The title of the lead story in the Style section of the Washington Post on Thursday, November 29, 2001 was "The great worry divide." Washington Post staff writer, Paul Farhi, was writing about the difference between the reactions of men and women to the September 11 terrorist attacks. Two couples that Mr. Farhi interviewed are quoted, as is Deborah Tannen, Georgetown University linguist, and author of the popular book on communication between men and women; "You Just Don't Understand: Women and Men in Conversation."

Two other sources that are quoted are a poll taken by the Pew Research Center in October and an article in a November 15, 2001 issue of The New England Journal of Medicine (NEJM). Interested individuals can read a summary of the PEW poll "No Rise in Fears or Reported Depression," The Pew Research Center for the People and the Press. Despite the title of this report, PEW researchers are quoted in the Washington Post article as noting that over 50% of the women polled said that they were "somewhat" or "very" concerned about future attacks; whereas only 30% of men polled expressed this a concern for new attacks. More women than men reported insomnia or feeling depressed, and the NEJM article seems to support this. The NEJM citation is in the Special Report section of the issue and is not available in full-text on the NEJM site to non-subscribers. Look for Schuster, MA, et al. (2001). A national survey of stress reactions after the September 11, 2001, terrorist attacks. NEJM, 345(20), 1507-1512.

Are women more frightened, stressed or depressed by the September 11 terrorist attacks and the following biochemical terrorism with Anthrax letters, or just more willing to express these feelings? Do women require more care by family members and health care providers, or are these intuitive responses to the environment that may be more accurate than stated male responses?

Again, just posing a question and providing some resources to pursue if interested. In addition to the web sites and list of articles, the 1998 book, "The Gift of Fear: Survival Signals That Protect Us from Violence," by Gavin De Becker, provides much food for thought.

I. Below, I have copied a few of the sections from this site pertinent to this week's subject and to the broader of the Task Force on Occupation in Societal Crises.

Disaster and Trauma
Regularly updated collection of Medscape's key clinical content.
Medscape's editors have put together this collection of news, notices, articles, and related links to provide healthcare professionals the latest information and resources related to caring for those affected by the September 11th terrorist attacks on New York City and Washington, DC.
Some references on women and fear, stress, or depression


Abstract: This article, the first in a series of three, examines the possibility that women's greatly increased risk of developing depression may result from a number of social processes. A review of the feminist psychological literature challenges the assumption that biological vulnerability and personality factors are largely responsible for women's suffering. Theories that look at the sex-role socialization on girl's self-concept and emotional adjustment are briefly considered. Then the traditional and prevalent role of housewife and its effects on mental health are described. Finally there is a look at the power relationships between the sexes that probably underpin both women's socialization and their customary roles.


Abstract: The associations of frequent physical aggression, injury, and fear were examined for a community-based sample of at-risk young couples who were dating, cohabiting, or married. It was hypothesized that frequent physical aggression toward a partner, in the range of shelter samples, is largely caused by antisocial behavior and mutual couple conflict and, thus, that there would be greater similarity across genders in such behavior than has previously been supposed. It was also predicted that levels of injury and fear would be higher in women but that some men would experience these impacts. Findings indicated similarity across genders both in the prevalence of frequent aggression and in its association with antisocial behavior. Furthermore, such aggression was likely to be bidirectional in couples. Contrary to the
hypothesis of the study, rates of injury and fear for the women were not significantly higher than for the men.


ABSTRACT: OBJECTIVE. Service delivery through community-based programs is the future of occupational therapy. This study examined independent living skills, traumatic experiences, and symptoms of Posttraumatic Stress Disorder (PTSD) in a sample of women residing in supportive housing program for women and families who are homeless in order to determine the needs of this population and the possible role of occupational therapy in such a community-based program. METHOD. Twenty-four women residing in a supportive housing shelter in Kansas City, Missouri volunteered to participate in this study. The participants were evaluated for independent living skills with the Kohlman Evaluation of Living Skills. A structured interview format was used to determine whether participants experienced a trauma and whether they met diagnostic criteria for PTSD. RESULTS. Results indicated that women who are homeless have deficits in independent living skills, especially in the area of money management. Results also indicated that traumatic experiences and PTSD are more prevalent among women who are homeless than among women in the general population. The relationship between independent living skills and PTSD among women who are homeless was not made clear in this study. CONCLUSION. The information gathered in this study underscores the importance of identifying and addressing occupational and mental health issues of women who are homeless. Results suggest that occupational therapists have a major role to play, evaluating and facilitating independent living skills, as members of multidisciplinary treatment teams in supportive housing programs for persons who are homeless


