed-gender gatherings as they were too open and people were drinking freely ... I had never attended such kind of gatherings before, which were completely clashing to my cultural and religious values.”

Participants felt guilty for having difficulties in protecting their cultural values and family traditions. Financial limitations further fueled the situation, and they were unable to provide for their families as they used to in their home countries



as the “head of families.” This changed identity generated many other associated acculturation challenges and mental health difficulties such as lack of confidence, low self-esteem, and lack of self-respect, all leading to depression.

*Loss of family connections—social identity.* All participants reported that being away from family members made them sad and depressed, as they felt a huge loss of family relations due to immigration. Also, they were distressed due to changes in their family structure and dynamics as the result of separation from loved ones who had been left behind in their home countries. For example, Perveen explained: “It makes a difference to have a family here because if your family is with you then you can support each other; otherwise, you will be depressed and miss them every moment.”

Many participants expressed that the support of their families was indispensable in raising children and sharing their responsibilities, which was felt as a big loss after coming to Canada. For example, Iman expressed his views as follows:

They [extended relatives] would have contributed to the upbringing of my children; here [in Canada] there was no one to support and nurture my family ... Living without family was like a fish living without water ... a complete loss of our family values.

Osman came to Canada as a refugee; he had to leave his parents and other relatives to come to Canada. He reported:

I got separated from my parents and other relatives for the first time in my life to immigrate here; it was a very difficult experience for me ... I used to cry for them like a small child. It was very painful to live without them in a new world.

Like Osman, all of the other participants explained that their life “changed” significantly and their “motivation” toward life dropped after immigration to Canada because they had to “live away” from their family, extended family, and other relatives. For instance, Rita shared: “When I came here I had no family member to support me ... I used to feel more towards the end of life without having relatives around ... it was sad and painful.”

For Amina, the loss of family was felt at religious events such as Eid,<sup>1</sup> as she was used to celebrating with only her immediate family: “We were not able to celebrate our festivals such as Eid or any other celebrations in the same way as we used to before.”

In summary, participants expressed how they felt without their immediate or extended families and how the distance from relatives and their changed family dynamics led to many hardships in their postimmigration periods. Those participants who had no relatives or friends in Canada “deeply missed” their relatives and friends and experienced “loneliness” in their new land. This sense of loss generated feelings of sadness and distress that led to depression.

*Result of loss(es) leading to depression.* As the result of a sense of loss of religious self-identity, gender roles and self-identity, social status and social identity, and family connections—social identity, participants reported feeling anxious, sad, and

stressed. This caused “pain” and “wounds” and resulted in depression. As Amina explained: “My body used to ache all over as if I had wounds on my body. Every day, I used to feel as if it was getting worse and there was no part of my body which was not aching.”

Doctor<sup>2</sup> reported feeling depressed due to “feeling lack of recognition” and experiencing sudden “changes in family relations” after immigration to Canada. He reported:

I used to experience headaches and pain all over the body. I became lethargic as if there was no energy left in me ... felt very heavy as if I was made of a stone? I did not feel like eating anything. I was in a deep well.

Participants associated these physical complications with a strong sense of loss that they believed resulted in stress and depression. They used various expressions to explain their painful experiences such as “made of stone,” “being in a dark well,” “no way out,” and “wounded body.” They considered their physical symptoms (i.e., headaches, diabetes, hypertension, and cardiovascular diseases) to be results of stress, which caused difficulties in their settlement process. Most of them explained that they had never experienced these bodily changes in their home countries. For example, Ali reported that his health-related difficulties were related to stress:

Due to so many hurdles and losses one after the other after immigrating to Canada, I felt as if someone was nailing me down every day. I was feeling my heart was sinking in my chest ... as if someone has held my heart in his hand tightly and squeezing it continuously ... sometimes I was not able to breathe properly.

