"Holding onto a Part of Ourselves": A Mixed Methods Study of Arab American Mental Health and Identity in an Ethnic Enclave

by

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Dedication

This dissertation is dedicated to my family-to my mom, Chris, who has taught me the importance of dedication and hard work; to my dad, Vince, who always reminds me to follow my dreams; to my sister, Maggie, whose care, love, and support is such a gift; to my husband, John, who has supported me unconditionally and reminds me to enjoy life; and finally, to the Toubalis who taught me the meaning of *Marhaba*.

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Abstract

Arab Americans experience high levels of discrimination and resulting poor mental health outcomes comparable to other ethnic minority groups. Some evidence points to elements in the community that may be protective of mental health. There is also a lack of understanding of how they may act as mechanisms for improving mental health in the community.

The purpose of this dissertation is to determine how residence within the Arab ethnic enclave in Dearborn, Michigan influences experiences of discrimination and mental health for Arab Americans. For my first aim, I explored the moderating roles of ethnic identity (EI) and centrality of ethnic identity (CEI) in the relationship between discrimination and mental health outcomes, along with further moderation by age, gender, and immigration status. Secondly, I investigated how experience and fear of discrimination and a sense of ethnic identity affect mental health in the Arab American community in the context of the ethnic enclave. For the third aim, I identified and explored elements of the ethnic enclave, including religion and gender, which relate to a sense of ethnic identity and discrimination and influence mental health of residents.

I employed an explanatory sequential mixed methods approach to meet my research objective. Chapter 2 details the quantitative study where I used structural equation modeling and path analysis to answer the first research aim. The results of this chapter informed the study design and data collection for the study in the third chapter where I use qualitative data to further clarify these results and answer the second aim. Chapter 4 is a joint analysis of the quantitative and qualitative data to answer the third aim.

The quantitative results showed that EI positively buffered against depression and anxiety associated with discrimination (*high EI group: B*=0.073, p>0.05). CEI did not offer the same protective effect (*high CEI group: B*=0.149, p=0.025). In the sub-group analysis, both EI and CEI offered a protective buffering effect for women (EIxDiscrimination= -0.374, p=0.034; CEIxDiscrimination= -0.363, p=0.03), though not for men. In the qualitative phase, participants described discrimination as prevalent, but also more likely to be digital and in the form of

microaggressions. However, people are pushing back against the discrimination. They have also developed identities that embrace both the Arab and American aspects in a form of selective acculturation. My mixed methods results showed how religion and gender have a combined influence on experiences of discrimination. Gender roles explain some difference in the effects of EI and CEI and access to proactive resources in the community. Visible religious identifiers, particularly among Muslim women, may cause both more frequent discrimination and increased worry about these experiences, possibly causing adverse mental health outcomes. Stigma around mental health, however, prevents many people from seeking care and addressing trauma.

This dissertation offers a mixed methods approach to provide understanding of the specific mechanisms within the community that influence identity and mental health of residents. A sense of ethnic identity is protective against poor mental health. This is particularly so for women in the community as they are able to access support based on their ethnic identity. However, both gender and their religion also negatively influence experiences of discrimination and stigma may prevent help-seeking. These findings will be beneficial in planning and implementing interventions and other solutions to improve mental health among Arab Americans.

Chapter 1 Background

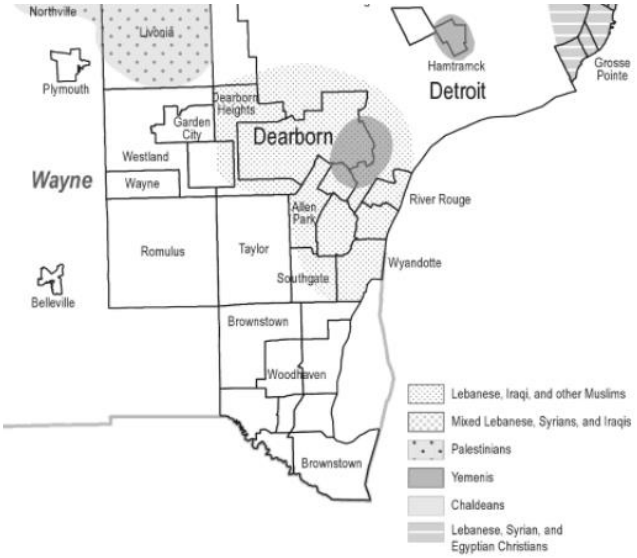
Arab Americans in Dearborn, Michigan

Arab Americans, people with origins in any of the 22 Arabic-speaking countries in the Middle East and North African (MENA) region who have emigrated to the US (Ajrouch & Shin, 2018), make up a small but significant minority community, with a population estimated to be between 1.2 to over 3 million ("Demographics - Arab American Institute," n.d.). There has been immigration to the US from the MENA region since the late 1800s (Suleiman, 1999), generally conceptualized in four separate waves: the late 1800 and early 1900s, post-World War II, the late 1960s to early 2000s, and the early 2000s through the present day (Haboush & Barakat, 2014; Nasser-McMillan & Hakim-Larson, 2003).

Though immigration from the MENA region to the US began in the 1800s, the expansion of auto manufacturing in Southeast Michigan in the 1940s and 50s helped to firmly establish an Arab ethnic enclave, an area with a concentrated ethnic community, in the region (Howell, 2015). Wars throughout the MENA region, including in Lebanon, Iraq, and Palestine, contributed to an even larger number of Arab immigrants throughout the 1970s, 80s, and 90s (Abraham & Shryock, 2000). More recent US military involvement in Iraq and other parts of the region has been a factor in further upheaval (Inhorn, 2018). Between 2000 and 2013, those identifying Arabic-speaking ancestors in Michigan grew by nearly 50 percent, and there are now estimated to be more than 500,000 Arab American residents in Michigan. 80 percent of these live in the Detroit-metro area (Neumayer, Weir, Fussman, & McKane, 2017). The most recent estimate for individuals with Arab ancestry in central Wayne County[1] is 59, 072 (United States Census Bureau, 2018). The ethnic enclave is generally considered to be in the city of Dearborn, though there are also significant Arab American populations located in adjacent Dearborn Heights, parts of Detroit and western Wayne County, and the Downriver neighborhood in Detroit (Abraham et al., 2011). See Figure 1 for a map of the city and surrounding communities.

[1] Specifically, the cities of Dearborn and Dearborn Heights

Figure 1. A map of the ethnic enclave community in and around Dearborn (from Abraham et al., 2011 p.41)



A history of migration to the area and strong community ties; economic networks; family connections; and possible ease of transition, including language and cultural familiarity, have led to the creation and maintenance of an Arab ethnic enclave in SE Michigan. There are important demographic differences in the ethnic enclave compared to nearby areas and the rest of Michigan. In Dearborn, the most recently reported high school graduation rate is between 90 and 97%, compared to 81.4% statewide (Leeds, 2021). The median income in Dearborn is $49.8k-$84K, higher than the city of Detroit, but similar to other nearby cities. However, the percentage of children living in poverty is higher in Dearborn than in neighboring cities at 36.2-47.6% (Center for Urban Studies at Wayne State University, 2021). In the city, over 29% of the population is under 18 years of age, higher than the national average of 22.3%. 29% of the population in Dearborn identified as foreign-born, compared to 6.9% in Michigan as a whole (US Census Bureau, 2021).

As Arab Americans acculturate and economically progress, many move out to the suburbs around Dearborn and Detroit. This is especially true for Lebanese Christian immigrants. By contrast, many Muslim immigrants who are more working class have tended to remain in Dearborn (Ajrouch & Jamal, 2007). In turn, this allows for the area to serve as an entry point for new immigrants from the MENA region and helps create a sense of shared community between newly arrived residents and those who have been there for generations (Abraham, Howell, & Shryock, 2011). While there are many ties remaining with communities in the MENA region,

especially in Lebanon and Yemen, the divisions among Arab Americans are more along class lines and acculturation and generational statuses than they are reflective of the divisions among groups within and between countries in the region (Abraham & Shryock, 2000).

The social environment, including the dominant US culture and other structural level influences, plays a unique role in the development and maintenance of this ethnic enclave. Portrayals of Arab Americans in dominant US culture and mass media are critical structural-level influences on the Arab American experience and on the continued maintenance of the ethnic enclave. In the mass media, Arab Americans are often depicted as terrorists and as violent (S. A. Lee et al., 2013). Arab Americans are also usually shown as being Muslim, though the population in the US is made up of a majority of non-Muslims (Tabbah, Chung, & Miranda, 2016). Arab American men are represented as repressive and Arab American women as passive and oppressed (Awad, Kia-Keating, & Amer, 2019). These stereotypes, which have only increased after 9/11, are far-reaching and filter into mainstream news media as well, further spreading and legitimizing these representations (Nacos & Torres-Reyna, 2007).

At the policy level, both post-9/11 policies and the more recent 'Muslim Ban' exemplify institutional discrimination and differential treatment based on race and religion (Abu-Ras, Suárez, & Abu-Bader, 2018; Ayoub & Beydoun, 2017). This treatment is, in part, justified by the consideration of Muslims and Arabs[2] as dangerous (Phillips & Lauterbach, 2017; Tabbah et al., 2016). In the immediate post-9/11 political climate, there was support for and enactment of laws and policies that resulted in the detention and monitoring of nearly 10,000 Arab and Muslim US residents and international students, and the deportation of over 15,000 people with origins in the Middle East and North Africa (MENA) region. These led to a sense of fear within the Arab American community (Abu-Ras & Abu-Bader, 2008). The Arab American community in SE Michigan was a particular target of these federal policies, resources, and surveillance. Dearborn, known in right-wing media as "Dearborn-istan," is assumed by many, including in the federal government, to be a hotbed of terrorist and anti-American activity. Following the 9/11 attacks, Dearborn was the first city with a Homeland Security office and the FBI field office more than doubled in size in the year following (Abraham et al., 2011). These offices have conducted extensive monitoring of the Arab American community, especially within the ethnic enclave. In the year after 9/11, there were over 500 FBI interviews with Arabs living in Michigan, dozens of

[2] These two separate identities are often conflated (Phillips & Lauterbach, 2017)

arrests of Arabs and Muslims in the state (for mainly petty crimes) and the deportation of at least four individuals with connections to Hezbollah in Lebanon (Abraham et al., 2011).

Fear in the Arab American community has remained and has been reinforced through recent political events and policies (Abu-Ras et al., 2018). Throughout his campaign as well as in office, former President Trump employed Islamophobic rhetoric and enacted the so-called 'Muslim Ban' barring travel to and from six majority Muslim countries[3] (Ayoub & Beydoun, 2017), which was then extended to six additional countries with large Muslim populations (Al Jazeera, 2020). With this ban the former President also suspended Syrian refugee resettlement, reinforcing the idea that Arabs, even those seeking asylum, are dangerous. These outbursts and policies help to bolster the idea that Arab Americans do not belong in the US (Awad et al., 2019). Islamophobic and anti-Arab American rhetoric is not limited to the former president. In 2021, a city council candidate near Dearborn created social media posts calling Dearborn "Dearborn-istan" and those marching in support of Palestine "terrorists" (Gasorski, 2021). US Representative Ilhan Omar, the only visibly Muslim member of Congress, was subject to Islamophobic comments by a fellow representative, which were followed by anonymous death threats (Al Jazeera, 2021a). Muslim staffers on Capitol Hill signed a letter calling for action on Islamophobia, noting how events like these bring fear and worry and "puts our safety at risk, both at the workplace and in our everyday lives" (Al Jazeera, 2021b). Even Muslim and Arab Americans who are a part of the US federal government are not immune from negative stereotypes, accusations of terrorist activities, or being targets solely based on their religious or ethnic identity.

Social climate, both positive and negative, plays a critical role in how immigrants and their families acculturate, including whether they embrace the host culture. In the face of exclusion, they may choose separation and affiliate instead with their ethnic community and culture (Suarez-Orozco, 2004), possibly adding to distance between themselves and the host culture. This distance, reinforced by macro-level factors, can lead to stronger and ethnic community affiliation which can influence meso-level factors for Arab American including enculturation, employment, residence in an ethnic enclave (Portes & Zhou, 1993; Suarez-Orozco, 2004), social networks and cohesion (Nassar-Mcmillan, Ajrouch, & Hakim-Larson, 2014), and may further exacerbate racial inequalities (Gaddis & Ghoshal, 2015).

[3] Iran, Sudan, Libya, Somalia, Syria, Yemen (Ayoub & Beydoun, 2017)

Ethnic Enclaves and Health

Ethnic enclaves are present throughout the US, including the Cuban enclave in Miami, Chinese enclaves throughout California, and Koreatown communities in New York and other cities (Kang, Domanski, & Moon, 2009; Piedra & Engstrom, 2009; Waters & Eschbach, 1995). For immigrants and their families, living in ethnic enclaves can help mitigate the negative effects of the acculturation process (Kang et al., 2009). Enclaves can also provide an alternative space when discrimination and other elements which are negative for well-being and which may hinder acculturation are present in the social environment (Birman, Trickett, & Buchanan, 2005; Portes & Zhou, 1994). Researchers have found that among immigrants, strong feelings of community and social support are protective for health. These reinforce worldviews, traditions, and values, which can promote a sense of belonging, value, and good mental health (Singh & Siahpush, 2002; Yoon et al., 2013). They can also provide a sense of connection and belonging to an individual's home culture without having to return to one's homeland (Suarez-Orozco, 2004). A sense of social cohesion, or feelings of connectedness and belonging, which is often present in ethnic enclave communities can play an important role in the health and well-being of their members (Bjornstrom, Ralston, & Kuhl, 2013; Jang et al., 2015).

Researchers have found that residence in ethnic enclaves can also be negative for health. For some residents of ethnic communities, pressures to maintain their ethnic culture have been associated with negative mental health outcomes (Kim, Hogge, & Salvisberg, 2014). Immigrants who were more assimilated and living outside of ethnic enclaves in more advantaged neighborhoods reported better health, possibly because of the availability of a larger number of resources for maintaining and promoting health in these neighborhoods (Akresh, Do, & Frank, 2016). Communities with significant concentrations of ethnic minorities often also contain substandard housing, pollution exposure, inadequate health services, and other indicators of low socioeconomic conditions (Patel, Eschbach, Rudkin, Peek, & Markides, 2003). Researchers have shown that the effects of poverty and lower neighborhood resources in concentrated ethnic areas more negatively affect second-generation compared to immigrant residents (M. J. Lee & Liechty, 2015). Insufficient data around the effects of the ethnic community on the mental health of Arab Americans have resulted in an incomplete understanding of the mechanisms through which experiences of identity-based stressors may result in mental health distress, as well as how Arab Americans may promote or protect good mental health in this community.

Arab Americans: Discrimination and Mental Health

Arab Americans experience high levels of discrimination and other identity-based stressors comparable to many other ethnic minority groups (Abdulrahim, James, Yamout, & Baker, 2012; Ikizler & Szymanski, 2018). However, Arab Americans are a largely non-visible minority (Naber, 2000). Our understanding of the health and well-being of this community remains quite limited, and few researchers have studied Arab American health issues (Abboud, Chebli, & Rabelais, 2019; Abuelezam, El-Sayed, & Galea, 2018). One major reason for this is that we lack disaggregated data since this group is not officially recognized as an ethnic minority by the US government. Arab Americans are considered "White" in the US census and other surveys of population and health and therefore federal funding for research with Arab Americans is limited. Federally funded research on racial or ethnic health disparities requires a minority classification that fits federal guidelines and established racial categories: African Americans, Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders (National Institute of Minority Health and Health Disparities, 2019).

The existing data, mainly from studies based on convenience samples of Arab Americans in Michigan, indicate numerous health inequities (Abuelezam et al., 2018). Compared to majority white Americans, Arab Americans have shown significantly worse mental health outcomes (Samari, McNall, Lee, Perlstadt, & Nawyn, 2018). Poor mental health, including depression and low levels of psychological well-being, have been linked to discrimination in this population (Abdulrahim et al., 2012; Moradi & Hasan, 2004). Researchers have also detected differences in mental health within the Arab American population, notably in findings of significantly higher levels of depression for women compared to men (Samari et al., 2018) and higher levels of psychological distress for Muslim compared to Christian Arab Americans (Padela & Heisler, 2010). Several studies have shown that there may be differences in mental health outcomes, including depression, well-being, and suicidal ideation for Arab Americans based on generational status (Abdulrahim & Baker, 2009; Amer & Hovey, 2007; Seff et al., 2021). While the data for Arab Americans is limited in this area, the links between discrimination and poor mental health outcomes have been much more firmly established in other ethnic minority groups, including Latinos and African Americans in the US (Holden et al., 2014; D. Williams, 2012) and should be further explored in the Arab American population (Abuelezam, El-Sayed, & Galea, 2017). Muslim Arab Americans may have an elevated risk of

experiences of discrimination, especially because they are often visibly identifiable as Muslim due to the common practice of wearing the hijab[4] or a beard, as well as visible religious practices like praying five times a day (Awad, 2010; Gulamhussein & Eaton, 2015). Compounding these issues, Arab Americans may experience significant stigma in screening and treatment for mental health issues (Dallo et al., 2018). Apart from Seff and colleague's recent work, these studies of discrimination and poor mental health outcomes do not provide further insight into the role of residence in an ethnic enclave in these mental health outcomes and none of them address the possible role of ethnic identity within the enclave community. There is also conflicting research on stigma around mental health in the Arab American community. In one study, researchers found Arab Americans relied on family and religious resources for help in coping with stress and mental health issues (Aloud & Rathur, 2009), while in another, that stigma and concerns for family reputation affected mental health-seeking behaviors (Kulwicki & Hassouneh, 2009).

Insufficient data on mental health outcomes for Arab American adults have resulted in an incomplete understanding of the mechanisms through which experiences of discrimination may result in symptoms of depression and anxiety, whether a sense of ethnic identity impacts this relationship, as well as how Arab American adults may understand and cope with discrimination and promote or protect good mental health. While Arab Americans may be at risk for poor mental health outcomes (Abuelezam & El-Sayed, 2018), there may also be protective and promotive factors for mental health in the Arab American community in SE Michigan, including social support (Samari, 2016) and ethnic identity affirmation (Atari & Han, 2018; Ikizler & Szymanski, 2018). There is a lack of understanding of which specific aspects of these elements may be important and how these possible protective and promotive elements may act as mechanisms for good mental health in the Arab American community, particularly in a socio-political climate where Arab Americans are villainized. I was unable to find any studies which have examined experiences of discrimination, ethnic identity, and poor mental health for Arab American adults living in the ethnic enclave in SE Michigan since the 2016 Presidential election.

Theoretical Frameworks

Social-Ecological Framework- I have utilized several frameworks to conceptualize the relationships between discrimination and mental health outcomes for Arab Americans in this

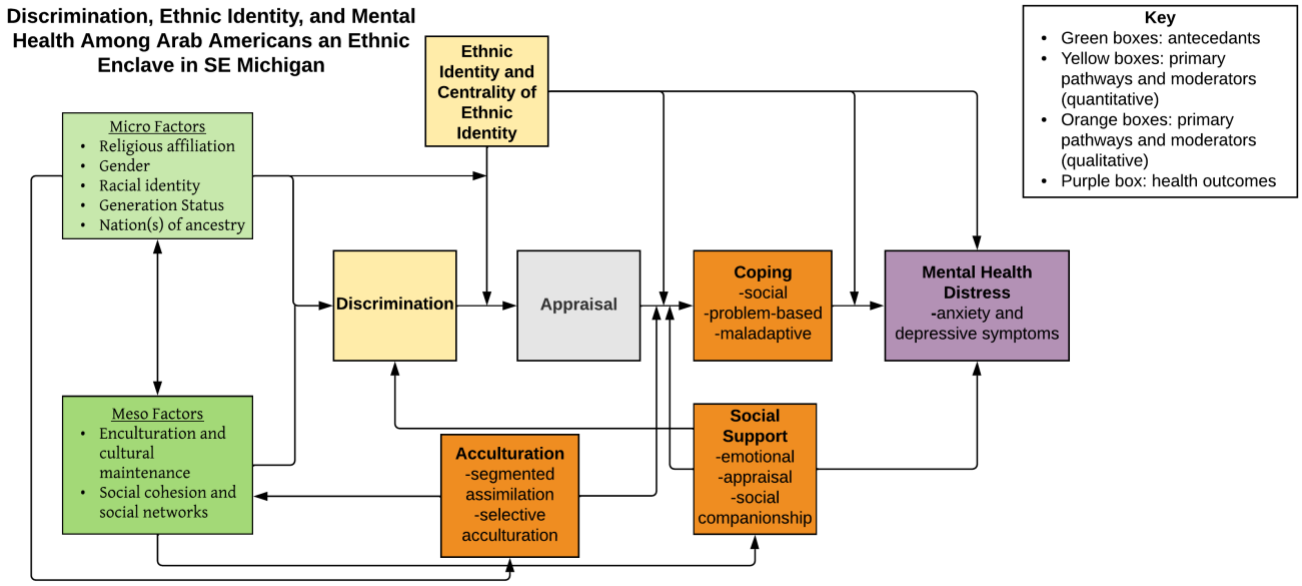
[4] Traditional Islamic head covering for women, also known as a headscarf or veil (Gulamhussein & Eaton, 2015)

dissertation. The first and driving framework is the social-ecological framework (Bronfenbrenner, 1979; Krieger, 1999). An individual's behavior may be strongly influenced by levels of social context-the macro or structural, the meso or community settings, and the micro or individual factors. Influences at the macro-level and communities may impact changes at the macro-level (Bronfenbrenner, 1979). A social-ecological approach has also been used to look at identity-based stressors and their connection to health outcomes (Krieger, 2001, 2012). Krieger has shown how people "embody" (p. 937) their experiences and how these then manifest in health outcomes, while emphasizing the importance of social context (2012). In the conceptualization of discrimination and mental health outcomes for Arab American adults, a social-ecological approach provides a basis from which to examine a health outcome that is strongly rooted in interconnected influences. This framework has been used in several studies with Arab Americans (Awad et al., 2019; Kia-Keating, S. Ahmed, & Modir, 2015), including to qualitatively look at mental health seeking behavior (Alhomaizi et al., 2018; Kulwicki & Hassouneh, 2009). This model relies on two of Bronfenbrenner's levels: meso and micro.

Transactional Model of Stress and Coping and Stress-Buffering Model- I rely on the Transactional Model of Stress and Coping (TMSC) (Lazarus & Folkman, 1984) and the Stress-Buffering Model (S. Cohen & Wills, 1985) to show the pathways through which Arab American adults may experience identity-based stressors and mental health outcomes. The conceptual model for this dissertation is in Figure 2. In the Transactional Model of Stress and Coping (TMSC), the experience of stressors in the environment and subsequently assessment of these experiences is influenced by the psychological, social, and material resources a person has available. The appraisal of stressors has two stages. First, the individual evaluates how harmful and significant the stressor was or could be, and secondly, they focus on their ability to alter or change the stressors and their emotional reaction. The coping strategies a person consequently utilizes affects their mental health, including psychological well-being (Wethington, Glanz, & Schwartz, 2015). Social support can influence the appraisal of an event as stressful or not. It can also act as a moderator or buffer between coping and mental health outcomes in the Stress-Buffering Model. Social support may provide an individual access to resources for more effective coping, thereby improving mental health outcomes (S. Cohen & Wills, 1985). These models of stress and coping guided my study design for the qualitative phase and the data analysis for the quantitative phase of my dissertation. They provide a strong theoretical and

evidence base from which to further examine discrimination and coping among Arab American adults in the ethnic enclave community.

Figure 2. A conceptual model of processes around discrimination, coping and mental health distress for Arab Americans in Dearborn



Antecedents

Religious Affiliation- In SE Michigan and especially within the ethnic enclave community, nearly half the residents are Muslim (Schopmeyer, 2011). Among Muslims who attended religious services frequently in Dearborn, researchers identified that respondents were more cognizant of discrimination, but also more politically active and more likely to speak out against discrimination (Jamal, 2005). In a comprehensive study with Arab Americans which assessed religion, acculturation, and other important factors, Muslim Arab Americans reported higher levels of identity-based stressors than Christian Arab Americans (Awad, 2010). A recent study of Muslim Americans across the US (a large percentage of whom identified as Arab American) found high levels of identity-based stress and low levels of well-being, outcomes which were correlated with a higher sense of religiosity (Abu-Ras et al., 2018)

Gender- Experiences of discrimination may very much relate to a person identifying as an Arab American and as Muslim (Inhorn, 2016), but certain experiences of discrimination may be amplified or altered by an individual's gender identity (Krieger, 1999). Gender is tied to

individuals' identity, but also has an impact on individuals' interactions with others, as well as their interactions with macro-level forces. Gender, therefore, relates to and is interconnected with other aspects of identity, such as race and religion (Ajrouch, 2004; Alsaidi, Velez, Smith, Jacob, & Salem, 2021).

Expectations and experiences of gender differ from the dominant US culture within the Arab American community. In this community, and especially within the ethnic enclave in Dearborn, women play a unique role in holding and transmitting the Arab culture and their religious traditions to future generations. Indeed, female participants in one study reported a stronger commitment to both religious and ethnic practices than their male counterparts (Samari, 2016). At the same time, since women wearing hijab are also displaying an overt commitment to their faith, they are often seen as needing to act as exemplary humans by their peers and community members (Ajrouch & Antonucci, 2014). Arab American women who have strong ethnic ties have been found to commit more strongly to traditional gender roles than those who do not (Cainkar & Read, 2014). Arab American men are also ascribed a specialized role within the community. Many men in the Arab American community are brought up with the understanding that their role is that of both a provider for and protector of the family, and especially of women within the family. This is tied to both their honor as individuals and the honor of their families (Ajrouch & Antonucci, 2014; Kumar, Warnke, & Karabenick, 2014). The family in Arab American culture is of the utmost importance and women play a critical role in the family; social and cultural norms help to dictate how women should fulfill this role and how men should guide it. For some Arab American women, this manifests in being primarily responsible for raising children, maintaining the household, and not working outside of the home (Cainkar & Read, 2014).

However, there is also variation among individuals in the Arab American community related to the expression of gender roles. Depending on the salience of their ethnic and cultural identities, contact with the dominant US culture, family, and socio-economic status, among other things, Arab Americans may not subscribe to the prominent gender roles in their communities or may shift the identities they adopt within various contexts, including inside and outside the ethnic enclave (Kumar et al., 2014). This may be reflected, in part, in how gender roles and identities may be changing in some ways, even within the more traditional Arab American communities. Some Arab American women have embraced independence, education, and

employment more aligned with the dominant US culture (Abdel-Salam, Rifkin, Smith, & Zaki, 2019; Cainkar & Read, 2014). It should be noted that among second-generation Arab American women, the employment rate mirrors that of non-Arab American women and is nearly 20 percentage points higher than first-generation Arab American women (Cainkar & Read, 2014; Read, 2004). Arab American men too, may be adjusting to increased contact with the dominant US culture common among second-generation Arab American and may renegotiate their identity as Arab American males within these different contexts, as was the case in qualitative studies with adolescent Arab Americans in the enclave community (Ajrouch, 2004; Kumar et al., 2014). However, these pressures around conforming to gender roles and the sometimes-conflicting nature of these roles and expectations may possibly impact stressors, social support from social networks, and mental health outcomes for second-generation Arab Americans.

Racial Identity-Arab immigrants to the US during the first two waves of immigration were considered White and were able to assimilate into mainstream US society. However, in the 1970s, the national narrative around Arab Americans changed; they were labeled as holding values and acting in a way that was not congruent with the American way of life (Cainkar, 2015). As Cainkar (2015) writes, "simply put, Arab Americans, who once largely benefitted from the perquisites of whiteness, became non-White as a result of social processes taking place over an extended period of time that defined them as different from and inferior to Whites." (p. 21). Yet in the US, those with Arab American and MENA ancestry are still classified as "White" by the US government, including in the census, though are not considered so by mainstream society and therefore do not receive the benefits of this identity (Kumar, Seay, & Karabenick, 2015; Nassar-McMillan, Lambert, & Hakim-Larson, 2011). There are Arab Americans who classify themselves as White, though they are more likely to have Lebanese ancestry, while those who embrace a non-White identity are more likely to have ancestry in Iraq or Yemen (Ajrouch & Jamal, 2007; Ajrouch & Shin, 2018).

Changes and developments in Arab American identity may also be emerging. Recently, there have been efforts from the Arab American community for increased recognition as a separate racial group. The federal government strongly considered, though ultimately rejected, an addition to the 2020 US Census of a separate MENA race category (Wang, 2018). In the piloting of a MENA option, researchers at the US Census Bureau found that when there is a separate

category available, respondents were more likely to identify as MENA, whereas the majority identified as White when there was no MENA option (US Census Bureau, 2017).

Generational Status in the US-In this dissertation, first generation Arab American refers to those who immigrated to the US, while second-generation Arab Americans are those who are children of at least one foreign-born parent and who are born in the US. Among second-generation Arab Americans, there can be more association with the dominant US culture and less affiliation with traditional Arab culture, though there may be differences based on religious affiliation (Amer & Hovey, 2007; Amer & Kayyali, 2016). However, among this generation, enculturation to Arab American culture can also be an important process, facilitated especially by family and friends (Amer, 2014). Arab American adolescents have been found to engage in this enculturation process in the ethnic enclave community (Kumar et al., 2014). What is less clear is how this process functions for adults; there may be less adoption of mainstream US culture inside the enclave and enculturation may be highly emphasized, particularity outside a school setting.

Nations of Ancestry-Within the Arab American community, a person's nation(s) of ancestry can impact their experiences of discrimination, mental health, and role within the community itself. Differing nations of ancestry within Dearborn also reflect an important aspect of diversity within the community. There are differences in the length of time immigrants from various MENA countries have been established in the US. The Lebanese and Syrian immigrants were the first Arabs to arrive in the US, and this group worked to ensure that Arab Americans were considered a part of the White majority as early as 1900 (Ajrouch & Jamal, 2007). This group may also have more contact with the dominant US culture because of their length of time in the country (Ajrouch & Shin, 2018). Arab Americans from Iraq and Yemen, on the other hand, are both newer populations in the US and Michigan, and are more likely to identify as ethnic minorities (Ajrouch & Jamal, 2007). Within the Arab American community, there is a hierarchy based on national origin that somewhat mirrors the hierarchy in the Arab world, with Lebanese, Syrians, and others from the Levant at the top, Iraqis in the middle, and Yemeni at the bottom. The status for many Yemeni and Iraqi families as newer populations, often with lower levels of acculturation, also contributes to this hierarchy (Kumar et al., 2015). Examining nations of ancestry is also an effective means by which to recognize and explore the nuances in the experience of Arab Americans, including those which may impact their health. Families' reasons

for migration and country of origin may relate directly to their experiences of trauma and poor mental health outcomes (Haboush & Barakat, 2014), the effects of which can be carried to future generations (Awad et al., 2019; Park, Du, Wang, D. Williams, & Alegría, 2018).

The social environmental context of Individuals, as members of families and groups in the larger community, is critical in examining individual-level processes, including stressors, coping, and mental health outcomes. Stressors may be experienced at the individual or the group level, and because of the interconnectedness of individuals to larger groups, stressors experienced by individuals also influence the group or community (Harrell, 2000; Hobfoll, 2001). Individuals, families, and other groups have to invest resources to address experiences and outcomes of stressors and create more and sustainable resources for the future; social and cultural influences impact these efforts (Ager & Strang, 2008).

Enculturation and Cultural Maintenance-The historical process of acculturation for immigrant groups to mainstream culture has evolved to also include the possibility to acculturate to the immigrants' minority culture within the US, known as enculturation or cultural maintenance (Berry, 1997, 2009). This can include being socialized into the values, norms, and other aspects of identity associated with an ethnic group. For Arab Americans, this process is even further defined by the possibility of socialization to one's national origin group, including Arabic dialect and religious and cultural traditions specific to each country. For those who are not immigrants, including second-generation Arab Americans, enculturation is more likely to occur in the US than in the country of family origin (Hakim-Larson & Menna, 2015; Yoon, Langrehr, & Ong, 2011). Many Arab American families maintain a focus on the collective or family good, with an emphasis on respect for elders and cultural and religious traditions, including language. This process often involves extended family as well as parents and their children (Awad, 2010).

Social Cohesion and Social Networks-Social cohesion can play an important role in ethnic minority communities (Jang et al., 2015). Social cohesion refers to a process of social interactions that foster feelings of connectedness and belonging to a group (Hong, Zhanga, & Walton, 2014). It is usually described as a collective feature, characterizing the social climate in groups of people at the community level, rather than a characteristic of individuals. It is based on the presence of strong social ties and ways to resolve social conflict, which enhances perceptions of safety in and solidarity with the community (Kawachi & Berkman, 2001). For Arab

Americans, this also involves a focus on collectivism, an important aspect of many Arab American communities, which has been found to improve mental health outcomes for members (Nassar-Mcmillan et al., 2014).