ABSTRACT: The impact of combat and sexual harassment on the severity of posttraumatic stress disorder (PTSD) is compared for 1,307 men and 197 women peacekeepers who served in the same military units. A theoretical model was proposed to express the nature of the impact. Structural equation modeling was used to evaluate the model separately for men and women. Good-fitting, parsimonious models were developed that showed substantial similarity for men and women. For men, severity of PTSD symptoms was impacted by exposure to combat directly and indirectly through fear and sexual harassment. For women, severity of PTSD symptoms was impacted by combat indirectly through the same two influences, although the mechanisms involving fear and sexual harassment were somewhat different. For both genders, moreover, PTSD severity was impacted directly by exposure to the dying of the Somali people. These similarities suggest that in modern stressful overseas military missions, both genders may be susceptible to the same types of risk for the development of PTSD. The incidence and impact of sexual harassment is particularly noteworthy in the case of men and calls for more detailed investigation in future studies.

ABSTRACT: OBJECTIVE: To estimate the magnitude of genetic and environmental factors on anxiety sensitivity by gender. DESIGN: Classic twins reared-together study design. PATIENTS: A community sample of 337 twin pairs, including 179 monozygotic (45 brother and 134 sister pairs) and 158 dizygotic (28 brother, 94 sister, and 36 brother-sister pairs). METHOD: Twin pairs completed the Anxiety Sensitivity Index (ASI) using a postal survey design. The ASI is composed of three factors: (1) fear of anxiety-related somatic sensations; (2) fear of cognitive dyscontrol due to beliefs that sensations like depersonalization are signs of mental illness (e.g., fear of concentration problems); and (3) fear of publicly observable anxiety reactions (e.g., fear of trembling). Biometrical modeling techniques were used to estimate heritability of the ASI dimensions by gender. RESULTS: ASI factors are heritable only in women, accounting for 37% to 48% of the total variance (median, 44.5%). Environmental factors accounted for all the variability in men. CONCLUSIONS: These findings have implications for understanding the etiology of panic disorder. Previous research suggests that anxiety sensitivity is a risk factor or diathesis for this disorder, and that panic disorder is more prevalent in women than men. Our findings suggest the hypothesis that the increased prevalence in women may occur because anxiety sensitivity is heritable in women.


ABSTRACT: Based on census material from 1926 to 1991, this study focuses on gender differences in occupancy rates in mental health beds in Northern Ireland. More specifically, using two sets of research literature—the relationships between war and mental health and gender and mental health respectively—it explores changing patterns in bed occupancy in terms of both gender and age differences within this society. The results suggest that, although men and women no longer vary in terms of their overall occupancy rates within mental health facilities in Northern Ireland, within their respective male and female sub-populations, however, some notable age-specific differences have now emerged. Since 1981, whereas increases in mental health bed occupancy among women have been exclusively confined to the old (65 years or older), among males, it is the very young, specifically men aged 15-24 years, who have demonstrated the most dramatic rise in bed usage. It is important to note, however, that these age-specific gender increases cannot be accounted for by demographic changes in the general population. The authors suggest that, at least as far as men are concerned, the increasing pattern of vulnerability among the young may be attributed to the impact of changing definitions of mental disorder rather than to the effect of political violence on mental health. It is to this group of individuals—the cohort of men born since the outbreak of civil unrest in Northern Ireland in 1969—that future research should be directed.

Rogers, JC & Holm, MB (2000). Daily-living skills and habits of older women with depression. The Occupational Therapy Journal of Research, 20 (Supplement 1), 68S-85S.

NOTES: Proceedings of Habits I Conference, Asilomar Conference Center, Pacific Grove, CA, January 4-8, 1999 Five patterns of relationships among perceived daily-living skills, perceived
daily-living habits, and demonstrated skills were identified in community-based older women with major depression.