Most participants explained that their stresses were expressed through bodily symptoms and somatic problems, which led to further psychological and emotional complications. They used various analogies to express their experiences of depression such as “heart is falling down,” having a “sinking heart,” “someone holding my heart tightly,” and having a “dead heart.” For example, Fowad reported that a combination of various challenges and losses resulted in cardiac complications and eventually led to a heart attack: “I used to feel as if my heart was falling down ... mentally and physically torturing for me, and this stress affected my whole body, especially my heart.” Rita explained her depressive feelings as: “After seeing the loss of broken dreams ... my body felt strange to me like a shallow wood ... there was no charm ... my heart was dead and my hopes for a better future were buried with them.”

Participants felt the sense of loss in terms of their religious self-identity, their gender roles and self-identity, social status and social identity, and family connections—social identity, all leading up to feeling a sense of profound loss of self-respect. They felt like they were at a “dead end” from where they could not return to their home countries, because they had left everything behind to come to Canada. This strong sense of loss led to depression that participants believed caused further complications in their settlement process.

### *Fears*

The process of immigration and acculturation also produced feelings of fear and anxiety in the participants. The strong sense of loss generated multiple fears that could be categorized as fear of being different, fear of unemployment, fear of language, and fear for their children. Eventually, these fears led to depression.

*Fear of being different.* Many participants talked about fears of being different, which led to a strong sense of inequality that was perpetuated in a number of ways and in a variety of contexts. These setbacks led to certain compromises of self-identification and self-respect, and led to participants' depression. For example, Perveen expressed her fears of being different religiously and of being part of a minority group. She felt insecure: "Christian and white are the norm ... wherever you go you find things according to them ... being different was stressful ... it was sad and upsetting." Amina shared her fears due to being an immigrant who was not considered equal: "I met with a lady who called herself a Canadian ... she did not like immigrants ... she used to talk to me harshly ... my nerves remained stressed and it made me fearful."

Participants described their fears arising from being different culturally and religiously. For example, some female participants reported that the way they dressed was not acceptable to people in the mainstream culture. As Amina explained: "Due to my hijab I could feel the difference in the way people behaved with me as compared to the others ... these strange attitudes made me fearful."

Like Amina, Rahat expressed her fears that she was not hopeful of getting a job in her field due to wearing the hijab: "An employment counsellor clearly told me that if I removed it [the hijab], I would be more likely to find work ... this differentiation made me stressful and fearful for our future here [Canada]."

All participants talked about difficulties being Muslims, especially after the events of September 11, 2001 (9/11), in the US. They reported a strong sense of racist and discriminatory attitudes toward Muslims. For example, Fowad said: "I was coming back from the mosque ... I was surprised to see a few young white boys started throwing eggs on me ... they were shouting at me ... here is another terrorist."

Like Fowad, Rahat also expressed her humiliation over discriminatory reactions toward her:

I was travelling on a bus and there was a white girl sitting next to me. After saying a few bad words in a low tone, she changed her seat. It was very humiliating for me ... Even talking about it is making me very emotional ...

Most of the participants' stories clearly showed that they were fearful that their own cultural traditions were not valued and respected in the new cultural context. These worries caused distress and created hurdles in their adaptation process as they experienced isolation, an unprivileged status, feelings of not being accepted, and the fear of being different. Furthermore, they were fearful for their own and their children's futures. These internal feelings were generated from their lived

experiences of being different in an unfamiliar environment during the process of adaptation, which led to stress and eventually developed into participants' depression.

*Fear of unemployment.* Many participants reported that the lack of acceptance of their non-Canadian qualifications and professional experience was "painful" because it caused fear of unemployment or underemployment. They were confused and frustrated that their professional credentials were accepted for immigration purposes, but not for employment or education purposes. For example, Iman talked about his shattered dreams after coming to Canada, which made him fearful:

The problem is whatever qualifications you have brought here are valueless ... I have seen my dreams being shattered in front of my eyes and it was very painful for me ... I was hopeless that I would ever be able to get a job.

Amina pointed out that: "Like many other newcomers, my husband was under constant stress that he would never be able to return to his field." Perveen expressed her fears as follows: "I used to regret why I came to Canada and exposed myself and my family with these hardships ... lack of employment led to fears of ruining the whole family by bringing them here." Doctor described his fears of not returning to his profession, as he was afraid that he would be stuck with labour jobs:

It is difficult to swallow bitterness of lack of job opportunities in a professional field ... I was like a dead person ... fearful that I would never be able to work in my profession ... my heart was shattered upon this professional defeat.

