Portfolio Volume 1: Major Research Project

The Role of Acculturation and Trauma in the Psychological Well-Being of Palestinian Adults in the United Kingdom.

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I dedicate this thesis to the Palestinians in the UK. May this be the beginning of many more conversations, awareness raising and future research building, in field of Psychology.

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Abstract

Objective: To examine the relationship between acculturation and psychological well-being, trauma and psychological well-being, and the moderating effects of resilience, social support, religiosity, cultural identity conflict, and perceived discrimination between trauma and psychological well-being among Palestinian Adults in the UK.

Methods: A cross-sectional correlational study was conducted. Participants included 161 Palestinian adults who were recruited through a convenience sampling method. Participants completed an online survey with questions on each variable of interest (as stated above). Associations between variables were explored using regression analysis.

Results: A moderated hierarchical regression analysis found a statistically significant relationship between acculturation orientations and psychological well-being. A simple linear regression did not find a significant relationship between trauma and psychological well-being. At the main effects level of the moderated regression, resilience, social support, religiosity, cultural identity conflict and perceived discrimination emerged as significant predictors of psychological well-being. At the interaction effect of the moderated regression, both religiosity and cultural identity conflict moderated the relationship between vicarious trauma and psychological well-being.

Conclusions: This study addressed a significant gap in the literature by focusing on Palestinians, exploring acculturation, trauma and psychological well-being within the Palestinian diaspora in the UK context. A population characterised by a unique historical and ongoing context. The findings of this study have important clinical implications. Specifically, the study suggest that Palestinians in the UK benefit the most from an integrated acculturation style , emphasising the importance of targeting mainstream and heritage

acculturations equally in psychological well-being interventions. Additionally, this study underscores the importance of a holistic approach to psychological interventions for Palestinians, emphasising the need to incorporate various aspects to psychological assessment, formulation and intervention. As resilience, social support, religiosity have a positive impact on psychological well-being, it is recommended that these areas are explored further and promoted in clinical practice. Understanding ethnic identity development, addressing cultural identity conflict respectfully, and exploring experiences of discrimination are essential. Employing the use of validated and reliable measures as tools can facilitate discussions in areas individual may have not considered, find difficult or connect their distress to. Trauma informed care should consider the socio-political context and trauma (direct, transgenerational and vicarious) experiences. Adopting a critical lens and integrating social justice and human rights based approaches into clinical practice are advocated. Collaboration with community led organisations is encouraged to address the unique needs of Palestinians within mental health services. Finally, strengths and limitations are explored, and points for future research are recommended.

Note: *Data collection for this study took place between May – September 2023. Consequently, the research content is predominantly contextualised to before the socio-geo-political shift of October 7th, 2023. However, where relevant, there will be reference, discussions and points of consideration that extend the time frame of this study (i.e., discussion and conclusion).*

Chapter 1: Introduction

Positionality

A positionality statement provides the context that creates the researchers identity and how that affects the way the social world is seen and understood (Bukamal, 2022). The concept of writing a positionality statement is often associated with qualitative research. However, its value has been acknowledged across all research paradigms including quantitative studies (Jafar, 2018; Knoblauch, 2021). Therefore, this thesis begins in first person to contextualise myself and my research before reverting into third person.

The journey here.

As someone who identifies as 'tricultural'; Muslim by faith, British by nationality (born and raised) and Indian by heritage, I have always been curious about the consolidation of identities, collectivist versus individualistic cultures, conflict and impact of these factors in both my personal and academic life. From my undergraduate dissertation on dual – identity and conflict experiences to my master's on identity, acculturation and psychological well-being; what started as a personal journey, consolidating my multiple identities, turned into a wider interest in the relationship between acculturation and psychological well-being in diverse populations with different migration experiences. Hence, my interests in the Palestinian population whose migration differs to most other forms of migration (Bartolomeo et al., 2011) in that the process of acculturation and belonging takes place in the context of ongoing political violence and occupation (Loddo, 2017) without their homeland being officially recognised by their 'host' country (i.e., the UK), and their right to return compromised.

Overall, I found limited literature on the Palestinian diaspora, especially in the UK. The limited literature was predominantly from anthropological studies, and none were found in the field of clinical psychology. As psychologists, we work with a diverse range of individuals, including Palestinians in UK who may access services for a range of reasons, including difficulties connected to the context of Palestine. Given their unique context, it felt important to explore this further and utilise the skills gained from previous research and training to initially explore acculturation, trauma and psychological well-being of Palestinians living in the UK.

Insider - outsider researcher.

I consider myself as an 'insider – outsider' researcher (Bukamal, 2022). Insider, as an Indian Muslim, I am a minoritised individual in the West[1], as well India. My ancestors lived through occupation. I have my own experiences of acculturation, identity formation and marginalisation (including discrimination, islamophobia etc.). My degree in Islamic Theology and Arabic Language has aided my interactions with Experts by Experience (EBE)/ consultants, and others by connecting through language and understanding key terms that might be difficult to fully capture. Arabic was also incorporated and embedded in this research, as well as transliterated, with its definition to attempt capture the full essence of the words. Furthermore, the sanctity of Jerusalem resonates with me as a Muslim, as well as many Muslims, Jewish and Christians around the world (Goldhill, 2009).

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[1] West or Western World refers to the United States of America, Canada, Countries in the Europe, the United Kingdom (UK), Australia and New Zealand.

As an aspiring ‘activist scientist practitioner’, utilising a human rights framework (Patel, 2019), I acknowledge my position and seek to educate and express myself in the most peaceful and constructive way possible. This includes an intolerance for any form of racism and antisemitism. I want to note that despite my personal position, the need for this research was established through lack of scientific literature and a genuine academic curiosity of how ones psychological well-being might be impacted. Nonetheless, I am not Palestinian and therefore researching a community outside my own. As an 'outsider' researching a relatively defined community, it felt paramount to include consultants/ experts by experience to ensure the research objectives of this study aligned with the needs and perspectives of Palestinians living in the UK. Three Palestinians were recruited to consult on every aspect of the study from proposal to dissemination. Therefore, this study centres the Palestinians experiences throughout, while acknowledging other perspectives.

Finally, this study is also pre-registered for full transparency, openness and to minimise potential bias. Through this positionality statement, and considerations, there is a commitment to remain accountable, and to conduct ethical, meaningful and impactful research for the Palestinian community.

Philosophical Position

“Ontological issues pertain to what exists, whereas epistemology focuses on the nature, limitations, and justification of human knowledge” (Hathcoat et al., 2018, p99). Essentially, Ontology (‘study of being’) is concerned with the nature of reality and what actually exists in the world, whereas epistemology (‘study of knowledge’) is concerned with the nature of knowledge and how knowledge is acquired. Together they provide a framework for understanding the world and how we can study it (Moon & Blackman, 2014).

This study adopts a critical realist framework encompassing both ontological and epistemological perspectives. Critical realism offers a theory of being and existence, that recognises the complexity of reality and the importance of both objective and subjective factors in shaping our understanding of it (Karlsson & Ackroyd, 2014). Simultaneously, it recognises the limitations and partiality of human knowledge in understanding this reality (Karlsson & Ackroyd, 2014). Therefore, in critical realism there is a 'real' world and the observable 'reality' which is not independent of human perception or context free (Bhaskar, 1998, 2013).

The use of critical realism in quantitative research has been recognised in literature as a valuable approach (Jones, 2011; Koopmans & Schiller, 2022) and supports the importance of understanding underlying mechanisms and structures (relationships between variables) that produce observed patterns (Jones, 2011). Critical realism places emphasis on 'objective' (quantitative data as a starting point) and subjective (qualitative data for deeper understanding). Quantitative research was favoured as this is the first known study of its kind in the Palestinian population in the UK context, which can provide baseline data (foundation research) that can be used to compare or contrast in the future, as well as identify trends, patterns and relationships that can give good insight and provide clinical implications as a starting point (Xiong, 2022).However, this position acknowledges the limitations of generalisability and reality that is not free from context, as well as acknowledging the nuance and potential complexity of relationships and patterns that need further investigation.

Background Literature

The making of the Palestinian diaspora, the historical and ongoing context.

The historical and political beginnings of the Palestinian diaspora have been extensively discussed in literature (Finkelstein, 2003; Khalidi, 2001; Kimmerling, 2009; Pappé, 1999,2006, 2011; Said 1992). Additionally, there are several organisations that have created (interactive) timelines that can be accessed online that provide a chronological and detailed list of events (e.g., 'The Question of Palestine – Timeline of Events', United Nations, n.d; and 'Timeline of Palestine's History, Al-Jazeera, 2022). Although a comprehensive overview is beyond the scope of this current research. Essential contextualisation will be provided here.

The Balfour Declaration in 1917 and the British mandate (1920- 1948) had profound implications for the future of Palestine which set the stage for the establishment of the state of Israel[2] in 1948 (Dearden, 2016; Auron, 2013; Schneer,2010). Both separate events are interconnected and widely viewed as the precursor and main catalysts of The Palestinian Catastrophe, *Al-Nakba* النكبة ('immense catastrophe', a Palestinian term denoting the geographical and social undoing of Palestine) and the establishment of the Palestinian refugee situation, where approximately 750,000 Palestinians were forcibly displaced from their homeland (Palestine) as a consequence of the 1948 war due to the atrocities conducted by the Zionist armed forces and fear of the process of 'ethnic cleansing' (Pappé, 2006, 2007). This also marked the foundation of The Exile/Separation, *Al-Gurbah* الغرباء, or The Dispersal, *Shatat* شتات and the beginning of the condition of "placelessness",

[2] Reference to Israel primarily concerns the policies and actions of the government, and not an assertation about individuals beliefs, as perspectives vary. Likewise with reference to Britain.

homelessness and statelessness. Since then, several other processes of displacement, such as The Relapse/ Setback *Al* -Naksa النكسة in 1967, where 300,000 people who were already displaced (refugees displaced in 1948) were forcibly displaced again (repeat refugees) and has never stopped, reinforcing the ongoing experience of settler-colonial violence, further exacerbating the conditions for the Palestinians suffering, statelessness, and the refugee crisis (Fiddian- Qasmiyeh 2012, Pappé, 2006, 2007). A combination of expulsion, forced and voluntary migration has resulted in a dispersed population, separated from their homeland, resulting in the 'wider diaspora'.

As of May 2023, Palestinians marked 75 years of The Catastrophe *Al-Nakba* النكبة through a series of events involving dispossession, ethnic cleansing and colonisation has been recognised as an oppressive system across Palestine (historic and occupied) (Litvak 2009; Said, 1992). Correspondingly, these systems have been widely documented by humanitarian organisations worldwide (including Human Rights Watch, Amnesty International, B'Tselem: the Israeli Information Center for Human Rights in Occupied Territories, Machsom: Israeli based Human Rights & Against the Occupation to name a few).

These systems have been recognised by many as an Apartheid regime, with the first UN report conducted by Dugard in 2007 (CJPME, 2023). Thereafter Dugard and Reynolds (2013) examined the claims of Apartheid on the basis on international law that "Israeli practice is not only reminiscent, in some cases worse than Apartheid as it existed in South Africa" (p.912). Recently there has been a more notable shift in organisations adopting this language including the United Nations (multiple reports between 2007 – 2023), International Human Rights Organisations (e.g. Human Rights Watch, 2021 & Amnesty International,2022), Palestinian Civil Society (Al- Mezan centre of Human rights, Al- Haq

among others between 2019 -2022), Israeli Human Rights Groups (B'Tselem, Adalah, HaMoked, Peace now Israel among others between 2021 - 2023). This list is not exhaustive, and full details can be found online at the Canadians for Justice and Peace in the Middle East (CJPME, 2023). While most human rights organisations assert the existence of an Israeli Apartheid regime, it is important to note that entities such as the Anti – Defamation League (an anti - hate organisation) and several Western governments (Britain, USA, Germany; Berman 2022), the European Commission (2023) and others (see Sabel 2009; Zilbershats, 2013; Klien, 2022) who have rejected this claim.

Similarly, the events of 1948 and siege of Gaza, particularly prompted discussion of a genocide (prelude, slow motion or constitutes genocide), such as the National Lawyers Guild (2014), Russell Tribunal on Palestine (2014), and the Centre for Constitutional Rights (2016). As well as academics scholars (Bashir & Goldberg, 2018; Hasain, 2019; Pappé 2006, 2007, 2013 2017; Masalha, 2012; Rashed & Short, 2016; Wolfe 2006) with others completely refuting this (e.g. Morris, 2016; Nelson, 2019), and others identifying it as ethnic cleansing but not genocide (Lentin, 2013; Penslar 2013).

Despite the passage of time and generational changes the *Nakba* النكبة is not only seen as a major "devasting event" (Papadopoulos, 2007) but an ongoing process (Litvak 2009; Rashed, 2014) that continues to have a profound impact on the Palestinian people and remains a deeply traumatic event in their collective memory, that shapes their identity and struggle for justice and right to return to their lost homeland; a right that Palestinians are unable to exercise (Boling, 2001). Hence, the importance of providing this brief context prior to the introduction of the Palestinian diaspora.

The Palestinian diaspora.

There are no exact reports or official census that captures the dispersion of Palestinian people. A brief report conducted at the end of 2021 stated there were nearly 7 million Palestinians in the diaspora. Of those, 6.3 million reside in Arab countries and 750,00+ in other foreign countries (Awad, 2022).