Social networks encompass the social relationships of an individual and can be the means through which a person accesses social support. Two relevant aspects of social networks here include geographical proximity to social network members and the degree to which these relationships may serve multiple purposes (Heaney & Israel, 2008). There is evidence for strong social networks among Arab Americans in SE Michigan (Aroian, Uddin, & Ullah, 2015), including among children of immigrants who reported supportive and strong social networks in the Arab American community (Kumar et al., 2015).

Model

Discrimination-To better understand discrimination as a stressor within the broader framework of stress and coping theories, it is necessary first to revisit the theoretical foundation for the constructs of this process. Stressors come from a variety of sources, though often relate to social institutions and a person's role within them. Pearlin (1989, 2005) emphasized that different parts of the social structure, including stratification, institutions, and interpersonal relationships, are not only interrelated but also help to create and structure an individual's experience of stressors. Chronic stressors are ones that frequently result from issues with social roles and can involve conflict among an individual's various roles. The issues that a person experiences in relation to their social role may also cause problems for others. People influence others around them and stress in one part of a person's life can easily bring stress to other aspects (Pearlin, 1989; Pearlin, Schieman, Fazio, & Meersman, 2005). Discrimination is conceptualized using Jones' racism framework with three levels: personally mediated, institutionalized, and internalized racism (Jones, 2000). While discrimination is not necessarily based in racism, for many Arab Americans, their ethnic identity and religion play a prominent role in their experiences of identity-based stressors (Awad, 2010; Ikizler & Szymanski, 2018).

Discrimination at the personally mediated level can be measured in the form of hate crimes. Arab Americans experience proportionally more hate crimes than many other ethnic minority groups, including Latinos and Asian Americans (Investigation, 2020). In 2019, the most recent year for which hate crime data have been reported, 2.6 percent of the hate crime incidents

related to race, ethnicity, or ancestry bias were motivated by Anti-Arab bias, though the high end of estimates of the Arab American population put it at less than 1 percent of the total US population. This is an increase from 1.9 percent in 2018. Anti-Islamic/Muslim bias was the motive for 13.2 percent and 14.6 percent of religious hate crimes in 2019 and 2018, respectively; this was the second highest rate both years, behind only crimes with anti-Jewish bias (Investigation, 2020; United States Department of Justice--Federal Bureau of Investigation, 2019). Estimates of Muslim-Americans, many of whom are also Arab American, is 3.45 million, only slightly more than 1 percent of the total population (Mohamed, 2018).

Institutional and internalized racism can also lead to discrimination. The policies and institutions that have led to fear and stress within the Arab American community, including post-9/11 deportations, the Patriot Act, the "Muslim Ban," and a lack of official recognition as an ethnic minority, are forms of institutional racism that can cause stress and impact health both directly and indirectly through other pathways including access to healthcare and other economic resources which improve health (Awad et al., 2019; D. Williams & Mohammed, 2009). Internalized racism, wherein those who are the targets of discrimination internalize and begin to believe these views, has been linked to poor health outcomes including anxiety, low self-esteem, and hopelessness, in ethnic minority groups (Jones, 2000; D. Williams & Mohammed, 2009). It has also been associated with social discord within the community which can directly and indirectly affect health (Awad et al., 2019). In studies with Arab Americans across the US, discrimination and identity-based stressors were associated with psychological distress (Kader, Bazzi, Khoja, Hassan, & de Leon, 2019; Moradi & Hasan, 2004) and depression and anxiety (Taylor et al., 2014). These findings reflect the broader literature of discrimination against ethnic minority and immigrant groups (Buchanan, Abu-Rayya, Kashima, Paxton, & Sam, 2018); similar results have been seen among Latinos (Viruell-Fuentes, 2007), Asian-Americans (Kimbro, Gorman, & Schachter, 2012) and African Americans (D. Williams & Mohammed, 2009).

Stigma, what Goffman (1986) describes as an "undesired differentness" (p. 5) has been further conceptualized as a fundamental cause of health inequities, with the inclusion of identity-based stressors as an important aspect (Goffman, 1986; Hatzenbuehler, Phelan, & Link, 2013). Stigmatization involves the multiple characteristics and identities that a person might hold, and these may intersect to exacerbate stressful experiences and, therefore, poor health outcomes (Hatzenbuehler et al., 2013). The evidence for how Arab Americans experience discrimination

helps to demonstrate the multidimensionality of the issue. Though Muslims are a minority of the Arab American community, they may be more likely to be subjects of discrimination, especially because of visible religious identifiers (Ikizler & Szymanski, 2018). US-born Arab Americans who favored the dominant culture have been found to report more discrimination than those who had less contact. Additionally, those who were Muslim and living in the ethnic enclave were more likely to report experiences of discrimination than those who were not Muslim or were living outside the enclave community (Abdulrahim et al., 2012). The relationship of residence in an Arab ethnic enclave to experiences of identity-based stressors remains complex.

Coping-After an individual appraises a stressor, they employ coping, or methods to handle the stressors and decrease the impact they may have. These actions are meant to change, manage, or keep stress at a reasonable level. Stressors can, however, be both cumulative and chronic, and as a result, affect a person's ability to manage stress overall (R. Turner, Wheaton, & Lloyd, 1995; Wethington et al., 2015). Coping with stressors is a complex process (Folkman & Lazarus, 1988). Not every stressor a person encounters depletes their coping resources but prolonged or repeated stressors, especially resulting from having a derided identity, can do so and result in poor mental health outcomes (S. Cohen & Wills, 1985; Hatzenbuehler et al., 2013).

Problem-Based, Emotion-Focused, and Meaning-Based Coping- In this dissertation I examine three types of coping strategies: problem-based, emotion-focused, and meaning-based. Problem-based coping includes the ways an individual tries to change the situation or solve the problem that caused the stressor (Folkman & Lazarus, 1988). With an emotion-focused coping strategy, an individual attempts to adjust the way they feel about and react to stressful experiences. With meaning-based coping, people use strategies, including reappraisal and religious practices, to stimulate more positive emotions overall (Folkman & Lazarus, 1988). For Arab Americans, religious and social-based coping are types of both emotional-focused coping and meaning-focused coping, as they can help change thinking and emotion around stressful experiences and provide a positive emotional response. Actions or behaviors can be categorized as more than one type of coping, depending on the situation and context (Lazarus & Folkman, 1984).

The limited literature around coping for Arab Americans has indicated they sometimes utilize religious coping for stressors (Abu-Ras & Abu-Bader, 2008; Amer & Kayyali, 2016), though it is not clear how this extends to discrimination in the current political climate. Arab

Americans also regularly used social-based coping, including social capital and community networks (Amer, 2014). These positive coping strategies may also result in better psychological well-being for Arab Americans (Atari & Han, 2018; Samari et al., 2018). Problem-focused coping can improve mental health directly by offering a sense of control over a stressor, even if the selected strategy doesn't address the stressor (Folkman & Lazarus, 1988). Among a Korean immigrant population, researchers observed that problem-focused coping strategies may be more protective against discrimination stressors for mental health than other coping strategies, but also that this type of coping was most common among those with more familiarity with the dominant culture (Noh & Kaspar, 2003). This may be the same for Arab Americans, though hasn't been thoroughly examined.

Maladaptive Coping- There has been far less work around maladaptive coping behaviors among Arab Americans. In other marginalized ethnic groups, including African Americans, maladaptive coping behaviors, such as alcohol and tobacco use, have been associated with discrimination (D. Williams, Neighbors, & Jackson, 2008). Perhaps because of the prohibition on alcohol use in Islam, there has been less focus on this behavior among Arab Americans, especially among Muslim Arab Americans. Though likely under-reported, alcohol use does still occur, even among Muslims, and tobacco use is culturally common in both the MENA region and among Arab Americans (Hammad, Arfken, Rice, & Said, 2014). Opioid abuse is also a growing issue in the Arab American community in SE Michigan (Hunter, 2016). While there has been a focus on religious coping among Arab Americans (Amer & Kayyali, 2016), it is critical to have a more complete understanding of various coping methods for this group, especially as religion may act as both an aspect of discrimination and as a means to cope with these stressors.

Mental Health Outcomes-Experience of stressors and the resulting appraisal and coping strategies are associated with both positive and negative mental health outcomes (S. Cohen & Wills, 1985; Lazarus & Folkman, 1984), including psychological well-being (Jasinskaja-Lahti, Liebkind, & Perhoniemi, 2006) and depressive symptoms (Krieger, 1999). Stressors can result in a disruption of stability, which in turn impacts psychological health and well-being. Researchers have determined that most stressors fall into two main categories: chronic and daily hassles. Chronic stressors impacting multiple aspects of an individual's life, persist over time, and take significant resources to manage (Wethington et al., 2015); discrimination, especially structural

discrimination, can be considered a chronic stressor (D. Williams & Mohammed, 2009). Restoring stability can take significant mental and emotional resources, and if not restored, these stressors and disruptions can lead to significant psychological decline and poor mental health outcomes (Wethington et al., 2015). Increased vigilance around the possible occurrence of discrimination, which has been found among ethnic minority populations, can also lead directly to anxiety and other poor mental health outcomes (D. Williams & Mohammed, 2009).

Limited evidence suggests that Arab Americans may experience poorer mental health than both other ethnic minority groups and the majority white population. In a recent national study across US college campuses, researchers found that students who identified as Arab or Arab American had the highest prevalence of poor mental health compared to all the other groups surveyed (Lipson, Kern, Eisenberg, & Breland-Noble, 2018). In another study with data from the Michigan BRFSS, researchers demonstrated that compared to majority white Americans, Arab Americans have shown significantly worse mental health outcomes (Samari et al., 2018). There is also some conflicting research on understanding of and stigma around mental health in the Arab American community. In one study, researchers found Arab Americans relied on family and religious resources for help in coping with stress and mental health issues (Aloud & Rathur, 2009), while another study found that stigma and concerns for family reputation affected mental health-seeking behaviors (Kulwicki & Hassouneh, 2009). Those who do seek treatment, especially outside their family or religious institution may be labeled as 'crazy,' as having lost their faith, or as being possessed by a spirit (Amri & Bemak, 2013; Vogel, Wade, & Hackler, 2007). Arab Americans are also less likely than other ethnic minorities and Whites to be screened by a provider and receive treatment for depression, which can lead to increased morbidity and risk for disease, as well as other health issues (Dallo et al., 2018). However, there may also be protective and promotive factors for mental health in the Arab American community in SE Michigan including strong connections to community and culture (Abdulrahim et al., 2012; Samari, 2016).

Acculturation-Acculturation refers to group level cultural changes that result from encounters with and adaptations to new cultures through migration. In one of the major theories of acculturation, the process includes four strategies an individual can undertake: assimilation, integration, separation, and marginalization (Berry, 1990). This standard definition of

acculturation, however, does not include consideration for how this process may differ between immigrants and their children, or even later generations who may still be adapting.

Segmented Assimilation-Portes and Zhou expanded the theory around assimilation to incorporate children of immigrants, the second-generation. While immigrant parents begin their acculturation process upon their arrival in the US, their children may develop strong ties to the culture of both their parents and the dominant culture as they mature (Portes & Zhou, 1993). As discussed earlier, this second-generation may choose to enculturate to the culture of their parents (Berry, Phinney, Sam, & Vedder, 2006) or may reject this and assimilate entirely to the dominant culture (Piedra & Engstrom, 2009). Second-generation Arab Americans may not have the possibility of this total assimilation, however. They may not be able to gain access to whiteness because of their Arab-ness or religion, even with high levels of education and employment (Cainkar, 2015). More contact with or incorporation into the mainstream culture where Arab American identity is devalued may be harmful to mental health (D. Williams, 2012). Partaking in segmented assimilation to their ethnic community may be both more possible and more positive for mental health (Portes & Zhou, 1993). That is the case for Punjabi Sikhs in California, who maintain an ethnic enclave, their home culture, and strong social networks; they acculturate but do not assimilate to the dominant US culture (Gibson, 2001).

Social Support-Within the stress-buffering model, there are three main types of social support that are most relevant for this conceptual model and dissertation: emotional support, appraisal support, and social companionship support. Emotional support encompasses feelings of being valued and appreciated, while appraisal support refers to help in understanding and coping with stressors. Social companionship is defined by spending recreation or leisure time with others (S. Cohen & Wills, 1985). These types of social support align with the coping common in collectivist cultures (Noh & Kaspar, 2003). Within collectivism, an important value in Arab American culture, there is an emphasis on relying on family and friends for support (Aroian et al., 2015). In a recent study, Arab Americans reported both frequent contact with their social network and higher levels of social support compared to Blacks and Whites (Ajrouch & Antonucci, 2018).

Social support can have both a direct and moderating effect. As a direct effect, a strong sense of support can help individuals avoid or reduce exposure to discrimination, as those offering social support provide resources for these strategies (Harrell, 2000). Social support, as

an aspect of collective identity and cohesion, has been found to be particularly important for psychological well-being (Alhomaizi et al., 2018; Amer, 2014) and against depressive symptoms (Aroian et al., 2015) for Arab Americans as a direct effect. As a buffering or moderating effect between appraisal and coping, social support can help people appraise stressors differently and as less stressful (S. Cohen, 1988). Additionally, a strong sense of social support can help an individual opt for proactive coping strategies (Aspinwall & Taylor, 1997).

Ethnic Identity and Centrality of Ethnic Identity- Ethnic identity consists of positive feelings towards one's ethnic group, group membership and attachment to and emotions about that membership (Phinney, 1996). Among protective factors, researchers have found that a strong, affirmed ethnic identity is one of the most important promoters of well-being for ethnic minorities (Phinney, 2003), including Asian Americans and Latinos (Espinosa et al., 2018). The findings from the limited work that has been done around this for Arab Americans suggest a similar connection to protection against poor mental health outcomes (Atari & Han, 2018; Sheldon, Oliver, & Balaghi, 2015); however, in one study, researchers found ethnic identity to be associated with psychological well-being, but not as protective against poor mental health outcomes from discrimination (S. Ahmed, Kia-Keating, & Tsai, 2011).

Centrality of ethnic identity is the importance an individual assign to their ethnic identity within the context of other identities they hold, including familial or occupational identities (Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003). Centrality, similar to a sense of ethnic identity, has been associated with both negative and positive mental health outcomes. Those with a high ethnic or racial centrality may attribute interactions as discrimination more frequently than those with low centrality (Burrow & Ong, 2010). Assigning high importance to ethnic identity has also found to be associated with higher levels of stress, depression, and anxiety among African American adolescents (Caldwell, Zimmerman, Bernat, Sellers, & Notaro, 2002). However, in a recent study of Latinx, Asian American and African American adults, those with a high ethnic centrality were less likely to report experiences of racial or ethnic discrimination (Yip, Cham, Wang, & Xie, 2022). In past studies, higher levels of racial centrality had a moderating effect and were protective against poor mental health associated with discrimination among African Americans (Sellers et al, 2003; Caldwell, Caldwell, Kohn-Wood, Schmeelk-Cone, Chavous, & Zimmerman, 2004).

Ethnic identity and centrality does not develop or operate on its own. Social Identity Theory suggests that social identity is not merely constrained to the individual, but also relates to an individual's relationship to and interaction with broader society and structures (Tajfel & Turner, 1979; J. C. Turner & Reynolds, 2001). A person's ethnic identity can be considered an aspect of their full social identity (Phinney, Horenczyk, Liebkind, & Vedder, 2001). In looking at ethnic identity among immigrants, Phinney also calls attention to the broader social environment. When the dominant culture is not welcoming, or is hostile, immigrants may focus on assimilating to the dominant cultural identity, or they may instead embrace their ethnic identity and develop more cohesion with others who share their identity (Phinney et al., 2001).

Coping resources for discrimination may include utilizing methods that incorporate ethnic identity and an individual's ethnic community. Researchers have found that ethnic minority youth whose parents socialized them to their ethnic identity utilized more positive coping strategies, especially support-seeking, than their peers who were less ethnically-socialized (Phinney & Chavira, 1995). In another study among Asian Americans, investigators ascertained that a strong sense of ethnic identity was protective against maladaptive coping behaviors (Chae et al., 2008). Finally, researchers have found that if an individual's ethnic identity is central to their social identity as a whole, discrimination can lead to more feelings of stress and maladaptive coping behaviors (King, 2005). However, these studies did not include Arab Americans and few if any studies address maladaptive coping among Arab Americans or the possible benefits of ethnic identity affirmation on coping strategies they employ.

A strong sense of ethnic identity and affirmations of this identity have been found to act as a moderator between coping and mental health outcomes, including depressive symptoms (Noh & Kaspar, 2003) and as promotive of psychological well-being (Sellers et al., 2003). This finding was replicated in a study with Arab American youth (S. Ahmed et al., 2011), though it is unclear how the multiple aspects of ethnic identity may function in terms of mental health for Arab American adults (Ajrouch & Antonucci, 2018).

Arab Americans within the ethnic community in SE Michigan are different from Arab Americans in the rest of the US in terms of SES, religion, and national origin, among other demographic characteristics. What is far less clear, however, is how the unique experience of

living in an ethnic enclave affects the mental health of residents, especially in an era of discrimination and extreme structural marginalization. The purpose of my dissertation research is to determine which specific elements in the ethnic enclave in SE Michigan may affect mental health and in which ways they may do so using the experiences of second-generation of Arab Americans to help define and explore these elements. Further research is needed to create more visibility around possible stressors and their impacts on the mental health of the Arab American community. I have identified limited or conflicting evidence around the relationships between discrimination, coping, depressive symptoms, and mental distress in this group, as well as possible moderating factors in the model including acculturation, social support, and ethnic identity affirmation. A better understanding of both risk factors and positive or health-promoting aspects in the community may assist providers and inform public health researchers to increase screening and treatment for and minimize community stigma around poor mental health. With this improved knowledge, we can more effectively address mental health disparities and adverse mental health outcomes for this highly stigmatized and marginalized group.

Dissertation Rationale and Specific Aims

The invisibility of Arab Americans in health and population data endures, due largely to their unrecognized status as an ethnic minority in the US (Awad et al., 2019). The limited research that does exist around stress and mental health for Arab Americans indicates that they may be subject to considerable discrimination (Cainkar & Read, 2014) and have worse mental health than the majority white population (Abuelezam & El-Sayed, 2018; Dallo et al., 2018). Yet, the data are lacking, and our understanding is limited of how Arab American adults may experience and cope with stressful experiences related to identity, as well as how they understand and maintain good mental health within the ethnic enclave community (Abdel-Salam et al., 2019; Ikizler & Szymanski, 2018). Though there has been work which shows the importance of social support for Arab Americans in maintaining good mental health and dealing with stress (Aroian, Uddin, & Blbas, 2017), the exact mechanisms of this are less clear. There are also gaps in our knowledge around other factors which may protect and promote good mental health in the community, especially ethnic identity affirmation and those which may result from segmented assimilation to the Arab ethnic community (Abuelezam et al., 2018). **The lack of data is significant in and of itself, though it is the absence of comprehensive approaches**

firmly rooted in an understanding of the social environmental context to examine the mental health of Arab Americans which I aim to meet through this dissertation.

Researchers conducting work around complex and sensitive issues with Arab Americans including mental health and identity, have recommended a socio-ecological approach which emphasizes the social environment and its relationship to the individual (Alhomaizi et al., 2018; Kulwicki & Hassouneh, 2009). For many Arab Americans, the ethnic community can be an important aspect of the social environment and can help affirm identity and provide key social and economic networks (Kumar et al., 2015). Other investigators have examined various social phenomena including identity and belonging among Arab Americans living in the Arab American ethnic enclave in the city of Dearborn, MI. In the case of Ajrouch, 2004, however, this work did not focus on health, or in the case of Kumar et al., 2015 and 2014 and Seff et al, 2021, was conducted with adolescents with a mix of generational statuses. According to the recent systematic review by Drs. Abuelezam, El-Sayed, and Galea, the majority of studies on Arab American health in recent years have come from Michigan (2019). They state:

> [m]uch of the information we have on Arab populations stems from a few datasets (ex. Detroit Arab American 2003 survey) within ethnic enclaves. While the identification and recruitment of Arab individuals in this area is made easier by social and cultural community connections, the lived experiences of these Arabs *likely differs* from those living in other parts of the country. (Abuelezam et al., 2018, p. 8, emphasis added).

While we have information detailing demographic differences between Arab Americans in Michigan and Arab Americans in the rest of the country, including a larger proportion of Muslims and those with origins in Iraq and Lebanon (Abraham et al., 2011; "Demographics - Arab American Institute," n.d.), we do not have a thorough understanding of their lived experiences and the influence of the social environmental context on these experiences, which would provide insight into the ways in which they may differ from Arab Americans elsewhere. As it stands, we lack both *quantitative data* which may help explain prevalence and processes of mental health distress for Arab Americans post-2016 election and *qualitative data* which can provide the "why" and the "how" of these processes within the ethnic enclave. I utilize both quantitative and qualitative methods in this dissertation. The mixed methods approach I use in this dissertation provides the information on the mental health of Arab Americans and information on the context of these inequities, which offers a more in-depth understanding than either would alone.

In consideration of this lack of information, and with the understanding that these structural-level issues influence and interact with meso- and micro-level issues (Bronfenbrenner, 1979; Krieger, 1999), it is critical to have a better understanding of how the social environment affects, if at all, discrimination, coping, and mental health outcomes for Arab American adults in Dearborn, MI. Only by shedding light on the possible relationships between discrimination, coping, and mental health and health protective and promotive factors for Arab Americans will we be able to begin to comprehensively address mental health needs in the community.

The objective of my dissertation research is to determine how residence within the large Arab ethnic enclave in Dearborn, MI, influences experiences of discrimination and mental health for Arab Americans. The specific aims of my dissertation are:

<u>Aim 1</u>: To examine the moderating role of ethnic identity and centrality of ethnic identity between discrimination and mental health distress and how, if at all, this relationship is further moderated by gender, age, and immigration status.

<u>Aim 2</u>: To explore in-depth how experience and fear of discrimination and a sense of ethnic identity affect mental health in the Arab American community, and gain insight into how residence within an ethnic enclave serves as a context for these experiences and relationships.

<u>Aim 3</u>: To identify and explore further elements of the ethnic enclave community which relate to a sense of ethnic identity and discrimination and influence mental health through a joint analysis of the quantitative and qualitative data from the previous two aims.

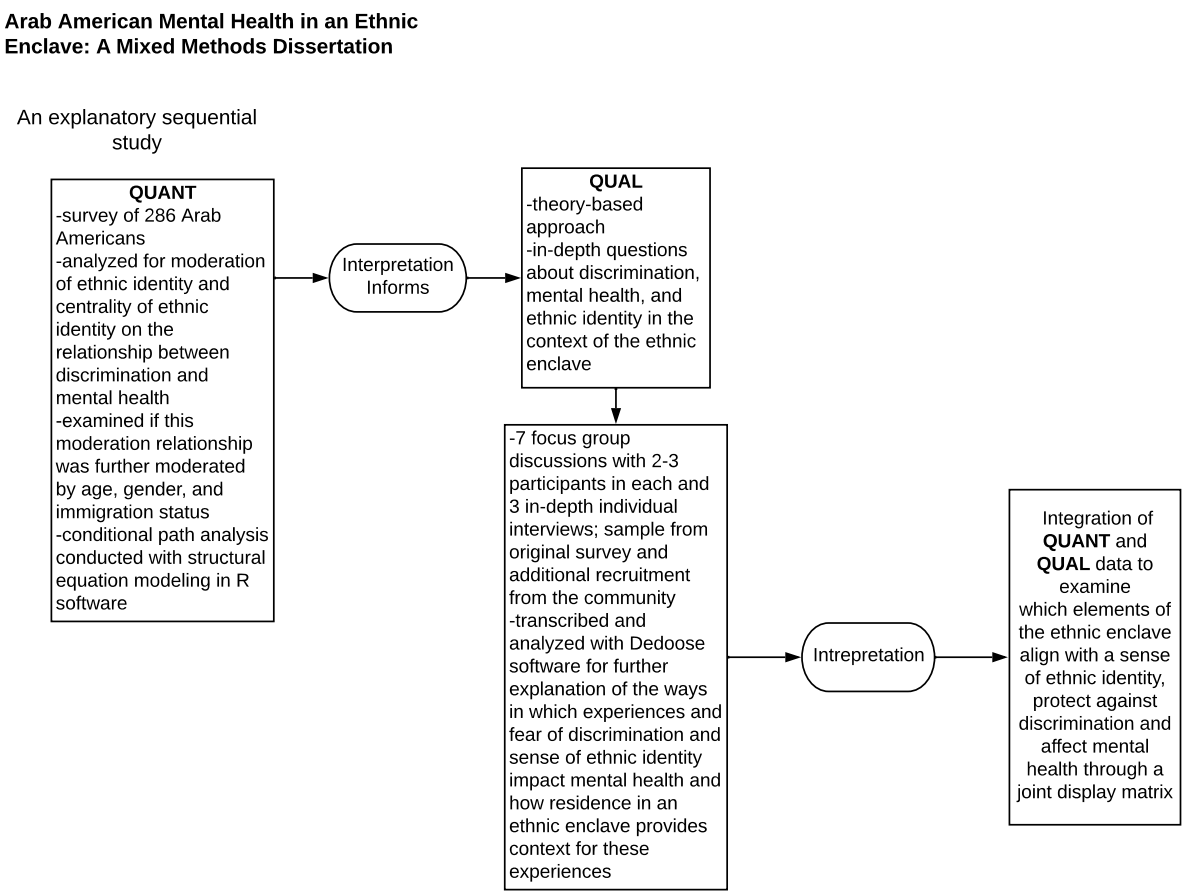
Approach

To answer the research objective and specific aims above, I employed mixed methods. My dissertation includes a combination of quantitative and qualitative methods in an explanatory sequential design represented by the following: QUAN -> QUAL. The quantitative study piece informed the qualitative aspect, after which I integrated and interpreted the data collected from these two study parts

The quantitative study established the process through which experiences of discrimination impact mental health distress. There are no studies that have looked at discrimination, ethnic identity, and mental health post-2016 election among Arab American adults in the ethnic enclave. There have also not been any studies that have examined ethnic

identity and centrality as protective factors against mental health distress for adults in the ethnic enclave. This quantitative study laid a foundation for the steps to follow. A qualitative approach allowed for a deeper dive into the quantitative results which enabled me to provide further explanation along with the context for this process through an exploration of the lived experiences of participants. Finally, an integration of these two sets of data facilitated connections between the process and the context to figure out which community-level elements help affirm a sense of ethnic identity and protect against negative feelings associated with discrimination. Through this combination of data sets, I was able to better distinguish aspects of the community which may affect the mental health of residents. This mixed methods approach helped specify the influences of living in the ethnic community on residents, allowing for more insight into not only the mental health of Arab Americans in SE Michigan, but also around the country. A process diagram for the study is included below.

Figure 3. Process Diagram for Mixed Methods Dissertation



Chapter 2 The Effect of Ethnic Identity and Centrality of Ethnic Identity on Discrimination and Depression and Anxiety

Background

Arab Americans experience high levels of discrimination and other identity-based stressors, comparable to many other ethnic minority groups (Abdulrahim et al., 2012; Awad et al., 2019; Ikizler & Szymanski, 2018). Compared to majority white Americans, Arab Americans have shown significantly worse mental health outcomes (Samari et al., 2018), with elevated rates of poor mental health comparable to African Americans (Lipson, Kern, Eisenberg, & Breland-Noble, 2018). Poor mental health, including depression and low levels of psychological well-being, have been linked to discrimination in this population (Abdulrahim et al., 2012; Moradi & Hasan, 2004).

Underlying the following proposed relationships is Social Identity Theory, which suggests that social identity is not merely constrained to the individual, but also relates to an individual's relationship to and interaction with broader society and structures (Tajfel & J. Turner, 1979; J. Turner & Reynolds, 2001). A person's ethnic identity can be considered an aspect of their full social identity (Phinney, Horenczyk, Liebkind, & Vedder, 2001) and considerations of the broader social environment are key in examining ethnic identity. When the dominant culture is not welcoming, or is hostile, individuals may focus on assimilating to the dominant cultural identity, or they may instead embrace their ethnic identity and develop more cohesion with others who share their identity (Phinney et al., 2001; Resnicow & Ross-Gaddy, 1997).

Discrimination, Ethnic Identity, Centrality of Ethnic Identity and Mental Health

Discrimination has been well-established as a significant, chronic stressor for other ethnic minority groups, including African Americans, Latinos and Asian Americans, in the US (Brondolo, ver Halen, Libby, & Pencille, 2011; Ong, Fuller-Rowell, & Burrow, 2009; Peters, 2006). For many Arab Americans, their ethnic identity and religion play a prominent role in their

experiences of discrimination (Awad, 2010). Though Muslims are a minority of the Arab American community in the US (Awad et al., 2019), they may be more likely to be subjects of discrimination, especially because of visible religious identifiers (including hijabs and beards) (Ikizler & Szymanski, 2018). Discrimination may also be more prevalent for other sectors of the Arab American community, including younger individuals (Kader et al., 2019) who may better discern discriminatory elements in the social environment (Birman & Trickett, 2001).

Among protective factors, researchers have found that a strong ethnic identity is an important promoter of well-being and positive mental health for ethnic minorities (Atari & Han, 2018; Phinney, 2003), including Asian Americans, Latinos, and African Americans (Espinosa et al., 2018; Yip et al., 2022). Ethnic identity has been theorized to encompass multiple elements including a sense of belonging to one's ethnic group and self-identifying as a part of it; commitment to this group; and cultural behaviors, beliefs, and values. Ethnic identity is generally conceptualized as complex and multi-faceted, and an individual's sense of ethnic identity can develop and change over time (Phinney & Ong, 2007). The findings from the limited work that has been done around this for Arab American youth and young adults (Kumar, Seay, & Karabenick, 2015; Sheldon, Oliver, & Balaghi, 2015; Seff et al., 2021) and adults outside the ethnic community (Atari & Han, 2018) suggest a similar connection to the outcome of psychological well-being. Coping with discrimination may include utilizing methods that incorporate ethnic identity and an individual's ethnic community.

A strong sense of ethnic identity can also protect against the stress of discrimination (Mossakowski, 2003). This can occur through the utilization of support-seeking coping mechanism (Phinney & Chavira, 1995) or as protection against maladaptive coping behaviors (Chae et al., 2008). Previous research shows the protective effects of ethnic identity are mixed. Some evidence is suggestive of a relationship between a strong sense of ethnic identity and poor mental health outcomes associated with discrimination (Thibeault, Stein, & Nelson-Gray, 2018). This may be a result of strong identification with a group, paired with negative feelings about and associations towards that same group. Discrimination could then reinforce those negative feelings and self-regard, leading to poor mental health (Phinney, 1991). Those with a stronger sense of ethnic identity may also perceive more racial discrimination, have higher rates of stress, or have worse mental health outcomes as a result, as was found in a recent study with Asian Americans (Choi, Weng, Park, & Hong, 2020). The role of ethnic identity as a potential

moderator of the relationship between discrimination and mental health has not previously been explored among Arab American adults within the Arab ethnic community in SE Michigan.

Centrality of identity encompasses the relative importance of an identity across a potentially wide range of aspects of identity, including race, gender, and occupation (Sellers, Smith, Shelton, Rowley, & Chavous, 1998). Unlike a sense of ethnic identity which encompasses values and behaviors, among other things, centrality of an individual's ethnic identity includes the importance and meaning a person assigns to their ethnic identity relative to their overall identity, the extent to which they've internalized this identity, and how much it factors into their overall sense of identity (Cobb et al., 2019; Hoffman, Agi, Rivas-Drake, & Jagers, 2019). In this context, centrality of ethnic identity is the importance a person places on their MENA identity in the context of the other identities they hold, such as mother, doctor, son, or writer. I propose that centrality may serve as a protective factor moderating the relationship between discrimination, and poor mental health outcomes. Differences in ethnic identity centrality have been associated with differences in mental health outcomes for ethnic minority individuals when experiencing discrimination (Cobb et al., 2019). For some individuals, high centrality allows for access to positive resources associated with their ethnic identity (e.g., a sense of belonging, group connections) which can help to buffer against poor mental health outcomes resulting from discrimination (Caldwell et al., 2004; Cobb et al., 2019). Those whose ethnic identity is a significant aspect of their overall identity may be able to develop effective methods with which to cope with discrimination based on this identity (Neblett Jr, Rivas-Drake, & Umaña-Taylor, 2012). They may also be able to dismiss the discrimination more easily because they value this aspect of their identity and know the discrimination is unjustified (Bombay, Matheson, & Anisman, 2010). However, it may also be the case that high centrality intensifies the negative mental health effects of discrimination experiences. Individuals may perceive discrimination to be more racially based or may be more impacted by discrimination that affects an aspect of their identity that they see as more central (Bombay et al., 2010). A stronger sense of centrality has been associated with a higher likelihood of reporting experiences of daily racial discrimination among African Americans (Burrow & Ong, 2010) and with psychological distress based on discriminatory experiences among some Asian Americans (Yip, Gee, & Takeuchi, 2008). To the best of my knowledge, no studies have yet examined centrality of ethnic identity among Arab

Americans, and it is unknown what effect centrality of ethnic identity may have on the relationship between discrimination and mental health outcomes.