As these excerpts illustrate, employment challenges posed a significant barrier to acculturation for new immigrants, which created fears for a "dark future" and "more unseen problems" in life. Due to fear of "professional death," 11 of 13 participants reported that their dreams were "shattered," which caused stress and led to self-reports of depression.

*Fear of language.* Participants identified a range of experiences with English-language difficulties that contributed to their fears and hardships in pursuing settlement in their postmigration period. For example, Sunny shared: "I was fearful that I would never be able to get good grades due to difficulties with English, and this fear made me worried for my future."

Many other participants elaborated on their experiences with English difficulties and challenges in finding employment. They described barriers to both career development and adaptation processes due to difficulties with the English language, which led to certain fears for settlement in Canada. For instance, Ali explained: "I was refused for various job positions due to lack of fluency in speaking English ... I was fearful if this is a criteria to judge someone's professional capabilities then I would never be able to settle in Canada." Perveen also highlighted fears due to lack of English fluency and considered it a major "roadblock" in getting settled: "Even though I was able to speak English, my accent was different ... Language was one of the main roadblocks, which made me fearful that there was no way I would be able to find my dreams here."

All of the participants described their challenges with the English language, which ranged from difficulties in fluency and accent to complete unfamiliarity with the language. Before immigrating to Canada, those who had completed postgraduate degrees (90% of the participants) did not expect that language would be a challenge for them; however, after immigration they experienced difficulties in finding employment due to challenges with English fluency and accent, which created fears and feelings of hopelessness that they would be a “complete failure” in the new land. As well, these linguistic hardships generated a fear of incompetence, which further accentuated acculturation hardships and challenges and led to depression.

*Fear for children.* Many participants stated that the sense of fear they experienced generated concerns for the future of their children. All the participants expressed their “constant struggle” to transfer their religious values and cultural traditions to their next generation in Canada. For example, Fowad expressed his fears of raising children in a western system where he thought children were encouraged to be more independent and less respectful to their parents: “I was very concerned about having my children with me here [Canada] and how to save them from going to wrong pathways.” Amina also talked about her challenges in a western society: “I was fearful that my daughters would lose their religious and cultural traditions in a non-Muslim environment.”

Perveen described that she was afraid to interact with other people because she did not want her children to learn western cultural values: “I was fearful that my children would be exposed to a culture that permits people to walk around without much covering and to attend mixed-gender gatherings which were against my cultural norms.” Like Amina and Perveen, Fowad was fearful of the western system: “I was very fearful for my children and how to save them from western colouring ... it was a constant battle, which was stressful.”

Many participants contrasted a Canadian lifestyle with Islamic teachings, traditions, and cultural values and found a “huge disparity” between the two. Most of the participants considered western culture as an “unhealthy environment” and were fearful that it would have a negative impact on their children.

Several participants were also stressed because, being different, their children faced discriminatory remarks at school. This stress made them fearful for their future settlement. For example, Perveen expressed her worries: “I was scared about our children’s future ... if they were raised in the atmosphere of hatred, then they would absorb all of these negativities of racism and might retaliate one day and get troubles with law.” All participants described a clear relationship between their negative experiences, their stressful existence, and their perceptions of depression.

*Results of fears leading to depression.* All participants highlighted a rupture in their lives as the result of the fears they experienced. These fearful experiences were painful and caused personal and emotional distress leading to depression. For instance, Fatima explained her distressed feelings in the following way: “I was not sure what was going on with me ... as if my body was hollow; nothing was charming for me and everything was dull and grey with no colours.”

In addition to feelings of hollowness, participants talked about the negative impact of fears on their social and family life. For example, Fowad reported having frequent conflicts with his wife due to being in constant fear: "My wife was surprised over changes in me and we had fights too, but things were not in my control. I was fearful ... lifeless ... wandering around ... feeling like a barren land." Amina said: "My heart was almost dead; I did not feel like doing anything. My interests washed away with my tears, and I was dry and sad internally like a barren land ... I was scared."