Defining 'diaspora' in the Palestinian context.

The general understanding of the term diaspora refers to communities of people who live outside of their homeland. Some scholars argue that defining Palestinians who were dispersed or exiled in waves as a 'diaspora' is problematic as it obscures the important differences in their experiences, their status as refugee's, and their right of return, implying a sense of definitive settlement outside of their homeland (Peteet 2007,2018). Nor does it capture the settler - colonial polices or the Palestinian liberal struggle (Samra, 2021). The overview of these debates can be found in Loddo (2006) and Peteet (2007).

Consequently, it is important to understand the definition of the term used in this study and the Palestinian context. The traditional and classical term of diaspora refers to communities such as the Greeks, Jews, Africans, and Armenians who had scattered across various countries due to colonisation and oppression. Cohen (1996) characterises this original term as "victim diaspora", and that any form of historical traumatic events that are entrenched as a collective memory with lasting impacts, falls under this category, thus for the Palestinians this would be the 1948 Catastrophe, *Nakba* النكبة (Cohen, 1996).

The contemporary use of the term diaspora involves multiple affiliations, diverse transnationality and hybridity and incorporates the displacement, migration and dispersion of individuals from their homeland under coercion or voluntarily (Demir, 2022; Tölölyan, 1996, 2007). The use of diaspora in this study is further supported by Schulz and Hammer (2003), who argue that the term diaspora can be applied to any groups of people who have a strong connection with their people, memories and their homeland, regardless of the number of generations of diaspora. Diaspora communities are connected through transnationalism and transnational existence (Loddo, 2017; Schulz & Hammer; 2003; Schulz, 2005). The term of ‘transnational diasporas’ is sometimes used to describe ‘new diasporas’ (Tambiah, 2002).

The Palestinian diaspora often participate in transnational social ties and some level of connectivity with their homeland and settlement to their host land by combining transnational politics, social and cultural interactions. Some may visit their homeland if possible and others stay connected through journalism, family members and social media. Said (1990) suggests that they are familiar with two or more cultural locations yet do not feel fully at home anywhere. However, Schulz (2007) suggest that through Palestinian diasporas transnational existence there is an evolving of identity that is less territorialised to a place and formation of lives in a new setting where the idea of homeland is of importance but not their only source of identity (Schulz, 2007).

Palestinians in the United Kingdom

The emigration patterns of Palestinians to the UK are also not well documented. Palestinians in the UK formed one of the largest communities after Germany, Sweden and

Denmark. Shiblak (2005) was one of the first to provide insight into the status of Palestinians in Europe (including Britain). Shiblak (2005) broadly divided the Palestinian diaspora into two groups; The well-established Palestinians that compromises of civil servants, professionals and students (some of whom arrived in the 50's and 60's as a consequence of the Lebanese civil war) and the increasingly less successful migrants communities that include refugees and other stateless Palestinians who fled due to the political, social and economic deprivation. Thus, resulting in a diverse Palestinian community in terms of their social class, cultural background, civil and legal status, place of origin and political and religious orientations.

Likewise, it is difficult to obtain an accurate number of Palestinians currently living in the UK. Previous data collected grouped all Middles Eastern and Arab individuals under one group. Nonetheless, an accurate representation can only approximate if the Office of National Statistics (ONS) collected data on nationality and subgroup of ethnicities. Anecdotally, individuals have discussed some Palestinians choosing to opt to the wider ethnic groups such as Arab or Middle Eastern or Jordanian (or where they may have lived prior to coming to the UK) instead of Palestinian due to the additional layer of discrimination they may face. Although there is no literature to support this, Lowrance (2006) spoke to Palestinians living in Israel, identifying as "Israeli" to be less protest prone or as a protective mechanism. Thus, it is possible the Palestinians may not choose to identify as such outwardly. Nonetheless, a freedom of information request to the ONS requesting data on Palestinians currently residing in the UK, as well as other data showed that as of 2014, 5000 people in the UK held Palestinian nationality (confidence interval of +/- 3,000). However, Shiblak (2005) estimated this to be around 20,000+. Similarly, the religious

affiliations are not well documented. According to Evason (2020), the majority of Palestinians are Sunni Muslim including those living overseas, and Christianity is the main minority religion. Other religions include Judaism, Druze or Samaritan religions. In Palestinian territories, there are around 4000,000 people who identify as Palestinian Jewish, although they are considered Israeli citizens (Sawe, 2019). Therefore, it is likely that a majority of Palestinians residing in the UK identify as Muslim, with a minority belonging to other faiths.

It feels important to explore what is known about the identity and belonging experiences of Palestinians living in Britain[3]; the same host land that paved the way for creation of the state of Israel and collective dispersion and emigration of Palestinians, including the UK, where they do not recognise the state of Palestine, have not taken responsibility or attained the equal rights of Palestinians (without justice or accountability) and maintained a stronger relationship with Israel[4].

Diaspora, identity and belonging.

Literature exploring the Palestinian diaspora gives insight to the identity belonging and negotiation of home vs host land that takes place. Although Shiblak (2005) highlighted the shortage of studies on the Palestinian diaspora in Europe/ Britain, two decades on, there has been slow progress, with a lot more scholarly attention focused on the refugee and

[3] With reference to policies and actions of the government.
[4] This statement is made about the overall experiences of 'non-interference policy' which perpetuates the power imbalances (Curtis, 2023). The UK's policy towards the Middle East Peace Process has been criticised for being biased towards Israel (Amnesty International, n.d).

political context, and lack of studies on Palestinians in the diaspora, particularly in the Western context and UK specifically.

Studies exploring the Palestinian diaspora in the West have explored various aspects of Palestinians negotiating and navigating their multiple and overlapping identities in their host land. In the British context, Shiblak (2005) states that Palestinians have become accustomed to balancing their British and Palestinian identities. There is an expectation that Palestinians in the diaspora, if given the chance to freely travel to their homeland, can balance both identities better (engage with economic investments, educational exchange, tourism) and potentially influence policies in Britain that would serve an interest for both countries. Conversely, Loddo (2006) highlights that individuals face tension in terms of their self – definition and belonging as they navigate between different cultural contexts and expectations. More recently, Loddo (2017) suggested that Palestinians in Britain construct their identities and cultural meaning through various experiences and positionalities, with rooting and mobility being an interconnected process. Keeping in mind that Britain played a major role in the Palestinian dispossessions via the Balfour declaration (Loddo, 2006, 2017), it seems that Palestinians in the UK are constantly negotiating and navigating their identities to include space for both their homeland and host land.

Similarly, Christou (2020) conducted research on Palestinians in Sweden and found that individuals negotiate a plural Palestinian identity that reflects their unique experiences and backgrounds. Brocket (2020) found that some second – generation Palestinian Americans blend their identities to create hybridity of Palestinian – ness and Americanness whilst others completely reject belonging to certain context be it their home or host land. However, they generally experience a sense of exclusion or "in-betweenness" due to the

tensions between cultural assimilation, racialisation, and diasporic transnationalism. They are positioned as "others" in multiple contexts, facing exclusion in their host land and homeland (Brocket, 2020).

Despite Palestinians navigation of multiple identities, literature has consistently found that they remain committed to their Palestinian identities in the context of diasporic statelessness, beyond cultural identity with an endeavour of justice through mobilisation and activism (Blachnicka-Ciacek, 2018; Christou, 2020; Shiblak, 2005). Lindholm (2020) found that Palestinian national identity in Sweden is strongly related to a moral and political commitment to the lost homeland and issues of solidarity, while also embracing Swedish citizenship and its benefits. Mavoroudi (2008) highlights that for the Palestinian diaspora in Greece, being able to fully engage in transnational homeland politics is limiting for non-citizens and argues that informal political spaces to be empowering and positive, as well as disillusioning and negative. Further emphasising the importance of examining feelings of empowerment, inclusion, and political change within informal diasporic political spaces to understand the experiences of Palestinians in diaspora (Mavoroudi, 2008).

Overall, the literature highlights the process of navigating multiple identities (tensions and negotiations faced), and the importance of transnationalism (politics, social and cultural interactions), and maintenance of Palestinian culture. It appears that at the core there is an endeavour for justice through activism or advocacy, or just to share their unique perspectives as they navigate their identities in relation to Palestine. A key consideration in relation to identity and belonging is discrimination experiences of Palestinians which will be discussed (under discrimination and psychological well-being, below).

The Theoretical Framework of Acculturation

Much of the literature presented above is grounded in anthropology. Acculturation plays a role and provides insight into the understanding of negotiating identities and adaptation among diasporic individuals that is also compatible with transnationalism (Green et al., 2014; Kivisto, 2001).

Acculturation research represents an overriding focus of scholarly work within cross-cultural and multicultural psychology (Berry, 1997,2005; see synthesis of literature, Kuo, 2014; Sam & Berry, 2010, Ryder et al., 2000;Sam et al., 2006; Ward & Geeraert, 2016). It has a significant conceptual and empirical appeal in research because of its hypothesised as well as theoretically demonstrated associations to a wide range of psychological well-being and psychosocial factors, including mental health (Yoon et al., 2012), sociocultural adaptation (Ward & Kennedy, 2001), acculturative stress (Kuo & Roysircar, 2004; Torres & Rollock, 2004), self-identity and personality (Ryder et al., 2000), and family relationship quality (Hwang, 2006) among others (Kuo, 2014).

Acculturation is the dual process of cultural and psychological change resulting from prolonged contact between two or more cultural groups and their individual members (Berry, 2005). Cultural and psychological changes involve long-term processes at both individual and group levels. At an individual level, it involves changes in a person's behaviour and on a group level, it involves changes in social structures, cultural practices and institutions (Berry, 2005). The concept of acculturation has been used to refer to both immigrant people and to non-immigrant ethnic groups (Pope-Davis et al.,2000; Saxton, 2001; Suleiman, 2002), including second generation (onwards) immigrants who hold on to or are in contact with their heritage culture, or navigating two or more cultures and the

change this brings, thus, an interwoven relationship between coping and cultural change/ transition (Schwartz et al., 2010).

There are two major theoretical perspectives of acculturation: (a) dimensionality and (b) domain specificity. Dimensional acculturation refers to how much an individual deals with their culture of origin (homeland) and country of settlement (host land). Older ideas of acculturation were conceptualised using the unidimensional model which sees cultural perseveration and cultural adjustment as total opposites. According to this model, one would need to lose their heritage cultural identity as they assimilate into the new culture (Gordan, 1964), implying a negative relationship between mainstream and heritage identities (Suin et al., 1992). However, this model has been heavily criticised for its oversimplification of the acculturation process, which disregards the possibility of one valuing both cultures, assumes cultural loss and lacks the diversity within the immigrants experiences (Berry, 2005; see Ryder et al., 2000).

The bidimensional model views cultural maintenance and adaptation as independent where individual (groups) can simultaneously maintain their home-land culture and adapt to their host-land (e.g., Berry 1997, Ryder et al, 2000). For this reason, many researchers have favoured the bidimensional model (Berry, 2003; see Grigoryev et al.,2023).

One of the most popular, and well researched bidimensional models of acculturation was developed by Berry (1992, 1997, 2005). In his model, the assessment and adherence of home/ host cultures results in four categories: *integration* (adherence to both home and host culture), *separation* (adherence to home culture only), *assimilation* (adherence and favouring the host culture) and *marginalisation* (adherence to none). Studies have found

that integration acculturation has the most benefits to a person's psycho – social aspects, especially among younger individuals (Coatsworth et al., 2005).

The Vancouver Index of Acculturation (VIA; Ryder et al., 2000) is a well-known and researched measurement tool that utilises the bidimensional theoretical framework. The VIA measures values, social relationships and adherence to traditions. Higher scores indicate higher identification with respective cultures (home/host). Whilst Berry's model of acculturation has often been criticised for its limited applicability to non-western cultures, the VIA has been found to have strong psychometric properties and used in diverse cultural setting and can provide a comprehensive understanding of experiences of individuals navigating their culture identities, in various cultural context utilising a continuous measure(Hashemi et al., 2019; Huynh et al., 2009; Jang et al., 2007; Testa et al, 2019; Ryder et al, 2000).

On the other hand, domain specific models examine domain difference in acculturation and are based on the assumption that an individual's preference for adaptation and cultural maintenance can vary across life domains such as language, values and behaviours (Arends-Tóth & Van de Vijver, 2004). For example, one might seek work/ school assimilation, linguistic integration and separation in relation to family and romantic relationships. In general domain specific models differ in their level of abstraction, but generally fall under superordinate level (public, private domain), ordinate level (more specific life domains like news or healthcare) and superordinate levels (specific situations) (Arends-Tóth & Van de Vijver, 2004; Clement & Noels, 1992).

The literature exploring the relationship between acculturation and psychological well-being is mixed. Studies have found that acculturation (identification with either or both mainstream or heritage culture) can have positive impacts (Goforth et al., 2014; Hashemi et al., 2019 Moztarzadeh & O'Rourke, 2015; Sheldon et al., 2015) or negative or no impact on immigrant or diasporic populations (Abu-Rayya & Abu-Rayya, 2009; Al-Krenawi et al., 2019; Amer & Hovey, 2007; Jadallah et al., 2012; Suleiman et al., 2021). Nonetheless, there continues to be an emphasis on the importance of studying the relationship between acculturation and well-being in diverse migrant and second generation groups in their own contexts (Choy et al., 2021; Yoon et al., 2013). Generally, when there is a positive association, there is substantial evidence that results using different models of acculturation show that integration is the preferred and the best combination for cultural maintenance and host land adaption (also known as the integration hypothesis) (Abu- Rayya et al., 2023; Berry et al., 2022; Schmitz & Schmitz, 2022; see systematic reviews, Choy et al., 2021; Yoon et al., 2013). However, there are large variations in what is meant by 'integration' in different models, with innumerable ways in which culture and host land adaption can be combined. Broadly, this could be 50:50, a completely new/ third culture (Coleman, 1995), or switching from one culture to another (Arend-Tóth & Vijver, 2004).