Researchers conducting studies in the Arab American community have posited that there are population-level disparities in poor mental health outcomes between Arab Americans and non-Arab whites, similar to other ethnic minority groups. Some larger studies, e.g. Abdulrahim et al., 2012; Amer & Hovey, 2007; Dallo, Kindratt, & Snell, 2013; Hekman, Fussman, & Lyon-Callo, 2015, support this and bolster the findings from smaller, cross-sectional studies including Aroian et al., 2015; Kader et al., 2019; Kira et al., 2014, around elevated levels of depression, anxiety, and PTSD in the Arab American community. Less clear are the risk and protective factors, such as ethnic identity, that may affect the influence that elements in the social environment, including discrimination, have on mental health outcomes. Further understanding of these pathways can provide evidence to be used in the development and planning of interventions and other programming focused on mental health in the Arab American community, a much-needed next step for improving mental health**.**

The objective of this chapter is to examine how ethnic identity and centrality of ethnic identity centrality may impact the link between discrimination and mental health among Arab American adults. I tested the following two hypothesis.

1. Hypothesis 1 (Moderation): ethnic identity moderates the relationship between perceived everyday discrimination and depression and anxiety, such that it is protective against poor mental health; and

Moderated Moderation

1a) the moderation effect of ethnic identity differs by gender between men and women

1b) this moderation effect of ethnic identity differs by age between younger and older participants

1c) this moderation effect differs by immigration status between US-born and immigrant respondents

2. Hypothesis 2 (Moderation): centrality of ethnic identity moderates the relationship between discrimination and depression and anxiety for Arab American adults in the ethnic enclave, such that it is protective against poor mental health; and

Moderated Moderation

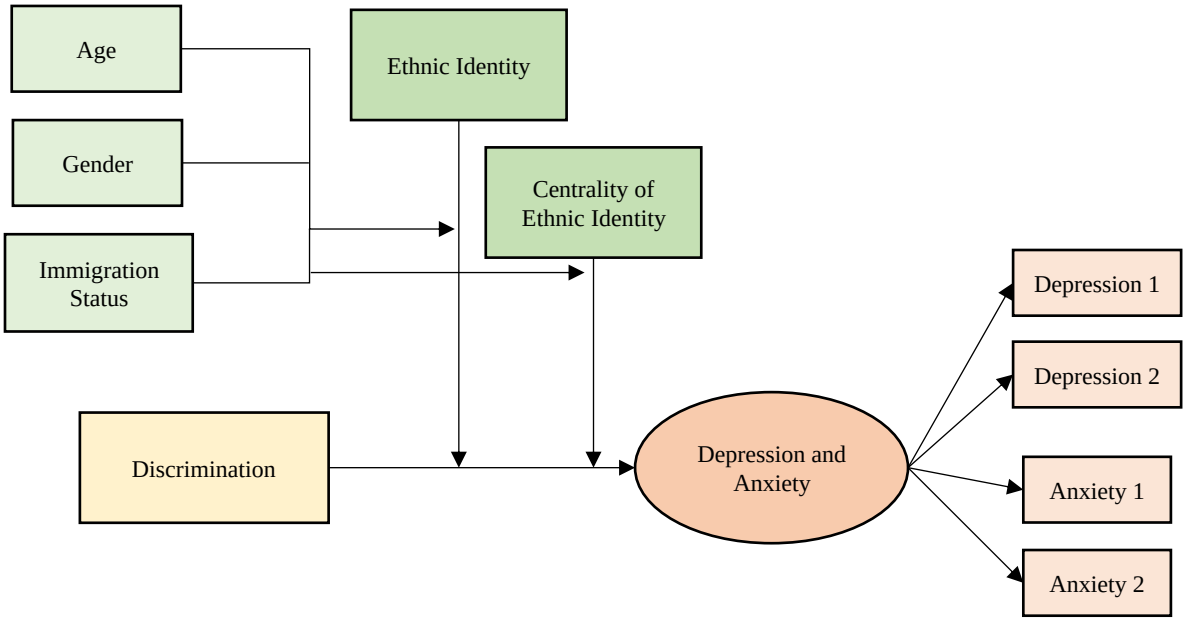
2a) this moderation effect differs by gender between men and women

2b) this moderation effect of ethnic identity differs by age between younger and older participants

2c) this moderation effect differs by immigration status between US-born and immigrant respondents

A conceptual model of the hypothesized moderation relationships can be found in Figures 4 and 5.

Figure 4. Conceptual models for moderation of discrimination and latent depression and anxiety by ethnic identity and centrality of ethnic identity and moderated moderation by gender, age, and immigration status



Methods

Study Design, Data Sources, and Study Population

Data in this quantitative chapter are from a cross-sectional convenience sample survey exploring health related knowledge, attitudes, and behavior of MENA adults living in SE Michigan. The survey items were translated into Arabic and reviewed by professionals at the Arab Community Center for Economic and Social Services (ACCESS) who are bilingual in English and Arabic. As part of the study team for this survey, I helped conduct cognitive testing with previously untested survey items, followed by pilot testing of the entire survey in both English and Arabic with a paper survey (n=2) and an electronic version of the survey (n=3). Between May and September 2019, a survey, available in English and Arabic, was distributed in

12 community settings (e.g., grocery stores, local eateries, clinics, mosques, churches, and community events) across three counties. Recruitment was completed through posters, fliers and in-person outreach. Participants were given the option of completing the survey with a pen and paper or online, with assistance if needed from trained, bilingual interviewers, and were given a $25 monetary incentive. The survey included adults 18 years of age and older and self-identifying as Arab and Chaldean, the largest MENA ethnic groups in SE Michigan (Neumayer et al., 2017). The sample for analysis is limited to those identifying as Arab (n=286), due to differences in migration history, religion, and ethnic identity between the two groups (Abraham, Howell, & Shryock, 2011; Abraham & Shryock, 2000), as well as a chi square test of differences of ethnic identity between Arabs and Chaldeans in the sample, one of the main moderators for the analysis (χ^2=153.14, df=86, p<.0001). This left 286 Arab respondents out of the full sample of 394 MENA respondents with fully completed surveys for analysis. The study was approved by the Institutional Review Board (IRB) at the University of Michigan.

Measures

Depression and Anxiety

Depression and anxiety were measured with the four-item PHQ-4 scale (α=0.94), which has a depression subscale (α=0.89) and an anxiety sub-scale (α=0.89), each with two items (Kroenke, Spitzer, J. Williams, Löwe, 2009). Participants were asked to indicate the frequency ("not at all" (=0) to "nearly every day" (=3)) of the following statements: "over the past 2 weeks, how often have you been bothered by any of the following problems: Little interest or pleasure in doing things; feeling down, depressed, or hopeless (depression); feeling nervous, anxious, or on edge; and not being able to stop or control worrying? (anxiety)" In the models, depression and anxiety were assessed as a latent variable made up of the factor loadings of the four observed scale indicators. This allowed me to assess measurement error and the covariance between these indicators.

Discrimination

Experiences of discrimination were measured with a combined 12-item scale (α =0.94) made up of nine items measuring chronic discrimination stressors (Status, D. Williams, Yu, Jackson, & Anderson, 1997) and three items measuring major life events (D. Williams, 2016). The statements on the scale for chronic discrimination include: "you are treated with less

courtesy than other people are, you are treated with less respect than other people are, you receive poorer service than other people at restaurants or stores, people act as if they think you are not smart, people act as if they are afraid of you, people act as if they think you are dishonest, people act as if they're better than you are, you are called names or insulted, and you are threatened or harassed." The items measuring major life events were: "you were denied housing, you were hassled by law enforcement (including TSA, police, etc.), and you were denied/fired from a job." Participants selected the frequency of these events, from "less than once a year" (=1) to almost every day (=6). To account for missing data, I used the mean score across the 12 items for each participant, adjusting for number of completed items (range 1-5.3).

Ethnic Identity

Ethnic identity was measured with a 20-item scale (Resnicow et al., 2020) with a Cronbach's alpha of 0.92. The scale was originally developed for African Americans and then adapted to Arab Americans (Resnicow et al., 2020). The items include, "when I listen to the radio, I usually listen to Arab American radio shows, e.g., CINA; when I watch television, I usually watch Arabic television shows, such as ART and MBC; when I look for news, I read mostly Arabic news such as The Arab American News and the Dearborn Facebook page; in my private thoughts, I think of myself more as Arab American than American; both in my public and private thoughts, being Arab American is an important part of who I am; many things that make me happy are connected to the fact that I am Arab American; many things that are important to me are connected to my Arab American identity; I feel a strong emotional connection to the Middle East or North Africa; Arab Americans should give their children Arabic names; it is important for us to eat Middle Eastern/North African food at home; it is important for Arab Americans to get back to their Middle Eastern/North African roots; a thorough knowledge of Arab and Arab American history is very important for our community today; it is important for Arab American people to educate their children about Arab/Arab American art, history, music, and literature; I have a strong sense of belonging to the Arab American community; it is important to be involved in the Arab American community; I feel strongly about international human rights issues in places such as Africa; most of my friends are Arab American; I care deeply about the needs of other groups such as Native Americans, African Americans, Latinos, and Asian Americans; I respect the cultural traditions of many groups-for example Native Americans, African Americans, Latinos, And Asian Americans; and I keep up with political

activities in the Middle East and North Africa. Participants indicated their agreement or disagreement with the statements on a 4-point scale from strongly disagree to strongly agree, and a higher score indicated a stronger sense of ethnic identity (range 1-4). In the structural models, I evaluated ethnic identity as a moderator of the theorized relationship between discrimination and latent depression/anxiety and used a median-split three-level categorical grouping variable (low=16-44, med=45-54, high=55-64) for the multiple group analysis test of moderation. I then created an interaction term of ethnic identity and discrimination for the moderated moderation models.

Centrality

Centrality of ethnic identity was measured by a single item (Davis et al., 2010), adapted from an item developed for African Americans (Sellers, Chavous, & Cooke, 1998). It was evaluated as a moderator of the theorized relationship between discrimination and depression/anxiety. Participants were asked to rate, on a scale from 0 ("not at all important") to 10 ("very important"), how important being Middle Eastern/North African was to their overall identity. In the structural models, centrality was dichotomized at the median (low=<8, high>8) which I then used as a grouping variable in the SEM multiple group analysis for the moderation models and as an interaction term with discrimination in the moderated moderation models.

Additional Measures

Gender was measured dichotomously (male/female). Participants provided their age in years. I split age into 4 categories for multiple group analysis: 18-29, 30-44, 45-59 and 60 and older in order to have groups that were of a similar size necessary for the analysis. Immigration status was a dichotomous measure (US-born and foreign-born). Table 1 contains the ranges, means, standard deviations, and correlations of the key independent and dependent variables.

Table 1. Ranges, means, standard deviations and correlations of independent and dependent scales

Variables	Range	Mean	SD	1	2	3
1) Discrimination	1-6	1.68	1.15			
2) Ethnic Identity	1-4	3.00	0.99	-0.026		
3) Centrality	0-10	7.79	3.07	-0.025	0.54	
4) Anxiety & Depressive Symptoms	0-3	0.71	0.96	0.24	-0.12	-0.12

Estimates from the Arab American Institute were used to determine the Arab American population and country-of-origin sub-groups in Michigan for weighting purposes

("Demographics – Arab American Institute," n.d.). Data were then weighted using post-stratification ranking based on mother's and father's country of origin to better match, and therefore be more representative of the Arab American population distribution in SE Michigan. Weighted data were used for demographic percentages, but not for correlation analysis or the SEM moderation models.

Statistical Analysis

Using path analysis, I tested the moderating role of ethnic identity between discrimination and mental health distress as well as the moderating role of centrality in relationship. I then further analyzed these possible moderation relationships using multi-group analysis based on key demographic indicators of age, gender, and immigration status. This differential influence of ethnic identity and centrality of ethnic identity based on the relationship between discrimination and poor mental health, as well as further moderation based on age, gender and immigration status have not yet been examined among Arab Americans generally nor in the ethnic enclave.

To assess the moderation effects of ethnic identity and of centrality on the relationship between discrimination and latent depression and anxiety, I tested whether the path coefficients were statistically significant (Fairchild & MacKinnon, 2009) using multiple group analysis. I then examined gender, age, and immigration status as further moderators in the moderation effect of ethnic identity and centrality in moderated moderation models, using multiple group analysis to examine the same test of statistical significance for path coefficients (P. Cohen, West, & Aiken, 2013). Multiple group analysis tests whether sub-groups within the data fit the same overall model, and whether the relationships in the model, including for latent variables, have the same significance and strength for the sub-groups (Evermann, 2010). Unlike moderated moderation with a three-way interaction term, in multiple group analysis a separate chi-square value and model parameters are calculated for each group. The models are then permitted to vary by group, as opposed to only an interaction term that varies by group (Jöreskog, 1971; Sörbom, 1974). The moderation model was constructed using multiple group analysis with two sub-groups of ethnic identity and centrality: low and high. For the moderated moderation models, the interaction terms of (Ethnic Identity x Discrimination) and (Centrality x Discrimination) were created with mean-centered variables (Aiken, West, & Reno, 1991) and then used in multiple

group analysis with the sub-groups based on age, gender, and immigration status. I also conducted factor analysis with an orthogonal rotation and centrality included as an item in the ethnic identity scale. Centrality had the highest uniqueness value of all the items and the most variance not explained by the solution. These findings paired with the conceptual difference between EI and CEI justify the use of them as separate items. Finally, I ran sensitivity analysis for the outcome variables of depression and anxiety which showed that the relationships were similar among both depression and anxiety and that paired with the good fit offered by the models with the 4-indicator latent variable for the outcome justify its use as such All analysis were conducted using the lavvan package in R statistical software version 1.3.959 (Rosseel, 2012).

Results

Descriptive statistics for the sample are included in Table 2. The majority (94%) of respondents were Muslim, 64% identified as female, and 35.3% were US-born. Nearly half (48.8%) of respondents were 18-29 years old, 25.8% were 30-44 years old, 19.8 % were 45-59 years old, and 5.7% were aged 60 & older. Many respondents were employed (46.5%), while 21.1% reported they were unemployed and 17.3% listed their occupation as student. 62.6% of the sample reported an annual income of less than $35,000. 41.8% of respondents reported they had earned a college or graduate degree and 25.2 % had an associates' degree or had completed some college education.

Table 2. A Selection of Key Demographic Variables

Demographic Variables	**Total Sample (N=286)**	
Sex N (weighted %)	**Unweighted n**	**Weighted %**
	286	
Female	176	(64.7)
Male	110	(35.4)
Religion	**281**	
Muslim	258	(93.6)
Christian	13	(4.6)
Other	6	(0.36)
None	4	(1.4)
Nation of Ancestry	**286**	
Iraq	25	(6.0)
Lebanon or Syria	165	(40.9)
Yemen	61	(35.6)
USA	1	(0.70)
Other (Palestine, Syria, Morocco, Saudi Arabia, Egypt)	21	(12.3)
Mixed Ancestry	13	(4.6)
Immigration Status	**284**	
US-born	108	(35.3)
Foreign-born	176	(64.7)

Age	**281**	
18-29	147	(48.6)
30-44	61	(25.7)
45-59	51	(18.0)
60 and older	22	(7.8)
Employment Status	**280**	
Employed	136	(46.5)
Homemaker	23	(8.5)
Student	52	(17.3)
Other	15	(6.7)
Unemployed	54	(21.1)
Education Level	**279**	
High School or Less	16	(13.5)
Completed High School	54	(19.5)
Associates' Degree/Some College	74	(25.2)
Completed College	89	(31.9)
Postgraduate Education	29	(9.9)
Income	**273**	
$0-14,999	78	(29.0)
$15,000-34,999	89	(33.6)
$35,000-74,999	66	(24.4)
$75,000+	38	(13.1)
Language(s) Spoken at Home	**271**	
Arabic	58	(24.7)
English	190	(67.9)
Other	23	(7.4)

Ethnic Identity

I tested four models of ethnic identity: moderation (H1-Ethnic Identity moderates relationship between Discrimination and Mental Health Distress), moderated moderation with gender (H1a-moderation effect of Ethnic Identity differs between male and female participants), moderated moderation with age (H1b-moderation effect of Ethnic Identity differs by age), and moderated moderation with immigration status (H1c-moderation effect of Ethnic Identity differs between US and foreign-born participants). Table 3 includes the model fit indices for all models, and these were all conducted using the Full Information Maximum Likelihood (FIML) estimation. Missing data are reported for each model. Next, I examined the path regression coefficients for the four models to determine the existence of moderation and moderated moderation relationships and conducted Wald tests of constraint for the significant interaction terms, shown in Table 4. Standardized path models follow the description of the models and are included in Figure 5.

EI-Moderation

The moderation model had a total of 12 missing observations, with 4 missing from the low group and 8 from the high group. The chi-square for the full model was 10.41 with a non-significant p-value and 8 degrees of freedom, demonstrating a good model fit for the data. Among participants with low ethnic identity, the chi-square was 6.21. For those with high ethnic identity, the chi-square value was 4.20, indicating that the sub-group model fits the data well and that the good fit is similar across both groups. The Standardized Root Mean Square Residual (SRMR) also showed good fit with a value of 0.020 which meets the threshold of good fit (<.08). The Root Mean Square Error of Approximation (RMSEA) was 0.049, which meets the threshold of <.08. Both the Bentler Comparative Fit Index (CFI) and the Tucker Lewis Index (TLI) indicate a strong fit with values of 0.997 and 0.993, both of which meet the threshold of good fit at 0.997 and 0.993, respectively. The modification indices offered no significant or meaningful improvements for the model. With all five indices taken together, the model offers a good fit for this data.

I assessed the interaction effect in the model through an examination of the path coefficients for Discrimination to latent Depression and Anxiety in the two ethnic identity sub-groups. Discrimination was positively associated with latent Depression and Anxiety (*B*=0.357, p=.000) in the low ethnic identity group. There was no significant association between Discrimination and latent Mental Health Distress in the high ethnic identity group (*B*=0.062, p=0.50). Though there were poor mental health outcomes associated with a low level of ethnic identity, a high level of ethnic identity was protective against these effects. I used a Wald test to confirm these effects and that the coefficient for the low group was significantly different from zero (*low:* χ^2=23.71, p=0.000, df=1;) and that the coefficient for the high group was not statistically significant different from zero (χ^2=0.145, p=0.704, df=1), as well as a joint Wald test of whether there was a significance difference between the two coefficients, which there was (χ^2=6.19, p=0.013, df=1).

EI-Moderated Moderation

Gender

The moderated moderation model with gender had 20 missing observations and a statistically non-significant chi-square value of 31.18 with 20 degrees of freedom, which does

meet the criteria for good fit. The CFI was 0.989 and the TLI was 0.979, indicating good fit. For female participants, the chi-square value was 11.25 and for male participants, 19.94. The SRMR was 0.025, and the RMSEA was 0.064 with a statistically non-significant associated p-value. The modification indices offered no significant or meaningful improvements for this model. As all five model fit indices met the criteria for good fit, I concluded this model offered a good fit for the data and these relationships.

In the male sub-group, there was no moderation effect of ethnic identity, and none of the main effects were statistically significant. In the female sub-group, the main effect path coefficients were not statistically significant, though the interaction term of Ethnic Identity x Discrimination was significant and negatively associated with latent Mental Health Distress (*B*= -0.390, p=0.016). I conducted a Wald test to confirm that the interaction effect was significantly different from zero among female participants (χ^2=5.85, p=0.016, df=1). A high sense of Ethnic Identity was protective compared to a low sense of Ethnic Identity against poor mental health outcomes from discrimination among female participants.

Age

The moderated moderation model with age offered a relatively good fit for the data. The chi-square was statistically significant and had a value of 56.28 with 40 degrees of freedom and a statistically significant p-value. The model had 25 missing observations. For participants in the 18-29 age group the chi-square was 13.91, for those age 30-44 years old it was 6.70, for participants aged 45-59, it was 12.42 and for those age 60 and over the chi-square was 23.26. The CFI was 0.983 and the TLI was 0.969, both of which indicate strong fit. The SRMR had a value of 0.033 and the RMSEA had a value of 0.078, which is indicates good fit. Four of five model fit indexes met the thresholds for good fit, and apart from the chi-square, these indices together demonstrate that there is decent model fit. The modification indices offered no significant or meaningful improvements for this model.

In the four sub-groups, only one path coefficients had statistical significance. Among 18–29-year-old participants, for every unit increase in mean Discrimination score, there was a 0.165 increase in latent Depression and Anxiety (p=0.041). There were no statistically significant relationships for those aged 30-44, 45-59 or 60 and older. Though there was further insight into the main effects of the model with this sub-group analysis, age did not further moderate the moderation effect of Ethnic Identity.

Immigration Status

The moderated moderation model with immigration status had 18 missing observations. For this model, the chi-square value was a statistically non-significant 20.95 with 20 degrees of freedom. In the US-born sub-group, the chi-square was 6.92 and it was 14.03 in the foreign-born sub-group. The CFI was 0.999 and the TLI was 0.998 which demonstrate good fit. The RMSEA was 0.019 and was not significant and the SRMR was 0.020. None of the modification indices offered improvements for the model and all five model fit indices showed good model fit.

The path coefficient for Discrimination was significant among both US-born and foreign participants. For every unit increase in mean Discrimination, there was a 0.18 increase in latent Depression and Anxiety (p=.035) among US-born participants. Among foreign-born participants, for every unit increase in mean Discrimination, there was a 0.16 increase in latent Depression and Anxiety (p=.038) among US-born participants. In this sub-group analysis, immigration status did not further moderate the moderation effect of Ethnic Identity.

Table 3. Model Fit Indices of the Moderation and Moderated-Moderation with Multiple Group analysis for Ethnic Identity

Models	**χ^2 (df) [>0.95, p>0.05]**	**CFI [>0.95]**	**TLI [>0.95]**	**RMSEA [<0.08]**	**SRMR [<0.08]**
Ethnic Identity					
1) EI Moderation	10.41 (8)	0.997	0.993	0.049	0.020
EI High	4.20	-	-	-	-
EI Low	6.21	-	-	-	-
2) EI x Gender Moderated Moderation	31.18(20)	0.989	0.979	0.064	0.025
Female Group	11.25	-	-	-	-
Male Group	19.94	-	-	-	-
3) EI x Age Moderated Moderation	56.28*(40)	0.983	0.969	0.078	0.033
18-29	13.91	-	-	-	-
30-44	6.70	-	-	-	-
45-59	12.42	-	-	-	-
60&over	23.26	-	-	-	-
4) EI x Immigration Status Moderated Moderation	20.95 (20)	0.999	0.998	0.019	0.020
US-Born	6.92	-	-	-	-
Foreign-born	14.03	-	-	-	-

Note: Boldface font indicates statistical significance (*p<.05, **<.01, ***<.001)

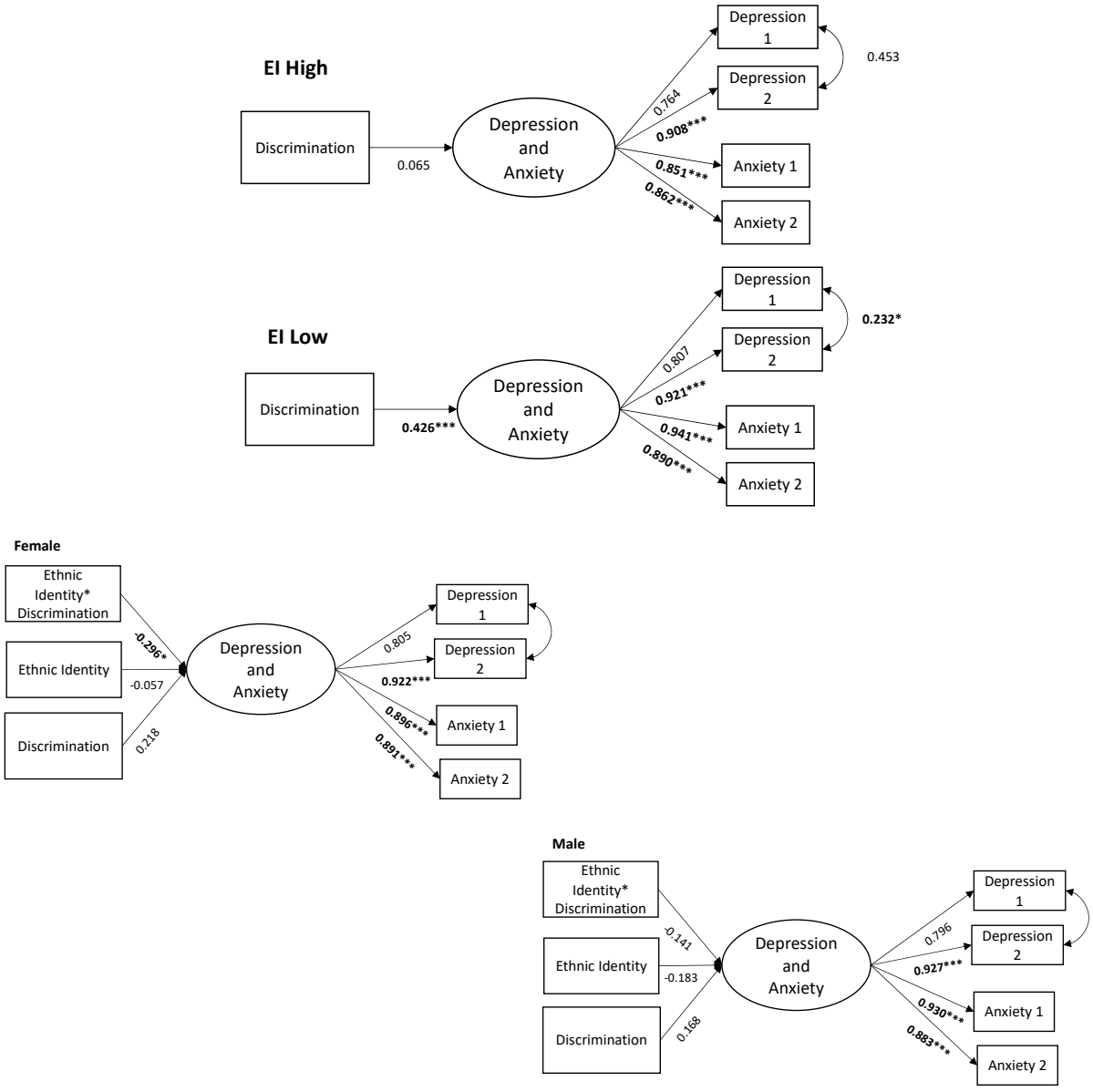
Table 4. Interaction regression coefficients and confidence intervals for moderation and moderated moderation for predicting depression and anxiety for Ethnic Identity

Predictors	*B*[a]	*SE*[b]	ß[c]	p-value	95% CI	Wald χ^2 Test of Parameter Constraints
Ethnic Identity						
EI Low Discrimination	**0.357*** **	0.075	0.426	0.000	(0.211, 0.504)	**22.69*** **
EI High Discrimination	0.062	0.092	0.065	0.503	(-0.122, 0.267)	0.410
Female						
Ethnic Identity x Discrimination	**-0.390***	0.162	-0.206	0.016	(-0.708, -0.073)	**5.85***
Male						
Ethnic Identity x Discrimination	-0.244	0.186	-0.141	0.189	(-0.608, 0.120)	-
18-29						
Ethnic Identity x Discrimination	-0.344	0.1777	-0.184	0.052	(-0.690, 0.002)	-
30-44						
Ethnic Identity x Discrimination	0.161	0.321	0.093	0.616	-0.468, 0.790)	-
45-59						
Ethnic Identity x Discrimination	-0.246	0.283	-0.178	0.386	(-0.801, 0.310)	-
60 & over						
Ethnic Identity x Discrimination	-0.598	0.371	-0.319	0.107	(-1325, 0.129)	-
US-born						
Ethnic Identity x Discrimination	-0.330	0.181	-0.196	0.068	(-0.684, 0.025)	-
Foreign-born						
Ethnic Identity x Discrimination	-0.347	0.178	-0.176	0.051	(-0.695, 0.001)	--

Note: Boldface font indicates statistical significance (*p<.05, **<.01, ***<.001)

[a]*Unstandardized beta coefficients;* [c]*standardized factor loadings for EI indicators*

Figure 5. Structural equation moderation and moderated moderation models of ethnic identity and gender



Final models with standardized coefficients. *p<.05, **<.01, ***<.001

Centrality of Ethnic Identity

I tested four models of centrality: moderation (H2-Centrality moderates the relationship between Discrimination and Mental Health Distress), moderated moderation with gender (H2a-

moderation effect of Centrality differs between male and female participants), moderated moderation with age (H2b-moderation effect of Centrality differs by age), and moderated moderation with immigration status (H2c-moderation effect of Centrality differs between US and foreign-born participants). Table 5 includes the model fit indices for all models, and these were all conducted using the Full Information Maximum Likelihood (FIML) estimation. Missing data are reported for each model. Next, I examined the path regression coefficients of the models which met the criteria for good fit to determine the existence of moderation and moderated moderation relationships. I conducted Wald tests of constraint for the significant interaction terms, shown in full in Table 6. Standardized path models are included in Figure 6.

CEI-Moderation

The moderation model had a total of 12 missing observations, with 6 missing in the group with low centrality scores and 6 missing in the sub-group with high centrality scores. The full model had a statistically non-significant chi-square of 12.05 and 8 degrees of freedom, while the low group had a chi-square of 7.66 and the high group a chi-square of 4.40. The CFI was 0.996 and TLI was 0.989. The RMSEA was 0.063 and was not significant and SRMR was .018 and both met the threshold of good fit (<.08). The modification indices offered no significant or meaningful improvements for the model. All five of the model fit indices indicate excellent fit, and therefore the model offers a good fit for this data.

Among participants in the low centrality group, there was an association between Discrimination and latent Depression and Anxiety (*B*=0.21, p=0.03), indicating that there is no buffering effect of low centrality against poor mental health outcomes. Among those with high centrality, there was also a statistically significant association between Discrimination and Depression and Anxiety (*B*=0.149, p=0.025). Discrimination had a similar effect in both the high and low Centrality groups, and was statistically significant, showing that there is not moderation of the relationship between Discrimination and Depression and Anxiety by high and low Centrality. Unlike Ethnic Identity, high Centrality was not similarly protective against poor mental health outcomes. I confirmed the significant effect of Discrimination on Depression and Anxiety in the low and high Centrality groups using a Wald test (*low:*χ^2=4.90, p=.027, df=1; *high*:χ^2=4.81, p=.028, df=1).

CEI-Moderated Moderation

Gender

The moderated moderation model with gender sub-groups had 18 missing observations and a statistically significant chi-square value of 49.34 with 22 degrees of freedom. For male participants, the chi-square value was 12.69 and for female participants, 36.66. The CFI was 0.972 and the TLI was 0.954. The SRMR was 0.027, and the RMSEA was 0.095 (p=0.022). The modification indices offered no significant or meaningful improvements for this model. As all three of five model fit indices met the criteria for good fit, this model offered a relatively good fit for the data and these relationships.

Within the female sub-group, there was a moderation effect of centrality. High centrality was protective against latent Depression and Anxiety associated with Discrimination compared to low centrality (*B*=-0.363, p=0.03). Additionally, Discrimination as a main effect was positively and significantly associated with latent Depression and Anxiety (*B*=0.275, p=0.000). Among men, the interaction term was positively associated with Depression and Anxiety (*B* =0.226), though was not statistically significant. I conducted a Wald test and confirmed that the interaction effect was significantly different from zero among female participants (χ^2=3.95, p=.47, df=1).

Age

The moderated moderation model with age did not offer good fit for the data and only two model fit indices met the criteria for good fit. Therefore, I did not further explore the path coefficients of this model to assess further moderation, as the results would not have been reliable.

Immigration Status

The final moderated moderation model was for immigration status. There were 15 missing observations in this model. The chi-square was 30.03 with 22 degrees of freedom and a non-significant p-value. For US-born participants, the chi-square was 16.41 and for foreign-born participants, it was 13.62. The CFI and TLI both offered good fit with values of 0.992 and 0.986, respectively. The RMSEA (.052) and SRMR (.021) also offered good fit. With five of five fit indices meeting the criteria for good model fit and no further improvements from the

modification indices, I moved forward with an examination of the path coefficients to determine if there was further moderation.