Many participants shared that their social interactions were greatly reduced while living under conditions of fear, which eventually led to isolation, loss of pleasure, and depression. For example, Sara reported that she was too depressed to do anything and was feeling completely hopeless: "It seemed that my soul flew out of the body and just a piece of mud remained on this world, which was lifeless ... there was no hope in life ... I was completely depressed." Osman expressed his feelings of hopelessness and depression in the following way: "I was feeling like a dead man ... I wished that it would be better if I were not be alive to see all of this ... no hope, no charm in life."

Most of the participants reported that they became disappointed, hopeless, and depressed as the result of fears; they reported frequently "crying like a small child" and having "no way out" and taking a "muddy road" with "no destination." All participants explained that their negative experiences of immigration led to depression.

#### DISCUSSION

For participants in the present study, loss and fear were the two most critical issues during immigration and acculturation. Furthermore, all participants explained that sociopolitical problems in their country of origin and concerns about the immigration policies of the host country negatively impacted the acculturation process, which is also supported by Sher (2010). As the result of acculturation hardships, most of the participants felt a significant loss while surrounded by unfamiliar social, cultural, and political practices. Thus, they preferred to stay home most of the time, feeling isolated and segregated from the rest of the world. This multiplied their difficulties in developing social networks within the mainstream population (Jibeen & Khalid, 2010). In addition to their strong sense of loss, they considered themselves "valueless" in their new country. The loss of self-identity and self-respect attributed to their low social status resulted in them experiencing depression. This finding is supported by several research studies (e.g., Nemade, Reiss, & Dombeck, 2007; Sonderegger, Barrett, & Creed, 2004). Also, all participants (i.e., 7 participants immigrated through family-class sponsorship, 5 through independent professional class, and 1 as a refugee) reported that they did not have sufficient information and resources to guide them throughout their settlement process, which they considered important to have had during their pre-immigration period.

While facing acculturation hardships, all of the participants shared that changes in their family structure and gender roles caused disruptions in their family life after immigration to Canada, which is also supported by other studies (e.g., Das & Kemp, 1997; Dasgupta, 1998). In general, South Asians prefer a joint family system in which they are surrounded by large families and extended relatives with clear identification of gender roles. When the family structure is changed as the result of immigration, they experience a great “sense of loss” due to a new lack of a safety net in their lives (Jibeen & Khalid, 2010; Khan & Watson, 2005). Other studies on immigrant experiences also indicate that changes in family structure may add to acculturation stress for immigrants (Pumariega, Rothe, & Pumariega, 2005); however, family support and cohesiveness increases resiliency and ability to deal with hardships. After coming to Canada, female participants felt pressure to financially support their families. It was a difficult process for their spouses and even themselves to adapt to changed gender roles. This concern was also found in studies by Ahmed (1999) and Gupta (1999) that found that South Asian parents enforce a strict parenting style, raising their children to follow their cultural and religious values, especially if they are surrounded by a dominant western population.

All participants seemed to have experienced intense differences between themselves and other Canadians, especially around the times of religious events and celebrations, such as Eid and fasting during the month of Ramadan; this was compounded by the loss or absence of the extended family. These differences appear to lead to difficulties in acculturation and settlement. Moreover, this was compounded by these immigrants’ fears that they would not be able to transfer their religious and cultural values to the next generation. Indeed, several studies highlight that cultural adjustment difficulties lead to mental health problems (e.g., Pumariega et al., 2005; Yeh, 2003). Islamic teachings have a great influence on the way Muslim individuals organize their social and cultural engagements.

In this study, nearly all the participants expressed their difficulties with western attire, attending mixed-gender gatherings, and the inclusion of alcohol and pork, as they were not accustomed to these things in their home countries. For many participants, this was challenging and stressful. Attending mixed-gender gatherings, which they considered “too open and liberal” within the context of their cultural and religious values, caused them a great deal of stress. Pumariega et al. (2005) argued that if a great disparity exists between the host culture and the immigrant culture, stress results. For example, the female participants explained that wearing the hijab restricted their opportunities for social networking, finding jobs, and career advancement.