Interestingly, some scholars have questioned whether integration is always the most optimal strategy, suggesting bias in the research (Rudmin, 2009). More recently, in a series of meta-analyses, the impact of acculturation orientation on well-being was also criticised making 3 key points: (a) the majority of studies are cross -sectional and correlational in nature, so the effect of integration strategy is weak with high heterogeneity, (b) a majority of the acculturation field define the process as causal. However, to investigate the causal

relationships, only experimental and longitudinal methods are suitable and, (c) there are likely confounding effects between the relationship on integration and adaptation (Bierwiaczonek et al, 2023; Bierwiaczonek & Kunst 2021; Kunst, 2021). Overall suggesting that the integration strategy is less robust and limited at best. Grigoryev et al. (2023) contested these critiques and presented findings (representing the largest test of integration hypothesis to date) to empirically support the integration hypothesis. The response included that the framework of acculturation is structural and not casual (see Grigoryev et al.,2023).

The acculturation and psychological well-being of Palestinians has not been studied in the Western context (see Chapter two). However, two studies have explored the relationship between acculturation and psychological well-being in the Israeli context specifically (Abu- Rayya, 2006; Abu- Rayya & Abu-Rayya, 2009).

Abu-Rayya (2006) examined the relationship between two ethnic dimensions (Arab & European), by modifying a version of Berry's four acculturation styles and measures of psychological well-being among adolescents born to European mothers and Israeli Arab fathers. The study revealed that integration and assimilation into the Arab heritage were the best options for individuals' well-being (higher levels self- esteem & positive relation to others, lower levels of depression & anxiety), while assimilation into the European heritage had mixed well-being outcomes (high levels of self-esteem and low levels of depression, but it was also associated with high levels of anxiety and low levels of positive relations with others), and ethnic marginalisation was consistently associated with poor well-being (Abu-Rayya, 2006).

Abu-Rayya and Abu- Rayya (2009) found Palestinians were more immersed in their Palestinian ethnicity than in Israeli society, contradicting Berry's model that suggests independence between minority individuals' identification with their minority group and their identification as members of the majority group within the Israeli Palestinian context. However, it could be argued that the process of acculturation is unique to the context of Palestine and their relationship to their homeland. The positive association to ethnic and religious identity were more beneficial to psychological well-being (Abu-Rayya & Abu-Rayya, 2009).

Additionally, there have been several studies on Palestinians acculturation in Israel, that do not explicitly examine psychological well-being (Diamond, 2023; Horenczyk & Munayer, 2007; Munayer, 2001; Munayer & Horenczyk ,2014; Seginer & Mahajna, 2018). Munayer (2001) found that Palestinian Arab Christians in Israel perceive themselves as a distinct ethnic group and have a positive evaluation of their cultural group. They express a higher preference to integrate with Israeli Jewish society while preferring separation from Muslim Arabs. They also tended to view Israeli Jewish society as a vehicle for Westernisation but were selective in adopting Western values. Arab Christian youngsters felt pressure to assimilate, particularly to the Israeli Jewish society, which can reportedly lead to psychological discomfort. The findings of this study were echoed six years later (Horenczyk & Munayer, 2007).

In contrast, Munayer and Horenczyk (2014) examined changes in multi-group acculturation patterns among Palestinian Christian Arab adolescents in Israel after a decade of violence, using an adaptation of Berry's model of four acculturation orientations. Palestinian Christian Arab adolescents showed a stronger endorsement of the separation

attitude towards both Israeli Jews and Muslim Arabs (both being outgroups), indicating a preference for maintaining their own cultural identity. There was a weakening of the integration attitude towards Israeli Jews and distancing from Muslim Arabs compared to the 1998 data. Palestinian Christian Arab adolescents perceived Israeli Jewish culture as less close to Western culture after 10 years, indicating an increasing identification with their ethnoreligious culture. Findings suggested that their integration with Israeli Jewish Society failed (Munayer & Horenczyk, 2014).

Seginer and Mahajna (2018) used adolescents' narrative and data from earlier studies and Berry's model of four acculturation strategies to examine adolescent future orientation of non-immigrant minority adolescents in Israel (Muslims, Druze and Ultra-orthodox Jewish participants); specifically focusing on education-and-career and marriage-and-family domains. The adolescents' narratives reflected modified assimilation for education-and-career and separation for marriage-and-family, indicating both cultural transition and continuity. The acculturation strategies of the minority adolescents were reflected in their attitudes, values, identities, and behaviours, as well as in their domain-specific future orientation. All three minority groups showed domain-specific strategies, but also embedded strategies in specific cultural contexts, addressing their particular cultural opportunities and constraints (curbed rights, lower public investments, and discrimination) (Seginer & Mahajna, 2018).

Diamond (2020) explored acculturation orientation of Arab – Palestinian high school students visiting the Israeli innovation sector using an ethnographic approach. All four orientations were adopted; 'selective adoption (selectively adopt aspects of the majority culture while maintaining their own cultural identity), integration, assimilation and

separation. The study highlighted the importance of third spaces in facilitating the acculturation process for minority youth, allowing them to develop a sense of belonging and agency in a multicultural context (Diamond, 2020).

Overall, all the studies explored, employed and expanded conceptualisation of Berry's four acculturation orientation strategies (Berry,1992, 1997, 2005) but were limited to minority adolescents in Israel. The research suggest that ethnic identification is preferred (and promoted positive psychological well-being in two studies). Some adolescents' chose to negotiate identities based on context and opted for assimilation for education and carers, but still preferred separation for marriage and family. Finally, third spaces were found to be helpful for minority youth to develop a sense of belonging, facilitating the acculturation process. It should be noted that while Palestinian citizens of Israel are indigenous, they are often treated as if they were an unwelcome migrant group, both in Israeli policy and within the majority group ideology and attitudes (Bourhis & Dayan, 2004; Hammack, 2010; Montreuil & Bourhis, 2001).

Although it is useful to review the literature on acculturation in Israel, very little is known beyond this context in relation acculturation and psychological well-being. Further research granting insight into Palestinian adults, in and beyond the context of Israel would be helpful, considering the historical and ongoing context which would potentially impact the results differently in the West. Specifically, what is the acculturation and psychological well-being for Palestinians in the UK, due to the role the UK played in the history of Palestine. Would Palestinians prefer their heritage identity, or a 'separated' acculturation strategy in the UK, as they have in Israel as they are both spaces where they are minoritised.

Trauma Within and Beyond Palestine

It is important to consider trauma in the Palestinian population from the countless permutations or factors that can affect the degree of acculturative change, and psychological well-being. Literature that tends to discuss trauma and acculturation, explores pre- migration trauma experienced in ones homeland (i.e., refugees and asylum seekers) or on their journey to safety, and exempts second generation migrants born in the country of settlement (Portes & Rumbaut, 2001; Schwarts et al., 2010). Whilst the experience between generations may differ, the enduring legacy of violence and displacement continues to significantly contribute to a collective sense of trauma, (also known as cumulative; Hirschberger, 2018;intergenerational,Rosenthal, 2022; transgenerational trauma, Goodman, 2013) as it is not isolated to the Palestinians who experienced this first hand but permeates through generations impacting the psychosocial health of communities in Palestine and the diaspora, suggesting the trauma is at the forefront of the Palestinian acculturation group.

The *Nakba* النكبة is often excluded in the ‘trauma genre’ discussions (Sayigh, 2013). However, this type of trauma is often conceptualised as historical trauma due to historical oppression and psychological effects experienced by a specific ethnic group and is therefore mutigenerational in nature (Kirmayer et al., 2014). However, Kirmayer et al. (2014) proposes that it is beyond the ‘historical’, and about the persistent suffering and long term impact of indigenous people who were colonised, oppressed and suppressed. They discuss this in the context of American Indians and aboriginal people in Canada. However, their argument can be reasonably applied to the people of Palestine and the diaspora, as their experience of trauma is collective, persistent and multigenerational. This related to and intertwined with race based trauma, that some racial and ethnic minority groups may experience racial

discrimination as psychological trauma (race-based traumatic stress theory; Carter, 2007) which is increasingly being recognised within psychology as a distinct type of trauma (Chin et al., 2020).

General literature discusses the transmission of trauma though biology (epigenetics), family (narratives shared, behavioural and emotional responses) and social environments (Kirmayer et al., 2014). Kirmayer et al. (2014) highlights that the potential pathways are complex but outlines the different levels this may include such as interpersonally (altered parenting); families (loss of members, exposure to other stressors); community (disruption of social networks experiences of safety and solidarity that affect health) and nation level (suppression of culture and the disruption of family and community, threatening the continuity of entire peoples). Veronese et al. (2023) adds to this with modern media perpetuating the collective and transgenerational trauma in Palestinian lives through movies, programmes, shows, stories and news presented via social media and broadcasting.

These can manifest in various forms of physical health, mental health difficulties (anxiety, depression and PTSD), psychological distress and structural problems (poverty, discrimination) (Kirmayer et al., 2014; Veronese et al., 2023). Recognising that violence and suffering experienced by one generation has effects on subsequent generations provides an important insight into the well-being of the population, including mental health and/ or structural problems. Kirmayer et al., (2014) suggests that the impacts of trauma on psychological well-being/ mental health requires a greater understanding of identity, community and resistance as forms of resilience and responses to traumatic events. Highlighting the relevance of understanding acculturation, as well and trauma and psychological wellbeing in the Palestinian population.

A majority of the literature explores the severe unprecedented traumatic stress and mental health outcomes of Palestinians in Palestine (Agbaria et al., 2021; Ayer et al., 2017; Kira et al., 2014) or surrounding areas of Palestine (i.e., refugee camps; Mahamid, 2020; Veronese et al., 2023). Whilst some of these studies look at Post Traumatic Stress Disorder (PTSD), to try to capture the severity of the trauma, Dr Jabr[5] (consultant psychiatrist and psychotherapist; chair of the mental health unit at the Palestinian ministry of health) stated there is no 'post' in PTSD due to its repetitiveness, relentlessness, and ongoing and continuous in nature (Jabr, 2019). Similarly, others have highlighted the interwoven relationship between collective trauma and collective resilience that cannot be captured in the way it is defined by Western constructs (Veronese et al., 2023).

As highlighted above the profound impact of transgenerational trauma in shaping the collective experiences of Palestinians across generations has been explored. However, there is no literature on the immediate effects of trauma for Palestinians in the diaspora (including the UK). Some examples of the effects of trauma on Palestinian diaspora may be the effects of engaging in media coverage, especially during intense 'uprise' or violent attacks in Palestine, where there is more coverage, or the narratives from friends and families in Palestine, or dominant discriminatory narratives by the public, which is also known as indirect trauma (i.e. secondary or vicarious trauma). Additionally, there may be Palestinians who experienced direct trauma (primary trauma) who are exposed to indirect trauma which may be re-triggering or re-traumatising. It is well known that exposure to conflict is traumatic and detrimental to mental health and the (psychological) well-being of individuals

[5] Dr Samah Jabr also has an extensive publication list in relation to her work on Palestinians in Occupied Territories, their trauma, mental health and resilience.

(Cilliers et al., 2016; Miller & Rasmussen, 2010). Similar to transgenerational trauma, indirect trauma discussed here is when one is physically distant and safe, but significantly impacted by homeland experiences.

In this study, trauma is defined as an emotional response to a very distressing or life threatening event (s), usually beyond a person's control. Some people who experience a traumatic event(s) develop symptoms of Post-Traumatic Stress Disorder (National Institute of Mental Health, 2018) (as conceptualised in the West), but many more individuals may exhibit symptoms that fall outside of the diagnostic criteria but may become more vulnerable to developing mental health difficulties, impacting their overall psychological well-being (Radstaak et al., 2022).

Direct trauma/ primary trauma is experienced personally as a victim or witness of the actual event which can include physical and psychological injury (Kira et al., 2022). Vicarious trauma is used to refer to indirect trauma resulting from exposure to traumatic events indirectly, through hearing, thinking or witnessing other's experiences. Unlike secondary traumatic stress, which can occur from one single event, vicarious trauma is more persistent, long term and can impact worldview, self-perception, and spirituality. This can occur from viewing graphic news on any type of media, hearing detailed traumatic stories, and is often discussed in relation to helping professionals who work with traumatised clients (Stamm, 1995; Molnar et al., 2017; Pearlman & Saakvitne,1995; Vrklevski & Franklin, 2008).