In these two sub-groups, there was no further moderation effect, though a few main effects were significant. For foreign-born participants, a high level of Centrality was negatively associated with latent Mental Health Distress (*B*=-0.326, p=0.03). Among US-born participants, Discrimination was positively associated with latent Depression and Anxiety (*B*=0.225, p=0.009). Although there was some additional information around the main effects of the model with this sub-group analysis, immigration status did not further moderate the moderation effect of Centrality of Ethnic Identity.

Table 5. Model Fit Indices of the Moderation and Moderated-Moderation with Multiple Group analysis for Centrality of Ethnic Identity

Models	χ^2 (df) [>0.95, p>0.05]	CFI [>0.95]	TLI [>0.95]	RMSEA [<0.08]	SRMR [<0.08]
Centrality					
1) Centrality Moderation	12.05 (8)	0.996	0.989	0.063	0.018
Centrality High	4.40	-	-	-	-
Centrality Low	7.66	-	-	-	-
2) Centrality x Gender Moderated Moderation	**49.34**(20)**	0.972	0.954	**0.095***	0.027
Female Group	12.67	-	-	-	-
Male Group	36.66	-	-	-	-
3) Centrality x Age Moderated Moderation	**144.47*** (44)**	0.901	0.839	**0.183****	0.045
18-29	12.27	-	-	-	-
30-44	29.41	-	-	-	-
45-59	22.78	-	-	-	-
60&over	80.01	-	-	-	-
4) Centrality x Immigration Status Moderated Moderation	30.03(22)	0.992	0.986	0.052	0.021
US-Born	16.41	-	-	-	-
Foreign-born	13.62	-	-	-	-

Note: Boldface font indicates statistical significance (*p<.05, **<.01, ***<.001)

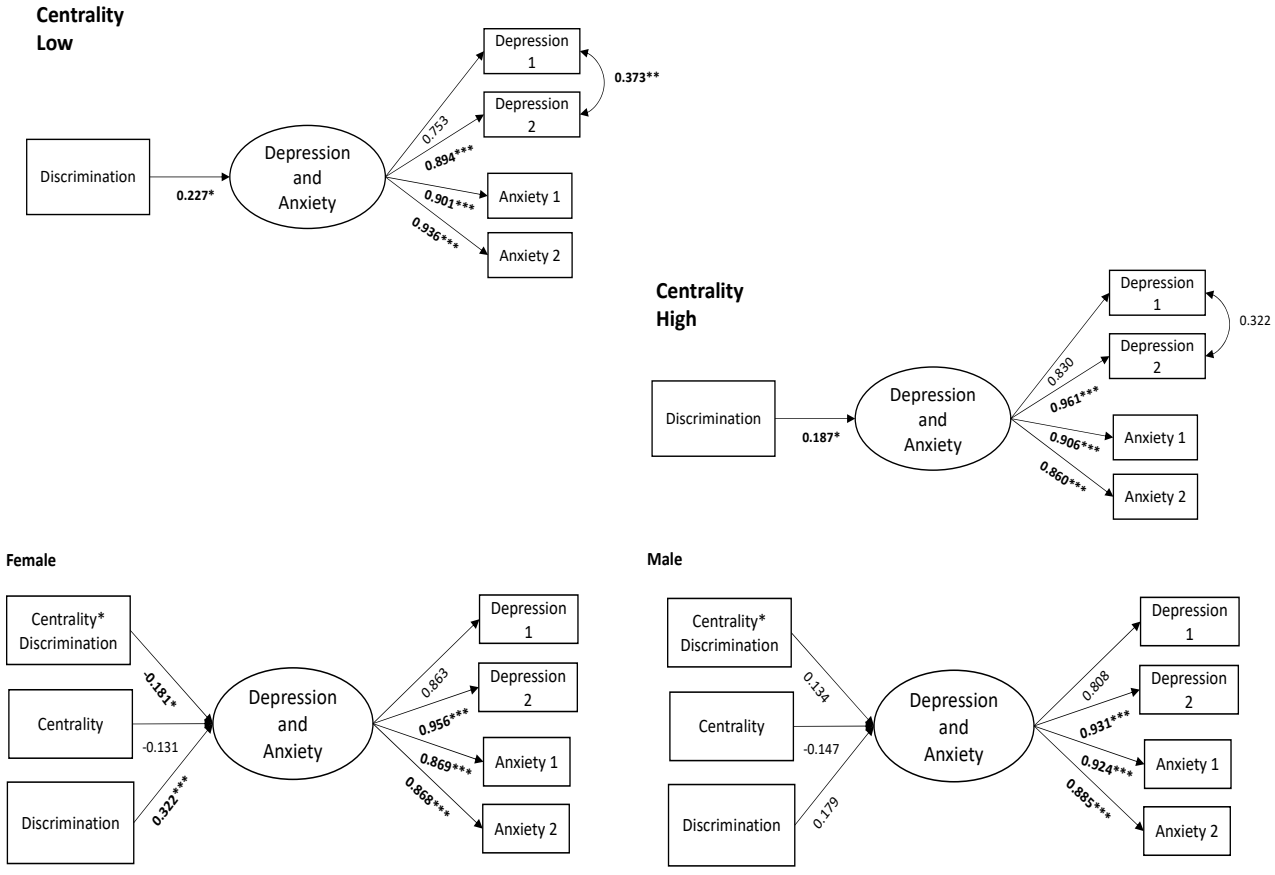
Table 6. Interaction regression coefficients and confidence intervals for moderation and moderated moderation for predicting depression and anxiety for Centrality of Ethnic Identity

Predictors	*B*[a]	*SE*[b]	ß[c]	p-value	95% CI	Wald χ^2 Test of Parameter Constraints
Centrality						
Centrality Low Discrimination	**0.21***	0.097	0.227	0.03	0.020 0.399)	**4.90***
Centrality High Discrimination	**0.149***	0.066	0.187	0.025	0.018 0.279	**4.81***

Female						
Centrality x Discrimination	**-0.363***	0.168	-0.181	0.03	-0.692 -0.034	**3.95***
Male						
Centrality x Discrimination	0.226	0.174	0.134	0.194	-0.115 0.567)	--
US-born						
Centrality x Discrimination	-0.092	0.169	-0.055	0.585	-0.424 0.239)	-
Foreign-born						
Centrality x Discrimination	-0.078	0.241	-0.037	0.748	-0.551 0.396)	-

Note: Boldface font indicates statistical significance (*p<.05, **<.01, ***<.001)
[a]*Unstandardized beta coefficients;* [c]*standardized factor loadings for EI indicators*

Figure 6. Structural equation moderation and moderated moderation models of centrality and gender



Final models with standardized coefficients. *p<.05, **<.01, ***<.001

Discussion

The objective of this chapter was to assess the possible moderating effect of ethnic identity and centrality of ethnic identity on the relationship between discrimination and mental health distress in a sample of Arab American adults in SE Michigan. I further explored second-level moderation of gender, age, and immigration status.

The first hypothesis of a moderation effect of ethnic identity on the relationship between discrimination and poor mental health outcomes was confirmed. While there were significant associations between discrimination and depression and anxiety in the low ethnic identity group, the effect was not observed for the high ethnic identity group. This finding provides evidence for the protective nature of ethnic identity among Arab American adults in the ethnic community. It aligns with studies that have found a strong sense of ethnic identity is protective against poor mental health outcomes associated with discrimination among other ethnic minority groups, including African Americans, Latinos, and Asian Americans (Espinosa et al., 2018; Tynes, Umana-Taylor, Rose, Lin, & Anderson, 2012; Woo, Fan, Tran, & Takeuchi, 2019).

The protective nature of ethnic identity may function on both a personal and a community level for Arab Americans in SE Michigan. At the individual level, this model may reflect feelings of belonging, purpose, meaning, self-acceptance, and self-esteem among Arab Americans in this community (Espinosa et al., 2018; Sheldon et al., 2015) which can help protect against negative effects of discrimination. Individuals with a strong sense of ethnic identity have a positive construction of this identity and therefore may not internalize experiences of discrimination (Sellers, Copeland-Linder, Martin, & Lewis, 2006; Tynes et al., 2012). A strong sense of ethnic identity may also give individuals hope and a sense of purpose (Kumar et al., 2014). While there was previous understanding around ethnic identity among Arab American adolescents, this finding around the importance of ethnic identity for adults adds to our understanding of discrimination and mental health for Arab Americans more generally.

While the ethnic identity scale was measured at the individual level, it encompasses elements of community-based ethnic identity, including items related to community and cultural involvement (e.g. “I have a strong sense of belonging to the Arab American community,” “It is important to be involved in the Arab American community,” “It is important for Arab American people to educate their children about Arab/Arab American art, history, music, and literature”), which make up the multi-cultural sub-scale of the measure (Resnicow et al., 2020). In previous

studies, researchers have found that a strong sense of community and community involvement are directly related to positive ethnic identity and act as a protective factor against poor mental health (Garcia-Reid, Peterson, Reid, & Peterson, 2013; Lardier Jr, 2018). At the community level, ethnic identity can be embodied by social support and resources along with a shared worldview (Branscombe, Schmitt, & Harvey, 1999). Arab Americans in SE Michigan reside in an area with one of the highest concentrations of Arab Americans in the US ("Demographics - Arab American Institute," n.d.). The opportunity for community and cultural involvement is high in the area, and as a result, Arab American adults in this community may be especially able to access social support and other protective aspects of ethnic identity at the community level.

The second hypothesis of a moderation effect of centrality of ethnic identity was not confirmed; both high and low centrality of ethnic identity were associated with poor mental health outcomes, though the association was weaker among those with high centrality compared to those with low centrality. While centrality has been found to be protective against poor mental health associated with discrimination (Caldwell et al., 2004; Cobb et al., 2019) the effect of centrality on mental health outcomes in other studies among Latinx (Eccleston & Major, 2006) and First Nations (Bombay et al., 2010) communities have been null or negative. There may be variability in the sample which I didn't account for that is masking the effects of centrality. Additionally, the measure of centrality does not include information as to whether people are viewing this identity positively or negatively; it merely measures how important ethnic identity is in an individuals' overall identity. Centrality has been found to have differential effects when considered along with positive and negative effects of that identity (Kachanoff, Ysseldyk, Taylor, de la Sablonnière, & Crush, 2016).

With the sub-group analysis of both ethnic identity and centrality of ethnic identity, gender played a complex role. In the moderated moderation models of ethnic identity among male and female respondents, ethnic identity was protective against poor mental health associated with discrimination for female participants, though not male participants. As the majority of the sample was Muslim, female participants may be both more identifiable as (and conflated) as Muslim and Arab (Gulamhussein & Eaton, 2015) and may also be more marginalized from and discriminated against in mainstream society (Cainkar, 2009; Hodge, Husain, & Zidan, 2017). For some, this may have resulted in a stronger embrace of Arab American identity as a protective factor against this marginalization (Awad, 2010). The

protective nature of ethnic identity for women in the sample may also stem from their role as holders and transmitters of Arab culture and religious traditions (Samari, 2016). Many women are expected to uphold Arab traditions and pass them to the next generation and are encouraged to learn about and embrace their culture and Arab identity (Haboush & Barakat, 2014). This may further instill a strong sense of and positive association with their Arab ethnic identity. The findings of this chapter around ethnic identity differences by gender do align with a 2007 study that found higher levels of Arab cultural practices among female respondents compared to male respondents (Amer & Hovey, 2007).

For female participants, maintaining ethnic identity as a central aspect of overall identity played a similarly protective role against poor mental health outcomes in this sample. As Awad details, Arab Americans who experience discrimination may increase their identification as Arab American and with other Arab Americans (2010). Women in the sample who have high centrality and have internalized this identity are likely able to utilize the psychological connection with their identity which may help them access meaning, support, and other positive resources like belonging, acceptance, and a shared sense of reality. These processes may result in a more positive view of their ethnic group (Cobb et al., 2019) and better mental health outcomes, even when facing discrimination. The stronger role of ethnic identity and centrality among women may also relate to the expectation in the community for women to maintain Arab identity and help children develop their Arab identity, especially when that identity is seen to stand in contrast to larger societal and social environmental factors (Read & Oselin, 2008).

However, for men in the sample, in the models of ethnic identity and centrality of ethnic identity, none of the main effects were associated with depression and anxiety. This differs from previous studies that found a significant association between experiences of discrimination and poor mental health outcomes for Arab American men (Assari & Lankarani, 2017) and a link between ethnic identity, discrimination, and poor mental health in Arab American male adolescents (Kumar et al., 2014). Among the men in the sample, it may be that experiences of discrimination result in different measures of poor mental health than for women, such as irritability or anger, as was the case in a study of African American men (Chao, Mallinckrodt, & Wei, 2012). There may be more cultural elements relating to gender roles which account for some of these differences between women and men in the sample. Men may be acculturating more than women or feeling less pressure to maintain traditional Arab culture, as the expectation

is for them to fulfill the American dream and be financially successful (Ajrouch, 2000). They may be experiencing less discrimination as a result. Finally, as the sample was relatively small, there might not be the statistical power necessary to detect these effects in the data. For men in our sample, neither a strong sense of ethnic identity nor high centrality of ethnic identity were associated with depression and anxiety, as either risk or protective factors. More research around gender, including roles and expectations, in relationship to discrimination, ethnic identity, centrality of ethnic identity, and mental health for adult Arab American men is needed to better understand these relationships.

This analysis has several limitations worth noting. The data come from a cross-sectional community convenience sample which limits generalizability, particularly outside of SE Michigan. For example, our sample skewed towards younger participants and those with lower incomes compared to national Arab American populations (Arab American Institute Foundation, 2018; Hekman et al., 2015). The sample participants were heavily concentrated within the enclave community in Dearborn (87%), and as a result, I was not able to condcut analysis to assess differences inside and outside the ethnic enclave community. A second limitation comes from the small sample size. The number of participants in the sample limited the types of analysis and models I could run using structural equation modeling. I was not able to add additional control measures into the models as they became under-identified and would offer no additional insight than traditional logistic regression models. As a result, the models were not able to account for all the variation in the data and some portion of the effects may be due to differences in religion, income, national origin, or other variables which could have helped to account for the influence of various aspects of the enclave community. There were several measurement limitations. Centrality of ethnic identity was measured with only one question. A multi-item scale may provide more insight into the constructs and effects of ethnic identity centrality on mental health outcomes. Additionally, the ethnic identity scale is newly developed and has only been used within this sample. Further testing and validation of this measurement in other MENA populations would be beneficial.

Even with these limitations, this study offered important insight into ethnic identity and ethnic identity centrality as protective elements for mental health among Arab American adults. This is the first study to look at both ethnic identity and centrality among Arab American adults living in an ethnic enclave. I was able to examine mental health distress as a latent variable with

three distinct indicator variables, allowing for a more thorough understanding of how ethnic identity and centrality influence mental health outcomes. Future research should explore if these effects differ for Arab Americans based on national origin, religion, education, income, or other demographic factors.

Many Arab Americans have significant experiences of discrimination that negatively affect their mental health. The community faces rates of poor mental health similar to other ethnic minority communities. However, positive aspects of the Arab American identity that accompany it can counter these stressors and help promote positive mental health. Activities which build and reaffirm Arab ethnic identity should be emphasized in interventions to improve mental health in the community and by providers as a resource for patients. While women who assign importance to their Arab identity are likely able to access protective elements in the community, for men in the community, that protective relationship between ethnic identity and health may not exist in the same way as it does for women. Providers and those conducting mental health intervention work should understand that gender and ethnic identity may be linked. Approaches to improve mental health outcomes for men need to take this into account and find creative ways to facilitate the access to and use of community-based coping resources among Arab American men. Many existing mental health programs in the community, including at ACCESS and local healthcare centers like Beaumont Health, are geared towards individuals with mental illness and substance use disorders or individualized mental health treatment. Implementing approaches that utilize community-based resources and social support, including through group-based interventions and community wide changes as preventative measures to improve mental health, may increase accessibility and acceptability for mental healthcare in the community (The Prevention Institute, 2014; Walter, Martinez, & López, 2017).

Efforts to address mental health disparities, decrease stigma, and increase treatment for mental health issues for Arab Americans should focus on incorporating elements of Arab ethnic identity and community to promote positive mental health. Doing so will help individuals in the community to live healthier lives and this diverse and growing community to further thrive and flourish. With this type of approach, community members will have the support needed to continue to make changes that benefit the Arab American community in SE Michigan and throughout the country.

Chapter 3 "I'm Arab American, I'm both," a Qualitative Exploration of the Context of Discrimination, Ethnic Identity, and Mental Health Among Second Generation Arab Americans in an Ethnic Enclave

Background

This chapter presents the second phase of my mixed-methods dissertation, the qualitative arm of the explanatory sequential design. In the second chapter of this dissertation, the Effect of Ethnic Identity and Centrality of Ethnic Identity on Discrimination and Mental Health Among Arab Americans, I conducted path analysis using structural equation modeling to determine if a sense of ethnic identity and centrality of ethnic identity played a buffering role in the relationship between discrimination and depression and anxiety. Based on the findings of that chapter, I developed the instruments for the qualitative data collection that I used to answer the research objective of this chapter. **I aimed to explore in-depth how experience and fear of discrimination and a sense of ethnic identity affect mental health in the Arab American community, and gain insight into how residence within an ethnic enclave serves as a context for these experiences and relationships.** Qualitative methods allowed me to explore the context of the quantitative results and expand on the findings within a sub-group of the population represented in the initial survey: second-generation Arab Americans.

SE Michigan and the Arab American Enclave Community

In a recently updated systemic review of literature on Arab American health, the majority of studies reviewed (36%) were conducted in SE Michigan (Abuelezam et al., 2018), likely because of the high concentration of Arab Americans in the region. The metro-Detroit area in SE Michigan has the largest Arab ethnic enclave, or an area with a concentrated ethnic community, in the US (Ajrouch & Shin, 2018). Residence in the ethnic enclave allows for the preservation of Arab culture through religion, language, and food for many Arab Americans (Abraham & Shryock, 2000). Outside of the ethnic enclave community, however, the representation of Arab Americans is generally not positive (Cho, 2018), with men portrayed as violent and women as

oppressed (Awad et al., 2019; S. A. Lee et al., 2013). These stereotypes are far-reaching and filter into mainstream news and other media as well, further spreading and legitimizing these representations (Nacos & Torres-Reyna, 2007).

For second-generation individuals who are US-born and have at least one immigrant parent, there may be a higher rate of affiliation with the dominant US culture and less affiliation with traditional culture (Piedra & Engstrom, 2009). However, among this generation, adoption of specifically Arab American culture can also be important (Amer, 2014). What is less clear is what this process is like for second-generation Arab American adults in the ethnic enclave; there may be less adoption of mainstream US culture inside the enclave and outside of school settings and enculturation may be highly emphasized, or these individuals may successfully balance both Arab and American identities.

The Role of Ethnic Enclaves in Discrimination and Mental Health

Various ethnic enclave communities are present throughout the US (Portes & Rumbaut, 2006). For immigrants and their families, living in these communities can help mitigate the negative effects of the acculturation process (Kang et al., 2009). Enclaves can also act as affirming spaces and as alternatives to the mainstream culture if discrimination and other negative elements are present (Birman et al., 2005; Portes & Zhou, 1994). Residents of these communities may rely on community and social support, as well as on the cohesion that often exist in ethnic enclave communities (Hong et al., 2014; Jang et al., 2015). In the Arab American ethnic community, social cohesion is accompanied by a sense of collectivism, which has been associated with positive mental health outcomes for community members (Nassar-Mcmillan et al., 2014).

However, residence in an ethnic enclave may also be negative for individuals' mental health. For some residents of ethnic communities, pressures to maintain their ethnic culture and strict cultural norms have been associated with negative mental health outcomes (Kim et al., 2014). Additionally, communities with high concentrations of ethnic minorities often also contain substandard housing, high levels of pollution, and inadequate health and social services (Patel et al., 2003). In Dearborn, particularly in the Southeast end of the city, residents are exposed to emissions from a steel plant, a cement factory, and the Marathon oil refinery to name a few (Sampson et al., 2021). Flooding is also a significant risk, over the summer of 2021, 6,000-

8,000 houses were damaged by severe flooding, mainly in East Dearborn (Warikoo and James, 2021). There are documented health disparities in asthma rates between the south and east sections of Dearborn where rates are higher than in the western part of the city, and in higher cancer rates in the west and south ends of the city compared to the east (Healthy Dearborn Coalition, 2020). Finally, there are lower rates of health insurance coverage in east Dearborn in comparison to west and south Dearborn. The effects of poverty and lower neighborhood resources in concentrated ethnic areas can more negatively affect second-generation, as compared to immigrant residents (M. J. Lee & Liechty, 2015).

The Role of Generational Status in Discrimination and Mental Health

Along with residence in an enclave community, generational status may significantly affect the experiences and interpretation of discrimination among Arab Americans. Second-generation Arab Americans have been found to embrace both the dominant US culture and ethnic culture of their parents (Amer, 2014). This may help create and affirm their identity as both Arab and American since individuals' cultural or ethnic identity is developed through participation in both cultures (Suarez-Orozco, 2004). Of note, however, acculturation strategy has also been found to differ based on religious identity, with second-generation Muslim Arab Americans reporting less acculturation than Christian Arab Americans (Amer & Hovey, 2007). Additionally, second-generation immigrants also report more experiences of discrimination, possibly due to a more nuanced understanding of language and cultural contexts (Birman & Trickett, 2001). In one study, Arab immigrant youth reported that they felt safer inside the ethnic enclave than outside of it and that their identities were appreciated and valued. Notably, they also reported distinct events outside of the ethnic enclave of facing discrimination (Kumar et al., 2015).

Poor mental health, including depression and low levels of psychological well-being, have been linked to experiences of discrimination among Arab Americans (Abdulrahim et al., 2012; Moradi & Hasan, 2004). However, significant gaps exist in our knowledge around the understanding of experiences of discrimination in the Arab American ethnic community, how these may relate to mental health outcomes, and how they may differ for various groups within the ethnic enclave community. The contextual pieces of these experiences cannot fully be explored with quantitative data. A number of qualitative researchers focused on the Arab

American community have called for additional work to explore identity-based stress and mental health (Abdulrahim & Ajrouch, 2010; Cainkar & Read, 2014; Kulwicki & Hassouneh, 2009). In a recent study with Arab American women, the authors invited further exploration of these themes, especially connections between ethnic identity and mental health (Abdel-Salam et al., 2019). While the lived experience of second-generation Arab Americans in the ethnic enclave is indeed likely to be different compared to the lived experiences of Arab Americans elsewhere, it is not clear in what ways these experiences may impact mental health, a sense of ethnic identity and experiences of discrimination. The objective of this chapter is to explore how residence in an ethnic enclave serves as a context for a sense of ethnic identity and experiences of discrimination and understand how this influence mental health.

Theoretical Frameworks

Two theoretical frameworks guided this qualitative phase of the dissertation study: the Segmented Assimilation framework and the Theory of Stress and Coping. I used these theoretical frameworks to help steer the development of the focus group interview guides and the initial deductive codes for data analysis.

Segmented Assimilation- Acculturation, or group-level cultural changes that result from adaptations to new cultures encountered through migration, includes strategies which an individual can undertake, such as assimilation and integration (Berry, 1990). This process may be different, however, for immigrants and their children, or even later generations who may still be adapting. Portes and Zhou expanded Berry's assimilation theory to incorporate children of immigrants, the second-generation. US-born children of immigrants may develop strong ties to the culture of both their parents and the dominant US culture, especially as they mature through the US education system (Portes & Zhou, 1993). Alternatively, this second-generation may choose to enculturate to the culture of their parents (Berry et al., 2006) or may reject this and assimilate to the dominant US culture (Piedra & Engstrom, 2009). However, second-generation Arab Americans may not have the possibility of total assimilation to the US culture. They may not be able to gain access to whiteness because of their Arab-ness or religion, even with high levels of education and employment (Cainkar, 2015). Additionally, a high level of contact with mainstream culture where Arab American identity is devalued may be harmful to mental health (D. Williams, 2012).

Stress, Coping, And Buffering-Within the stress and coping theories I have used to guide the development of the focus group questions and coding, experience of stressors and the resulting appraisal and coping strategies are associated with both positive and negative mental health outcomes (S. Cohen & Wills, 1985; Lazarus & Folkman, 1984). Discrimination is a type of stressor that can impact multiple aspects of an individual's life roles, persist over time, and take significant resources to manage (Wethington et al., 2015; D. Williams & Mohammed, 2009). Increased vigilance around the possible occurrence of discrimination and unfair treatment, which has been found among ethnic minority populations, can also lead directly to anxiety and other poor mental health outcomes (Carter, 2007; D. Williams & Mohammed, 2013).

After an individual appraises a stressor, they employ coping methods to handle the stressors. These actions are meant to change, manage, or keep stress at a reasonable level. Stressors can, however, be both cumulative and chronic, and as a result, affect a person's ability to manage stress overall (R. Turner et al., 1995). Coping with stressors is a complex process (Folkman & Lazarus, 1988). In data analysis, I referenced various coping strategies including problem-focused coping, emotion-focused coping, and meaning-based coping (Wethington et al., 2015), as well as maladaptive coping strategies, such as suppression and unhealthy behaviors, like alcohol or tobacco use (Hatzenbuehler et al., 2013).

The final aspect of the stress, coping, and buffering theories I utilized for this analysis is social support including emotional support, appraisal support, and social companionship support (S. Cohen & Wills, 1985). Emotional support encompasses feelings of being valued and appreciated, while appraisal support refers to help in understanding and coping with stressors. Social companionship is defined by spending recreation or leisure time with others (S. Cohen & Wills, 1985). These types of social support align with the coping common in collectivist cultures (Noh & Kaspar, 2003). Within collectivism, an important value in Arab American culture, there is an emphasis on relying on family and friends for support (Aroian et al., 2015). In a recent study, Arab Americans reported both frequent contact with their social network and high levels of social support (Ajrouch & Antonucci, 2018).

Methods

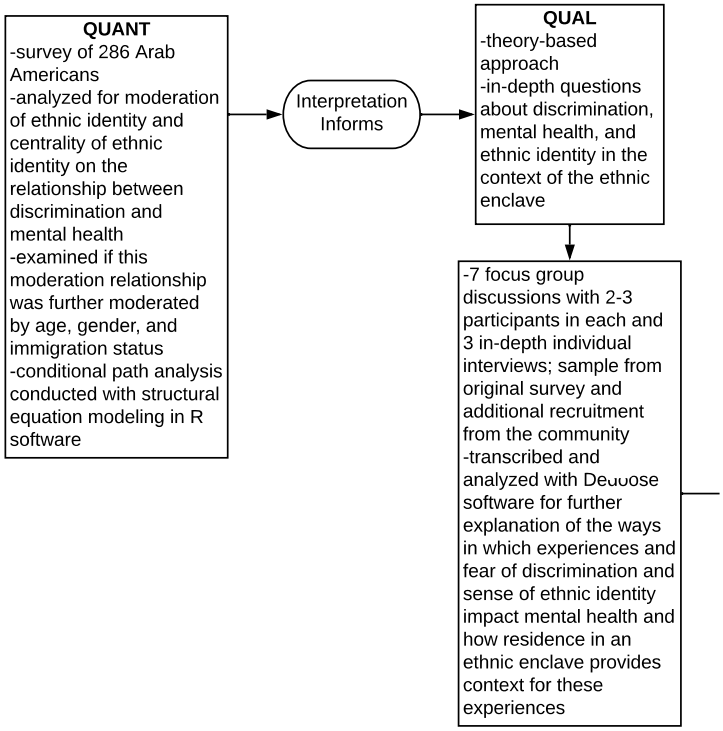
Setting

Dearborn, Michigan was selected as the study setting given that it is home to one of the largest ethnic enclave communities of Arab Americans. The population of Arab Americans is estimated to be more than 500,000 in Michigan, with 80 percent in the Detroit-metro area (Neumayer et al., 2017). The ethnic enclave is generally considered to be in the city of Dearborn, though there are also significant Arab American populations located in adjacent Dearborn Heights, parts of Detroit and western Wayne County, and the Downriver neighborhood in Detroit (Abraham et al., 2011). For the purposes of this study and to ensure some homogeneity in terms of ethnic enclave experiences and concentration of other Arab American community members and neighbors among participants, this study was limited to the city of Dearborn. Within the city and enclave community, neighborhoods and sections of the city vary in terms of health outcomes, SES, and national origins of the residents. The west and east ends of the city are mainly Lebanese, Iraqi, and Palestinian (Schopmeyer, 2011), while the south end of the city has a high concentration of Arab Americans of Yemeni descent and residents with relatively low SES compared to the rest of the city (Warikoo, 2021). These neighborhood and demographic characteristics may influence experiences of discrimination, acculturation, identity, and mental health. However, as I was not able to assess elements of the enclave community in the quantitative analysis due to sample size and number of variables allowable in the analysis based on the SEM models, I attempted to further clarify some of the influences of the enclave community on experiences of discrimination, ethnic identity and centrality, and mental health through the sampling frame and qualitative data analysis.

Study Design and Data Collection

The following figure illustrates the explanatory sequential design of Chapters 2 and 3 of this dissertation, with the quantitative arm of Chapter 2 leading to the qualitative arm of Chapter 3.

Figure 7. Study Design



Sampling Frame and Recruitment- The sampling frame for this study was developed from the results of the quantitative analysis from Chapter 2 and from the Segmented Assimilation framework. In Chapter 2 of this dissertation, I found differential moderation effects of ethnic identity and centrality of ethnic identity based on gender. The sampling frame, therefore, included both men and women. I used purposive sampling to ensure that there were single gender focus groups for both men and women, along with mixed gender focus groups. This allowed me to go more in-depth into these findings around gender and discrimination, ethnic identity, and mental health. The different gender makeup of the groups helped to ensure that I had the perspective of both men and women, and the mixed gender groups helped to bring out comparisons between the experiences of men and women. Other demographic characteristics, including nations of ancestry and age, did not offer any further moderation effects for ethnic identity or centrality of ethnic identity and therefore were not utilized in the sampling frame. According to the Segmented Assimilation framework, many second-generation residents of ethnic enclaves have unique experiences of discrimination and development of ethnic identity compared to their immigrant parents (Portes & Zhou, 1993). Second-generation Arab Americans have been found to embrace the dominant US culture and ethnic culture of their

parents (Amer, 2014). This may help create and affirm their identity as both Arab and American since individuals' cultural or ethnic identity is developed through participation in both cultures (Suarez-Orozco, 2004). Additionally, second generation Arab Americans have reported elevated rates of experiences of discrimination (Amer, 2014). Finally, focusing on second-generation Arab Americans a-priori helped me to ensure some similarity of experiences of participation in the US education system and some homogeneity in the data, especially related to differences that may have stemmed from different types of migration experiences that may have been present if first generation Arab Americans were also included. Criteria for eligibility for participation in the focus groups included being age 18-45, self-identifying as Arab American, being US-born with at least one immigrant parent, considering Dearborn their home community, and having access to a device for the Zoom video call. Participants were excluded if they were not born in the US and were outside the age range. The selected eligibility criteria allowed for more homogeneity for improved analysis and achievement of data saturation (Hennink, Hutter, & Bailey, 2011).

The qualitative data were collected between May and December 2021 with 21 individuals. I conducted seven focus group sessions (n=18) ranging from two to three participants and three in-depth individual interviews. As prescribed by the explanatory sequential mixed methods design, I started participant recruitment with the pool of the original survey; those who indicated interest in future research had the option to include separate contact information after completing the survey. I emailed this group of participants with the qualitative study information and link to complete the screening questions. Six people from the original survey participant pool completed the questions, though none met the inclusion criteria. I then expanded recruitment using convenience and snowball sampling. The study was advertised through Arab student listservs at the University of Michigan Dearborn and Ann Arbor campuses, as well on Dearborn Facebook groups. I could not conduct in-person recruitment at the beginning of the data collection period, as the virus caseload was high in Michigan. Recruiting at events such as the nightly Ramadan food stands and other community settings would have been beneficial, though were not feasible, and as a result, I had to rely on recruitment via online spaces at the beginning of data collection. Later in the collection period and throughout the summer and fall, fliers were distributed at the ACCESS clinic, mosques, and grocery stories in the community. I also contacted other individuals in the community not associated with ACCESS or the universities and asked them to send the study flier to friends and family who

might be interested in participating. Finally, participants were asked to refer any interested friends or family to the study for participation after completion of their session.

Potential participants were giving screening questions and then indicated preferred time and gender makeup of the sessions. 51 people completed the screening questions and 33 of these met the inclusion criteria, though14 people did not respond to further contact or follow up after completing these questions. Of the 21 participants, more than half of the female participants requested a female-only focus group, while only two male participants requested a male-only focus group. Though the sessions were open to those between age 18 and 45 to help ensure participants' Arab parent(s) came during the most recent wave of immigration to the US from the MENA region beginning in the 1980s and 1990s and continuing through the present day (Amer & Hovey, 2007), no participants over the age of 25 completed responded to further contact or follow up after completing the screening questions.

