K. Examination of the Impact of Acculturation, Stress, and Religiosity on Mental Health Variables for Second-Generation Arab Americans

Mona M. Amer, MA; Joseph D. Hovey, PhD

Acculturation and mental health research is a relatively recent trend. Since the 1980s, John Berry and other theorists have argued that biculturalism is the healthiest adaptive strategy, whereas marginalization is a risk factor for greater mental health distress. Researchers have also found that acculturative stressors correlate with anxiety, depression, and family dysfunction. Arab-American mental health research is even more recent still, and has thus far consisted primarily of small-sample interviews and case studies with immigrants. Little to no previous research has examined the validity of acculturation and mental health theories for the Arab-American population, particularly for second and later generations.

This presentation highlights the results of an exploratory pilot study conducted three months subsequent to the September 11, 2001 World Trade Center attacks. A total of 120 second-generation and early-immigrant (immigration prior to age 6) Arab Americans completed a series of Internet-based questionnaires assessing variables including acculturation strategy, acculturative stress, religious and family values, family functioning, and depression. Participants were from 20 states. The mean age was 25, two-thirds of the sample was male, and the main two religious affiliations were Islam (54%) and Christianity (36%).

Significant differences in acculturation and mental health patterns were not found among respondents based on age, sex, or location of residence. Consistent with previous literature with Arab Americans, however, there were significant differences based on religious affiliation. Christian respondents endorsed significantly higher levels of Arab ethnic practices, Arab religious and family values, separation from mainstream American culture, and intrinsic religiosity. There were no between-group differences in acculturative stress, family functioning, or depression.

With respect to the relationship between acculturation strategies and mental health, Christian participants adhered to the expected pattern based on previous literature. Those endorsing higher levels of Arab ethnic values and practices reported greater levels of acculturative stress. This stress was correlated with family problems and depression. Christian respondents who were separated from American society reported greater levels of stress and depression, and those who were marginalized from both Arab and American cultures reported greater family dysfunction.

On the other hand, results from Muslim participants were not as consistent with previous theory and research, suggesting a singular acculturation experience for Muslim Arab Americans. Similar to Christians, marginalized Muslims reported greater family dysfunction. However, separation was not related to increased stress and mental health problems, and there was even a slight relationship between integration and acculturative stress. Although Arab ethnic practices correlated with acculturative stress, Arab religious and family values did not; rather, it was related to better family functioning. While intrinsic religiosity did not relate to any of the other variables for the Christian subgroup, it correlated with better family functioning and less depression for Muslims. For both Muslims and Christians, acculturative stress was related to family dysfunction, and family dysfunction was related to depression.
Multiple challenges and limitations were associated with this study. Because this study was based on a borrowed data set, it depended on the variables that had already been assessed in the previous study. The reliability and validity of instruments used was another challenge. For example, because persons from North Africa/Middle East have a tendency to experience psychological distress through physical complaints, the more emotionally and cognitively based Western questionnaires needed to be modified to account for these cultural differences. Results from several other instruments were dropped from analyses due to poor psychometric properties as assessed by Rasch Rating Scale Analysis.

As is true in any research with Arab Americans, obtaining a representative sample is virtually impossible due to their inclusion under the “White” or “Other” ethnic categories on official forms. Additionally, the Arab American culture is private and potential respondents expressed suspicion and distrust toward the researcher’s motives. Although the current study is comparatively larger than previous research with Arab Americans, and although it is geographically and demographically diverse, it is still a relatively small sample size and results therefore may not accurately represent the entire population of second-generation Arab Americans. Finally, the timing of this study may have affected the results; for example, perhaps Muslims experienced greater backlash than Christians, explaining why those who were integrated in American society had more opportunity to experience discrimination and other acculturative stressors immediately after the World Trade Center attacks.

With an increasing number of Arab Americans reporting mental health stressors and related medical conditions, research in this area has become vital. It is imperative that further research be conducted examining acculturation and mental health among Arab Americans. Larger samples will be essential, as will be studies that focus on specific demographic subgroups (eg, Christians and Muslims, immigrants and second generation, elderly and youth). Other pertinent mental health variables such as anxiety and substance abuse should be assessed, as well as other factors that may affect the acculturation process such as religious coping, social support, and community resources. It is hoped that with the use of more advanced statistical techniques such as structural equation modeling, researchers can develop a model for Arab American acculturation that can help inform the policies of Arab American religious and cultural centers.

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