When one has experienced direct trauma, they may experience all or a variation of PTSD symptoms, such as re-experiencing (flashbacks, nightmare, distressing thoughts, physical signs of stress); avoidance (staying away from places, events or things that remind

them of the experience(s), avoiding feelings or thoughts related to the event); arousal (feeling tensed, easily startled or on guard, difficulties with concentration, falling or staying asleep, feeling irritated or angry or engaging is risky behaviour); and changes in the way one thinks or feels (negative emotions or thoughts about oneself, or the world, feelings of social isolation , blame, anger, shame etc.) (National Institute of Mental Health, 2018). Similarly, vicarious trauma can also parallel PTSD symptoms and has emotional (feelings of sadness, grief, anxiety, irritability or changes in mood and sense of humour); behavioural (self – isolation, change in eating or sleeping patterns or risky behaviours), physiological (headaches or other physical symptoms); cognitive(negativity and cynicism, problems with concentration and memory); and spiritual (loss of hope, lack of purpose/ motivation, overall disconnection, sense of loss) impacts (Bober & Regehr, 2005; Tripanny et al., 2004).

Whilst the negative impact of trauma on various aspects of psychological well-being in refugee and migrant populations, including mental health has been researched. This includes people becoming more vulnerable to developing PTSD (Johnson & Thompson, 2008), depression (Stark et al., 2020), anxiety (Ayazi et al, 2014), and other psychiatric conditions (Knipscheer et al., 2015) and the negative impact of vicarious trauma on well-being, including self-esteem, safety, trust in helping professionals (see synthesis; Baird & Kracen, 2006; Jimenez et al., 2021). There have been no considerations on the indirect trauma in the 'regular' acculturating populations that come from countries that have experience ongoing trauma. Gaining insight into how Palestinians in the UK are impacted by trauma through their primary experiences, or second-hand through what is happening in their homeland, and how it impacts their psychological well-being is important. Greater

understanding can influence the consideration and clinical implications for Palestinians in the UK.

Exploring Psychological Well-Being

There has been reference to psychological well-being throughout this introduction and the conceptualisation and measures of this term is diverse within the literature. This study adopts the broad definition of psychological well-being which is a multidimensional construct the encompasses emotional, social and psychological functioning (Ryff, 1989). This includes a person's self - perceived success in important areas of life such as relationships, self-esteem, purpose, and optimism (Diener et al., 2009). This Chapter and Chapter 2 in particular also includes mental health as a core feature of psychological well-being (Tang et al., 2019).

Research suggests that ethnic groups have different rates and experiences of mental health issues dependent on their diverse cultural and socioeconomic backgrounds and access to culturally appropriate treatments (Fernando, 2005). Mainstream mental health services do not have specialist services solely to provide support for particular ethnic groups. There are many Palestinian organisations around the UK that provide social support spaces (see below) but none that exclusively focus on supporting the mental health and general psychological well-being of Palestinians with unpacking the collective trauma, that is marked by a historical event but ongoing, restricted travel to Palestine, and so on. There is the UK Palestine Mental Health Network (UKPALMH) which is an organisation that aims to raise awareness of the issues in Palestine and the oppression of Palestinians within the UK mental health services; to develop knowledge and understanding of the psychological well-

being of Palestinians. As valuable as this service is to educate others on the broader context of Palestinians, it does not provide UK based support for Palestinians.

Very little is known about the psychological well-being or mental health of the Palestinian diaspora, with no literature providing insight into the UK based population given the unique challenges and stressors they may face related to migration, acculturation, belonging, mental health and well-being (as mentioned above). What is known more broadly is that the refugee mental health outcomes can be poor in the longer term (Hynie, 2018). Especially those exposed to war- related traumas (Ehntholt & Yule, 2006; Hynie, 2018). Research on the psychological well-being of the Arab diaspora (in America) has found that stressors including immigration, acculturation, discrimination and other sociocultural related stressors are risk factors for their mental health and psychological well-being. Whereas religion, spirituality, ethnicity, support (family/ community) tended to serve as protective factors (Abu-Ras, 2016; Amer & Hovey, 2007; Aprahamian et al., 2011).

Thus far, the importance of understanding acculturation, trauma and their links to psychological well-being has been highlighted. There are an innumerable array of potential predictors or moderators of psychological well-being. Predictors are variables that can have a positive or negative impact on the levels of psychological well-being (Karademas,2007). Moderators in particular can provide a more nuanced understanding of the relationship between variables and can inform how individuals respond better or can be supported to achieve better psychological well-being (Wang et al. 2017). Here, five potential predictors and moderators of psychological well-being will be discussed by introducing the definition employed, as well as exploring how they may buffer or moderate psychological well-being in different contexts, as there are no studies focusing on their association or moderation in of

PWB in Palestinians in the UK. Based on previous research in the area and the context of Palestinians, resilience, social support, religiosity, cultural identity conflict and discrimination were selected as variables of interest.

Resilience and psychological well-being.

Resilience has been defined as “the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands” (APA, 2018a). It is commonly described as a personal trait which helps people thrive in the face of adversity and bounce back after stressful events, tragedies and traumas (Connor & Davidson, 2003).

Although the above definition is adopted here, it is important to know that there is a body of literature that highlights the complex nature of resilience (see Southwick et al., 2014) and more recently the use of the term has been criticised for reproducing power imbalances and discrimination in the Western contexts (see Keelan & Browne, 2020; Schwarz, 2018). For example, imposed as a coping mechanism on communities that are faced with enduring injustices and normalised structural violence (see Shwaikh, 2023). Schwarz (2018) highlights the importance of contextualised understanding of resilience that accounts for political, historical, and socioeconomic contexts beyond the West.

Oftentimes, literature on Palestinians in Palestine and neighbouring countries explore resilience and *sumūd* صمود (Palestinian vocabulary and cultural construct) as a way of coping (Atshan, 2017; Marie et al., 2018). The constructs are often interwoven or used interchangeably to define resilience or a component of resilience. For example, Hammad and Tribe (2021) described it as a steadfastness or perseverance and a component of

resilience that is more collective than individual to allow Palestinians to remain resolute in the context of emotional, psychological and cultural uprooting. Shwaikh (2023) provides a clear distinction between the two, with *sumūd* صمود acting as resistance from the occupation versus resilience. Similarly, Jabr (2023) defines it as a combination of five elements both individual and collective, a state of mind as well as being action orientated; (a) endurance and steadfastness, (b) solidarity, (c) to keep loving despite injustices, (d) defiance against oppression and (e) prosocial and community centred. This very brief overview is provided to acknowledge that whilst resilience may be seen as a component of *sumūd* صمود, it has a greater meaning and will not be used interchangeably here, but as defined above. There is also no anticipation that resilience is a given or expectation within this community, but this study explores how this may or may not support psychological well-being on an individual level.

Research suggests that psychological well-being is improved through resilience and helps individuals cope with difficult situations (Beri & Dorji, 2021). There are multiple studies in different context that find resilience a significant predictor that supports psychological well-being (e.g., Gao et al., 2017; Zhange et al., 2023). Within the migrant population there is research that suggest resilience serves as a protective factor and promotes psychological well-being too (Çakir, 2009; Li & Ren, 2022; Wu et al., 2018).

Limited research is known about the moderating effect of resilience in relation to acculturation and psychological well-being. Resilience was explored as a mediator and moderator between cultural intelligence and sociocultural adjustments, but only mediated the relationship (Reed et al., 2023). Rahman (2017) found that a bicultural identity and

resilience moderated the relationship between acculturation stress and psychological well-being in Asian immigrants.

In relation to trauma and psychological well-being, research suggests that resilience acts as a buffer and moderator (Havnen et al., 2020; Nilsson et al., 2023; Lee et al., 2014). Resilience developed through supportive relationships, protects against unfavourable experiences and promotes psychological well-being (Beri & Dorji, 2021). Reyes et al. (2019) found that resilience had a significant moderating effect on the relationship between traumatic events and PTSD, indicating the buffering effect on the impact of trauma and mental health. Similarly, studies suggest that resilience acts as a buffer within the Palestinian populations in the war context (Nguyen -Gillham et al., 2008; Veronese et al., 2013). Although Veronese et al. (2022) found that individuals resilience was compromised under siege, and Wilson et al., (2021) found reduced resilience enhancing resources in Palestinian refugee children compared to children in non-conflict affected settings. Overall, the studies provide support that resilience is a protective factor and buffer of psychological well-being in multiple contexts consistently with understandable notable limitations in war and conflict zones.

Social support and psychological well-being.

Social support is broadly defined as “the provision of assistance or comfort to others, typically to help them cope with biological, psychological and social stressors. Support may arise from any interpersonal relationship in an individual’s social network, involving family members, friends, neighbours religious institutions, colleagues, caregivers, or support

groups" (APA, 2018). This study encompasses this definition inclusive of all benefits derived from social support within, perceived and outside stressful contexts.

There are a number of studies that suggest social support is vital for maintaining both physical and psychological health (Li et al., 2021; Reblin & Uchino, 2008; Turner et al., 2014; Uchino et al., 2016). For example, social support can act as a protective mechanism to mental health issues, enhance quality of life, cope with stress and improve overall health and psychological well-being (Chernomas, 2014; McMillan 2020; Uchino et al., 2016). In contrast, lack of social support has been linked to psychological distress, depression and morbidity (Lerman Ginzburg et al., 2021; Ozbay et al., 2007; Uchino, 2004).

Social support has also been found to play a moderating role in the relationship between acculturation and psychological well-being, and a key variable in cross cultural adaptation, reducing anxiety and achieve better adaption (Ng et al., 2017; Le et al., 2023; Mao & Liu, 2016). Social support has been found to have a moderating/ buffering effect on psychological well-being by decreasing the impacts of stressful events (including trauma symptoms) on psychological well-being (see the stress-buffering effect model; Cohen & Wills, 1985) and recent literature (Shin & Gyeong, 2023; Zhao et al., 2021).

In the context of trauma and psychological well-being, social support has been found to be a major protective factor following a traumatic event (Calhoun et al., 2022) one of the most robust predictors of PTSD recovery, and reciprocal significant effects (see meta-analysis's; Zalta et al., 2021; Wang et al., 2021) Afana et al., (2020) found that social support is one of the coping strategies adopted by Palestinians' in the Gaza Strip and can potentially moderate the relationship between trauma and psychological well-being. In contrast,

Veronese et al., (2022) found that social support can be compromised when living under siege, which can increase the risk of developing psychological distress.

There are no known studies on how social support moderates psychological well-being of Palestinians in the UK or Western context. However, Palestinians are a collectivist community, many of whom sustain close social and economic relationships with their family in the diaspora, and abroad. The social support tends to extend to beyond family networks to general communities, and transnational actions (Loddo, 2006).

Palestinians in the UK have created local British community links, pro- Palestinian advocacy groups and solidarity campaigns, that provide valuable support for both Palestinian and British people with a commitment to addressing the challenges faced in the diaspora and occupied territories (Loddo, 2006). As well as promote their culture and provide a sense of community for Palestinians in the UK (e.g., Café Palestina) which may provide a sense of belonging and social support as well as solidarity and allyship organisations. Overall, the importance of social support is supported in the literature, with understandable limitations in the context under siege.

Religiosity and psychological well-being.

Religiosity is a multidimensional concept that refers to beliefs, behaviours and practices of individuals related to their religious faith and to what extent an individual actively participates in their religious teachings and activities and viewing religion as important to one’s life (Hubert, 2015; Iddagoda & Opatha, 2017).

Religiosity has been found to have a positive link to psychological well-being (Elfahmi & Mariyati, 2023) as well as mental health, particularly depression, suicidality and substance

abuse, with several studies reporting promising results for PTSD, psychosis and anxiety (see meta – analysis; Lucchetti et al., 2021). Skalisky et al., (2022) found that religious coping contributes to psychological resilience in Palestinian and Syrian Refugees in Jordan. Papaleontiou-Louca, (2021) reported that evidence leads to the conclusion that religion is a significant factor in an individual's mental health and overall well-being.

Religiosity has been found to moderate acculturation and psychological wellbeing (Latina young adult immigrants; Da Silva et al., 2017). Maier et al. (2022) found that negative religious coping may mediate the relationship between spiritual needs and well-being and suggested that religion and spirituality are important factors that play a significant role in the mental health and psychological well-being of migrants and refugees (likely exposed to trauma symptoms and depression) and needs to be factored in psychological interventions. Religiosity in the Muslim Arab American population found that the more religiosity was endorsed the less stress was associated with acculturation (Ahmed et al., 2011; Goforth et al., 2014). Similarly, Abu- Rayya (2006) found that Muslim Palestinians in Israel had a positive link to their ethnic and religious identity which positively impacted their psychological well-being, in line with previous literature on the positive relationship between religiosity and psychological well-being.

In the context of trauma and psychological well-being, religiosity has been found to serve as a buffer to subjective well-being against life difficulties including trauma (Tay et al., 2014). El-Awad et al.(2022) found that overall stronger religiosity among refugees was associated with lower levels of internalising symptoms, and also buffered the impact between traumatic events and internalising symptoms, but associations with acculturation differed across migration contexts (study was limited to Muslim adolescents in Germany).

García et al. (2017) found that negative religious coping increases (predicts) post-traumatic stress. However, positive religious coping increased (predicts) post traumatic growth and played a moderating role (at low levels of positive religious coping there was a strong relationship between coping by seeking support and post traumatic growth and at high levels the association was weak). Although Ahles et al. (2016) found that positive religious coping didn't buffer against the effects or stress on depressive symptoms, but negative religious coping moderated (exacerbated) the relationship between stress and depression.

There are several other studies that do not explore the moderating effect of religiosity/ spirituality but suggest it as a potential buffer against post-traumatic stress and increasing psychological growth (e.g., parents who lost children, Khursheed & Shahnawaz, 2020; civilians and veterans in war in Bosnia-Herzegovina, Glava et al., 2017; survivors of earthquake in Haiti, and adolescents in the Gaza strip and South Lebanon, Khamis, 2012).