Focus Group and Individual Interview Protocol and Data Collection-The focus group protocol was developed based on theoretical frameworks, including literature around ethnic identity, segmented assimilation, and the stress, coping, and buffering models for discrimination. I also relied on the results of the analysis of the quantitative study from Chapter 2. The Segmented Assimilation framework and literature led to the development of the following categories for the protocol: ethnic enclave community, segmented assimilation, and Arab and American culture. The Stress, Coping, and Buffering theories guided the development of the topics of discrimination, mental health, coping, and social support. Finally, the results of the quantitative analysis from Chapter 2 led to the inclusion of questions around centrality of ethnic identity, a sense of ethnic identity, and the context of the buffering effects of ethnic identity and differences in this between men and women in the community. I used the same questions from the focus group protocol for the in-depth individual interviews, though modified the parts of the guide that were specific to the group aspect of the focus group sessions. See Appendix 1 for the protocol.

I conducted the focus group sessions and in-depth individual interviews in English using Zoom teleconferencing software. The sessions ranged from 54-116 minutes with an average length of 80 minutes. Three focus group sessions were all-female groups, one session was an all-male group, and the other 3 sessions were mixed gender. The three in-depth individual

interviews were with female participants. Recommendations from recent literature around conducting focus groups over Zoom or a similar platform include having smaller sized groups than would be necessary for traditional, in-person focus groups. Small screens on a phone or tablet mean that people may only be able to see a few participants at a time; that, paired with the ease of facilitating smaller groups on these platforms led to the recommendation of the ideal size as three to five participants (Lobe, Morgan, & Hoffman, 2020). Small groups of two-four participants can allow for everyone in the group to take turns and share their thoughts on all the topics, which can lead to more in-depth discussions (Daniels, Gillen, Casson, & Wilson, 2019) and rich data akin to more traditional in person focus groups (K. Matthews, Baird, & Duchesne, 2018). Though each session was scheduled with two to five participants as recommended (Lobe et al., 2020), attrition for the sessions was common. Two of the individual interviews occurred because the second participant scheduled for the focus group did not attend or provide notice and the remaining participant elected to continue with the session alone. The third individual interviewee had limited availability and preferred to complete the session alone as opposed to waiting for another participant to be recruited. Although it was safer to conduct focus group and interview sessions via Zoom, Zoom fatigue may have made this option less appealing than in-person sessions and contributed to attrition. The average size of the focus groups was two participants, and none were larger than 3 participants plus the facilitator. Participants consented to being a part of the study and being 18 years of age or older. They received a gift card for their participation and upon completion of the focus group session, the participants completed a short demographic survey. The study design and procedures were approved by the IRB at the University of Michigan.

Data Analysis

The audio from the sessions was transcribed using Temi software. I then reviewed each transcript for accuracy, deidentified the transcripts, and added each transcript to the Dedoose platform for coding. I developed a deductive codebook based on the quantitative results from the first arm of the study and the focus group interview protocol. Each code, and sub-code if

applicable, was entered in the codebook, along with a definition for inclusion and exclusion. (Tolley, Ulin, Mack, Robinson, & Succop, 2016). Throughout the coding and analysis process, I relied on the theoretical frameworks of Segmented Assimilation and Stress, Coping, and Buffering to develop deductive codes and subsequent themes and provided a basis from which to interpret the themes (Guest, MacQueen, & Namey, 2021). Examples of these 33 deductive codes and sub-codes based on the theoretical frameworks include "Community" with sub-codes "Inside/Outside," "Cultural Connection-American," and "Belonging" [Segmented Assimilation] and "Coping" with sub-codes "Social," "Religious," "Problem-based," and "Negative" [Stress, Coping and Buffering]. During the coding process, I developed 12 inductive in-vivo codes and sub-codes as well as 15 additional sub-codes for the existing deductive codes. This expansion of the codebook came from the initial coding and analysis of the data with the deductive codes (Tolley et al., 2016). Examples of inductive codes include "Religious Identity" and "Reputation" with sub-codes "Family," "Community," and "Perceptions of the Community." See Appendix 2 for the full codebook.

We used a team-based approach to coding the data. I trained a research assistant in coding procedures and we both coded each transcript first with the deductive codebook. We then reconciled any differences in coding for each transcript through a discussion of coding differences where we came to a consensus on the definition of the codes. After finalization of the codebook, I recoded all the transcripts with the full set of inductive and deductive codes. Joint use of inductive and deductive codes facilitated the opportunity to incorporate theory while allowing flexibility to gain insight from the findings (Hennink et al., 2011). A strong, well-defined codebook and the initial coding helped to ensure consistency across multiple coding sessions, transcripts, and focus group sessions (Tolley et al., 2016).

After all the transcripts were coded, I began thematic data analysis. Utilizing code reports, I used pattern coding to group the codes that shared a pattern, theme or construct into smaller clusters providing meaning for the codes. This was followed by further thematic analysis through categorizing and interpreting patterns within the data (Miles, Huberman, & Saldana, 2014; Tolley et al., 2016). Based on the two theoretical frameworks for this study, the resulting themes were grouped in two sections: the enclave community and stress, coping, and buffering. There were a number of themes which did not meet data saturation, including coping differences between men and women, which I hope to explore with further data collection at a later point.

Results

Table 7 includes brief demographic information of participants. All names used are pseudonyms. The age of the participants ranged from 18-25 years, with a mean age of 21 years. Though the countries of ancestry for the participants included Iraq, Palestine, Lebanon, and Yemen, 11 out of the 19 participants had Lebanese ancestry. Most participants identified their race/ethnicity as MENA, with a single participant identifying as just "Arab" and another who was mixed-race identifying as both "Arab" and "White." There was a range of educational levels; all participants had graduated from high school and the most common response at the time of the focus group sessions was having completed "some college." Three participants identified as either Atheist/Agnostic or as believing in God but not having a religion, and the other 16 identified as Muslim.

Table 7. Participant Demographic Information

Name	Age	Country of Ancestry	Education Level	Racial/Ethnic Category	Region	Session Number
Nora	24	Lebanon	Post-grad	MENA	None/ Atheist/ Agnostic	1
Halima	21	Lebanon	College grad	MENA	Muslim	1
Sarah	21	Lebanon	Some college	MENA	Muslim	1
Marwa	21	Lebanon	Some college	MENA	Muslim	2
Fouad	23	Lebanon	College grad	MENA	Muslim	2
Khadija	19	Lebanon	Some college	Arab	Muslim	3
Adam	20	Iraq	Some college	MENA	Muslim	3
Lara	24	Palestine	Post-grad	MENA	None/ Atheist/ Agnostic	3
Rashida	19	Palestine	Some college	Arab, MENA	Muslim	4
Rayyan	19	Lebanon	Some college	MENA	Muslim	4
Hussain	22	Lebanon	Post-grad	Arab, MENA	Muslim	4
Ahmed	19	Lebanon	Completed high school	MENA	Muslim	5
Hassan	18	Iraq	Some college	MENA	Muslim	5
Yusuf	23	Palestine	College grad	Arab, MENA	Muslim	5
Zaineb	20	Iraq	Completed high school	Arab, MENA	Muslim	6
Samira	24	Yemen	College grad	MENA	Muslim	6
Farrah	23	Lebanon	College grad	Arab, White	Believe in God but no religion	7
Iman	25	Lebanon	Post-grad	MENA	Muslim	8
Layla	20	Yemen	Some college	MENA	Muslim	9

Hind	23	Palestine	College grad	Arab	Muslim	10
Mai	19	Palestine	Some college	Arab	Muslim	10

Within the ethnic enclave section, the themes include Dearborn Arabs and the "Dearborn Bubble;" Social Pressure and Gossip; Culture, Belonging, and Comfort; and a Hyphenated Identity. The stress, coping and buffering section includes Discrimination in the Digital Age; Safety and Support; and Coping and Mental Health.

1. The Ethnic Enclave Community

As the largest Arab ethnic community in the US, Dearborn is unique in its existence, though is also distinctive in the culture and experience for Arab Americans in the city.

Theme 1A. *Dearborn Arabs and the "Dearborn Bubble"*

The city is seen as being home to a unique culture which shares some overlap with Middle East culture and Arab American culture more generally including linguistic and religious traditions, though it also has distinct characteristics. Unique aspects of the city, including the continued arrival of new immigrants and blend of different Arab nationalities, contribute to its atmosphere and specific cultural traditions. Participants clarified the different types of Arabs and Arab Americans,

> *"I also think there's kind of like a Dearborn Arab. There's like an Arab from the Middle East. There's kind of like an Arab American. That's different from the Dearborn Arab… And so I think Dearborn has created their own, you know, Arab culture almost, but then I wouldn't even call it Arab American just because it's so different than somebody who's living in Brooklyn."* (Iman)

> *"I think there's definitely a stronger connection to Arab culture and I agree like people bring it with them. I think the one thing is it's like its own culture, sort of it's becoming its own culture, being first gen Arab. And if you're from Dearborn or not, there's even differences there. I've noticed meeting people who are Arab, but not from Dearborn. Like they have, it's like they're different than Dearborn Arabs too. There's all these little like subcultures forming, which I think is really interesting."* (Marwa)

Participants shared that they saw traditions and practices developing in the community with the incorporation of American or western elements, with "new norms that kind of exemplify if you're Arab or not" (Rayyan), including traveling back to one's ancestral home and learning Arabic. Another participant talked about the distance between the Middle East and Dearborn, both geographically and culturally,

> *"It's definitely, especially compared to those who were born overseas, especially with Arabic, speaking with others and you just, you just kind of feel like- I haven't even been to Lebanon ever. You just feel distant from where you grew up or where you're from. Even though people kind of refer to Dearborn as the Middle East in the West, but like just obviously not the same, just those experiences in your home country and the culture there, it's more westernized, really."* (Ahmed)

These differences compared to Middle East culture and incorporation of American elements into Arab culture was seen as something particular to younger generations and those with more connections to American culture. As one participant describes,

> *"I guess we're really Arab American, like there's a lot of Americans traditions and culture that have started slipping, like seeping into Arab traditions and stuff that you know, you normally wouldn't expect…I feel like people are now doing baby showers and stuff like that. I guess that wasn't something that was common. And my parents will be like, 'what is this? Like, isn't that something Arabs do' or whatever. But there's a lot of different stuff that Arabs are doing and making their own take on it basically. And doing what is the American version of that but making it Arab."* (Halima)

Even with the western and American influence on Arab traditions in Dearborn, participants noted the differences they saw in the culture and environment when they left Dearborn. Some referred to Dearborn as a "bubble" and not only described contrasts they saw between Dearborn and other areas in SE Michigan, but also changes in their own behaviors and views on their Arab American identity upon leaving the community. In Dearborn, one participant said, there wasn't the need to "wear identity so proudly" (Rashida), while others thought that Arab American identity isn't as strong in Dearborn. As Hussain stated, "in Dearborn we're already the majority, so there doesn't need to be an emphasis on your identity." At least 10 of the participants had left Dearborn for college and then returned to live in the community and mentioned that they didn't think about or feel as strongly about their Arab American identity until they left. One participant described moving away for college and how it helped her form her identity,

> "*I feel like I got so used to being Arab in my school… it didn't really stand out to me. I didn't feel a need to be proud. I felt like it was just given that I'm proud, but going to Ann Arbor and meeting, like knowing that you're not the majority really. And not everybody knows about things that people in Dearborn do know, cause they're not used to it. I think that helped me embrace my Arab culture because I realize it's something that should be embraced. It's not always a given. People consider Dearborn like a bubble, because you get so used to it and you kind of take advantage of the fact that everybody's understanding."* (Sarah)

For many participants, going to college was the first time they left the "bubble" for an extended period. In doing so they began to examine their Arab American identity. Among the 10 participants who discussed leaving Dearborn for college, eight talked about this idea of exploring and more fully developing their Arab American identity during this period. For many, this meant a strengthening of their sense of being Arab American and determining new ways to express that identity.

Theme 1B. *Social Pressure and Gossip*

With the tight knit community and development of a specific Dearborn culture and "bubble," participants also spoke about the social pressure to follow the community norms and the prevalence of gossip within the community. Participants in five different sessions also described a "toxic" culture perpetuated by older generations, which includes issues around racism, colorism, gender roles, and LGBTQ identity and acceptance in the community.

Across all the sessions, participants spoke about gossip, backtalk, and a lack of privacy, and many expressed a wish for this to end or be toned down. Paired with this, there is social pressure to behave in a certain way, with strict expectations around not mixing genders in social settings, women's clothing, and other gender roles. These were seen as being double standards for men and women, with men having more freedom and independence and the ability to defy these traditional roles with few consequences. That was in stark contrast for female participants who described pressure to uphold family reputation and to be "the best," (Rashida) while feeling that everyone was "waiting for you to slip up" (Farrah). As Rashida explains,

> *"I feel like gender norms within Arab households especially, or Arab communities definitely, women are more seen as homemakers more and even in general. And a lot of pressures are placed on a woman to uphold a family's reputation. And if in some way she like fails to do that, she's like… a lot of it has to do with basically upholding family reputation. But a lot of blame and shame and guilt and all of that is placed onto the women themselves, where I feel like men, especially Arab men, they have more like room to get away with stuff like that. It's okay for them to do certain things. Whereas for like women it's seen as taboo, like there's no way. The traditional norms and you just kind of have to stick to those or else the family reputation will be tainted and your reputation will be tainted forever. Whereas I feel like a man, they're able to recover from something like that."*

Another participant elaborated on this topic.

> "*I think when you live in such a tight knit community, if something were to happen, like my friend, some rumor was spread about her. I feel like, while this like happens everywhere, I feel like in Dearborn, it's to an extent where it's like, oh, did you hear*

> *about this person's daughter and it spreads to friends to family members and elders in the community. And it ends up being rampant. And I think that's something that I've experienced with almost all of my friends."* (Marwa)

Participants talked about how these social pressures were sometimes couched in religious or cultural rules, but the participants also pushed back against this interpretation of religion and culture, seeing these norms as being specific to the Dearborn community or to families within it.

Male participants also talked about pressure they faced in the community, though it differed from the pressure described by female participants. For male participants, while they did perceive that they had more freedom and independence than women they knew, they also felt there was pressure for success and a focus on hypermasculinity. Hussain explains,

> *"It's like to be masculine, you have to be louder than someone. And bigger than someone. You'd have to drive a bigger car than someone, and you have to have more money than someone and that's associated with masculinity and anything that affects that masculinity is more of like an attack on you as a person and you have to respond with force."*

Social pressure around the expectations for women's behaviors in the Arab American community is frequently talked about, as is men's contrasting independence. However, that does not mean that there are no expectations for male behavior in the community, as Hussain illustrates. The participants in the male-only session discussed how some of these community expectations are limiting and, similar to what the female participants expressed, they hope to see a change in these types of expectations and a shift in what acceptable behavior looks like for Arab American men.

Theme 1C. *Culture, Belonging, and Comfort*

Even with some of the more negative aspects of life in Dearborn, participants across sessions shared that there was a sense of comfort, belonging, and cultural connection and that it is easy to exist in the Dearborn community. They also spoke about how people had little trouble maintaining Arab culture, especially because of the prevalence of Arabic and the availability of ethnic foods, religious institutions, facilities, and businesses that cater to specific cultural and religious needs, such as single-gender gyms, mosques, restaurants with *halal*[5] food. In four different sessions, participants described how being in the community creates this sense of connection to Arab culture. Before moving to Dearborn as a child, Rashida explained

[5] The word *halal,* حلال means "permissible" in Arabic. In terms of food, this includes following Islamic law in the slaughter of meat and preparation of other foods

> "*I didn't know these things actually existed in the US. I thought it was just like, it's really weird to explain it, but it's comforting to come to Dearborn because you feel like you're like close to home and you're getting a part of your identity that you couldn't get anywhere else*."

Other participants described elements in the community that help to reinforce a sense of Arab culture and Arab aspects of the city. Farrah states,

> *"And I think that's just because it's [Arab culture] so integrated into family life. And it is what you grew up with. And I think in Dearborn, it makes it easier to hold on to that versus other places because we do have all these restaurants, these stores, like for us. You see lettering in Arabic on stores. It's not abnormal to see your family's history just out on the streets."*

This cultural connection was related to a sense of belonging, and participants mentioned feeling "at home" in four different sessions, as well as "calmness," (Iman), and less alone and isolated while in Dearborn. Participants spoke about the city as a special destination for Arab Americans. The city is seen as a place to come and get a "break" (Hussain) and to be reminded of where people grew up or what they see when they go overseas to the Middle East. It was described as a unique place that people come to feel close to what feels familiar, or as Halima states, *"you don't feel uncomfortable…it's just so easy living there."* It is a cultural experience and Arab Americans from elsewhere will come to Dearborn on day trips and follow what is happening in Dearborn, including through Arabic newspapers and social media pages. One participant stated,

> *"For me… it's the community and being able to stay in touch with my culture. Cause I don't think there's anywhere in America where I would have been able to just have been so close to people who share the same identities as I do and be able to just understand what it means to be Arab, even though I'm still in America."* (Marwa)

A second participant talked about her family visiting Dearborn from out of state.

> *"For Arabs who aren't from Dearborn. I think it's just I mean, for example, if we have family coming in from a different city where not a lot of Arabs, I think for some, it's just a matter of like, this is very easy. I can get what I need. I don't have to think twice about anything. There's kind of less planning. You have more time to just exist in an area as Arab."* (Iman)

Some of the participants who practice hijab also mentioned that they wouldn't be stared at for their clothing, while others said more generally that they didn't have to be conscientious or worried about being Arab American.

> *"I'm very comfortable here. Like I don't have, no one stares at each other, no one like gives funny looks, no one questions the way you dress, like you just can walk around, and you see people that look like you, but then out of state it's like kind of weird."* (Layla)

A sense of belonging extended to a feeling of being protected by one's Arab identity and the Arab identity of others including through shared stories, culture, experiences, and values. A few participants talked about how they didn't have to explain elements of being Arab such as cultural and familial rules and traditions. After having attended predominately white elementary and middle schools, a participant explained her feeling starting at a predominately Arab high school, *"…there was like that amazing moment of not having to explain curfew or like the rules to other people or my friends. And I think that that's where I found like the most peace was having people who just sort of innately understood you."* (Farrah). For participants who talked about being protected by Arab identity, there is a sense of community created through that identity. In these spaces, participants feel an ease and comfort to hold their identities, both ethnic and religious, which are marginalized in mainstream culture outside of the ethnic community. They can feel comfortable expressing those identities and feel a sense of belonging in these spaces as others are doing the same.

Theme 1D. *A Hyphenated Identity*

Creating a new identity out of two distinct identities and achieving a balance, becoming Arab American, was a common sentiment among participants. Several expressed this as a desire to take the positive aspects of both sides of these identities and mix them, while still maintaining their religion and language. Nora explains,

> "*I wish that we could maintain our beautiful culture, beautiful language, maintain all our sense of family, our values, our food. I want to maintain all of that. And then … I would love if we could just like shed this extreme focus on stigma and … the things that people are doing that we don't agree with*."

However, this process of creating an Arab American identity did not come without challenges. Some participants describe not feeling Arab enough. while other participants voiced concerns around figuring out how to balance their Arab and American identities and exist fully as an 'Arab - American.' For participants who spoke about how they didn't feel "Arab enough" this related to religion, language, and culture. A participant explains,

> *"I actually always kind of felt from my own family, like, oh, they're not Arab enough because even though being Arab and Muslim is not the same thing, they're not tied together, of course, we all know this. It was this interesting thing of one, she was born in*

> *the US so that's one tick against her, and then two, they're not Muslim, so they're just not as Arab as the rest of us. But then also like I'm not fully white American."* (Nora)

Other participants spoke about language and culture as an attempt to balance their Arab and American identities, though this did cause difficulties in both interpersonal interactions and in identity development. Layla explained that people would assume she was fluent in Arabic because of her hijab and clothing, which caused her to be self-conscious, "*It's what sucks about being American, but also Arab, trying to balance the two."* Yusuf also described balancing his Arab and American identities in terms of language,

> *"Even though Arabic is my first language yeah, there's that distancing with my cousins, because they're just pros at it, you know, better than I am. And when you go overseas, you all of a sudden become known as the American, even though we're here in the States, you never really feel like you're American. You feel like you're the Arab, you know, the terrorist or something"* (Yusuf)

Adam talked about his Arab and American identities as clashing with each other, "*like two conflicting cultures are wrapped within me."* Balancing US culture and the culture of their parents is a common experience of second-generation individuals, as described in the literature around Segmented Assimilation. This may be especially difficult for Arab Americans as Arab identity is marginalized, and, as these participants explained, they may feel as though they are also not fully American.

Though participants spoke about balancing the two identities, there is also the fear that younger generations may lose touch with their Arab identities. Across different sessions, participants spoke about the older generations being worried about their children and other US-born Arab Americans losing the Arab part of their identity, especially the language. Iman explains this fear in the community,

> *"…I think they're less likely to let things in just because they're so scared of losing what they already have… I think a lot of the Arabs in the community are thinking, well, am I drifting too far from what my parents or grandparents thought, is this a good thing? Is this a bad thing? And kind of finding that balance between being like, you know, a hyphenated American of like, okay, I want my Arabness, but I also want to kind of reap the benefits of being, you know, a hyphenated American."* (Iman)

However, the participants were also confident that they could create this balance and preserve their Arab culture and language. Nine different participants discussed wanting to meld the two

parts of their identity, their Arab and American cultures into a new culture that has "the best" parts of both cultures, a truly Arab American identity.

2. Stress, Coping, and Buffering

Theme 2A. *Discrimination in the Digital Age*

Across all the sessions, participants were aware of and familiar with discrimination against Arab Americans and the presupposition was that everyone in the Arab American community in Dearborn has experienced some form of discrimination at one time or another. For those participants who spoke about their personal experiences with discrimination, most of the events described happened outside of Dearborn. Some participants stated that what they experienced could have been worse or that they had certain privileges that mitigated some of the discrimination that others experience.

> As one hijabi participant explained, *"I still have like the layers… I think, because even though I wear a scarf, I'm still white passing. I'm sure those, cause there's like colorism involved, I'm sure those who are darker or have more like Arab features, they definitely probably face more fear for how they're, I don't know, maybe they're viewed as more scary looking... I'm sure non-hijabi Arabs who, because they look more, they're not as white passing, there'll be, I think they would also experience the same level [of discrimination] as me. Cause we're kind of equally, something will give off the vibe that I'm Arab, even though it shouldn't be my scarf. That is definitely what it is because they, Arab and Muslim is very, like, it gets interchanged very easily to outsiders."* (Sarah)

However, participants also spoke about nuances of discrimination and reactions to it within the community, particularly among the younger generations. While there was not consensus on whether there was more discrimination today compared to ten or fifteen years ago, there was agreement among participants that discrimination had changed and was more likely to be microaggressions or other non-physical types of discrimination. One participant described a situation that might bring about that type of microaggression,

> *"But there are some people who get uncomfortable when we switched languages, you know? And it's like, sometimes I don't know how to say this word in English, if it's a food and I'm talking to my mom and I'm switching back and forth. You know, it doesn't mean I'm doing any harm. I'm not harming anybody. I'm just translating. And they just look at you funny. And there's really nothing you can do…Although it hurts sometimes because you're like I don't want to seem like I'm doing anything wrong or if I'm offending you or hurting you in any way, but I can't really control everything I'm doing. I can't always try and make you feel comfortable and make myself uncomfortable."* (Layla)

Much of the discrimination people are seeing and experiencing also is taking place on social media. This provides somewhat of a double-edged sword: discrimination is happening on social media or other digital spaces, but people are then able to better prove something or capture the evidence and further share it. A participant described how this occurs,

> *"I think a lot of people, especially with such quick access to social media and stuff like that, it's easy to pass along your stories. And like proof if you recorded something, like somebody saying something really terrible to you or something like that, I feel like it's really easy for that to spread around."* (Lara)

Social media is also where people back one another up. Most participants mentioned The City of Dearborn (TCD) Instagram page, which is an unofficial news site for Dearborn run by a group of young Arab American men born and raised in Dearborn; at the time of writing, the page had over 101,000 followers. The page reports on many happenings in Dearborn, including instances of discrimination. A participant explained,

> *"I honestly think if it's like a big thing and it's caught on camera it's automatically on Dearborn Instagram page and that's like 50,000 people and that's, you know, these individuals are made up of not just Dearborn, but there is, you know, my aunt in New York will follow that page to know what's going on with the other Arabs. And so once that happens, it's kind of you're, that's it like, there is no coming back from that."* (Iman)

The page can also be a place for Arab Americans to support one another,

> *"They'd probably post it to social media and like, if it got big enough TCD would probably post it... So like whenever someone faces discrimination, I feel like we do, like if it's ever seen by the community, especially on social media, then a lot of the community just starts attacking someone and like having each other's backs."* (Ahmed)

Among the younger generations in Dearborn, participants noted that it's much more accepted to talk about and call out discrimination compared to older generations. While some thought this may be due to the ease of sharing information on social media, others thought that it may be because the younger generation is more outraged about this treatment and more confident to respond to it. One participant explains,

> *"I think with older generations, if that kind of stuff happens, you keep quiet about it because it makes you vulnerable, versus our generation is more likely to speak up about it and say, okay, let's do something about it. And the parents might be in the corner saying like, no, no, no stop, don't create trouble. Right. Because they have obviously experienced violence. I mean, we have a lot of people who- I was just talking to a coworker the other day about being Arab when 9/11 happened. I work in their organization and she did back then. And she was like, 'we were afraid to leave the*

> *building because of what might happen that day.' So I think it's that fear that those people have grown up with. And they don't want their children exposed to it, versus our generation can, I think we can say a lot more than other generations have, and I think we can speak up about a lot more things than other people wouldn't have been safe to speak up about in the past. And obviously people aren't safe now, but I will say they feel safer."* (Farrah)

Another participant echoes this view of younger people speaking out against discrimination,

> *"I think younger people in general, when they see discrimination, they tend to be way more outraged. I feel like the older generation comes to be like, 'oh, well this is the reality of how things are, and there's nothing you can change. It's been like this since I came here' or something like that. But, I feel like the younger generation gets really mad and has that outrage and we shouldn't settle for that. There should be change, this type of discrimination shouldn't be happening."* (Marwa)

As this generation ages and begins to step into positions of power and authority in the community, it may become more commonplace to push back against discrimination. The influence of social media is unlikely to lessen for this generation anytime soon, and it is probable that it will continue to be a space where people are able to push back against discrimination and find a network of others in the community directly supporting them.

Theme 2B. *Safety and Support: "People show up and show out"*

The Dearborn community is a place of safety for Arab Americans where discrimination is not a worry and those in power and the community more generally will offer protection from it and support residents if they do face discrimination. While there is discrimination against Arab Americans in the US more generally, discrimination was seen as slower to permeate to Dearborn. As one participant explained,

> *"I think it's one of those situations where it's very rare where a person of color who is Arab doesn't feel like the minority in a space that they're in. So you kind of are operating under, an almost different identity. There's a type of like calmness where, you know, nobody's going to, you know, approach you. Like the chances of somebody being racist towards an Arab individual in Dearborn is very rare because it's kind of not a fight you'd want to get into with like a bunch of other Arabs around."* (Iman)

Another participant talked about how the community itself was a form of protection against discrimination,

> *" I think community also plays a big role in it too, because I think if you were to take two people with the same sense of strong identity in there, and then their Arab or like confidence in their Arab identity and one is from Dearborn and the other is like from Oklahoma or something where you might not have as strong of a community, I think the*

> *discrimination might affect the one in Oklahoma a little bit more just because you don't have that strong of a community backing you and supporting you."* (Fouad)

Dearborn was further described as "a shelter from the outside" by Hussain and a place of "self-protection" by Nora. The community and its residents provide a sense of safety and security against the discrimination that is prevalent outside of Dearborn.

These feelings of protection and support were contrasted with a sense of a lack of safety outside of the community. Participants talked about how clothing and ideas around modesty are different outside of Dearborn and that they received stares and looks for how they dressed. They mentioned that people, especially women, may decide to not practice hijab or dress in the same way outside of the community in order to avoid negative attention. Samira talked about how Arab Americans have to consider their actions carefully and how these will be interpreted, mentioning that "the outcome [of situations] will not be in your favor outside of Dearborn." Across sessions, participants spoke about older generations, including their parents and grandparents, being worried about leaving Dearborn and being outside the community, both in terms of their own safety and the safety of their families and neighbors. As Farrah explains,

> *"But I think again, Dearborn is unique because there are so many people around us who look like us and experience the same things. And there is that support system, but at the same time, I mean, being afraid to go outside of your own city because of what might happen to you. That's not something that you cope with, that's something that you live with. And it never goes away and it's never going to be easier for someone to be afraid to like be somewhere else."* (Farrah)

Participants in three sessions talked about Arab Americans acting differently outside of the ethnic community, including adapting more Americanized names so that their identity wouldn't be harmful to them. These changes were seen as being easier for those who are "white-passing" and for women who did not wear the hijab. Those wearing hijab, however, don't have that ability to hide their identity, even when safety is a concern. Two hijabi participants discussed wearing the scarf outside of Dearborn,

> *"Cause like, it's just, people sometimes forget how hard, I know like it's not talked about a lot, but it's really hard to wear this [hijab] out in public with confidence when you're not in Dearborn. That's why some people do take it off and their reasons are always like, you know, I never feel safe in it. I feel like people come and attack me... that's our weakness and you can take it off. You just strip me of my like culture. You expose me. I feel it hurts more, you know, I'd rather you punch me in the face then take this off... It's just really hard to be confident outside. But people who are, good for them, I just, I wish I was."* (Layla)

> *"But I still always feel like people are always looking at me or, I might be afraid that something's going to happen or like if I'm traveling or something and I'm in the airport and I get stopped or something like that. I always do like get afraid of that stuff, especially when I like am outside of the Dearborn community... I, you feel hyper aware, I guess, of your identity."* (Halima)

Conversely, adding to the sense of safety inside the community is the support community members offer to one another. Many in the community know what it's like to have to work for what they need and adjust to life in a new country. Participants noted that people will share resources and connections with other community members. Farrah states,

> *"Like everyone knows a guy. And yeah, I think people are there for each other in that emotional aspect, but also in the idea that we're in this together and we're trying to help people survive. Right, because especially in those immigrant communities, like if you don't know someone, then you're on your own. So those types of bonds are just extraordinarily important. And I think even when people start to do well, like they always remember how it was when they either first got here when they were struggling. So they always want to reach out that helping hand, even if it's in small ways."*

Another participant echoed that sentiment about togetherness in the community,

> *"I think the most important thing is how close everybody is. Oh yeah. And I think a part of that has to do with the fact that a lot of people in Dearborn have shared experiences, whether that be like the places that they're from, like the countries that they came from, where they immigrated from. A lot of them have the same backstory of coming from war or poverty and building themselves up. And I feel like because a lot of us have like those shared experiences, it's easy to support each other and understand each other's struggles."* (Rashida)

Other participants talked specifically about the severe flooding that occurred in the city during June and July of 2021 and the support that the community offered. This ranged from volunteer teams going house to house to assist with cleanup to information around insurance and FEMA funding being shared on social media. A participant described these actions in terms of the general support that residents of Dearborn offer to one another regularly,

> *"It doesn't need to be someone you're related to, someone you're close with. In a way it's very easy for word to get out in the community if you need help or are struggling. …When really when there's someone in need, there's gonna be almost all the time guaranteed support from the community. No matter if that's your family or even a stranger. Cause in a sense, we do have a kind of like this notion, we have to support everyone and we're there for everyone because really it's kind of like this large family or network where, okay, if this person is affected, we're also affected."* (Rayyan)

Even beyond something disastrous like flooding, people go out of their way to help one another, with a mentality of having each other's backs. Participants chalked this up to a large family network and culture which extends beyond the nuclear family to friends, neighbors, and the rest of the community. The bonds within the community are strong and, as a result, social support is community-wide and extensive.

Theme *2C. Coping and Mental Health*

Even with the safety and support Arab Americans experience in the Dearborn community, experiences of discrimination and an often-hostile social environment outside the community elicit coping behaviors along with mental health issues among residents. Some of the coping behaviors are more positive and include social, problem-based, and religious coping strategies, while others are negative and can include substance use or avoidance strategies.