ABSTRACT: This study used a prospective, within-group comparison design to examine differences in the severity of disability in a community-based sample of 59 older women being treated for depression. The independent variables were three constructs: perceived skills, perceive habits, and demonstrated skills. The dependent variables were functional mobility, personal care, and instrumental activities of daily living. Results indicated that the expression of overall disability differed significantly among the three constructs. Participants’ perceptions of their skill independence were greater than their ability to demonstrate independence in those skills and their demonstrated skills of task independence were greater than their perceived ability habitually to use those skills independently. Objective, Performance-based skill measures, indicated greater disability than subjective, self-report skill measures, and supported the view that in older adults, depression-related disability reflects a combination of skill and habit deficits. Item analyses revealed five distinct patterns of relationships among perceived skills, perceived habits and demonstrated skills. Practitioners need to be aware of the constructs being used to measure disability because the severity of disability may depend on the construct being used. Furthermore, the types of interventions appropriate for disability related to each construct or pattern of constructs may vary.


The development of the USNS Comfort hospital ship during the Persian Gulf War provided an opportunity to examine the relationship of gender to stress and coping in health care providers exposed to wartime stressors. Just before the outbreak of Operation Desert Storm, medical personnel (N = 250) rated the stressfulness of current wartime experiences and the helpfulness of stress-reducing resources onboard ship in a combat theater. The responses of men and women were compared; to identify the dimensions of these responses, a principal factor analysis (orthogonal rotation) was performed. Generally, men and women ranked stressors and stress reducers similarly; women scored higher on the stress ratings. Two factors, similar for men and women, were identified in the stress ratings: fear of injury and trauma-related work demands. The dimensions of the stress reducers, however, were different for men and women. The findings support retrospective studies and suggest that different mechanisms of stress reduction may be operative even though men and women are performing the same activity.

Voge VM, & King RE. (1997). Interpersonal relationship and prisoner of war concerns of rated military male and female aircrew. Aviation, Space and Environmental Medicine, 68(10), 879-85.

ABSTRACT: BACKGROUND: The issue of women flying military aircraft in a combat role has been very controversial. HYPOTHESIS: To succeed, female military aircrew are very similar to their male peers. METHODS: We conducted a comprehensive anonymous questionnaire survey of all U.S. Army and U.S. Air Force rated female aircrew, with an equal number of age and duty matched male aircrew. We are reporting on the interpersonal relationship and prisoner of war (P.O.W.) responses here. RESULTS: Male and female aircrew respond in a similar manner to posed questions, although differences do exist. Women reported: unequal treatment by opposite gender peers; problems relating to peers, superiors and subordinates; their gender influences assignments; the need to perform to higher standards and the need to work harder to
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be accepted as equals; ability to bond equally to their own and opposite gender peers; improved squadron cohesiveness in mixed gender squadrons; problems with peers' spouses; and, in a P.O.W. situation, fear of rape and sexual abuse. Men reported: women get inappropriate privileges and get special "breaks"; a gender difference in how flight duties are performed; worsened squadron cohesiveness in mixed gender squadrons; less likeliness to recommend their career path to their daughters; and a higher concern for welfare of families in a P.O.W. situation. CONCLUSIONS: Although responding in a similar manner to most questions, male and female military aircrew differ in the perception of their ability to function in mixed squadrons because of their gender. Some of these perceptions can be modified through training, others may need to be resolved through high level orders/policy; while in others, the military may have to accept women are different from men in some aspects.


ABSTRACT: BACKGROUND: Major depressive disorder is a significant cause of morbidity among women in the USA. Women are twice as likely as men to be diagnosed with major depressive disorder, yet no known risk factors can account for this sex difference. We aimed to assess violent victimization as a risk factor for depression in women. METHODS: We undertook a case-control study to assess the association between violent victimization early in life and major depressive disorder in women. We randomly selected a population-based sample of women, aged 36-45 years, from the greater Boston area. In 1999, 236 cases and 496 controls (n=732) completed a self-administered questionnaire designed to ascertain a lifetime history of exposure to violent victimization. Our main outcome measure was major depressive disorder, assessed by structured clinical interview for Diagnostic Statistical Manual IV (DSM-IV) criteria. FINDINGS: 363 (50%) of 732 respondents reported experience or fear of abuse as a child or adolescent. 68 were excluded because they reported violence as an adult only. Compared with women who reported no abuse, risk of depression was increased in women who reported any abuse as a child or adolescent (relative risk 2.5, 95% CI 1.9-3.0), physical abuse only (2.4, 1.8-3.0), sexual abuse only (1.8, 1.2-2.8), and both physical and sexual abuse (3.3, 2.5-4.1). Severity of abuse had a linear dose-response relation with depression. INTERPRETATION: Our results suggest a positive association between violent victimization early in life and major depressive disorder in women.

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