Overall, these findings highlight the potential benefits of religiosity in promoting psychological well-being, particularly in the face of challenging circumstances. Although there is no known literature on the impact of religiosity in the Palestinian diaspora in the West or UK context, studies indicate that religiosity is likely to have a positive and buffering impact on psychological well-being.

Cultural Identity conflict and psychological well-being.

An individual's ethnic identity is the foundation for self -identity and development as it instils a connection to a given ethnic groups cultural values, identity, beliefs and origins (Phinney, 1990). Research has established that a strong sense of ethnic identity can have positive effects on psychological well-being (see literature review; Balidemaj & Small, 2019;

Smith & Silva, 2011; Forest-Bank & Cuéllar, 2018). Studies previously explored in this chapter highlighted a strong sense of ethnic identity in the Palestinian diaspora (Blachnicka-Ciacek, 2018; Christou, 2020; Lindholm, 2020; Shiblak, 2005) and the positive impact of heritage acculturation on psychological well-being of Palestinians in Israel (Abu-Rayya, 2006; Abu- Rayya & Abu- Rayya, 2009; Munayer & Horenczyk, 2014; Seginer & Mahajna, 2018).

Ethnic identity tends to emerge in adolescence with a heightened awareness for people of colour, or immigrants (Umaña- Taylor et al., 2014; Williams et al., 2012). Phinney et al. (2001) posits that the inter-relationship of ethnic and national identity and their role in the psychological well-being of immigrants is best understood as the interaction between the characteristics and attitudes of the immigrants and the response of the receiving society which is moderated by the circumstances of the immigrant group (e.g., Palestinians). Essentially, the strengths of ethnic and national identity are dependent on the support for ethnic maintenance and pressure to assimilate (Phinney et al., 2001). As explored, a majority of studies have found that the ideal combination of a strong national and ethnic identity promotes the best adaptation, which results in positive effect on well-being.

Cultural identity conflict refers to the psychological distress that arises from the conflict and demands between an individual's ethnic or cultural identity and the larger society (host-land culture), also known as ethno- cultural identity conflict (Marsella & Pedersen, 2004; Ward et al., 2011). Individuals who experience cultural identity conflict often view their identities as conflicting or contradictory (Benet-Martínez & Haritatos, 2005). Manging intercultural contacts can be challenging especially for those who come from collectivist cultures into individualistic cultures (Triandis, 1995). Cultural conflict in relation to one's sense of self and identity is known to be a significant risk factor for

developing psychological problems and mental health difficulties (Bhugra, 2004, meta-analysis by Yoon et al., 2013) and higher emotional distress and lower satisfaction with life (Rabinovich & Morton, 2016; Rahim et al., 2021)

There are many studies that explored the ethnic identity, acculturation and psychological well-being of first and later generations immigrants, as well as mixed heritage individuals. No literature on the moderating role of cultural identity conflict was found in relation to acculturation and psychological well-being. For example, Rahim et al. (2023) found that post migration stressors and cultural identity conflict were associated with psychological symptoms among Syrian emerging adults who resettled in the Netherlands. It could be assumed that if cultural identity conflict negatively impacts psychological well-being, then, it would be exacerbated in relation to acculturation and psychological well-being. Also, it is important to note that forced migrants (refugees) may have distinguishing experiences and at higher risk of mental health and psychological well-being difficulties (Gerritsen et al., 2006).

Ethno-cultural identity conflict in particular has been explored with diverse groups, across multiple contexts, although not as a moderator but gives further insight to the role of cultural identity conflict. For example, Rabinovich and Morton (2016) found that perceiving oneself as fixed impacted conflicting identities which led to decreased well-being and self-esteem, in comparison to those who had a more flexible perception of themselves. Szabó and Ward (2015) found that different analytical informational styles and alignment to the host country was a predictor of stronger identity commitment. The more one avoids any identity issues, the more likely they are to develop a conflicted sense of identity. Similarly, another study found that a hybrid identity style led to greater identity consolidation and

higher levels of well-being. However, an alternating identity style was associated with greater cultural identity conflict and poorer psychological adaptation (Ward et al., 2018).

Similarly, in the context of trauma and psychological well-being, research has found that ethnic identity serves a protective factor or buffer against psychological symptoms or psychiatric diagnosis (meta-analysis conducted by Brance et al.,2023; Townsend et al., 2020). However, the moderating role of cultural identity conflict between trauma and psychological well-being is not well documented bar Antink (2019). Antink (2019) did not find a significant association between traumatic experiences and PTSD symptoms, and between traumatic experiences and ethno-cultural identity conflict. However, ethno-cultural identity conflict was positively associated with PTSD symptoms. Although the sample size of 56 Syrian adult refugees in the Netherlands is small, conclusions drawn are tentative. Nonetheless, as ethno- cultural identity conflict was found to plays a vital role in the well-being of adults in this study, further studies focusing on this concept were recommended (Antink, 2019).

Although the literature does not provide details on the moderating effects of cultural identity conflict. The literature highlights the positive impact on ethnic identity and the negative impacts of cultural identity conflict on psychological well-being. From this, it can be assumed that that there is a potential for ethno - cultural identity conflict to exacerbate the relationship between trauma and psychological well-being. It would be interesting to gain insight into how cultural identity conflict might operate in the context of a Palestinian living in the UK with the potential tensions between both identities based on the historical context mentioned.

Perceived discrimination and psychological well-being.

Discrimination is the unfair or prejudicial treatment of people and groups based on protected characteristics such as race, gender, age, sexual orientation, religion and disability (APA, 2022; Equality Act 2010). Perceived discrimination is the individuals subjective experiences of unfair treatment/ discrimination towards them or members of a social group. Being part of a group that faces disadvantage or unfair treatment, perception of discrimination against them happens because of who they are, does not change and is not something that can be fully controlled. Overall, the message received by the group is that of feeling undervalued by others (meta-analysis by Schmitt et al., 2014). Perceived discrimination can be experienced on a personal or institutional level and can be experienced overtly and in subtle forms (Wong et al., 2014).

The subject of marginalisation and the systemic discrimination of Palestinians has been covered broadly by many scholars. There has also been reference to the discriminations Palestinians face throughout this chapter. Many of these studies focus on Palestine and neighbouring countries such as Jordan (Dlol, 2015) and Lebanon (Ibrahim, 2005). Abu-Laaban (Palestinian) and Bakan (Jewish) (2021) have worked jointly as political scientist to analyse Palestine/Israel in relation to race, racism and anti-racism. They provide detailed context from both sides and highlight that for Palestinians, that come under the Arab group with a large number of Muslims, they encounter both anti-Arab, anti-Muslim racism and are seen as inferior or treated as second class citizens (see Abu-Laban & Bakan, 2021). The pervasive discrimination against Palestinians begins in Palestine but extends beyond this in different contexts, indicating that they face challenges irrespective of their location. For example, Palestinians continue to be excluded from resettlement schemes to

the UK, and being legally stateless significantly impacts this (Sharif, 2023). Furthermore, in 2014, the UN special adviser (on the Prevention of Genocide and Responsibility to Protect) responded to Israeli's conducts against the Palestinian population for the prevalence of racist and dehumanising language and hate speech on social media.

Focusing on the UK, Shiblak (2005) summarised some of the discriminatory experiences faced in UK including prejudice against Palestinians in employment, regardless of nationality or citizenship (which occurs in educational settings too), treated with suspicion at border crossings and airports; media representation that often perpetuates negative stereotypes and biases, hate speech and harassment in public spaces and online (due to various reasons including bias, prejudice and political tensions), challenges with sharing narratives and counter misrepresentation (censorship and silencing), limited media portrayal of the experiences and struggles which hinders awareness and understanding of their plight, in their homeland and abroad. With regards to media, Al-Najjar (2022) and Jackson (2021) (New York Times) discussed the battle against the western media bias (anti-Palestinian coverage) and the distortion of the Palestinian struggle. Furthermore, it's been noted that Palestinians engage in transnational socio-cultural pollical activities, as part of their navigating of identities. There are many stories that cannot be noted here but there have been many occasions Palestinians and allies have been targeted in the aim of silencing their support for Palestine. For example, prominent scholars, Shwaikh and Gould (2020) co-authored autobiographical essays, as academics who were subjected to a series of attacks in the media, public sphere and workplace in connection to their Palestinian related activism. There are many stories of UK based Palestinians who, alongside their work have engaged in activism, and wrongly defamed or threatened (i.e. blacklisted or on the terrorism list) and

had to fight to clear their name (e.g., the case of Omar Mofeedd, or Zaher Birawi; Al – Arab, 2022; Uddin, 2021 respectively).

Perceived discrimination is associated with worse mental health, (depression, anxiety & psychological distress) and reduced psychological wellbeing (Barnes et al., 2004; Firat, 2017; meta-analysis by Schmitt et al., 2014; Willams & Mohammmed, 2009). The risk increases the more frequent perceived discrimination is experienced especially within ethnic and immigrant groups (Schunck et al., 2015; Sellers & Shelton, 2003). These findings were consistent whilst exploring perceived ethnic discrimination across a diverse ethnic group (including Arabs) in both America (Abdulrahim et al., 2012; Kader et al., 2020; Llácer et al., 2009; Lee & Ahn, 2011; Moradi & Hasan, 2004; meta – analysis by Pieterse et al., 2012) and Europe (Jasinskaja-Lahti et al., 2006; meta – analysis by Lee & Ahn, 2011; Schunck et al., 2015; Slotman et al., 2017; Straiton et al., 2019).

Although perceived discrimination is commonly part of acculturation and psychological well-being studies, very few studies have explored its moderating effects. Berry et al. (2017) found that the experience of discrimination is significantly associated with being in the 'separation' group, and the effect of discrimination on wellbeing varied by acculturation profile. Marginalisation strategy amplified the effect of discrimination on well-being, while assimilation mitigated it (3000 adult second-generation immigrants in Canada). In contrast, Torres et al. (2012) found that perceived discrimination did not act as a moderator between the relationship between acculturative stress and Latino psychological distress.

In the context of trauma and psychological well-being, Matheson et al. (2019) found that perceived discrimination can moderate (exacerbate) the relationship between trauma and psychological well-being, depending on the marginalised group being studied (Indigenous peoples, Blacks, Jews, and a diverse sample of women). Generally, the moderation model suggest that prior traumatic events sensitise group members, heightening the link between discrimination and stress-related symptoms. This means that individuals who have experienced trauma in the past may be more susceptible to experiencing heightened psychological distress when they encounter discrimination (Matheson, et al., 2019). Further, Indigenous people experienced the highest levels of trauma, discrimination and psychological distress (Matheson et al., 2019). Nonetheless, the moderating effect of perceived discrimination is not as widely studied as the direct effects.

Overall, perceived discrimination is a risk factor for decreased psychological well-being and increased psychological distress and mental health difficulties.

Throughout the discussion of the five variables, there was limited if not zero references to Palestinians in the UK, due to the lack of studies in this area. Overall, the literature highlighted the impact of all five variables on psychological well-being, and their potential moderating effects in relation to acculturation and psychological well-being, and trauma and psychological well-being.

Summary

The introduction firstly provided a broad overview of the historical context (including the collective traumatic experiences) that led to the birth of the Palestinian diaspora and Palestinians in the UK. Thereafter, anthropological literature on the Palestinian diaspora in

the West was highlighted, exploring the tensions and navigations of multiple identities (including homeland and host land) and the importance of the transnational activities in the maintenance of Palestinian culture intertwined with their endeavour for justice.

Secondly, the key constructs such as acculturation, trauma and psychological well-being were defined and discussed, as well as exploring potential moderators that might buffer or exacerbate psychological well-being, whilst highlighting the limited literature in each area within the Palestinian diaspora, particularly in the Western context. While this brief overview cannot do justice, it highlights the need for further research in this population.

In particular, the introduction provided an overview of the acculturation studies conducted among Palestinians in Israel. As noted, Palestinian citizens in Israel are indigenous, although not often treated accordingly, and the literature mostly focused on Palestinians adolescents'. As the interest of this study was adults with Palestinians heritage currently living in the UK/ West, it was decided that the Systematic Literature Review would focus on the acculturation and psychological wellbeing of Palestinians (Arabs) in the Western context to gain better insight into the trends and patterns. A rationale is provided Chapter two.

Chapter 2: Systematic Literature Review

A Systematic Literature Review (SLR) was conducted in order to identify, critically appraise and synthesise empirical literature in relation to Palestinians living in the West. This review first outlines the aims and methodology used, followed by the results which include a quality assessment and a narrative synthesis of the findings. This synthesis, combined with the literature explored in Chapter 1, leads to the rationale and aims of the current study.

Aim of the Current Review

The SLR initially aimed to answer the question *'what does the literature tell us about the relationship between the acculturation and psychological well-being of Palestinians living in the West?'* However, several scoping searches revealed that there have been no studies focusing solely on Palestinians in a Western context. However, as it is a key topic of interests, and to encompass related experience potentially shared among individuals from Arab or Middle Eastern backgrounds in the West, a group that share commonalities with the Palestinian population, the criteria was broadened to include 'Arabs' and Middle Easterners'. As such, this review aims to answer the question: *'what does the literature tell us about the relationship between acculturation and psychological well-being of Palestinians, Arabs / Middle Easterners living in the West?'*.