In addition to feeling different, most of the participants expressed fears of being excluded from the mainstream population. For example, limited English-language proficiency was considered by all participants to be another great barrier in finding appropriate employment and functioning in their day-to-day lives. In a study of English proficiency and depression in Latino immigrants in the United States,

Torres (2010) found that difficulties resulting from lack of English competency were one of the main causes of high levels of depression (cf. Choudhry, 1998; Harris & Jones, 2005).

Another factor that produced stress and depression in this study's participants from the greater Toronto area related to the intense racism and discrimination that followed the events of 9/11 in the United States (cf. Seddon, 2003, for similar experiences in the US). Kalek, Mak, and Khawaja (2010) found that Muslims in Australia also experienced an increase in threats and prejudice directed at them following 9/11 and that, as a consequence, they faced increased psychosocial adjustment problems as well as mental health problems. Overall, participants' responses revealed a combination of losses and fears that led to reported stress that the participants believed transformed into subjective experiences of anxiety and depression (Ali, 2002; Pumariaga et al., 2005).

Participants reported physical difficulties during their adjustment period to Canada, including lack of energy, headaches, dizziness, body aches/pain, diabetes, hypertension, and cardiovascular issues. None of the participants reported experiencing these physical complications or health concerns in their home countries and attributed them to acculturation challenges after immigrating to Canada. Other studies reveal that as immigrants stay longer in a new land, their health starts to decline (Dean & Wilson, 2010; Newbold, 2005).

In addition to pain and other somatic changes, participants shared their experiences of emotional turmoil. For example, all of the married participants in the study reported experiencing high levels of tension and conflict with their partners and other family members after immigrating to Canada. Participants associated their mood changes with depression and reported that these mood changes negatively impacted their overall functioning in family and work life.

Hwang, Wood, and Fujimoto (2010) reported that acculturative family distance (i.e., family distance created due to acculturation challenges in a new land) is associated with increased depressive symptoms and risk of developing clinical depression in immigrants (see also Sonderegger et al., 2004). The notion of family distance could also be seen as cultural distance, as the function of families is often to engender physical wellness and psychological well-being. A rupture in the extended family network will lead to disruptions, fragmentations, and physical illness. This was clearly seen when participants expressed their discomfort, distress, and depression in psychosomatic ways. For example, participants used various bodily metaphors to express their experiences of depression, such as "boiling blood inside," "walking around with a deadly heart," "heart is falling down," "sinking heart," "holding heart tightly," "having a dead heart," "wandering ghost," and many others that reflect on the holistic construction of their subjectivity.

The self is not a Cartesian body/mind divide; it seems it is a body, mind, and spirit integration. Any rupture in this unity will certainly evoke feelings of alienation and anxiety, which can lead to depression.



## CONCLUSION

The results of this study clearly show that this sample of South Asian Muslim immigrants undergoing settlement, acculturation, and adaptation in the greater Toronto area experience two major phenomena: loss and fear. Understanding their losses and finding ways in which these can be accommodated was a major task for the participants when they became new immigrants, and was compounded by an accompanying fear that arose as a result of cultural, religious, and social differences. For clinicians working with South Asian Muslim immigrants, being cognizant of the challenges these clients face (e.g., their anxiety and consequent depression) will lead to better therapeutic outcomes. Understanding the ways in which South Asian Muslim individuals and groups construct their cultural, religious, and political understanding of their new environment is critical in developing an ethically and culturally sensitive approach; one that is truly antioppressive and inclusive of individual rights, cultural rights, and human rights.

## Notes

- 1 Eid is a time of happiness and congregation with the whole Muslim community. Muslims celebrate Eid three times a year: Eid al Adha (after Hajj of Mecca); Eid ul Fitr (after Ramadan); and Eid Milad un Nabi (birth of Prophet Mohammad Peace be upon Him).
- 2 Pseudonym chosen by the participant because he was a medical student in his home country and was called by this title. After immigration, he was unable to continue his studies in medicine but still misses his profession and title.

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