In terms of positive coping strategies, participants mentioned that if someone did experience discrimination, they could reach out to their friends to discuss it and know they would find support and understanding. This was viewed as a common approach for the younger generations in Dearborn. Iman talked getting support from friends when dealing with discrimination, stating "*if you weren't in this community, I really don't know how you would cope, if you couldn't share those experiences."* Another participant shared details of the types of support provided by social networks,

> *"I definitely think like if you talk to like your friends or you talked to like other people, they'll support you. They wouldn't kind of put on you or blame you or say like, 'oh, are you sure you weren't doing something' or whatever like that. And they could, they might even help you and be like, no, you should talk out about this. Maybe you should reach out to this person. Or like, I think you should do that. So I definitely think you can get the support if you reach out."* (Halima)

In addition to social coping, participants spoke about the younger generation engaging in problem-based coping, including arguing with those discriminating or trying to educate people about Islam and Arab culture. Negative coping strategies that participants described encompassed smoking hookah and cigarettes, as well as drug use. Participants noted that this has resulted in higher rates of drug overdoses and suicides in the community in recent years. Coping through avoidance or denial was described as one of the more common ways to cope with discrimination in the community, particularly for the older generation. They were described as having a 'deal with it myself' type of mentality around coping,

> *"There's like this idea that like, we just shouldn't let it get to us. And I kind of understand in a way, like what are you going to do? Stop and cry every time you see, or every time somebody discriminates against you? In all honesty, it's the reality of living in America as a person of color. But there's also no dealing with it. No processing of what it means…there's just like no ways to like, processing dealing with those emotions."* (Nora)

Some participants also thought the avoidance or denial coping strategies may be related to the push for the community to be strong and brush things off, but others posited that those in these older generations did not feel safe enough to push back on discrimination which led to denial and avoidance in order to cope with negative experiences.

The denial and avoidance around discrimination and coping also extends to mental health issues. Within the community, social pressure to conform to norms and uphold reputation can create mental strain, especially when paired with the possible conflict in reconciling traditions and pressures from outside the community. Additional stressors from outside the community, especially related to discrimination, were also described as causing mental health issues. Yet, people are expected to not need mental health care, to have thick skin, and to laugh off any issues that might cause poor mental health.

Though there is more understanding of and support for mental health care among the younger generations according to the participants, those who do seek help are seen as weak. Many participants talked about the stigma around mental healthcare in the community, especially from older generations. Among people in the older generations, particularly those fleeing war and oppression, there are significant experiences of trauma. However, they haven't necessarily had the access to or time or ability to seek mental health care and don't see a need for the younger generation to receive that care. As Farrah explained, "in their minds, 'well, I'm good, you should be too'." A participant shared his perception of attitudes around mental health in his parents' generation,

> *"I think one of the biggest things that I've realized growing up is that, I don't want to say a majority, but a lot of our parents, they came here because of war overseas or oppression, or just in general to find better opportunities here. And when they got here, their only mentality as a survival mechanism was like, all right, I need to survive, survive, survive. No point in trying to enjoy life, I just need to survive and make it. And because of that, I think a lot of our parents and grandparents find it hard to let their children and grandchildren just live their lives. Because we don't thankfully need to necessarily be in a survival mentality, but that isn't necessarily something they know how to get out of. And because of that, the only thing that they know is put all these things on your plate, just*

> *work really hard, put your head down and things will work out. Kind of negating mental health in general… just pushing mental health aside for the better end goal.*" (Hussain)

Some participants attributed this attitude to a more general "survival mentality" or "stubbornness" (Rayyan and Hussain), though others talked about denial of mental health issues, blame directed at families, and the pressure to be happy. Some participants felt like there were more discussions happening around mental health than in the past, but that there was still a lot of work to be done. Another participant described her hopes for the future in terms of mental health in the community,

> *"I hope the Arab American community puts more emphasis and like stress on how important it is to understand and recognize that mental health is an issue for everyone in the community: adults, teenagers, kids, everybody can experience it. Because I think our community takes that very lightly, especially in terms of teenagers. I feel like we believe we're not allowed to be stressed or anxious or depressed or whatever it is. And there's a lot of pressure on us for always wanting to feel happy and be happy. I think in certain parts of the community, we feel as if we can't feel a certain way, just because we're not taught to feel like that. And we're taught to feel that's not okay to feel."* (Khadija)

In every session, participants talked about the stigma surrounding mental health and the desire for that stigma to decrease so that people could seek necessary treatment and help for mental health issues. Many were hopeful and described progress that has been made, though always with the caveat that more change needs to occur to fully move past the stigma and improve mental health in the community.

Discussion

A great deal of the health research with the Arab American community has taken place in the Arab ethnic community of Dearborn in SE Michigan. Researchers have suggested that Arab Americans in this community are different than Arab Americans elsewhere (Abuelezam et al., 2018), though have not fully explored the specific mechanisms in the community that influence the identity and health of its second-generation, US-born residents. In this chapter, I presented the results of qualitative data collected from second-generation Arab Americans in Dearborn. Guided by the segmented assimilation theoretical framework and models of stress and coping, I explored questions around the context of ethnic identity within the community, as well as experiences of discrimination and subsequent coping strategies, and their influence on mental health.

Ethnic Enclave Community

Second-generation Arab Americans living in Dearborn are assimilating to the unique culture of the ethnic enclave community. This culture encompasses aspects of both various cultures from the MENA region and influences from US culture. Many Arab Americans, especially those who are immigrants or who are part of the older generations, often stay within the community for reasons of comfort and safety from discrimination. These findings align with other work on a sense of belonging and the protective elements of the Arab enclave community against discrimination among immigrant Arab American youth (S. Ahmed et al., 2011; Kumar et al., 2015). However, participants in this study who had left to pursue educational opportunities outside of the community found that stepping outside the community helped them to develop a stronger Arab American identity. This identity encompasses both Arab and American elements and is a balance that many participants talked about creating. The experience of leaving Dearborn to attend college was not something that differed between male and female participants, which aligns with previous research which has found an emphasis on educational obtainment for both men and women (Read, 2015). Development of this balanced Arab and American identity is therefore occurring among both men and women in the community. As the participants were relatively young and only two were married (with no children), it is less clear the ways in which this balanced identity will manifest in terms of passing culture and values to children, something largely entrusted to women in the community (Read & Oselin, 2008).

With a critical lens, participants also detailed features of the community they wanted to change, namely social pressure and gossip they felt was widespread and a detrimental force within the community. The adolescents in Ajrouch's 2004 study also discussed the social pressures that shape behaviors, especially of women and girls. There was some overlap in the findings here in terms of reputation and family, though both the male and female participants in this study emphasized their desire for these pressures and the gossip the accompanies them to change. Those sentiments echo the participants in an earlier study by Ajrouch (2000). However, unlike the adolescents in that study, the participants in this study did not express a desire to leave the community to escape the gossip and pressures. They were hopeful for a future where they could break through social pressure around behaviors and norms and fully embrace the best parts of both of their American and Arab identities.

In their theory of segmented assimilation, Portes and Zhou offer three assimilation strategies immigrant communities may undertake: integration into the mainstream American middle class, integration into the American lower class and poverty, or economic success while still maintaining the values and culture of the ethnic community. The Punjabi Sikh community in northern California serves as an example of this last strategy; the community is tight-knit and maintains their cultural practices and values without assimilating to the dominant US culture, while also achieving economic success and prosperity (Gibson, 2001; Portes & Zhou, 1993). Second-generation Arab Americans living in Dearborn parallel the Punjabi Sikh ethnic community in California in some ways. Overall, there is high educational attainment in this community, reflected in the high graduation rates in the city (Leeds, 2021), as well as in the study population. Education is valued in the community and is viewed as a way to advance economically for men (Haboush & Barakat, 2014) and for women as a family asset and resource to be used in the home (Read & Oselin, 2008). Additionally, as mentioned frequently by the focus group participants, people in the community maintain many of their cultural values and traditions. However, in contrast to the Punjabi Sikh community in CA, second-generation Arab Americans are also working to incorporate mainstream American values and traditions and leave behind the more restrictive or "toxic" aspects of their parents' culture. In doing so they are attempting to strike a balance and create a true Arab American culture and identity, not merely maintain an Arab identity in America.

Unlike many ethnic enclave communities, the Arab American community in Dearborn is made up of multiple nationalities and religions. While there are some cultural and linguistic similarities across Arab countries, there are also stark differences, including geopolitical and migration history (Abraham et al., 2011). The incorporation of various mainstream American values and traditions may be easier for some nationalities and religious groups in the community. This may be especially true for those with Lebanese ancestry as the oldest Arab immigrant group in the US (Ajrouch & Jamal, 2007) or for Christians who share religious traditions with the dominant US culture (Awad, 2010). In their 2020 article, Stempel and Alemi use the example of Afghan refugees in Northern California to demonstrate that segmented assimilation theory is not able to account for the complexity of segmented assimilation strategies in some immigrant groups. The authors highlight differences within the Afghan ethnic community in terms of time of arrival to the US (Stempel & Alemi, 2020), and a similar argument could be used for Arab

Americans in Dearborn in terms of religious or nationality groups, as well as time of arrival. An extension of segmented assimilation theory, selective acculturation, does encompass a strategy wherein mainstream American values and traditions are combined with the traditions and values of the immigrant culture (Portes, Fernández-Kelly, & Haller, 2009). Similar strategies have been reported for some second-generation immigrant groups in Canada (Berry & Hou, 2017) and the children of Chinese immigrants in the US (Zhou, 2014), as well as among some groups of Arab Americans (Ajrouch & Jamal, 2007; Cainkar & Read, 2014). While this does account for creating a hyphenated identity with the most useful parts of both identities, with educational and economic attainment and collectivism and support, it does not account for differential access to and desire for this strategy within one ethnic group in one ethnic community. Expansion of the conceptualization of segmented assimilation strategies generally and selective acculturation strategies in particular among immigrant groups and in ethnic enclave communities may be necessary for understanding the complexities of these dynamics.

Stress, Coping, and Buffering

Many participants described personal experiences of discrimination and in all the sessions there was the sentiment that discrimination was an issue for Arab Americans in the community and more generally across the US, particularly in the form of microaggressions. However, the participants also provided new insight into discrimination towards Arab Americans-it is both occurring and being countered through social media. Social media has been found to play a similar role for Black Americans of space of solidarity and support to push back against discrimination, as well as a place where discrimination occurs. The nature of social media allows users to cope with discrimination, including through accessing social support and confrontation (Miller, Marquez-Velarde, A. Williams, & Keith, 2021). Participants in the focus groups specifically mentioned using social media to confront others and as a space where they would find support. Similar to the benefits of the Black Twitter community and Black memes to cope with discrimination and find solidarity (Miller et al., 2021; A. Williams, 2020), TCD page serves as this space for Arab Americans in Dearborn. While participants didn't describe in detail other online Arab spaces, there are likely other Arab content creators and pages that also serve this purpose. These online Arab spaces may also be even more important for Arab Americans outside of the ethnic community as a way to connect with other Arab Americans and access

social support and a sense of community. Future research on discrimination towards Arab Americans should explore the role of Arab online spaces for Arab Americans outside of SE Michigan and other states with large Arab American populations.

Among this group of emerging adult, second-generation Arab Americans, there was a shared sense of the need to respond to and push back against discrimination, along with the confidence and know-how to do so. They spoke about how a sense of community and support helps to back them up in their identity. Similar to the Arab American adolescents in Dearborn in a recent study who spoke about the availability of social support providing them access to resources (Seff et al., 2021), the focus group participants noted that support and knowledge of how life in America can be gives them the tools to push back against discrimination effectively. Participants spoke about their use of social coping strategies as effective for dealing with discrimination and were united in their desire for the community to move away from the denial and avoidance-coping strategies frequently used by older generations in the community. There was agreement around the stigmatization of mental health in the community, but also the desire for this to change and for treatment to become more commonplace and accepted. This attitude reflects recent findings around mental health care utilization among first and second-generation African immigrants. Though there was a higher prevalence of mental health care utilization among the second-generation, the authors concluded stigma in the first generation around mental health care is likely limiting diagnosis and treatment (Saasa, Rai, Malazarte, & Yirenya-Tawiah, 2021). Participants in the focus groups spoke about the issues they were seeing due to this stigmatization, including substance use, rates of which are close to the national average in the community among young adults (Nasrallah, Ayyash, Bazzi, Nasrallah, & Blackwood, 2021). They expressed the hope that the community, especially their generation, could move forward differently and that the mental health of community members would improve as a result.

Limitations and Strengths

This study had both limitations and strengths. None of the focus group sessions were larger than three participants. While this functioned well for the Zoom format, it may have limited the breadth of the conversations and diversity of experiences that could have occurred with a larger group. Issues around recruitment, particularly at the beginning of the data collection period, and with attrition contributed to the smaller sizes of the focus groups. None of the

sessions were meant to have fewer than three participants, though three of the session had two participants due to issues with scheduling and attrition. Another limitation is that more than half the participants in the focus group had Lebanese ancestry. Arab Americans with Lebanese ancestry have been more likely to report a white racial/ethnic identity than other groups (Ajrouch & Jamal, 2007), which may in turn bring higher levels of acculturation to mainstream US culture and fewer challenges adjusting to the "American" half of their Arab American identities. A third limitation is that many of the participants were recruited through university Arab student group listservs and may have had a stronger sense of Arab American identity than those not involved in these groups. A final limitation is that more than half of the participants were female, and they were not always able to speak to experiences of men in the community. There were also strengths of the study. The inclusion of a mix of countries of origin among participants, including Yemen, Palestine, and Iraq, which are less represented in research in Dearborn than Lebanese participants (Abuelezam et al., 2018) did create some diversity of national origin within the groups. Another strength was that all of the participants were between ages 18 and 25. This small age range meant there were more parallels between the experiences of the participants who were at similar periods of development in their emerging adulthood, and I was able to reach data saturation on the themes included here. However, this narrowed age range is also a limitation as I was not able to capture the experiences of those 25-45 years old. Experiences of individuals in this age would have brought additional richness to the data, especially as many are undergoing major life events in terms of starting a family and careers. Finally, the inclusion of male participants in many of the sessions and the all-male session helped to facilitate the exploration of gendered experiences of ethnic identity and stress, coping, and buffering.

Conclusion

The purpose of this chapter was to elucidate the findings from Chapter 2 around experiences of discrimination and a sense of ethnic identity and how the ethnic enclave community provides context for those experiences and relationships. In the analysis from Chapter 2, a strong sense of ethnic identity was protective against poor mental health from discrimination. In the qualitative data, participants spoke about the community providing a supportive environment where they felt safe from discrimination, had a strong community network, and where they could access and celebrate important aspects of Arab American culture.

This support of the community and strong foundation of Arab culture and identity were some of the key mechanisms of buffering against the harmful effects of discrimination.

This qualitative arm of an explanatory sequential study demonstrates the importance of the ethnic community as a context for the forging of a new, balanced identity which is both part Arab and American in a strategy of selective acculturation. The community provides support and safety from experiences of discrimination, as well as methods for social coping. The experiences of the participants in this study bring to light the bifurcated role of social media in being a space of discrimination and also a space in which to fight back against discrimination. This study is the first to explore these themes in the context of the ethnic enclave among second-generation Arab American adults through qualitative methods. While mental health stigma is an important aspect of the context of the ethnic community, second-generation Arab Americans focused on creating a balanced Arab and American identity want to also push the community towards more acceptance and treatment of mental health concerns with the goal of improving mental health for all community members.

Chapter 4 The Combined Influence of Gender and Religion: A Mixed Methods Study of Discrimination, Ethnic Identity, and Mental Health

Background

In this fourth chapter, I present the final phase of my mixed-methods dissertation study and integration of the quantitative and qualitative data. My aim is to identify and explore further elements within the ethnic enclave community which relate to a sense of ethnic identity and discrimination and influence mental health through a joint analysis of the quantitative and qualitative data from the previous two chapters. In the second chapter of this dissertation, the Effect of Ethnic Identity and Centrality of Ethnic Identity on Discrimination and Mental Health Among Arab Americans, I found that ethnic identity was protective against depression and anxiety associated with discrimination, but centrality of ethnic identity was not. Additionally, neither a sense of ethnic identity nor high centrality of ethnic identity had any effect for men, though in both cases they were protective against depression and anxiety for women. Based on the findings of that chapter, I developed the sampling frame and interview guide for the qualitative data collection for Chapter 3, "I'm Arab American, I'm both," a Qualitative Exploration of the Context of Discrimination, Ethnic Identity, and Mental Health Among Second Generation Arab Americans in an Ethnic Enclave, where I detail the results of the qualitative arm of the explanatory sequential mixed methods design. Through the qualitative data collection, I elucidated elements and context of ethnic identity and discrimination among second-generation Arab Americans. Participants described assimilating to the unique culture of the ethnic enclave community, a form of selective acculturation. They also detailed digital discrimination along with a new emphasis among their peers of pushing back against discrimination, as well as supporting a decrease in stigma against mental health in the community. Next, I examined the qualitative data which I hadn't explored in Chapter 3 to help more fully explain the results of Chapter 2, particularly related to gender-based differences. Thus, in this fourth chapter, I explore how gender shapes ethnic identity and centrality of ethnic identity, and how gender and religion influence experiences of discrimination and affect mental health.

Gender, Religion, and Discrimination Among Arab Americans

Religion is an important aspect of identity for many in the Dearborn community. It is estimated that almost half of the residents of Dearborn and nearby cities are Muslim (Baker et al., 2003), making it not just an ethnic enclave community, but one with a high concentration of Muslim residents (Baker et al., 2003). There is significant diversity of religions in the Middle East and North Africa region, as well as among Arab Americans in the US. Catholicism and Orthodox Christianity are major religious groups among the Arab American population in SE Michigan (Schopmeyer, 2011). However, the Muslim religion and Arab ethnicity is often seen as one and the same. Although there is some connection between ethnic identity and religious identity for many Arab and other MENA Americans, this misrepresentation creates misunderstanding of Arab and Muslim Americans in the general public, as well as divisions within the Arab American community (Awad et al., 2019; Pew Research Center, 2017).

The confusion of Muslim and Arab identity is especially relevant for women who practice hijab. Not only is the hijab a visible identifier of these women's religious practices, it also signals Arab ethnicity (Ikizler & Szymanski, 2018; Selod, 2019), even though the majority of Muslims in the US are not Arab (Pew Research Center, 2017). The link between Muslim and Arab identity does, however, play out in terms of discrimination towards Arab Americans and Arab American women in particular. Arab American women practicing hijab have come to represent a danger to the American way of life to some Americans (Cainkar, 2021). In one study, Arab American women reported experiencing more than twice as many hate crimes as men, and in 90% of these crimes, the women reported the presence of a woman wearing a hijab (Cainkar, 2009). Microaggressions, both intentional and not, are also an aspect of discrimination for many Muslim and Arab American women. These can range from curious stares to hurtful statements and may be a result of an intersection of gender, ethnic, and religious identities (Alsaidi et al., 2021; Nadal et al., 2012). Religious identity, though an important aspect of many Arab Americans' overall identity (Goforth, Oka, Leong, & Denis, 2014), is also an element in experiences of discrimination.

In this chapter, the aim is to identify additional elements which relate to a sense of ethnic identity and discrimination and influence mental health through a joint analysis of the quantitative and qualitative data from the previous two chapters. My goal to explain the differences by gender in the effects of ethnic identity and centrality of ethnic identity on

depression and anxiety from the quantitative findings through further exploration of the qualitative data. I then examine the qualitative data to provide context and in-depth explanations of the role of religion, gender, and other elements in Arab American culture, identity, and experiences of discrimination. I provide a mixing of the quantitative and qualitative data and an interpretation of these findings through mixed methods joint display matrices. The results are organized into three main areas: discrimination, gender and ethnic identity and centrality of ethnic identity, and mental health.

Methods

Both the qualitative and quantitative data come from the data collection that I described in detail in the previous two chapters. Here I present my data analysis approach for integration of the mixed methods.

Qualitative

To address the aim of this paper, I focused on additional code reports not included in my analysis for Chapter 3. I focused particularly on inductive codes and reviewed the code reports for the codes Religious Identity and Gender, and the sub-codes Hijab, Discrimination-9/11, Discrimination-Gender, Discrimination-Race/Ethnicity, Discrimination-Religion, Ethnic Identity-Arab Names, Discrimination-Microaggressions, Mental Health-Promote, Mental Health-Poor, Cultural Connection Arab-Religion. This was followed by thematic analysis to explore differences between men and women in protective effects of ethnic identity and centrality of ethnic identity, as well as possible other explanations for experiences of discrimination and influences on ethnic identity and mental health. I then organized these patterns into higher-order themes and sub-themes. Unlike the theory based thematic analysis in Chapter 3, in this chapter I utilized inductive analysis guided by the research aim (Thomas, 2006). I did not use a-priori themes, but instead started with the data from the inductive code reports, which allowed me to use meaning from the text to develop themes (Silver & Lewins, 2014; Thomas, 2006).

Through this inductive analysis, religion was revealed as an important aspect of culture and identity. An understanding of the effect of religion on discrimination and mental health, however, would be incomplete without a consideration of the combined influence of gender. I am focusing on questions around the effect of both gender and religion on experiences of discrimination and ethnic identity based on previous research among Arab Americans around

discrimination which emphasizes the importance of considerations of both religious and gender identities on health (Alsaidi et al., 2021; Ikizler & Szymanski, 2018).

Quantitative

Based on the findings in Chapter 2, I returned to the original survey items to extend the analysis of discrimination. I have also included new analysis of the reasons respondents gave for their experiences of discrimination including non-parametric analysis and logistic regression. The measures, including new measures and measures from Chapter 2, are included below.

Measures

Discrimination scale items

In Chapter 2, I used the full discrimination measure with nine items from the chronic everyday discrimination scale (Status, D. Williams, Yu, Jackson, & Anderson, 1997) and three items measuring major life events (D. Williams, 2016). In this chapter, the more detailed scale analysis and integration includes one item from the chronic everyday discrimination scale, "people act as if they are afraid of you." Participants selected the frequency of these events, from "less than once a year" (=1) to "almost every day" (=6). Frequent discrimination was considered a mean score higher than the 1.3 median.

Discrimination attribution

Those participants who answered "at least a few times a year" to at least one item from the 12-item scale were asked to provide the reason for these experiences and could check all that applied: "your national origins or ethnicity," "your religion," "some other aspect of your physical appearance such as clothing (including hijab or burka or niqab) or beard." These were each dichotomized (yes=1, no=0) and a summed scored was created (range 1-4).

Depression and Anxiety

Depression and anxiety were measured with the four-item PHQ-4 scale (α=0.94) (Kroenke, Spitzer, J. Williams, Löwe, 2009). Participants indicated the frequency ("not at all" (=0) to "nearly every day" (=3)) of the following statements: "over the past 2 weeks, how often have you been bothered by any of the following problems: Little interest or

pleasure in doing things; feeling down, depressed, or hopeless; feeling nervous, anxious, or on edge; and not being able to stop or control worrying?"

Additional Measures

Sex was measured dichotomously (male/female). Generation status was a dichotomous measure based on three variables: birthplace (US/foreign country), mother's country of origin and father's country of origin. Those who are foreign-born will be labeled as "first generation," while those who are US-born with at least one parent with a foreign country of origin will be labeled as "second generation."

Statistical Analysis

Weighted data were used for demographic percentages, prevalence of predictor and outcome variables. I completed a multivariable logistic regression model with reasons for discrimination predicting a high frequency of discrimination experiences. The model was adjusted for sex, age, and immigration status. Statistical significance was set at 0.05 and all analyses were conducted with R version 3.6.2 (R Foundation for Statistical Computing, Vienna, Austria).

Integration

I use multiple joint display matrices for the combined quantitative and qualitative data (Watkins & Gioia, 2015). This data synthesis and the merged displays allow me to use both the quantitative and qualitative data to further examine and expand on how gender influences ethnic identity and centrality of ethnic identity, and how the intersections of gender and religion shape experiences of discrimination and attributions of discrimination and therefore affect mental health (Creswell & Clark, 2017). They provide a method through which to examine additional possible protective elements in the Arab American community. The matrices include demographic information as well as additional variables for analysis: sex, generation status, reasons for discrimination, depression and anxiety, and the moderation effects by gender from Chapter 2. Examining sex in the quantitative data helps further differentiate the quantitative results among men and women in the community. Including these additional breakdowns of reasons for discrimination in the quantitative data with the data integration adds further understanding of the initial results and provides more context for the responses from the focus group discussions (O'Cathain, Murphy, & Nicholl, 2010). Joint display matrices allow me to

better explain the survey results with information on the experiences and understanding of the survey participants and to examine patterns, similarities, and divergences between the quantitative and qualitative data (Creswell & Clark, 2017; O'Cathain et al., 2010).

Results

Ethnic Identity and Centrality of Ethnic Identity

I start with an investigation of the qualitative data in order to better understand the variation in the protective effects of ethnic identity and centrality of ethnic identity on the relationship between discrimination and mental health outcomes among men and women in the moderation analysis from Chapter 2. The qualitative analysis is followed by a joint display matrix of the quantitative and qualitative data.

Theme 1: Ethnic Identity and Centrality of Ethnic Identity: Differential Effects for Men and Women

While the models from the quantitative analysis do not fully explain the mechanisms of these relationships, the qualitative data offer some possible insight. For women, their identity allows for connections with others. One participant describes her connections with friends and family,

> *I think there's always individuals in your circle who will kind of hear you out and truly understand. So even if it's something super minor of like, oh, this woman was staring at me because I wear the scarf, you're going to have somebody who relates to you in that aspect versus if you weren't in this community, I really don't know how you would cope, if you couldn't share those experiences. … I also think having your parents' perspective in terms of the oh well, you know, this and this happened to me. It's not that they guilt you, but you kind of understand, like, this could have been 10 times worse.* (Iman)

Another participant describes the specific ways in which the connections and support between Arab women develop and manifest,

> *"Arab women have just the most beautiful kind of bond. And I think that comes a lot from the strength of home life and the conversations that happen when you're cooking or having tea or, you know, sitting around together when there are no men in the room. That strength, that pride of being an Arab woman, a mother is so revered in our culture. And I think, you know, holding yourself in that light and holding your friends in that light, that that's where that strength comes from."* (Farrah)

These relationships with others allow for the use of social coping mechanisms for dealing with experiences of discrimination. The responses for how men cope with discrimination and mental health and how they interact with others were quite different. Participants mentioned that men

wouldn't want to talk about experiences of discrimination, and they would "hide their feelings" (Marwa), as they wouldn't want to seem "weak" (Sarah). Yusuf explains,

> "*I think men in general, in the Arab community get more independence. And I think then independence just kind of like, I guess allows them to be pushed more aside from their identity than women … But just in general… men would not be interested in mental health or would probably deny or be more in denial.* He then expands on that*, "like my dad, or someone when they're going through something and they just swallow it, you know, they don't even discuss it with anyone. They just take the hit and try to move on.*"

Another participant agreed, "*I think also there's just a lot of denial… no one wants to talk about it or admit that there's a problem. They want to just try to push it away and just not even acknowledge it. So maybe it'll go away somehow. That just makes it worse*." (Ahmed). For men in the community, their independence and community gender norms dictate that they should be strong in the face of discrimination and push back individually or deny any struggles with discrimination and mental health. A participant describes the ways in which men deal with discrimination in the community,

> *I think especially within like men in our community when it comes to discrimination or I guess really any perceived threat, there's this automatic, you could say fight or flight, but flight is not the option... like they're enforcing the fight, you have to fight. That's kind of the mentality in our community. And if you don't fight, that's when you're at the bottom of the food chain, because you're seen as like, you're below everyone. ... So really you see less solutions through educating one another or discussing the problem at hand and you see more of like verbal and physical abuse against one another to solve an issue if you feel like someone has threatened you or discriminated against you, at least among the men."* (Rayyan)

The community expectation for men is to be strong in the face of discrimination and issues with mental health, which many of the male participants discussed. While they described avoidance coping strategies utilized by men in the community, there was little explanation of the positive coping strategies that men may use. This may be reflective of norms within the community and in society more generally around masculinity and help-seeking behaviors.

This matrix is an examination of the quantitative and qualitative findings on ethnic identity, centrality of ethnic identity, and depression and anxiety. Specifically, I combine data to help explain the buffering effect of a sense of ethnic identity and the lack of buffering effect of centrality of ethnic identity in the full sample, as well as the differences in the sub-group analysis among men and women.

Matrix 1. Quantitative and Qualitative Results Related to Ethnic Identity, Centrality of Ethnic Identity and Mental Health

Quantitative Results			**Qualitative results**		**Mixed Methods Results**
Results from moderation models of Discrimination and Mental Health			**Qualitative subthemes**	**Exemplar quotations**	**Mixed Methods Interpretation**
Buffering of Ethnic Identity	*B*	SE			
Association between discrimination and depression/anxiety in high EI group	0.073	0.099	*Safety and Support: "People show up and show out" (Chapter 3)*	"I think community also plays a big role in it too, because I think if you were to take two people with the same sense of strong identity in there, and then their Arab or like confidence in their Arab identity and one is from Dearborn and the other is like from Oklahoma or something where you might not have as strong of a community, I think the discrimination might affect the one in Oklahoma a little bit more just because you don't have that strong of a community backing you and supporting you." -Fouad	Discrimination didn't have the same significant association with depression and anxiety among those with a strong sense of ethnic identity (QUANT). As participants detailed in the Safety and Support sub-theme, part of the strong sense of ethnic identity comes from the support of the community and helps protect people from the negative effects of discrimination (QUAL).
Association between discrimination and depression/anxiety in low EI group	**0.294*****	0.072			
Association of interaction term of EI and Discrimination among women	**-0.374***	0.177	*Ethnic Identity and Centrality of Ethnic Identity; Coping and Mental Health (Chapter 3)*	"I think there's always individuals in your circle who will kind of hear you out and truly understand. So even if it's something super minor of like, oh, this woman was staring at me because I wear the scarf, you're going to have somebody who relates to you in that aspect versus if you weren't in this community, I really don't know how you would cope, if you couldn't share those experiences." -Iman	EI offered buffering against depression and anxiety associated with discrimination for women though not for men (QUANT). Female participants spoke about social support in the community based on shared identity to help cope with discrimination. Men's independence was discussed as something that may distance them from their identity. Denial of both issues with discrimination and mental health was described as a common feature among men in the community (QUAL).
Association of interaction term of EI and Discrimination among men	-0.115	0.180	*Ethnic Identity and Centrality of Ethnic Identity*	"I think men in general, in the Arab community get more independence. And I think then independence just kind of like, I guess allows them to be pushed more aside from their identity than women." -Yusuf	

Non-Buffering of Centrality of Ethnic Identity	*B*	SE	**Qualitative subthemes**	**Exemplar quotations**	**Mixed Methods Interpretation**
Association between discrimination and depression/anxiety in high CEI group	**0.149***	0.066	*Dearborn Arabs and the "Dearborn Bubble" (Chapter 3)*	"There's like an interesting thing that I've seen in Dearborn where, I mean, I guess everyone is proud to be Arab, but because everyone else is Arab, it's a bit diluted. Identity could be diluted here." -Hussain	Centrality of ethnic identity did not offer any buffering effects against discrimination (QUANT). In the focus groups, participants described how Arab American identity wasn't as strong for them or others within Dearborn. For some participants, the importance of the Arab American cultural identity only increased once they left the city of Dearborn for college (QUAL).
Association between discrimination and depression/anxiety in low CEI group	**0.21***	0.097			
Association of interaction term of CEI and Discrimination among women	**-0.363***	0.168	*Ethnic Identity and Centrality of Ethnic Identity*	"That strength, that pride of being an Arab woman, a mother is so revered in our culture. And I think, you know, holding yourself in that light and holding your friends in that light, that that's where that strength comes from." -Farrah	Centrality of ethnic identity protective against depression and anxiety for women, though not for men (QUANT). Women find strength, support, and community in that pride, while men do not report the same benefits from being proud of their Arab American identity (QUAL).
Association of interaction term of CEI and Discrimination among men	0.226	0.174	*Ethnic Identity and Centrality of Ethnic Identity; Coping and Mental Health (Chapter 3)*	I think that growing up around here, you're basically taught that respect is everything and that's a good thing, but at the same time, if, if anyone or anything like somehow taints that like that respect towards you, then you have to acknowledge it with force. There is no such thing, or I don't want to say there's no such thing, but at least in the past especially, there was no such thing as talking things out. -Hussain	

Discrimination

Religion and gender came up frequently in the focus group and interview discussions around discrimination towards the Arab American community. This section includes qualitative results around the role of religion and gender in identity and experiences of discrimination, followed by quantitative analysis of reasons for discrimination. The final part of this section is a joint display matrix of the quantitative and qualitative data.

Theme 2: The conflation of Muslim and Arab Identity

Although it is estimated that the majority of Arab Americans in the US are Christian (Insight Into Diversity, 2021) participants in six sessions recognized and remarked that Muslim identity and Arab identity are seen as interchangeable both by those who don't hold those identities and even within the community itself.