Methods.

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021) served as a reference in designing the methodology of this review. While not strictly adhering to the PRISMA checklist (see Appendix A), the principles

and recommendations outlined in PRISMA were taken into consideration during the review process.

Eligibility criteria.

The PEOS (Population Exposure, Outcome and Study design) framework was utilised in defining the eligibility criteria to ensure a comprehensive and methodical selection process (McKenzie et al., 2022). The inclusion and exclusion criteria are listed in Table 1.

Overall, articles were included if they were quantitative studies examining the relationship between acculturation and psychological well-being as defined in Chapter 1 to provide insight into quantifiable aspects and their varying degrees across the population.

Table 1
PEOS Inclusion and Exclusion Criteria for Systematic Review

	Inclusion	Exclusion
Population	▪ Participants of any age or gender involving Arab / Middle Easterner living in the West	▪ Non-Palestinian populations ▪ Non- Arab populations ▪ Non- Middle eastern populations
Exposure	▪ Studies that measure acculturation and measured with psychometrically valid assessment measures (e.g., Berry's Acculturation Model, the Vancouver Index of Acculturation)	▪ Qualitative data ▪ Studies that do not explicitly measure the concept of acculturation (i.e., ethnic identity measures, acculturative stress, or acculturation gap models).
Outcome	▪ Studies that assess psychological well-being outcomes (i.e., life satisfaction,	▪ Qualitative data ▪ Studies that do not assess psychological well-being outcomes specifically (e.g.,

	subjective well-being, mental health) or related psychological constructs that are measured with psychometrically valid measures and applicable to the general population (e.g., Beck depression/ anxiety inventory, PWB -46)	perceived discrimination, social support) or is not applicable to the general population (e.g., post-partum depression)
Study Design	▪ Quantitative research studies (i.e., cross-sectional, longitudinal, correlational) ▪ Written or translated into English. ▪ Published in peer-reviewed journals.	▪ Qualitative designs ▪ Case studies, opinion pieces, dissertations, grey literature, conference proceedings, review papers, meta analyses, book chapters. ▪ Studies where full text is unavailable. ▪ Studies published in languages other than English.

For clarity, the SLR focused on studies that explicitly included the terms ‘ Palestine’ ‘Arab’ or ‘Middle Eastern’ and ‘ West’ in their titles, abstract and keyword headings as part of the search strategy. Papers were exclusively included if they contained the specific terms, reflecting the focus on Arab or Middle Eastern contexts, irrespective of whether the research provided a breakdown by country. This encompassed research pertaining to the geographical location of the Middle East and Arab regions, as well as countries traditionally associated with the Arab culture, language and heritage, such as those within the Arab League, on the condition that they focused on populations in the West.

While the search strategy targeted studies containing specific terms (as highlighted) the scope of the inclusion is further outlined. 'Arab' refers to individuals who self-identify as Arab, whether geographically located in the Middle East or connected through Arab culture, language or heritage. The countries included in the Arab league are Algeria, Bahrain, Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somali, Sudan, Syria, Tunisia, United Arab Emirates and Yemen.

Middle Easter(n) refers to individuals from the geographical location of the Middle East, including Bahrain , Iran, Iraq, Jordan, Kuwait, Lebanon, Oman, Qatar, Palestine, Saudi Arabia, Syria, United Arab Emirates, and Yemen. Additionally, papers that defined Middle Eastern based on their countries classification were also accepted. For example, some Western countries also include Turkey.

Finally, the 'West' or ' Western' refers to the United States of America, Australia, Canada, Europe, United Kingdom and New Zealand.

Information sources.

After several preliminary scoping searches which included an examination of existing reviews on PROSPERO as well as Google Scholar, it was determined that there were no existing reviews on the acculturation and psychological well-being of Arabs/ Middle Easterners.

Additionally, proactive measures were taken to contact authors in the field about relevant studies. No additional papers were identified that were not already accessible through online database searches.

Five databases were searched on the 1st of June 2023: SCOPUS, PsycArticle, EBSCO: MEDLINE, CINAHL Plus and Humanities international complete.

Search strategy.

The final search terms were refined through preliminary scoping searches, guided by the PEO criteria outlined in Table 2. Boolean operators 'AND' and 'OR' were employed, along with truncation, to enhance search efficiency. These operators were applied within titles, abstracts, and keyword headings.

Table 2

PEO Structured Terms

	Concept	Search terms
Population	▪ Palestinians or Arabs	palestin* OR arab* OR arabs OR "middle east" OR 'middle eastern"
Exposure	▪ Acculturation	acculturat* OR assimilat* OR transnationalism OR integrat* OR belonging OR resettle*
Outcome	▪ Psychological Well-being	"Psychological wellbeing" OR "psychological well-being" OR "mental health" OR "mental wellness" OR distress OR "emotional health" OR coping OR "coping behav*" OR "life satisfaction" OR flourishing OR "psychological impact" OR depression OR mood OR resilien*

Study selection.

A review was created on Covidence, a not for profit service and web-based collaboration software that streamlines the production of systematic and other advanced reviews (Covidence systematic review software, 2023). References were imported from database searches into Covidence. Duplicate studies were automatically removed, and all

remaining papers were independently screened by title and abstract using the PEOS eligibility criteria. Full text articles were subsequently retrieved, read and reviewed against the PEOS eligibility criteria and finalised for data extraction. The study selection process is summarised in a PRISMA flow diagram below (see Figure 1).

Data extraction.

The author(s), year of publication, country of study, study design, participant characteristics (including sample size, ages, gender, ethnicity, religious affiliation) variables measured (measures used) key findings and strengths and limitations were independently extracted (see Table 4 & 5)

Study quality and risk of bias.

The quality and risk of bias of all included research articles was assessed using the Newcastle-Ottawa Assessment Scale (NOS) which is a widely recognised quality appraisal tool for systematic reviews and meta analyses, particularly observational (case control and cohort) studies (Wells et al., 2000). The NOS is commonly adapted for cross sectional studies as there are not many quality appraisal tools exclusive for cross-sectional studies that also provides a numerical output (e.g. Herzog et al., 2013; Wang et al., 2017).

Data synthesis.

A narrative synthesis was conducted on data extracted from included studies to provide a written summary of the findings. This approach acknowledges heterogeneity across studies and provides synthesised findings by integrating quantitative findings through qualitative insights (Popay et al., 2006).

The present narrative synthesis was informed by Popay et al.'s (2006) framework that can used flexibly and adapted to the review as opposed to being prescriptive. Table 3 outlines 3 out of 4 components of the framework, their aim and highlights how it will be used in this current review. The component regarding developing a theory was disregarded as it was optional and not relevant to this review.

Table 3

Overview of the Data Synthesis

Component	Aim	Current review
1. Developing a preliminary synthesis	To organise and provide an initial description of the studies	▪ Study characteristics and findings organised through tabulation (Tables 4 & 5) ▪ Summary of the data analysis, participants, recruitment and measures.
2. Exploring relationships in the data	To move beyond description to exploration: ▪ To discuss the direct and indirect effects of the relationship	• Explored within and across data and organised into a qualitative narrative.
3. Assessing the robustness of the synthesis	To assess the overall strength of the synthesis based on the critical appraisal and methodological quality of the review (i.e. generalisability/ implication's)	▪ Quality appraisal and risk of bias completed using the NOS tool (Table 6) ▪ Provided a critical review via strength and limitations of this review. ▪ Implications drawn from the study.

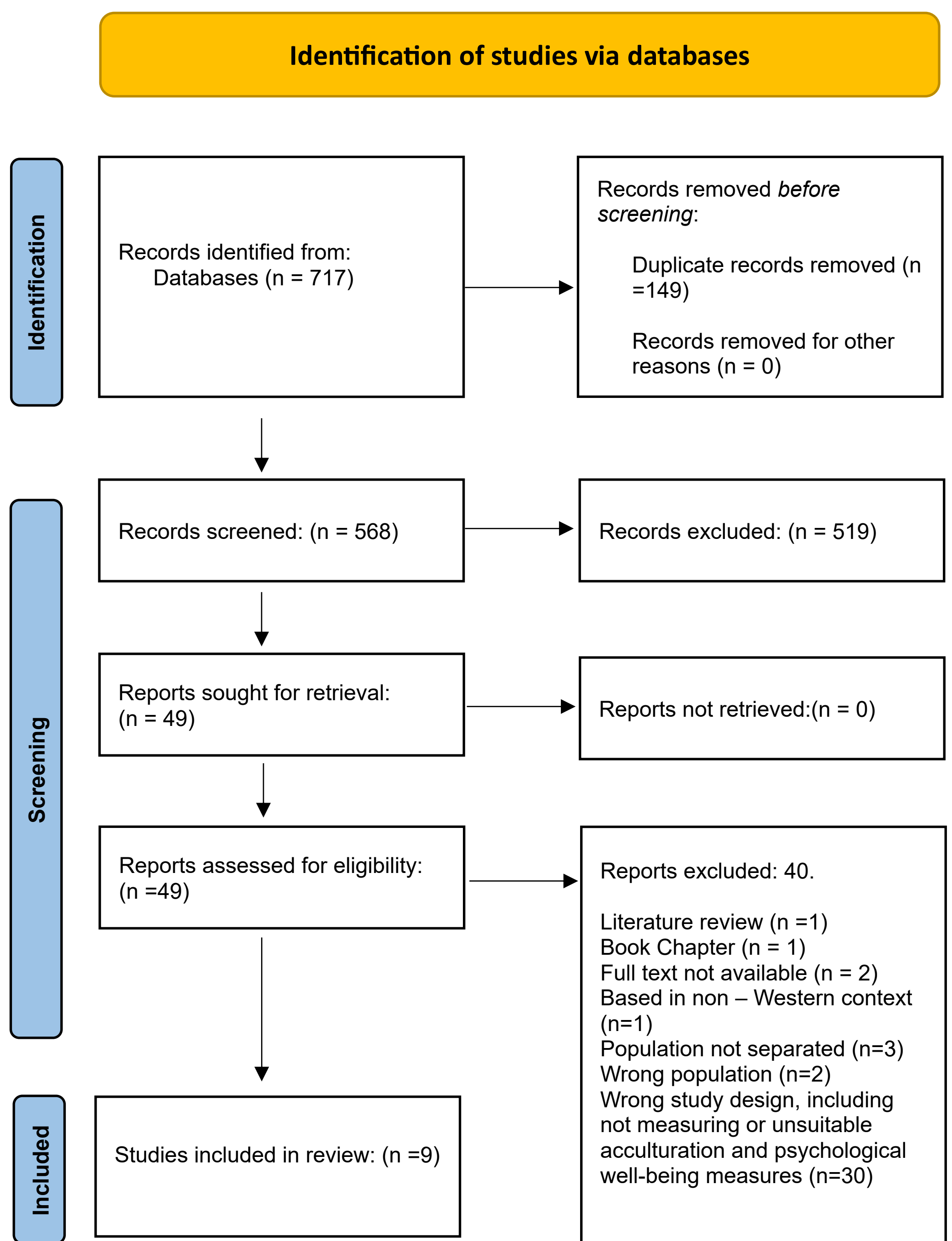
Results

Search results.

A total of 9 papers was retrieved. Figure 1 outlines the outcome of each stage of the search process. Efforts were made to access the two unretrievable papers online via the online library request portal and by directly contacting the authors. Despite best efforts, the two papers remained inaccessible for the inclusion of this review.

Figure 1

PRISMA Flow Diagram of Search Process



Study characteristics.

Details of study characteristics and outcomes are displayed in Tables 4 and 5. The final 9 papers retrieved were published between 2007 - 2021 and were conducted in the United States of America, Australia and Canada.

Table 4

Study Characteristics.

Reference (author(s), year, country and study number)	Aims	Sample/ Population	*N*	Variables Measured	Study Design
Amer & Jovey (2007) United States of America #1	To explore socio-demographic factors that influence acculturation and mental health	▪ Adult men and women from an existing data set. ▪ Age between 18-46 years. ▪ Mean age = 25.0 ▪ Ethnic breakdown from largest to smallest: ▪ Egyptian (25% Egyptian fathers, 21.7 Egyptian mothers) ▪ Lebanese (22.5% Lebanese fathers, 18.3% Lebanese mothers) ▪ Palestinians (20.8% Palestinian fathers, 18.3% Palestinian mothers) ▪ Other origins in Iraq, Libya, Jordan, Saudi Arabia Sudan, Syria, Tunisia & Yemen.	Total = 120 Female= 80 Male= 40	▪ Sociodemographic characteristics. ▪ Arab Ethnic Identity Measure. ▪ Arab Acculturation Scale (AAS). ▪ Arab Acculturative Strategy Scale (AASS). ▪ McMaster Family Assessment Device. ▪ Age Universal Intrinsic – Extrinsic Scale. ▪ SAFE Acculturation Stress Scale. ▪ Centre for Epidemiological Studies Depression Scale (CES - D)	Exploratory: Cross–sectional

		▪ 34 with one parent non-Arab. ▪ Resided in 19 states in the USA [California 21.7%, Texas 21.7%, Michigan 15.8% & Massachusetts 9.2%] ▪ Religions: 65 (54.2%) Muslims & 43 (35.8%) Christian.			
Aprahamian et al. (2011) United States of America #2	To investigate the relationship between mental health and degree of acculturation among Arab Americans	▪ Adult men and women who took part in the 2003 Detroit Arab American Study [DASS] ▪ Ages not reported. ▪ 279 participants were born in the USA. 86 migrated between 13-18 years. 507 between 19-70. ▪ Of the 737 immigrants, 238 were from Iraq, 227 from Lebanon, 71 from Yemen, 52 from Palestine, 37 from Jordan, 30 from Egypt, 28 from Syria, 13 from Kuwait, 6 from Saudi	Total = 1,004 Female = 538 Male = 466	▪ The Kessler Psychological Distress Scale. ▪ Detroit Arab America Study (DAAS) Acculturation Questions using the Marin & Marin Acculturation Scale for validation. ▪ DASS discrimination experience questions.	Cross–sectional

		Arabia, 2 from UAE, and 25 from other regions with 8 missing responses. ▪ Religions: 579 Christians, 422 Muslims and 13 other religions.			
Peterson & Hakim- Larson (2012) Canada #3	To investigate the acculturation, enculturation of Arab Canadian youth in relation to their life satisfaction in family and school domains, both of which are primary sources of social support among youth.	▪ Arab youth recruited through online Arab groups, student organisations, advertisements, university participation tool and friends/ relatives of participants. ▪ Aged between 15-21 ▪ Mean age = 19.09 years ▪ Sample representative of 18/22 countries of the Arab League: ▪ 35 from Lebanon, 23 from Palestine, 13 from Egypt, 13 from Iraq, 12 from Syria. ▪ Religion: 73 Muslims and 20 Christians	Total = 98 Female = 73 Male = 25	▪ Demographic questionnaire. ▪ Acculturation Index (AI). ▪ Perceived Social Support from Friends. ▪ Perceived Social Support from Family. ▪ Multidimensional Student Life Satisfaction Scale.	Cross-sectional correlational

		▪ 60 first generation and 37 second generation (self-identified).			
Jadalla & Lee (2012) United States of America #4	To determine the relationship between acculturation and health statuses among Arab Americans in Southern California	▪ Adult Arab American men and women living in Southern California. ▪ Age range between 18 – 86 years. ▪ Mean age = 38.6 ▪ 199 Muslims.	Total = 297 Female = 167 Male = 130	▪ A Demographic and Health Data Survey (DHDS). ▪ The Short Form Health Survey (SF -36). ▪ Acculturation Rating Scale of Arab Americans – II (ARSMA-II).	Cross-sectional correlational
Goforth et al. (2014) United States of America #5	To Examine acculturation (mainstream and heritage cultural orientations), acculturative stress, religiosity and psychological adjustment among Muslim, Arab American adolescents.	▪ Arab American adolescents recruited via a health clinic in a large Midwestern city. ▪ Aged between 11 – 25. ▪ Mean age = 15.50 ▪ 128 Muslims	Total = 128 Female =57 Male = 50 Unreported = 21 participants	▪ Demographic Questionnaire. ▪ Vancouver Index of Acculturation (VIA). ▪ Societal, Academic, Familial and Environmental Acculturative Stress Scale (SAFE-C). ▪ Brief Multidimensional Measure of Religiousness/ Spirituality (BMMRS). ▪ Reynolds Short Form A of the Marlowe-Crowne Social Desirability Scale. ▪ Youth self – report (YSR).	Cross–sectional correlational

Wilson & Thayer (2018) United States of America #6	To examine the relationship between acculturation, perceived stress, self - esteem and depression among young Middle-Eastern American Adults.	▪ Adults recruited from downtown Auraria Campus, Denver and Uni. Colorado - Boulder campus. ▪ Aged between 18-35 years. ▪ Mean age = 23.1.	Total = 48 Female = 22 Male = 25 Other = 1	▪ General Ethnicity Questionnaire (GEQ). ▪ Perceived Stress Scale (PSS). ▪ Rosenberg Self – Esteem Scale ▪ Center for Epidemiological Studies Depression Scale Revised (CED-R). ▪ Everyday Discrimination Scale (EDS). ▪ Generational status ▪ Demographics: age, socioeconomic status, education level. ▪ Duke University Religion Index (DUREL).	*Pilot study* Cross–sectional
Hashemi et al. (2019) Australia #7	To examine the relative contribution of acculturation, perceived social support, and perceived discrimination and psychological well-being.	▪ Adult females and males recruited via a two – stage random cluster sampling design. ▪ Aged between 20 – 39 years. ▪ Mean age = 30.41. ▪ Religions: 348 Muslims, 5 Christians, 3 Jewish, 6 others, and 20 no religion	Total = 382 Female= 96 Male = 104	▪ VIA. ▪ Multidimensional Scale of Perceived Social Support (MSPSS). ▪ Brief Perceived Ethnic Discrimination Questionnaire – Community Version (PEDQ-CV). ▪ Psychological Well-Being questionnaire (PWB-42).	Cross–sectional

Al- Krenawi et al. (2021) United States of America #8	To examine the role of acculturative stress in the experiences of female Saudi Arabian students enrolled in US colleges though the King Abdullah Scholarship programme (KASP).	▪ Female university students recruited from public and private colleges. ▪ Aged between 17 – 58. ▪ Mean age = 28.6. Saudi Arabian.	Total = 84 All females.	▪ Demographics. ▪ VIA. ▪ Multigroup Ethnic Identity Measure (MEIM). ▪ Beck Depression Inventory (BDI-II) ▪ Beck Anxiety Inventory (BAI). ▪ The international Comparative Study of Ethnocultural Youth Perceived Racism Scale. ▪ Cultural Mistrust Inventory	Cross–sectional
Suleiman et al. (2021) United States of America #9	To assess the impact of stress, acculturation and heritage identity on depression in Arab Americans.	▪ Adult females and male from the Detroit metropolitan area recruited at the Arab Community Centre for Economic and Social Services. ▪ Age range not reported. ▪ Mean age = 39 ▪ Ethnicities include Iraq = 47, Lebanon =18, Syria =18, Yemen = 17, Other =15 ▪ Religions: 131 Muslims, 8 Christians and 1 Jewish.	Total = 142 Female = 99 Male = 41	▪ Perceived Stress Scale (PSS). ▪ EDS. ▪ Social, Attitudinal, Familial and Environmental Acculturative Stress (SAFE -R). ▪ Modified VIA-A. ▪ CES -D.	Cross–sectional

Table 5

Overall Findings, Strengths, Limitations and Quality Appraisal Rating

Study No.	Key findings*	Strengths/ Limitations	Overall quality
#1	▪ Age yielded a weak negative correlation with Arab ethnic practices (r = -0.19, p <0.05). No other variable correlated significantly with age. ▪ Male respondents reported significantly less ethnic Arab practices (t [118] = -2.1, p < 0.05). ▪ Single respondents reported significantly lower scores for intrinsic religiosity than married respondents (t [114] = –2.8, p < 0.01), as well as significantly lower Arab religious and family values (t [115] = –2.3, p < 0.05). ▪ Educational status yielded a negative correlation with ethnic Arab Practices (r = -0.20, p < 0.0.5). ▪ Annual income was not correlated to acculturation or mental health variables. ▪ Greater frequency of visiting the Arab world correlated with higher current AASS acculturative strategy scores (i.e., more separation: r = 0.21, p < 0.05), lower AASS separation-assimilation scores (i.e., more separation: r = -0.29, p <0.01) and greater Arab ethnic practices (r = 0.32, p <0.001). ▪ Christians reported significantly lower scores on ethnic Arab practices (t [106] = -2.7, p < 0.01)	**Strengths** ▪ Used a comparatively large sample than previous studies. ▪ Previous literature focused on Arab-immigrants but this study utilised sample of Arabs who were US born, second generation or immigrated before the age of six. ▪ Study goes beyond exploring the relationship between acculturation and mental health by examining sociodemographic differences (inc., religion) influences. **Limitations** ▪ Sample size (although diverse) still small which also limits confidence in their validity. ▪ Cross -sectional study so results on acculturation and mental health patterns accuracy and generalisability is limited. ▪ Recruitment via internet (although suitable for this study) but may nevertheless limit the	Moderate

	▪ Christians reported significantly higher scores (t [106] = 2.8, p <0.01) than Muslims on the separation – assimilation subscales (Christians were more assimilated than Muslims) ▪ Christians reported significantly lower scores than Muslims on current Arab acculturative strategy (t [103] = -2.3, $p < 0.05$), indicating greater participation in both Arab and American cultures. ▪ Christians reported significantly lower scores on ethnic Arab practices (t [106] = - 2.7, p <0.01), Arab religious and family values (t [106] = -3.0, p <0.005 and intrinsic religiosity (t[105] = -2.9, p = 0.005) than Muslims. ▪ For Christians, significant independent predictors were Arab religious and family values (β = -0.43, t = -2.3, $p < 0.03$), family functioning (β =0.36, t =2.4, p <0.03) and acculturative stress (β =0.38, t =2.4, $p < 0.03$). The overall model (F [7,34] = 4.6, p = 0.001) accounted for 49% of the variance in depression. ▪ For Muslims, significant independent predictors were intrinsic religiosity (β = -0.28, t = -1.7, p <0.10) and family functioning (β = 0.32, t = 2.3, p <0.03). The overall model (F [7,56] = 2.0, p = 0.07] accounted for 20% variance in depression.	sample to those with higher education and socioeconomic status. ▪ Cross sectional design so causality cannot be established in the associations established. ▪ Data was analysed from a pre-existing data set. Therefore, variables and measures used were based on initial distribution. ▪ The robustness of psychometric properties posed additional challenges due to adaptations. ▪ several measures were not used due to poor validity and reliability. Timing of the study (3-4 months after the World Trade Centre attacks) may have impacted results.	
#2	▪ First block - Gender, age, education and income were significant predictors of mental health: F (6,90) = 2.87, p < 0.01, $R^2 = 0.18$. ▪ Second block - Age at migration, length of time in the US, discrimination and religion were significant predictors of	**Strengths** ▪ Used a comparatively even larger sample size than previous studies. Limitation of study were reported prior to the discussion of results to contextualise	High

	mental health: R^2 *-change* = 0.43, *F- change* (7,953) – 6.20, *p* < .001, α = .05. ▪ Third block – adding the main predictor acculturation was not a significant predictor of mental health after the covariates were taken into account: R^2 *–change* =.003, *F-change* (1,952) = 3.34, *p*=0.7, α = .05. ▪ Results for full model are *F* (14,952) = 4.63, *p* < .001, R^2 = 0.64. ▪ Although the relationships between these variables were significant, however, it is important to note that they accounted for only 6% of the variance in mental health.	implications or research findings and further implications. **Limitations** ▪ Cross sectional design so causality cannot be established in the associations established. ▪ Data collected from Arab Americans living in Detroit metropolitan area, so external validity and generalisability is limited to Arab Americans in the USA (similar locations) ▪ Study did not collect any mental health status data of immigrants pre USA. ▪ The age or mean age of participants was not clearly reported. ▪ Details on the ethnic background of USA born respondents was not stated unlike those who identified as immigrants. ▪ Although the DASS acculturation questions were validated, there is no information of the DASS discrimination scale or explanation as to why a psychometrically robust discrimination measure was not used instead.	
#3	▪ First regression with global life satisfaction as the outcome variable was significant, *F*(4,93) =31.71, *p* =.001, accounting for 57.7% of the variance. The first step (level) was significant, R^2 =.14, *F*(2,95) = 7.49, *p* =.001, with strong European	**Strengths** ▪ Diversity in sample representation obtained due to youth actively accessing the internet.	High

Canadian, $t(95) = 2.91$, $p = .005$ and Arab $t(95) = 2.82$, $p = .006$, orientations contributing to global life satisfaction. However, social support variables predicted above and beyond the acculturation measures, $\Delta R^2 = .44$, $F(95,93) = 48.45$, $p = .001$. with the social support variables in the second level, culture orientation did not predict global life satisfaction for Arab, $t(93) = -0.28$, $p = 782$, European Canadian, $t(93) = 1.67$, $p = .098$, orientations; instead perceived social support from friends and family significantly related to the outcome variable, $t(93) = 6.51$, $p = .001$ and $t(93) = 6.74$, $p = .001$ respectively, suggesting mediation.

- Second regression with family life satisfaction as the outcome variable was significant $F(4,93) = 53.67$, $p = .001$, accounting for 69.8% of the variance in family satisfaction. The first step was significant $R^2 = 19$, $F(2,95) = 11.35$, $p = .001$, with strong Arab orientations, $t(95) = 4.74$, $p = .001$, but not European Canadian Orientations, $t(95) = 0.93$, $p = .356$, contributing to family life satisfaction. However, social support variables predicted above and beyond acculturation measures, $\Delta R^2 = .51$, $F(95,93) = 77.66$, $p = .001$. Arab orientation did not predict family satisfaction, $t(93) = 1.60$, $p = 113$; instead, family and social support significantly related to the outcome variable, $t(93) = 12.39$, $p = .001$, suggesting mediation. Friend social support, $t(93) = 0.13$, $p = .897$, and European Canadian orientation , $t(93) = -1.25$, $p = .215$, did not significantly predict family life satisfaction.

- Implications for counselling practitioners provided.

Limitations

- Cross sectional design so causality cannot be established in the associations established.
- No research control over who completes measures due to it being online.

Small sample size, limited validity and generalisability.