Theme 2A. *Markers of Identity*

The conflation from outsiders was noted mainly among women in the focus group sessions. The six of the eight participants practicing hijab mentioned the inference that Arab and Muslim identities were the same among those outside the Dearborn community. Two male participants also spoke about the conflation of Arab and Muslim identity, though female hijabi participants noted their personal experiences with how their Arab American and Muslim identities were seen as one and the same by others

> Sarah[6] said *that "something will give off the vibe that I'm Arab, even though it shouldn't be my scarf, that is definitely what it is. Because Arab and Muslim, it gets interchanged very easily to outsiders,"* while Halima similarity mentioned *"I don't have that option to not introduce myself as Arab, even though me wearing a hijab does not automatically mean I'm Arab, cause it just means I'm Muslim, but like people will see and be like 'that's Arab'."*

With the conflation of being Arab American and being Muslim, comes discrimination which does not distinguish between the two. For those experiencing discrimination in the community, determining whether the discrimination is focused on ethnicity or on religion is often difficult. This is particularly true for women in the community who practice hijab and therefore have an external indicator of their religious identity. A participant explained,

> *"It's one of those things that's very hard to separate. We're obviously not, you know, I don't want to conflate like Arab means Muslim, but at the end of the day, if somebody*

[6] All names used are pseudonyms; see Chapter 3 for a table of participant pseudonyms and descriptive characteristics

> *being discriminatory, I don't know if it's because I'm Muslim or because I'm Arab. And even if somebody says something about my scarf, that person probably thinks it's the same thing."* (Iman)

Male participants also spoke about discrimination directed towards women in the community, both in describing experiences of family members and more generally. Yusuf explains,

> *"I think being a male, it's hard to kind of, I mean, sometimes you'd get the staring guys. But especially if you're female and you're Muslim, not just Arab American, you definitely get more of the discrimination looks and hate speech."*

Arab American men and non-hijabi Arab American women, on the other hand, may be able to "pass" as white or as ethnically ambiguous. A participant explained that when she introduces herself, she can *"let people know that I'm Arab without being concerned for my safety, because I don't wear hijab and I have, I look very white-passing, like I have white skin.*" Four different participants remarked that they are "white-passing," though Arab American women who wear the hijab do not have that ability to conceal their identities. A participant explains,

> *"I, as like being very light-skinned and stuff, I think I would be white passing without my hijab. I think people would assume I would be white. But…you have the hijab on, people just assume you're Arab. In my case, I am Arab, but I have a lot of friends who aren't Arab, and people just assume they are because they wear a scarf."* (Sarah)

While the participants viewed their religion as only one part of their identity, they also recognized that as Arab Americans, the practice of wearing hijab was one of the main indicators of both their religious and ethnic identity. The confusion of these identities distorts their complexities. It also creates a sense of otherness and feelings of being unsafe outside the ethnic enclave community, as was described in theme 2B. Safety and Support in Chapter 3, summarized by Hind,

> *"The other thing is the safety. That's a really big one and my other family members who wear it [hijab], I mean, that's just the constant worry, like, okay, if they leave, like, are we gonna see them back… I worry about, they're more of a target."*

That threat of being unsafe and othered contrasted with feelings of safety, belonging, and acceptance within the enclave community.

Although participants noted the conflation of religion and ethnicity by outsiders, there was also conflation of the two among participants themselves and participants talked about a connection between Islam and Arab culture and Dearborn as a place where both coexisted and reinforced one another. A participant explained,

> "*I do mainly feel closer to American culture maybe, but the fact is religion, it kind of pushes you back to Arabic culture. I mean, they're distinct, but in Arabic culture, Islam is still ingrained into it. And so, regardless of whether you were born here or there, as long as you're Muslim, you're still gonna be drawn to Arabic culture."* (Hassan)

For many in the community, their religion figures prominently in their lives and as an aspect of their Arab identity. Cultural practices and religious practices are tied together and often overlap. Nine participants spoke about the connections between religion and culture or mentioned religion in their discussions of culture. The conflation of the two aspects of identity within the community may reflect the demographic characteristics of the community, namely that many people are both Arab and Muslim. It may also be a way to create unity and solidarity through assuming a shared identity which is particularly marginalized in the US.

Theme 2B. *Religion and Identity*

Though religious identity can be an aspect of discrimination for those in the community, it is also an important facet of overall identity and Arab culture for many. While none of the questions in the focus group protocol asked about religion or religious identity, religion was nonetheless mentioned in every session. In describing experiences of discrimination and the role of Arab American identity, a participant shared

> "*I think for me, it doesn't necessarily stem back to my culture. I think it stems back to my religion being a Muslim. I think a lot of the things that are said about me are just inevitable. I mean, I don't want to say it's a worldwide thing, but it's a very popular opinion that Muslims are the bad guys, you know? Just having faith in your religion and faith in your culture, knowing that what is said about you due to your religion or your culture, it's not true and you gotta stay firm, you gotta be strong*." (Samira)

Another stated that having community support for both her ethnic and religious identity was protective in the face of discrimination.

> "*I think that being like proud of your own identity and having a community to be proud of protects you because you think while people outside of my experience see this and perceive me in this negative way, I know that's not the case. These are the people around me who know, and I'm proud to be Arab or Muslim or whatever it is. So what they say can't hurt me cause I know what they're saying comes from a place of ignorance*." (Marwa)

One of only two participants who did not identify as Muslim related her feelings of not being "Arab enough" to not being Muslim,

> "*I actually always kind of felt like from my own family, like oh, they're not Arab enough, because even though being Arab and Muslim is not the same thing, they're not tied*

> *together…It was this interesting thing of one, she was born in the US so that's one tick against her and then two, they're not Muslim. So they're just not as Arab as the rest of us*." (Nora)

It follows that in the face of discrimination based on either one's ethnicity or religion (or both, especially for those with visible religious markers), support and affirmation for those identities marginalized in other spaces is especially important within one's own community. Those not practicing Islam, on the other hand, may not be able to fully access the supportive elements of the community, particularly those tied to religion. As 19 out of 21 participants identified as Muslim however, that was not largely a concern, and instead the majority of participants focused on the benefits of community support related to and based in shared religion and ethnicity.

Theme 2C. *Arab and Muslim Americans: "I'm not a terrorist"*

While men didn't mention anything in their own appearance that would cause the same confusion of identities or discrimination as women, both male and female participants spoke about Muslim identity in perceptions of Dearborn, noting there is assumption that Dearborn was not just an Arab or Muslim city, but the home of radical Islam. These representations persist in the common narrative about Arab and Muslim Americans and Dearborn. One participant explained,

> *"For Arab Americans in general, people tend to conflate being Arab American and being a Muslim. Which isn't always the case obviously. Like, just basically because you're Arab you're Muslim. And for Dearborn, especially, just that we're an extreme and it just is a breeding ground for radicalization."* (Ahmed)

These stereotypes of Arab and Muslim Americans as dangerous and radical are still prevalent in popular media, even as we mark the 20th anniversary of the 9/11 attacks. When asked about media representations of Dearborn a participant noted the conflation of Arab and Muslim identity in a negative light,

> "*When it comes to the negative representations, it kind of intertwines, not only the Arab aspect of it, but also really the Muslim community as well. They kind of twist that together to portray it in a very negative way.* (Rayyan)

> Another talked in detail about aspects of negative media representations of Dearborn, "*I feel like it's been referred to as like Islam has this choke hold on the town now- it's so extreme, it's so turned, look there's Arabic writing on every single shop, you're forced to eat halal. They portray it as kind of like Sharia law is coming to like takeover America. I think that's one of the negative aspects of representation that Dearborn has*." (Nora)

These perceptions of Arab and Muslim Americans do not just exist in a vacuum of the world of media and entertainment. Hussain goes on to explain how these stereotypes perpetuated in the media influence people's views of Dearborn as dangerous,

> "*Just the thought of, you know just because you hear about a place, you don't even know if this or that is true about that area. You hear about the people there. You know, it's just a complete turn off in your mind. It's definitely very negative…but it's just so interesting to me because I mean, a lot of people here talk loud and all that, but in terms of newsworthiness, we're a very quiet city. Yet, you hear a lot of this negative stuff about us.*"

Though these stereotypes around radical Islam in the city are unfounded, residents of Dearborn are still expected to also disprove these negative stereotypes and speak out against terrorism and other acts of violence. A participant described the expectations placed on Arab Americans living in Dearborn,

> *"I've heard it referred to as little Mecca before, which is okay. But because of that, I feel like anything that happens on a large scale, especially at an international level, especially anything that has to do with the Middle East or just Muslims in general or Arabs, anything like that, it just automatically falls on us to condemn it or speak out against it … I feel like a lot of it becomes our responsibility to debunk the stereotypes, even though it is not our job. But somehow it falls on our shoulders."* (Rashida)

The assumption that Dearborn was under Sharia law or radicalized was also characterized by the mention of "Dearborn-istan" by three participants in three separate sessions, a phrase used in right-wing media, as well as "Hezbollah High" (Ahmed) to describe Fordson High School in Dearborn. Four participants mentioned their experiences with presumptions of terrorism or radicalism and five participants talked about the misconception that there is Sharia law in the city. Participants described the heightened discrimination that occurred in the community in the years after 9/11, Nora states, *"So I remember after 9/11, the discrimination outside of Dearborn and within Dearborn, among non-Arabs, from non-Arabs was really bad,"* while Farrah also related a conversation with a colleague,

> *"I was just talking to a coworker the other day about like being Arab when 9/11 happened. And I mean, I work in their organization and she did back then. And she was like, 'we were afraid to leave the building because of what might happen that day.'"*

Although the oldest participant was aged 25 and all were young children twenty years ago in 2001, the memory of that time and fear that accompanied it lives on in the community; so too, do the stereotypes. Misconceptions about Dearborn and its residents persist.

Based on these findings from the qualitative data, I further examined religion, gender, physical appearance, and other reasons for discrimination in the quantitative data. In the sample, 168 respondents reported reasons for discrimination. About 40% (n=67) of these respondents selected only one reason, while 25% (n=40) selected two, 25% (n=44) selected three and 10% (n=17) selected all four reasons. Figure 8 shows the selection of reasons for discrimination of the full sample, stratified by sex (female n=100; male n=68); note that respondents could select multiple reasons. Although the difference is not statistically significant, a higher percentage of women reported they thought their experiences of discrimination were based in their physical appearance compared to the men in the sample (38.9% and 18.5%), A greater proportion of women than men also cited their gender and race/ethnicity as reasons for discrimination, while a slightly higher percentage of men reported discrimination to be based on religion (47.2% compared to 45.7%). The bivariate analysis included t-tests, though none of the differences between male and female respondents were statistically significant; p-values for these tests are included in Figure 8.

Figure 8. Reasons for discrimination stratified by sex

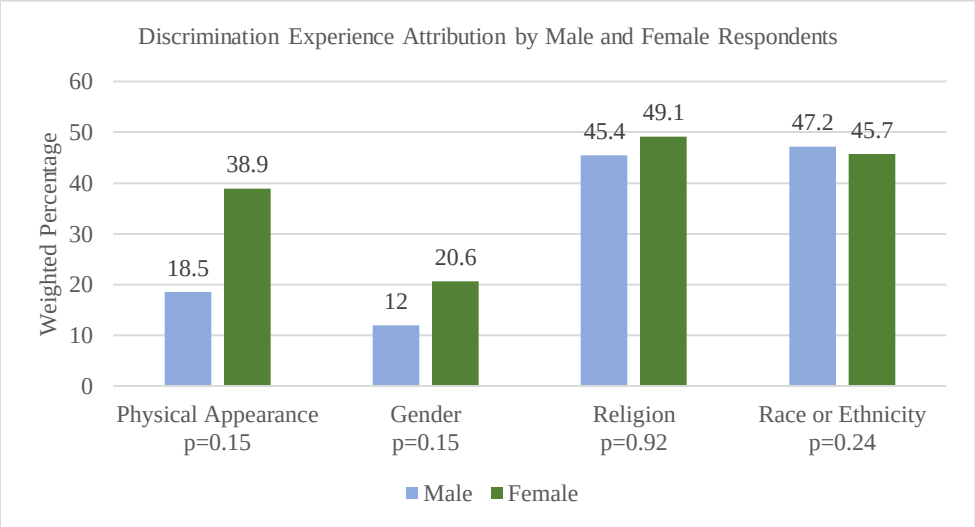


Table 8 shows the correlates of frequent experiences of discrimination, based on univariate analysis, controlling for sex, age, and immigration status. Those respondents who selected religion as a reason for discrimination were more likely to report frequent discrimination compared to those who did not select this reason (OR: 5.69; 95% CI(2.89, 11.53); p-

value=0.000). Respondents who thought their discrimination experiences were based on their race or ethnicity were also more likely to report frequent discrimination than those who did not think race or ethnicity was the reason (OR: 2.13; 95% CI(1.03, 4.40); p-value=0.041). Selecting physical appearance and race/ethnicity were not significantly associated with frequent discrimination.

Table 8. Reasons for discriminatory experiences as predictors of frequent experiences of discrimination

n=219	**Frequent experiences of discrimination**		
Reasons[b]	OR[a]	95% CI	p-value
Race or Ethnicity	**2.13***	(1.03, 4.40)	0.041
Religion	**5.69*****	(2.89, 11.53)	0.000
Gender	2.34	(0.89, 6.77)	0.097
Physical Appearance	1.33	(0.62, 2.87)	0.459

Note: Boldface font indicates statistical significance (*p<.05, **p<.01, ***p<.001)

[a] Odds ratios from a single logistic regression model

[b] Model covariates: Sex, age, immigration status

I next integrated the quantitative and qualitative findings around discrimination. This matrix includes the mixed quantitative and qualitative findings around discrimination, including attributions for experiences of discrimination and an Everyday Discrimination scale item from the quantitative data, as well as results from the qualitative data from both Chapter 3 and this current chapter.

Matrix 2. Joint Display of Quantitative and Qualitative Results Related to Discrimination

Quantitative Results			**Qualitative results**		**Mixed Methods Results**
Reasons for Discrimination (weighted %)	**Male**	**Female**	**Qualitative sub-themes**	**Exemplar quotations**	**Mixed Methods Interpretation**
Physical appearance	18.5	38.9	*Markers of Identity*	"So I know there are a lot of I'm sure non-hijabi Arabs who, because they look more, they're not as white passing, there'll be, I think they would also experience the same level [of discrimination] as me. Cause we're kind of equally, something will give off the vibe that I'm Arab, even though it shouldn't be my scarf. That is definitely what it is because Arab and Muslim gets interchanged very easily to outsiders." Sarah	Though there are indicators of religious or ethnic identity for Arab American men, namely a beard and a certain style of clothing, these are likely less apparent than the hijab is as a marker of that identity for women. Though not statistically significant, more women selected this reason (QUANT) and spoke about in the focus groups (QUAL).
Religion	45.4	49.1	*Arab and Muslim Americans*	"At the end of the day, if I'm, somebody who's being discriminatory, I don't know if it's because I'm Muslim because I'm Arab. And even if somebody says something about my scarf, that person probably thinks it's the same thing." Iman	Discrimination based in religion and race/ethnicity were most frequently selected by respondents in the quantitative data. As is indicated by the qualitative data, discrimination based on religion is also very often discrimination based on race/ethnicity.
Race/ethnicity	47.2	45.7	*Arab and Muslim Americans*	"…When it comes to the negative representations, it kind of intertwines, not only the Arab aspect of it, but also really the Muslim community as well. They kind of twist that together to portray it in a very negative way." Rayyan	
Gender	12	20.6	*Markers of Identity*	"I think being a male, it's hard to kind of, I mean, sometimes you'd get the staring guys. But especially if you're female and you're Muslim, not just Arab American, you definitely get more of the discrimination looks and hate speech." Yusuf	Both men and women in the community acknowledge that women are more often the recipients of discrimination directed at Arab Americans. A greater, though not statistically significant, percentage of women selected this reason (QUANT) and talked about gender-based discrimination (QUAL)
Discrimination Scale Item (weighted mean(SE))	**Male**	**Female**	**Qualitative sub-themes**	**Exemplar quotations**	**Mixed Methods Interpretation**

People act as if they are afraid of you	1.81 (0.14)	1.88 (0.12)	*Arab and Muslim Americans*	"I had this this basketball tournament in Grand Rapids. It wasn't even like that far, but there was something that happened in the world like that week…A bunch of the parents from one of the teams that we were about to play against, saw my name on the roster sheets and you know, hometown Dearborn. And they didn't want their kids playing against me, even though I was still a kid." Hussain	The stereotypes of Arab Americans as dangerous is not limited to men. The mean of this scale item was higher, though not statistically significantly so, among women (QUANT). Both male and female participants talked about this stereotype and mentioned people acting afraid of them for their names, religious practices, and language (QUAL).
			Arab and Muslim Americans	"But there are some people who get uncomfortable when we switched languages, you know? And it's like, sometimes I don't know how to say this word in English, if it's a food and I'm talking to my mom and I'm like, I'm switching back and forth. You know, it doesn't mean I'm doing anything harmful. I'm not harming anybody." Layla	
Full Discrimination Scale Mean Score (weighted mean (SE))	**1st Gen**	**2nd Gen**	**Qualitative sub-themes**	**Exemplar quotations**	**Mixed Methods Interpretation**
1.73 (0.06)	1.62 (0.08)	1.92 (0.10)	*Discrimination in the Digital Age (Chapter 3)*	"I guess less discrimination that's physical-based, if that makes sense. And I think more so like socially, like micro-aggressions, I think it's changed. I think discrimination of my parents time is less apparent, but I think there's a new wave of discrimination kind of, and how it's projected, acted on, defined and whether it's really considered seen or not." Iman	The second-generation reported more frequent discrimination than the first generation and the difference was statistically significant ($p<.01$) (QUANT). Participants in the sessions discussed how discrimination has changed and much of it is taking place on social media, where perhaps first-generation Arab Americans don't have as much interaction with non-Arab Americans. The discrimination that is taking the form of microaggressions may also not be meaningful to first generation Arab Americans (QUAL).
			Discrimination in the Digital Age (Chapter 3)	"I think with older generations, if that kind of stuff happens, you keep quiet about it because it makes you vulnerable, versus our generation is more likely to speak up about it and say, okay, let's do something about it. And the parents might be in the corner saying like, no, no, no stop, don't create trouble. Right. Because they have obviously experienced violence...So I think it's that fear that those people have grown up with. And they don't want their children exposed to it, versus our generation can, I think we can say a lot more than other generations have, and I think we can speak up about a lot more things than other people wouldn't have been safe to speak up about in the past." Farrah	

Mental Health

In Chapter 3, I analyzed mental health as it relates to coping based on the Stress, Coping, and Buffering models. In this section, I move beyond coping for an analysis of two important issues around mental health in the community named by participants: constant worry about discrimination and stigma surrounding mental health and treatment.

Theme 3: *Mental Health in the Arab American Community: "We're taught to feel like that's not okay to feel"*

Participants discussed some of the mechanisms for poor mental health in the community, especially for those who are visibly Muslim and Arab, as well as the social norms that surround talking about mental health issues and seeking treatment.

Theme 3A. *"Constant Worry"*

Differences in mental health outcomes may also be related to religious identity generally, and visible religious identifiers specifically. In Chapter 3 theme *Safety and Support*, participants discussed how the community provides a sense of safety and acts as a space where residents feel at ease. This contrasted with feelings of a lack of safety outside of Dearborn and the Arab American community. For some in the community, particularly those who are visibly Muslim and Arab, this is reflected in an elevated sense of awareness of people and situations that may be dangerous. A "hyper-awareness" of identity (Halima) was paired with a constant concern for safety and that people will do or say something that would cause harm. Hind describes her worries as a woman practicing hijab, "*I'm a constant look over my shoulder type person. Like I'm already kind of paranoid, but yeah, this [hijab] definitely doesn't help. It's just, you're just constantly worried."* Even for non-hijabi participants, a continual worry about safety extended also to family members who were more visibly Muslim or Arab and participants in three separate sessions mentioned concern for the safety of family and friends.

Along with this constant worry and hyper-vigilance, participants described changing their behaviors in public settings to bring less attention to themselves. This ranged from being more polite and subdued to using an Americanized name so as not to call attention to religious or ethnic identity. Layla describes her changes in behavior outside of Dearborn, *"I'm always more shy, extra polite and, you know, make sure I don't say anything that's like disrespectful or you know, offending to anybody. It's just like, I feel like I'm not myself."* Another participant talked about having her guard up even in Dearborn when leaving the house and running errands,

> "*I get uncomfortable when like a place is like very big and there's a lot of people. And maybe part of that reason is because I don't want to run into a situation of discrimination. I don't want there to be like a racist interaction with anybody. So I just play it safe and I keep it close, where I go to buildings that are not that big, just very small, quick and grab and go, whatever I need.*" (Samira)

These limitations in or changes to behavior may seem relatively minor, though can take a toll over time, and build up to negatively impact mental health. While hijabi participants did say they felt safer within Dearborn, they also mentioned that they still never really feel at ease in public spaces and were cautious about things they said or did being misinterpreted. Concern around public perception and negative or unsafe experiences may be especially prevalent for hijabi women in the community and have an adverse effect on their mental health.

Theme 3B. *Stigma Around Mental Health*

In Chapter 3 sub-theme Coping and Mental Health, denial of mental health issues in the community was a prevalent topic. While participants mentioned denial and avoidance around discrimination and coping, that very much also extended to mental health issues. Instead of seeking treatment, people instead ignore mental health issues. Those who do seek help are seen as weak and there is significant stigma around mental healthcare in the community, especially from older generations. A participant explains, "*there's also the stigma surrounding mental health, or even getting mental health help, because I guess a lot of people consider that, a lot of especially Arabs, the older generation especially they consider it, like it's a weakness basically.* (Rashida) While this may be due to a particular "survival mentality" among older generations, participants also discussed how mental health issues are seen as not having strong enough faith in God. Layla details,

> *"I know a lot of the older generation, they have really, really bad mental health, but they will deny it till like they're in the grave. They're like 'nope, that's not me'... And it just all goes back to, you know, their mentality of lack of faith and this and that."*

Those who do seek treatment may become the subject of gossip and rumors. Ahmed explains, "*if someone hears [that someone] struggles with mental health, everyone will know about it. And like, people just talk about it."* There was also a discussion of denial of the existence of mental health issues more generally, blame directed at families, and as Khadija stated, "*there's a lot of pressure on us for always wanting to feel happy and be happy*." Across every session,

participants discussed stigma around mental health and the desire for it to decrease so that people could seek help for mental health issues.

It's possible this denial and stigma is salient for men in the community and could extend to questions on a survey around depression and anxiety, resulting in differences not only in the effects of ethnic identity and centrality, but in the relationship between discrimination and mental health outcomes among male and female survey respondents I found in Chapter 2. Though there was not saturation in this area, a few participants brought up denial of mental health issues specifically among men in the community. Men see themselves as being able to "take a lot of heat" (Hussain) and deal with a lot of mental strain, to "put up with a lot more and like be okay with it basically and like recover from it" (Rashida). They also deny problems they may be having. Though there was discussion of more acceptance for mental health issues and treatment among younger generations, that acceptance might not be equal among men and women. As one participant describes,

> "*I think there's a push for younger generations to start talking about this, but at the same time, the aspect of vulnerability or weakness, especially like in the men, I feel like that stands. Or the teenage guys, like, you know, they want it, they don't want to come off as weak or anything like that.*" (Yusuf)

The gender norms for men to be strong, to not show weakness or admit they have issues, including with mental health, may be extending into younger generations. Another participant described what she saw as an issue of capturing accurate mental health information in the community,

> *"Because we will send out as many surveys as we'd like. But at the end of the day, you're still capturing a group of people where like, I think they probably need it the most and will not say on a survey, 'oh, I'm depressed.' Because in the back of their head, if you have somebody who has depression, anxiety, they're not going to be like, 'oh yeah, let me click on this question.' And no matter what, somebody is going to, in their mind, going to know. And so we're not capturing those individuals, they're not receiving services."* (Iman)

While this does not explain the differences in the relationship between discrimination and poor mental health among men in the sample, it does shed some light on possible issues around data collection for mental health in the community and the continuation of gender roles that may make it difficult for men to disclose any mental health issues.

This final matrix is an examination of the quantitative and qualitative findings on depression and anxiety. It helps to explain some of the differences in mental health outcomes and the relationship between discrimination and depression and anxiety between male and female survey respondents and sheds light on the role of religious identity and religious identifiers in mental health outcomes.

Matrix 3. Depression and Anxiety Among Men and Women and Those Reporting Religious Discrimination

Quantitative Results			**Qualitative results**		**Mixed Methods Results**
Depression and Anxiety (weighted mean (SE))	**Male**	**Female**	**Qualitative subthemes**	**Exemplar quotations**	**Mixed Methods Interpretation**
2.88 (0.23)	2.44 (0.33)	3.13 (0.31)	*Coping and Mental Health (Chapter 3); "Constant Worry" (Chapter 4)*	"You really can't do as much, but yeah, it does kind of make you, it [worry about discrimination] just brings you down… Sometimes it's in the back of my head when I go out. For me to say that I'm fully free when I'm outside, I would be lying. But if somebody does do this or say that I'm always like, kind of worried. I don't want to, I don't like experiencing that. You know what I mean? It's just, I'm more of a, like a, on a sensitive side. I'd be upset." Hind	Women reported higher levels of depression and anxiety than men, though this wasn't statistically significant (QUANT). While women discussed times when their mental health was impacted by discrimination, men talked more about the denial and avoidance of such discussion and acknowledgement about negative emotions among men in the community (QUAL).
			Coping and Mental Health (Chapter 3); Stigma Around Mental Health (Chapter 4)	"I think it just not wanting to show sense of vulnerability. Maybe just a thing of like pride and you know, trying to, like, Ahmed was speaking about, like trying not to show any weakness, and they don't want to seem like they can be affected mentally, you know?" Yusuf	
Depression and Anxiety Scale Item-"Not being able to stop or control worrying" (weighted mean (SE))	**Religion-based Discrimination**	**No Religion-based Discrimination**	**Qualitative subthemes**	**Exemplar quotations**	**Mixed Methods Interpretation**
0.72 (0.06)	0.83 (0.09)	0.71 (0.10)	*"Constant Worry"(Chapter 4)*	"It is a bit scary because there are times where I have, before I do an action, I have to stop and think what would be the outcome of this?" Samira	Those who reported their experiences of discrimination were based on religion more frequently reported that they were not able to stop or control worrying compared to those who did not, though this difference was not statistically significant (QUANT). Women who practiced hijab talked about heightened vigilance, constant worry, and changes to their behavior in public spaces to draw less attention to themselves and avoid experiences of discrimination (QUAL). This may lead to more frequent experiences of this anxiety item of the PHQ-4.
			Safety and Support (Chapter 3); "Constant Worry" (Chapter 4)	"But I still always feel like people are always like looking at me or like, you know, I might be afraid that something's going to happen … I always do like get afraid of that stuff, especially when I am outside of the Dearborn community...you feel hyper aware, I guess, of your identity." Halima	

Discussion

The objective of this dissertation chapter was to elucidate how gender, religion, and other elements in the ethnic enclave community further shape ethnic identity and centrality of ethnic identity, influence experiences of discrimination, and affect mental health to help explicate results from Chapters 2 & 3. Through this analysis, I developed three topic areas, ethnic identity and centrality of ethnic identity, discrimination, and mental health. I specifically looked to further explain the results around centrality of ethnic identity and identify what might further contribute to ethnic identity in the community. I then explored the discrimination attributions through both qualitative and quantitative analysis. Finally, I combined the qualitative and quantitative data to better understand mental health in the community. With joint display matrices, I further examined discrimination, and the moderation results from Chapter 2, paired with the qualitative themes and sub-themes from this chapter and from Chapter 3. Overall, the qualitative findings did further explain the quantitative findings, particularly around discrimination attributions and the moderation role of ethnic identity. In terms of mental health, the integrated data provided some further understanding around the differences in coping and mental health outcomes among men and women and in increased anxiety among visibly Muslim and Arab community members. Stigma around mental health is still significant, but there is also the recognition of the dangers of that stigma and the need for it to change.

Ethnic Identity and Centrality of Ethnic Identity

In this analysis, I more fully examined the findings around ethnic identity and centrality of ethnic identity and gender from the quantitative data. Ethnic identity and centrality of ethnic identity are nuanced and have a protective influence on mental health outcomes for women but not men. The qualitative data point to some insight into the complexity of the role of both in the Arab American community, and in the enclave more specifically. Women talked about the importance of their Arab American identity and how it allowed them to connect with others and give and receive support, especially related to experiences of discrimination. In this community, women are seen as responsible for passing culture down to younger generations and maintaining traditions, language, and religion (Beitin & Aprahamian, 2014), which may encourage that connection. Moreover, gender norms and coping strategies among men lead to more denial of issues around discrimination and mental health. Men who utilize active coping strategies and

help-seeking to deal with discrimination have been found to have better mental health outcomes than men who did not. This may be linked to the lack of help-seeking and social coping behaviors among men who follow more traditional gender norms (Amri & Bemak, 2013; D. Matthews, Hammond, Nuru-Jeter, Cole-Lewis, & Melvin, 2013).

Discrimination

Women attributed discrimination they experienced to physical appearance (including hijab) more frequently than men in the quantitative data. In the qualitative data, participants frequently remarked that Arab/Muslim identity was more attributable to women wearing hijab. Many felt this makes women who do wear hijab easier targets for discrimination. This aligns with other work around hijab and religious and ethnic identity among Arab and Muslim women (Alsaidi et al., 2021; Ikizler & Szymanski, 2018). In a large survey of Muslim Americans, half of the women reported that their appearance identifies them as Muslims and two thirds of these reported experiencing discrimination, compared to less than half whose appearance does not identify them as Muslim (Pew Research Center, 2017). Religion and race are conflated for Arab and Muslim Americans, and it makes it difficult to distinguish the reason for discrimination, as evidenced in both the quantitative and qualitative data. Even though Arab American men don't necessarily have outward indicators of their religion, they still selected this reason frequently. This response may be related to their name and the surveillance that confronts them in airports (Selod, 2019), mosques, and more generally in US society (Abraham et al., 2011).

While the traditional stereotypes of Arab women are not necessarily that they are dangerous, both men and women in the qualitative data spoke about people being afraid of them, which is also reflected in the quantitative data. This may relate to women wearing hijab, their use of Arabic, or practices of praying, which may mark them as "other" (Awad, 2010; Selod, 2019), and therefore frightening, to those outside of the community. Additionally, there is some evidence that Muslim women are being perceived more frequently as terrorists as well (Alimahomed-Wilson, 2017; Alsaidi et al., 2021).

Finally, higher levels of discrimination were reported among second-generation survey respondents. As US-born Arab Americans, they are likely more familiar with US culture and have better English-language skills due to their attendance at US schools. They may therefore be better able to distinguish discriminatory actions compared to foreign-born Arab Americans

(Birman & Trickett, 2001). In the qualitative data, second-generation Arab Americans reported feeling more empowered to push back against discrimination compared to their parents' generation and so may not shy away from reporting or interpreting actions as discriminatory.

Mental Health

Though not statistically significant, women reported higher levels of depression and anxiety than men in the sample; similar higher rates of poor mental health among women compared to men have been found in other studies with Arab Americans (Abuelezam & El-Sayed, 2018; Assari & Lankarani, 2017). However, even with these higher depression and anxiety scores, a strong sense of ethnic identity and high centrality of ethnic identity were still protective against poor mental health from discrimination for female respondents. Participants in the qualitative data reported that community support and connections with others in the community help community members from the negative effects of discrimination, particularly for women. Living in the ethnic enclave community gives them positive associations with their identity and confidence in that identity, even when they experience discrimination based on that identity. Hakim and colleagues found that Arab Americans developed stronger ethnic identity in the face of discrimination, (2018), and the results here provide an understanding of some of the mechanisms of that type of approach to experiences of discrimination.

Discrimination influenced mental health outcomes among those with both high and low centrality of ethnic identity in the full sample. A high centrality neither amplified the negative effects of discrimination, as it does for some ethnic minority groups (Bombay et al., 2010; Burrow & Ong, 2010), nor acted as a buffer against it, as it does for other groups (Caldwell et al., 2004; Neblett Jr et al., 2012). Because of the prevalence of other Arab Americans, the importance of Arab identity and its protectiveness and/or negative effects may be lower. Compared to a sense of ethnic identity, which provides more information on the mechanisms of protection against poor mental health, this single measure of centrality provides less insight. The findings in the qualitative data do provide more understanding around the importance of ethnic identity in the community and the differences between male and female survey respondents, especially around the support and resources women in the community access through their identity to better support their mental health.

Those with visible religious identifiers discussed a state of constant and elevated worry regarding their safety and fear of discrimination. Although not statistically significant, those reporting religious-based discrimination experiences reported that they more frequently could not control or stop worrying. This may reflect, in part, the heightened awareness of discrimination among those with religious identifiers and the attribution of negative experiences to religious discrimination. In other studies, hijabi women have described their fear of discrimination and increased concern for safety (Abu-Raiya, Pargament, & Mahoney, 2011; Alsaidi et al., 2021) and elevated levels of anxiety may follow. Anticipatory stress and anxiety and increased awareness of discrimination is associated both directly to poor mental health outcomes among other ethnic minority populations and can act as a factor that intensifies the effects of discrimination on mental health (D. Williams & Mohammed, 2009). The state of constant worry described by participants may also be reflective of a belief that others view their religion negatively, that there is a low public regard for Islam (Sellers et al., 2003). Perceived low public regard of Islam has been associated with psychological distress among Arab Americans (Hashem & Awad, 2021), which may also help to explain some of the relationships in this data.

The stigmatization of both mental health issues and treatment within the Arab and Muslim American community has been documented and discussed in other studies (Aloud & Rathur, 2009; Ciftci, Jones, & Corrigan, 2013; Pampati, Alattar, Cordoba, Tariq, & Mendes De Leon, 2018). In this study, participants went beyond an acknowledgement of stigma. They shared both that they recognized the stigmatization and want it to change and that they see it as negative for the mental health of everyone in the community. Not only are older generations who have undergone significant trauma not seeking treatment, but those in younger generations are not receiving care for mental health issues, even those based on experiences of discrimination. Discrimination in and of itself can result in trauma for Arab Americans and is also combined with historical trauma and trauma from policies directed against Muslim and Arab Americans (Awad et al., 2019). Additionally, there may be a gendered element to some of the stigma around help seeking for mental health, wherein men are seen as particularly weak if they do seek help, which may not apply in the same way to women (Ciftci et al., 2013). Finally, it was suggested that stigma of mental health issues may prevent survey respondents from answering questions around mental health accurately, which has been posited by other researchers (Pampati et al.,

2018). It is possible, therefore, that the measures of mental health outcomes used in research in the community are not capturing the full picture of poor mental health in the community.

Limitations and Strengths

This analysis is not without limitations. The first limitation is that the quantitative and qualitative data are from two different sampling frames, though the traditional explanatory sequential mixed methods design uses qualitative and quantitative data collected from the same group (Creswell & Clark, 2017). Though I did recruit among survey respondents, none of those who expressed interest in participating met the inclusion criteria. Therefore, I had to expand recruitment to the broader Arab American community in Dearborn. As the vast majority of the quantitative sample was from the ethnic enclave community and the model variables were limited, I was also not able to assess the effects of the enclave community quantitatively. The second limitation is that in both the qualitative and quantitative samples, the vast majority of participants identified as Muslim. In considering questions of religion in relationship to discrimination and mental health, it is unlikely that the experience of Muslim Arab Americans mirrors that of Christian Arab Americans (Awad, 2010; Hakim, Molina, & Branscombe, 2018). A comparison group of Christian Arab Americans would have been beneficial to better untangle the role of religion in culture, discrimination, and mental health. A third limitation is that I did not specifically ask about the role of religion in culture, discrimination, identity, or mental health. More direct questioning on these subjects may have resulted in more data and in-depth results that may have contributed to further understanding of the quantitative analysis. A strength of this data is that there were both male and female and hijabi and non-hijabi participants. This allowed for details around a breadth of experiences related to discrimination and identity in the community. Few studies have looked at reasons for discrimination in the Arab American community, and the availability of both quantitative and qualitative data on this topic allowed for a thorough exploration. A final strength is the use of joint display matrices. These help to demonstrate the connections and relationships between the two sets of data and for a clear explanation of how they relate.

Conclusion

This is one of the first mixed methods analyses on discrimination and mental health in the Arab American community. With the combination of these two datasets, the context of survey

results is clarified through qualitative data collected in focus groups and individual interviews. As discrimination towards Arab Americans is related to multiple aspect of their identities, an approach to understanding experiences of discrimination and mental health in the Arab American community which takes into account multiple aspects of identity is essential to improving approaches to mental health care in the community.

It is clear from both the quantitative and qualitative data that there are differences in experiences of discrimination, coping strategies, and ethnic identity among men and women in the community. Religion is also an important aspect of culture and identity and plays a role in experiences of discrimination. It may also play a role in the understanding of discrimination and resulting poor mental health outcomes. These results demonstrate the importance of assessing religious identity, religious identifiers, and gender along with discrimination and ethnic identity to help better predict mental health outcomes among Arab Americans, especially considering the role that stigma may play in hampering assessment. While stigma may decrease over time, active efforts to provide more far-reaching and accessible mental health services and preventative measures may help create more lasting acceptance for mental health services in the community.

Chapter 5 Conclusion

As an-often stigmatized ethnic minority group within the US, many Arab Americans have significant experiences of discrimination that can negatively affect their mental health (Abuelezam et al., 2018). However, many positive aspects of the Arab American identity along with social support and cohesion within the Arab American community may help to counter these stressors and help promote positive mental health (Awad et al., 2019). While much of the research around Arab American health has been conducted in SE Michigan in the Arab ethnic enclave community, little is known about the specific ways in which residence in this enclave may further influence discrimination experiences and mental health outcomes of Arab American adults. Research has been conducted with adolescents and emerging adults inside the ethnic enclave around ethnic identity (Kumar et al., 2015; Sheldon et al., 2015), social support and depression among immigrant women (Aroian et al., 2017), and the effect of cohesion and religiosity on well-being with data from the 2003 Detroit Arab American Study (Hakim et al., 2018). While this research is undoubtedly important and has moved the field forward, there is a need for more recent and comprehensive information that uses a social-ecological approach and considers the effects of current political and social climate on Arab Americans. This dissertation takes an important step in exploring both risk and protective factors for depression and anxiety among men and women of mixed generation status and ages <u>within</u> the ethnic enclave community in the Trump and post-Trump eras.

I used the TMSC and Social Ecological Framework to provide a conceptual framing for understanding the relationship between discrimination and mental health outcomes in the community. The TMSC helps to demonstrate some of the possible protective factors in the community that may influence this relationship, as well as the mechanisms through which experiences of discrimination can result in depression and anxiety. The Social Ecological Framework offers a foundation from which to explore these relationships, especially as they are based in interconnected influences.

I explored these relationships using a mixed methods approach. Specifically I addressed the following three aims: 1) examine the moderating role of ethnic identity and centrality of

ethnic identity between discrimination and depression and anxiety and how, if at all, this relationship is further moderated by gender, age, and immigration status; 2) explore in-depth how experience and fear of discrimination and a sense of ethnic identity affect mental health in the Arab American community, and gain insight into how residence in an ethnic enclave serves as a context for these experiences and relationships; and 3) identify and explore further elements of the ethnic enclave community which relate to a sense of ethnic identity and discrimination and influence mental health.

Summary of Findings

In Chapter 2, the quantitative inquiry into Aim 1, I found that a strong sense of ethnic identity did moderate the relationship between discrimination and poor mental health in a protective direction. However, a high centrality of ethnic identity did not moderate the relationship. In the sub-group analysis, I found that both ethnic identity and centrality of ethnic identity were protective against poor mental health outcomes from discrimination among women but not men. These findings provide evidence that a strong sense of ethnic identity can buffer the effect of discrimination on mental health among Arab American adults. I tested moderation effects of both ethnic identity and centrality of ethnic identity against poor mental health from discrimination, however, the hypothesis of the moderation effect of centrality of ethnic identity was not supported. I also tested further moderation in multiple sub-groups, including age and immigration status, as there have been differences in discrimination, mental health, and ethnic identity based on these characteristics (Yip et al., 2008; Yoo & Lee, 2008). However, the only moderation effect was in the gender subgroups. These results are not necessarily wholly indicative of a lack of differences in the effects of ethnic identity and centrality of ethnic identity based on these characteristics, but the effects may not have been detectable through SEM methods. Because the sample was somewhat small, a larger sample or different type of analysis may provide more information on possible differences in the effects of ethnic identity and centrality among these groups.

Chapter 3 was a qualitative investigation of Aim 2. Through focus groups and individual interviews, a few main themes emerged. Discrimination is seen as a prevalent issue for Arab Americans of all generational statuses across the country, though microaggressions were particularly salient for the participants. However, online spaces are providing people ways to

document and push back against discrimination. Beyond having a space in which to push back, the participants also spoke about confidence in their response to discrimination and that a sense of community and identity helps support them and reinforces this confidence. In a form of selective acculturation, second-generation Arab Americans living in Dearborn are adapting to the ethnic enclave culture. This culture incorporates elements of both US culture and MENA culture, creating something that is uniquely Dearborn Arab American. This also involves bringing in some mainstream American values and traditions and attempting to leave behind some of the more restrictive aspects of the culture of their parents' and other immigrants in the community. Unlike in other enclave communities, second-generation Arab Americans are creating a true Arab American culture and identity, not merely maintaining an Arab identity within American culture. All of these elements present in the ethnic enclave community work in combination to influence mental health. The younger generations in Dearborn not only express confidence about pushing back against discrimination, but also in addressing stigma around mental health in the community in pursuit of improving mental health through appropriate treatment.

In Chapter 4, I combined the quantitative and qualitative data from Chapters 2 and 3 in order to address the Aim 3. This merging of data helped to elucidate further insight into the role of gender in the effects of ethnic identity and centrality of ethnic identity. Religion was uncovered as an additional characteristic that influences experiences of discrimination, identity, and mental health in the community. Social and community support which women use to cope with discrimination underlie some of the differences in effects of ethnic identity and centrality of ethnic identity among men and women. Additionally, Muslim women who wear hijab have unique experiences of discrimination. As multiple aspects of their identities are marginalized, they are often unable to tell if experiences of discrimination are based on race, religion or gender or a combination of these. This marginalization may also contribute to constant worry and anticipatory stress of discrimination, which can negatively influence mental health outcomes. These results highlight the importance of an approach to understanding discrimination, identity, and mental health among Arab Americans that encompasses both religious identity and gender. Stigmatization of mental health issues and help-seeking, however, has influence that spans the generations in the community and may possibly be a more prevailing issue for men in the community. However, there is also now a recognition of the stigma and its harms and

repercussions which may result in changes in attitudes and social norms as the younger generations age.

Contributions to the Literature

This dissertation provides innovative contributions to the literature around discrimination, ethnic identity, and mental health in the Arab American community. The quantitative analysis revealed that ethnic identity can be a protective factor against poor mental health for adults as well as adolescents and that the effects of ethnic identity differ for men and women in the community. Unlike previous studies, this dissertation provides quantitative data on ethnic identity and centrality of ethnic identity from a wide age-range of adults in the ethnic enclave community. Recent quantitative studies around ethnic identity and mental health in the ethnic enclave community have been with adolescents or emerging adult populations (see Seff et al., 2021; Sheldon et al., 2015). This work established as association between a sense of ethnic identity and positive well-being (Sheldon et al., 2015) and that ethnic identity can be protective for mental health among second-generation Arab Americans (Seff et al., 2021). The inclusion of other age groups in our data helps to clarify the importance of a sense of ethnic identity throughout the lifespan. The differential results around gender and ethnic identity show that while a strong ethnic identity may be generally protective against poor mental health, it appears to be more protective for women than for men. While theoretical work around ethnic identity suggests that a sense of ethnic identity can function as a positive coping strategy (Phinney, 2003), my results suggest that there are gender differences in the use of this strategy among Arab Americans in the enclave community. This is important for understanding the ways in which resources based in a sense of ethnic identity, including community and social support, can be utilized in programming and support for improving mental health outcomes and as preventative measures, as well as how to extend supportive resources throughout the community. Though the existence of stigma around mental health in Dearborn as well as other communities has been established in previous studies (Aloud & Rathur, 2009; Pampati et al., 2018), this study is one of the first to demonstrate that stigma around mental health issues and treatment may be decreasing and does not exist in the same way or at the same level among younger generations compared to older generations in the community.

Additionally, this dissertation provides insight into acculturation strategies for second-generation Arab Americans in Dearborn. The qualitative data of this dissertation include second generation emerging adults in the enclave community. This study population differs from previous qualitative work with adolescents of mixed generational statuses[7] in the community around issues of ethnic identity and mental health (see Kumar, 2014, 2015; Seff et al., 2021). Additionally, I included both male and female participants of mixed national origins. Doing so helped to ensure that the data was comprised of varied experiences of diverse community members. These emerging adults from different backgrounds explained that their Arab American identity is a balance between the two aspects of that identity, a situation that is best described not as segmented assimilation (Portes & Zhou, 1993), but instead as a type of selective acculturation (Portes et al., 2009; Ajrouch & Jamal, 2007; Cainkar & Read, 2014). This strategy is not something that is happening only among adolescents in an American school setting, but by adults in the community who feel a real attachment to both their Arab and American identities. This may not have been the case for their parents' generation but is for this second-generation as they forge ahead in this identity and into positions of political and social power. As the 31-year-old newly elected mayor of Dearborn, Abdullah Hammoud, stated in his victory speech,

> "For those of you who were ever made to feel that their names were unwelcome and to our parents and to our elders and to others who are humiliated for their broken English and yet still persist, today is proof that you are as American as anyone else." (B. Ahmed & Westrick, 2021)

Within Dearborn, many second-generation Arab Americans have decided that they can embrace both parts of their identities and want to create a space for others to do so as well. With this expanded understanding of Arab American ethnic identity as a protective factor for mental health for many in the community, practitioners and others working to improve mental health outcomes can incorporate this knowledge into treatment and resources for mental health. Beyond the enclave community in Dearborn, these findings have implications for the understanding of ethnic enclave communities more generally. With the spread of the internet, social media, and communication platforms, sharing information and being connected is less and less bounded by geography. Arab social media accounts were discussed as spaces for ethnic identity affirmation and cultural connection outside the ethnic enclave community. However, the physical

[7] Namely immigrant and non-immigrant

community itself still plays an important role as a space of cultural connection and support, even among younger generations very engaged with social media. It is probable that other ethnic enclave communities continue to play an important role as spaces of affirmation and support, which can't be replicated on the internet, including as economic centers for the ethnic community (Credit & van Lieshout, 2021).

While a strategy of selective acculturation in the second-generation is not new, the ways in which Arab Americans in the ethnic enclave community embrace this two-part identity both inside and outside the community may be reflective of some changing climate of acceptance for strong ethnic identity and strong American identity. These findings also help demonstrate the importance of both American and Arab identity for good mental health, which aligns with findings in other immigrant communities (Barry & Hou, 2017). However, the findings of this dissertation also provide evidence of negative influences on health in enclave communities, aligned with previous findings around negative effects on mental health (Kim et al., 2014) and lower access to resources (Patel et al., 2003). Participants explained elements of a social environment where social pressures play a large role and these pressures, paired with gossip, can lead to a "toxic" environment for some in the community, along with negative effects on mental health.

Finally, as one of the first mixed methods studies of discrimination and poor mental health among Arab American adults living in the ethnic enclave community since the 2016 Presidential election, this dissertation provides unique insight into the effects of an Islamophobic social environment on experiences of discrimination and mental health for one of the most identifiably Arab cities in the US. While many participants described microaggressions and digital discrimination, they also spoke with confidence about their ability to push back against discrimination and show the world a different and more accurate picture of the Arab American community. However, those in the community who are visibly Muslim and Arab, particularly women practicing hijab, may experience more frequent discrimination and poor mental health from these experiences and from increased vigilance in public spaces. Even with space to push back against discrimination, social and community support is still an import aspect of coping with discrimination for these community members. Approaches to improving mental health outcomes in the community should take into account differential experiences with discrimination and aspects of identity that may be more marginalized, as well as protective elements such as

ethnic identity and social support. Stigma around mental health still plays a significant role in the community as well. Though this stigma may decrease over time, researchers and those conducting interventions should approach measurement and treatment of mental health with an understanding of this stigma and trauma at the individual and community levels.

Strengths and limitations

The global COVID-19 pandemic has had a significant impact on many aspects of life and this dissertation research is no exception. The limitations around the qualitative data stem mainly from recruitment. I was unable to recruit any participants from the original survey respondents. Additionally, the pandemic limited in-person recruiting opportunities, as well as in-person focus group sessions. As a result, much of the recruitment occurred online and participants had to have the ability to participate in the session via video, all of which limited the number of available participants and the amount of data that could be collected. The video call format may have very well excluded those with lower socio-economic status, especially those without strong or consistent internet access at home. Though the inclusion criteria included those aged 18-45, I had difficulty recruiting those who were in the 25-45 age group, perhaps because of my utilization of college email lists and snowball recruitment from participants. In-person recruiting from more varied locations may have been beneficial in recruiting this older age group. Importantly, Zoom may still be a useful format for data collection with this age group, especially as it can ease issues of transportation or finding childcare and was effective for data collection with those 18-25 years old.

A limitation of the quantitative data is that it was collected via a community convenience sample, which limits the generalizability of the findings. Moreover, the sample is skewed towards younger participants with lower incomes than has been reported among Arab Americans in other studies in Michigan and nationally ("Demographics - Arab American Institute," n.d.; Neumayer et al., 2017). While the study has a large enough sample size to conduct path analysis using SEM, a larger sample size would have allowed for analysis among additional subgroups of the sample and while maintaining statistical power and may have provided more robust results for the models that were analyzed (Edwards & Lambert, 2007).

A strength of both the quantitative and qualitative data is that they include both male and female participants from a range of national origins, which helps to provide a good range of

opinions and experiences. Another strength is that the quantitative and qualitative data were both collected from the same population, even if not the same sample, and the data collection periods were within a two-year period. This helps to provide continuity between the two sets of data and provide additional validity for the results and conclusions drawn from the combined datasets. Finally, the design allowed me to elicit qualitative data that directly related to the quantitative findings. This approach allowed me to effective address the aims and combine the data effectively.

Implications for Research, Practice, and Policy

The results of this dissertation set the foundation for future research. It is clear from the results around gender and ethnic identity and centrality, as well as mental health outcomes for men, that further research with Arab American men around mental health and identity are critical. It is possible that cultural norms around masculinity and gender roles influence the role of ethnic identity and centrality for men in the community. Additionally, as there are conflicting findings around men's mental health in the community, especially as it relates to discrimination, additional studies which focus on measurement would be beneficial to understanding the risk and protective factors for poor mental health among men. Future intervention research around mental health should incorporate ethnic identity affirmation as a protective feature for mental health. Those interventions which utilize social support and collective community identity and create a space for men to access these as well may help expand the availability of protective resources to men and others in the community, including through the use of social network-based programs or interventions (Hankerson, Suite, & Bailey, 2015).

While this was a study of the effects of ethnic identity on discrimination and mental health within the Arab ethnic enclave community in SE Michigan, the digital nature of community forums and spaces such as TCD Instagram and Facebook pages may mean that support and cultivation of a strong sense of community and Arab identity can develop outside of the ethnic enclave community. Further study around the influence of TCD, Arab TikTok, and other Arab American social media accounts and their influence on a sense of identity, community, support, and mental health outside of Dearborn and other enclave cities would provide helpful information as to the reach of these spaces and the possible effects they have.

Further community-based approaches, including a community needs assessment with special consideration of stigma and differences in stigma between different generations, genders, ages in the community could provide a better understanding of the types of stigma around mental health that exist among these various groups, as well as the ways in which stigma influences help-seeking in the community. This type of approach could also be used to inform intervention work to address mental health disparities (Cardemill, et al., 2007; Collier, Munger, & Moua, 2012). Additionally, many scholars have called for additional large and longitudinal studies in the ethnic enclave community and this dissertation provides further evidence of the need for these. Longitudinal analysis of the development and role of ethnic identity in mental health outcomes in the community would provide further evidence around the role of ethnic identity in mental health outcomes at different stages in the life course. This could be especially beneficial as many second-generation Arab Americans age and begin to step into leadership roles in the community, as we've seen with the election of the first Arab and Muslim American mayor of Dearborn in 2021.

Improving mental health outcomes through interventions that utilize protective factors in the community along with active coping strategies have been designed and conducted among other ethnic minority populations in the US (Lewis, Cogburn, & D. Williams, 2015). While individual level interventions do not solve issues of systemic and structural racism and discrimination, they can help individuals who are experiencing discrimination better cope with and manage these experiences and possibly improve mental health outcomes (Lewis et al., 2015). Internet-based interventions and therapy have been found to be equally effective as in-person therapy and interventions around depression (Richard & Richardson, 2012). Additionally, a web-based delivery for interventions or therapy may be particularly appropriate in Dearborn, as participants explained the stigma of making and going to an in-person appointment at a local healthcare provider. Interventions via smartphone applications have also been developed for coping with discrimination and improving mental health in ethnic minority communities (Anderson-Lewis, Darville, Mercado, Howell, & Di Maggio, 2018). A recent study tested the effectiveness of a culturally tailored mindfulness smartphone application among African Americans and found that those who used the application reported lower levels of stress (Watson-Singleton, Pennefather, & Trusty, 2021). Increased mindfulness and valued-living have been found to reduced racism-related stress for people of color, and may help individuals better

understand systemic racism and use cultural based coping methods (Martinez, Suyemoto, Abdullah, Burnett-Zeigler, & Roemer, 2022). Mindfulness applications or deliveries may then be a way for those in the Arab American community who are not necessarily benefiting from a strong sense of ethnic identity be able to access resources based in Arab identity, including social and community support. Additionally, mindfulness interventions have been found to be effective for decreasing stress among those who are avoiding coping with experiences of discrimination (Martinez et al., 2022), a strategy discussed as commonplace by participants.

Individual or community-based interventions may provide improvements in mental health in the Arab American community, but until there is official recognition of Arab and other MENA Americans at the federal level, we cannot truly understand health disparities in the community, the effect of discrimination, or any improvements in health outcomes from interventions; without this official recognition, funding for research and interventions is limited (Abboud, et al., 2019). The evidence from this dissertation adds to the literature around identity and health for Arab Americans and further emphasizes the differing health needs of the Arab American community. These findings help to underscore the importance of a unique MENA category and add to the strong push from researchers, and organizations in the community for the inclusions of a MENA identification category at the federal level (Awad, Abuelezam, Ajrouch, & Jaber Stiffler, 2022).

Conclusion

Little is known about how ethnic identity may act as a risk and protective factor for mental health outcomes among Arab American adults in Dearborn, especially for Arab Americans who may have more frequent experiences of discrimination as well as a strong affiliation with both their Arab and American identities. This dissertation provides an important step in better understanding how these social conditions operate and impact mental health for this group, which will help create a more comprehensive view of the mental health of Arab Americans in SE Michigan. The data can be used to develop further research with this group or in this setting, including larger longitudinal studies which are a crucial next step to better understanding the health and experiences of this group (Abuelezam et al., 2018).

An exploration of experiences and understandings of discrimination among Arab Americans allows for an inclusive view of how these various mechanisms may function for

individuals and the community. Ethnic identity serves as a protective factor for Arab Americans in the ethnic enclave community beyond adolescence. Though Muslim women likely experience more frequent discrimination due to their visibility as Muslim and Arab and the conflation of the two identities, the protective aspects of ethnic identity including social support, are important in maintaining mental health. Importantly, many second-generation Arab Americans are committed to maintaining both their Arab and American identities, to pushing back against discrimination, and to bringing positive attention to their community. These actions paired with decreasing stigma around mental health issues and treatment in younger generations will help pave the way to improved mental health treatment and services in the community.

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Appendices

Appendix 1: Interview Guide

Introductory Statement
Hello. We are talking today over Zoom instead meeting in person, but it's nice to meet you all virtually! Just as a bit of an introduction, I'm Molly and I am a student at the University of Michigan School of Public Health. I've been working on research around health in the Arab American community since 2015. I lived and worked in Morocco for two years and know some Arabic.

[If everyone has camera on and pseudonym displayed]: I see everyone has their camera on and has the first name they'd like to be addressed by during the focus group displayed, thank you! We can get started. PRESS RECORD
[If not everyone has their camera on and/or pseudonym displayed]: I want to remind everyone to make sure that your camera is on and working for the discussion today. If you haven't already done so, please ensure that you have the first name you'd like to be addressed by during the focus group today by selecting the three dots on the top right-hand side of your picture, selecting "display name" and then updating it to display just a first name. No last names/family names today please. **[wait]**. Great, I see everyone has their camera on and a name displayed and we practiced reactions, thank you! We can get started. PRESS RECORD

Thank you for taking the time to talk with me and the group today. I am conducting research to better understand discrimination, Arab American identity and mental health in your community. I will use this data for my dissertation and, more broadly, to better understand mental health in the community, which will hopefully improve interventions and services.

Discussion Guidelines
Before we get to questions, I would like to set the ground rules for our discussion today. I ask that you **not** use identifiable information about others, including names, or the names of healthcare providers or employers. Additionally, respect others' rights to hold opinions and beliefs that differ from your own. Criticize the idea, not the person. Listen carefully to what others are saying. Be courteous, and finally, share responsibility for including all voices in the discussion. During the discussion today, topics may come up that are difficult to talk about and process. If you feel that you would like to discuss any of these further, ACCESS has mental health and counseling services available. The information for these services, as well as other mental health and counseling services in the area will be included an the email following this session your reference.

I am interested in hearing your thoughts about discrimination, identity, mental health, in the Arab American community in your own words. There are no right or wrong answers to these questions, and

you don't have to participate in discussion of any of the questions that you do not want to. Are there any questions before we begin?

Questions

Warm-Up

I would like to start with a couple of questions to get us warmed up.
-What is the best place to get baklawa (or knafeh) in Dearborn?
-What is your favorite drink at Qahawa House?

Now, I'd like to move on from food to talking about the Dearborn community more generally.

1. Talk to me about some positive aspects of your community.
   Follow up: What do you like most about living in Dearborn, MI?

2. Tell me about some of the aspects of your community that are less positive or that you would like to change.
   Follow Up: What do you like the least about living in Dearborn, MI?

3. What are the difference, if any, between what people see when they go to Dearborn and what it's like living in Dearborn?

4. In what ways do you see your community being represented in the media? How do you feel about these representations?

5. Please talk about your experience of being a US-born Arab in the Dearborn community.
   Follow Up: What about outside of Dearborn?
   Follow Up: What do you see as the differences, if any, between you and foreign-born Arabs living here? How about similarities?

6. For people in the community who, like you, were born in the US, is there a stronger connection to Arab culture or non-Arab culture?

7. How important is Arab identity in your community?
   Follow Up: Are there times when that identity is more important? What about times you feel like you should NOT identify as Arab American, perhaps due to safety concerns?
8. Does your Arab American identity help you maintain good health?

[Offer opportunity for a bathroom break/water, etc.]

Thanks everyone. Now we are going to move on to a discussion of discrimination and mental health in the community.

9. In recent years (last 5), was there more or less discrimination than the years prior, say 10 or 15 years ago?

10. If someone in the community experiences discrimination or unfair treatment, what could they typically do?

Follow Up:
-How do they react?
-Would they talk to anyone?
-What are some ways they may cope with having this experience?
- Is there a community response? In your experience how important is having community support when there is discrimination?

11. We found in a recent survey we conducted that a strong sense of Arab identity can protect against negative mental health outcomes associated with discrimination…how does this play out in your life and how does it look? Can you give examples of that?

12. What are some ways people in your community support each other?

Follow Up: where does this support mainly come from?

13. In what ways do you wish that the community supported you better?

14. What are your hopes for the future of the Arab American community?

Conclusion

To conclude, [give short summary]. Would you say this is a good summary of the main points we discussed today? Anything to be added or changed? Is there anything else you would like to share about any of the topics we discussed today?

That concludes our focus group discussion today. Thank you for taking the time today to speak with us about your thoughts and experiences. If you have any questions after today, please feel free to reach out to me. You all have my email and phone number. For the list of mental health and counseling services, please look for the email after this session. That email will also have a quick Qualtrics survey that you will need to complete so that I can send you your gift card. You will this $50 gift card in the mail within two weeks.

Appendix 2: Code Book

Code	Sub-Code	Code Application
Community		For general discussion of community that does not fit with the sub-codes
	Inside/Outside	Use for a discussion of comparisons of inside and outside the Arab American community in Dearborn
	Dearborn Bubble	Apply when participants describe Dearborn as a bubble or as a closed type of environment, both culturally and socially
	Belonging	Apply to discussions of belonging in the community
	Social Cohesion	Social interactions that bring feelings of connectedness and belonging; can include community involvement and activities
	Social Pressure	Use for discussions of social pressure in the community or from the community
	Norms	For use when someone discusses community norms, though separate from reputation in the community
	Small Business	Use when participants talk about small businesses within the community, including supporting them or as an aspect of community connections
Coping		General descriptions of dealing with negative emotions from stress, not fitting any of the more specific sub-codes
	Avoidance	When participants mention avoidance, suppression, or ignoring stress/ stressful situation as a way to cope
	Religious	Discussion of dealing with negative emotions from stress through prayer or other religious activity, though not through social activity
	Social	Discussion of promoting positive emotions and meaning through social interactions, but not religious activity
	Problem-based	Apply when there is a discussion on changing the situation or solving the problem that caused the stressor
	Negative	Discussion of negative coping behaviors including smoking, alcohol use, drug or other substance use
Cultural Connection-American		Use for discussion of connections to American culture
Cultural Connection-Arab		Use for discussion of connections to Arab culture
	Food	Use when people talk about connection to culture thru food or food as an aspect of culture
	Religion	Use when people discuss connection to Arab culture through religion or religion as an aspect of culture
Discrimination		Apply to general experiences of unfair treatment and discrimination, either the participants' own experiences or the experience of others in the community
	9/11	Discussion of experiences of unfair treatment attributed to 9/11 terrorist attacks
	Colorism	

	Ethnicity	Discussion of experiences of unfair treatment attributed to ethnic/racial identity, but not to religious or gender identity
	Gender	Discussion of experiences of unfair treatment attributed to gender identity, but not to religious or ethnic identity
	Microaggressions	Use when participants mention discrimination in the form of microaggressions
	Nationality	Use when people talk about discrimination specifically based on nations of ancestry-can be in the community or outside. Racial hierarchy
	Religion	Use for experiences of unfair treatment attributed to religious identity, but not to gender or ethnic identity
Ethnic Identity		Use this code for a general discussion of ethnic identity
	American Identity	Apply when American identity is mentioned, though not Arab or Arab American identity
	Arab American Identity	Apply when Arab American identity is specifically mentioned, not Arab or American identity
	Arab Identity	Apply when Arab identity is specifically mentioned, though not American or Arab American identity
	Arab Names	When people talk about Arabic names, including changing or using different names that sound "American"
	Importance	Use when someone discussion the importance of ethnic identity
	Pride	Apply when someone discusses pride in or being proud of ethnic identity
	Safety	Use when people talk about their safety in terms of their ethnic identity
	White passing	Use when participants discuss either passing as white/non-Arab or not passing as white
Family		Use when participants talk about their own family or feelings of family more generally
Generations		Apply to discussions of different generations in the community
Gender		Apply when participants discuss gender, including gender roles
	LGTBQ+	Use when participants describe any issues around LGTBQ+ identity within the community
Immigration Status		Use for discussion of immigrants or US-born Arab Americans in terms of immigration status or differences between groups of differing immigration statuses
Language		Use when people describe the importance of language, or use of language as a cultural indicator
Media		Use for discussions of media including social media and traditional media forms
Mental Health		Apply to general discussion of mental health that do not fit into the sub-codes
	Healthcare	Use when participants discuss mental healthcare services or treatment
	Promote	Apply when there is a discussion of maintaining or promoting good mental health

	Poor	Use when there is a discussion around things, situations, etc. that are bad for mental health or discussions of poor mental health
Physical Health		Apply to general discussion of physical health that do not fit into the sub-codes
	Healthcare	Use when participants discuss healthcare services or treatment that are not related to mental healthcare
	Promote	Apply when there is a discussion of maintaining or promoting good physical health
	Poor	Use when there is a discussion around things, situations, etc. that are bad for physical health or discussions of poor physical health
Political Activity		Apply when political activity, both inside and outside the community, is discussed
	Palestine	Use when participants mention political action or solidarity with Palestine or Palestinians
Religious Identity		Use when there is a discussion of religious identity
	Hijab	Use when participants mention hijab, either their own or others'
Reputation		Use for discussions around reputation, both personal and more generally
	Family	Use for talk about reputation in a family or of a family
	Community	Use for descriptions of reputation in the community; can also apply to discussions around community pressure as it relates to reputation
	Perceptions of the Community	Use for when participants talk about other's perceptions of the community
School Setting		Use this when participants mention experiences they have had in school settings, or events that have happened in school settings
Social Support		Apply when there is a general discussion of support received from or given to others
	Appreciation	Discussion of support from others that make participants or others feel appreciated
	Understanding Stressors	Discussion of support from others that help participants or others appraise and understand stressors they experience