	▪ Third regression model with school life satisfaction as the outcome variable was significant, $F(4,93) = 4.62$, $p = .002$, accounting for 16.6% of the variance in school satisfaction. The first step was significant, $R^2 = .10$, $F(2,95) = 5.35$, $p = .006$. A strong European Canadian orientation, $t(95) = 3.19$, $p = .002$, but not a strong Arab orientation, $t(95) = -0.42$, $p = .676$, significant contributed to school satisfactions. However, social support variables predicted above and beyond the acculturation measures, $\Delta R^2 = .07$, $F(95,93) = 3.60$, $p = .031$. In the second level, European Canadian orientation remained significant $t(93) = 2.57$, $p = 012$, the same as friends social support, $t(93) = 2.02$, $p = .046$. Neither Arab orientation, t(93) = –1.36, p = .176, nor family social support, t(93) = 1.57, p = .120, significantly predicted school satisfaction. Friend social support did not mediate the relation between European Canadian orientation and school satisfaction: With 1,000 bootstrap samples, the value of the indirect path was .01 (95% CI = –.01 to .04).		
#4	▪ The overall regression model significantly predicted 7% of the variance in mental health status, $R^2 = .072$, $R^2 = .056$, $F(5,290) = 4.502$, $p < .001$. Age and Attraction to American culture significantly contributed to the model $\Delta R^2 = .043$, $F(3,290) = 4.483$, $p < .01$. The latter finding shows that higher attraction to the American culture predicted higher scores on the MCS, indicating better mental health.	**Strengths** ▪ Study contributes to the understanding of Arab Americans acculturative patterns and adds to the limited body of research on health. ▪ Sample size of study considered large relative to other similar studies on Arab Americans.	Moderate

	▪ Americanisation or assimilation into American culture appeared to be significantly associated with better mental health, even after all demographic variables were controlled.	▪ An independent bidimensional measure of acculturation was used to examine its influence on health beyond traditional proxy measures, which offers a systematic assessment of acculturation largely used as a standard practice among researchers of this group. ▪ Measures used were translated in Arabic giving people the choice on which language they would participate in. **Limitations** ▪ Cross sectional design so causality cannot be established in the associations established. ▪ Convenience sampling used, so caution needed with generalisability. ▪ Measure of chronic health was a self- report measure rather than a clinical measure. ▪ No details of the specific ethnic identity of Arab Americans in this study.	
#5	▪ The predictive strengths of VIA-A, VIA-H and SAFE -C on psychological adjustment as measured by YSR-Total Problems and YSR- competence were statistically significant. ▪ YSR -Total Problems model explained 18.5% variance [F(3,102)= 7.70, p =.001,R^2 =.185] with VIA-H (β = -.20, p =.04)	**Strengths** ▪ Provided implications for practitioners working with Muslim Arab American youth. **Limitations** ▪ Small sample size, limited validity and generalisability.	High

	and SAFE -C (β =.36, p =.001) both being statistically significant predictors. ▪ The YSR- Competence model explained 19% of the variance [F(3,95) =7.26, p =.001, R^2 =.19] with both VIA-A (β = -.20, p =.04) and SAFE- C (β = -.33, p = .001) coming out statistically significant.	▪ Lack of diversity due to recruitment in one community with a large Arab American population. ▪ Study did not examine adolescent identification with their ethnicity.	
#6	▪ There was a significant negative correlation between a person's heritage cultural orientation score and perceived stress (r = -0.37, p = 0.02) and depression (r = -0.35, p =0.02). ▪ There was a positive non-significant trend between US cultural orientation score and perceived stress (r = 0.26, p = 0.09). ▪ There was a significant difference between the mean perceived stress score (F =8.1; p < 0.01) the Rosenberg's self-esteem score (F =5.0; p < 0.04 and the CESD-R depression score (F =10.8; p < 0.01) between groups with integrated individuals reporting lower levels of stress, self – esteem and depression when compared to assimilated individuals.	**Strengths** ▪ Able to identify significant relationships between acculturation and stress, self-esteem and depression. Results partially supported the hypothesis that integrated individuals have lower levels of stress and depression, and found significant relationships between heritage cultural orientation, perceived stress and depression. **Limitations** ▪ Cross sectional design so causality cannot be established in the associations established. ▪ Lack of 'separated' or 'marginal' individuals in the study. ▪ A very small sample size which limits validity and generalisability – does not represent the broader population.	High

		▪ Significant bivariate relationships may not be maintained in adjusted analyses resulting from limited statistical power. ▪ The composition or where participants were recruited from may have impacted results. ▪ Study does not address individual Middle Eastern cultures instead includes participants from a broad geographical location.	
#7	▪ Mainstream acculturation (β = 0.312, *p* < 0.001, ethnic acculturation (β = 0.294, *p* <0.001), perceived social support (β 0.385, *p* < 0.001) and perceived discrimination (β = -0.269, *P* < 0.001) were directly predictive of psychological well-being. ▪ Ethnic acculturation was associated with higher perceived social support (β =0.321, *p* <0.001) and higher perceived discrimination (β =0.147, *p* <0.01). ▪ Mainstream acculturation was associated with lower perceived discrimination (β = -0.190, *p* < 0.01), but not associated with social support (β = 0.050, *p* > 0.05). ▪ Mainstream acculturation was found to have the greatest accumulated total effect on psychological well-being (β = 0.075, *p* <0.001 through both direct (β = 0.312, *p* < 0.001) and indirect effect (β =0.082, *p* < 0.01) via perceived discrimination.	**Strengths** ▪ Two stage recruitment including paper based approach in various locations means the sample was diverse and more representative of population. ▪ Sample size calculated using the Cochran formula and target sample achieved. ▪ First study to use Structural Equation Model to identify the best combination of socio–cultural factors that contribute to psychological wellbeing among ME migrants – finding suggest model is a good fit. ▪ Most of the study hypotheses were supported. ▪ Researcher administering survey was a cultural insider to the study sample and was effective in establishing connections, building trust and rapport.	High

	▪ Ethnic acculturation showed direct (β = 0.294, p < 0.001) and indirect effect (β =0.075, p < 0.01) on psychological well-being, mediated by social support and perceived discrimination.	**Limitations** ▪ Cross sectional design so causality cannot be established in the associations established. ▪ All measures were self-reported, therefore a risk of bias with under or over reporting certain variables. ▪ Limited language fluency may have been a barrier to migrants' accurately completing survey. ▪ Non- probability convenience sampling was used which could potentially lead to bias or not be representative of sample. ▪ Migrants come from a broad range of 15 Middle Eastern countries, and this was not classified individually.	
#8	▪ 74.4% of the study sample agreed or strongly agreed that they identify with their heritage culture with 10% disagreeing. 47.8% of participants agreed or strongly agreed to having a positive acculturation process with the US (host) culture and 23.3% disagreeing. There was a significant difference between the levels of responses, with a large effect size. Heritage culture: X^2(2, N = 55) = 453.21, P <0.0001, r = 0.731 vs US culture X^2 (2, N =87) = 158.83, p <0.0001, r =0.433. ▪ Majority of the study sample (n = 49%, 61.3%) experienced normal levels of depression symptomology, whereas (n = 25,	**Strength** ▪ Study focuses on a specific sample population to gain a better understanding of female Saudi students. **Limitations** ▪ Convenience sampling likely produced a sample not representative of the total female population. ▪ Findings may reflect a history of accumulative distress associated with precondition status	Moderate

	31.2%) experienced mild moderate disturbance, with ($n = 4$, 5%) had borderline clinical depression and ($n = 2$, 2.5% had moderate symptoms of depression. The results indicated a significant difference between the levels of symptoms among respondents with a large effect size. X^2 (2, $N = 87$) = 72.3, $p<0.0001$, $r = 0.95$. ▪ Most of the sample (52.4%) did not exhibit anxiety symptoms. 22.6% = mild anxiety and 18% = moderate anxiety symptoms and 7% = severe anxiety symptoms. There was a significant difference between the levels of responses, with a large effect size. X^2 (2, N =87) = 804.45, $p <0.0001$. ▪ Acculturation and psychological stress levels (depression & anxiety) were not significantly correlated, r (87) = -0.004, $p>0.05$. ▪ Acculturation and cultural mistrust were moderately negatively correlated, $r(87) = 0.452$, $p < .001$.	and may not necessarily be exclusively their acculturative stress. ▪ Study is grounded in a one-time evaluation and does not capture the fluctuations of these experiences. Due to the stigma faced by Middle Easterners in the USA, self-report measures may not capture accuracy. ▪ Measures that assess domain specific acculturative processes are more likely to assess a participants' cultural adjudgments in multilevel domains rather than global.	
#9	▪ In the binomial logistic regression model adjusted for age, sex and education: ▪ Perceived stress (OR = 1.21, 95% CI, 1.33, $p <0.01$) and acculturative stress (OR =1.02, 95% CI 1.00, 1.05, $p <0.05$) were associated with greater odds of having depression in Arab Americans. ▪ For every – one unit increase in total perceived or acculturative stress summary scores, odds of having depression increased 21% and 2% respectively.	**Strengths** ▪ Study among the few to look into the effects of stress and acculturation on depression among Arab Americans. ▪ The first study to look into the effects of heritage identity on depression in Arab Americans. ▪ Study adds to the important body of research on mental health of Arab Americans. **Limitations**	High

	▪ Everyday discrimination did not predict depressive symptoms ($p > 0.05$). ▪ Mainstream or heritage identity were not significantly associated with Arab Americans ($p > 0.05$)	▪ Cross sectional design so causality cannot be established in the associations established. ▪ Small sample size, limited validity and generalisability. ▪ The study did not include a formal measure of financial status which may be a confounding variable in their results.

*Key findings are limited to results in relation to acculturation and psychological well-being only, although studies might have examined additional variables.

Design and analysis.

All nine studies included in this review utilised a cross-sectional design but employed various analytical methods. Specifically, seven studies utilised a broad category of regression analyses: correlations and multiple regression analysis (#1), sequential regression analysis (#2), hierarchical regression analysis (#3), multiple and logistics regression(#4), correlations and simultaneous regression(#5), step down multiple linear regression (#8) and binomial logistics regression (#9). One study used a one way – ANOVA (#6). Finally, one study utilised a cross-sectional design involving a two-step process, which included confirmatory factor analysis and structural equation modelling (#7).

Participants.

Overall, there were 2,303 participants, with 1,303 females, 976 males, and 1 participant identifying as 'other.' Additionally, 21 participants' gender was not reported (#5).

The mean age of samples ranged from 15.50 to 39 years, with an overall mean age of 27.4 years across all eight studies. One study (#2) did not report ages or mean age. Two studies utilised a sample of adolescents (which included under/ over 18 years old participants) (#3 and #5), and the remaining studies comprised adult participants (#1, #2, #3, #6, #7, #8, and #9).

All participants identified as belonging to the Arab population. Half of the studies reported the ethnic breakdown of Arab participants (#1, #2, #3, #8 and #9), while the others did not (#4, #5, #6, and #7).

Most studies provided a breakdown of participants' religious identification showing that 1,366 participants identified as Muslims, 700 as Christians (#1, #2, #3, #4, #5, #7, and #9), 4 as Jews (#7 and #9), 6 as belonging to other religions, and 20 as having no religion (#7). However, two studies (#6 & #8) did not explicitly report religious identity of the participants, with one stating that they recruited 17 participants from the Friday prayers (#8).

Eight studies explored Arabs in the USA (#1, #2, #43, #65, #6, #8, and #9), one study explored Arabs in Canada (#5), and one other study focused on Middle Eastern migrants in Australia (#7).

Recruitment.

A variety of recruitment methods were used across the studies, with each study employing its unique approach to gather participants based on its specific research objectives and target population. Two studies utilised existing datasets (#1 and #2). Most of the studies employed convenience sampling (#3, #4, #6, #8, and #9). For example, participants were recruited through online Arab groups, student organisations, advertisements, university participation, friends and families, health clinics, and university campus sites. However, one study employed a two-stage random clustering sample (#7), which included a paper based approach, with researchers becoming involved in the community to ensure data was truly representative of the target population. Three studies (#5, #7 and #9) in particular had researchers present in the location who spoke both Arabic and English to assist with the administration of the measures.

Measures

All nine studies utilised a range of measures (the full list of measures is listed in Table 4). Although there were some overlaps with the use of some acculturation and psychological well-being measures in some of the studies (outlined below), there remained a diverse range of measures used across the studies. (As the aim of the SLR is to focus on the relationship, the separate outcomes of each measure can be found in Appendix B).

Acculturation measures.

Acculturation is a multifaceted construct with a range of measures. As a result, individual studies have employed diverse approaches to assess acculturation, reflecting the unique objectives and target populations of each investigation. Consequently, a variety of acculturation scales and have been adopted to capture the complexities of individuals' acculturation experiences within different cultural contexts.

Acculturation was primarily measured using the Vancouver Index of Acculturation (VIA; #5, #7, #8), which assesses the extent to which individuals identify with their heritage culture and the dominant culture (Ryder et al., 2000). One study used the modified VIA for Arabs (VIA-A; #9) to tailor the scale specifically for Arab populations (Amer, 2005).

Other scales included: the Arab Acculturation Scale (AAS; #1), which measures Arab individuals' acculturation levels and orientations (Barry, 1996) and the Arab Acculturative Strategy Scale (AASS; #1), which evaluates different acculturative strategies adopted by Arab immigrants (Amer, 2002); the Acculturation Rating Scale of Arab Americans (ARSA-A-II; #4) which assesses the acculturation levels and stress experienced by Arab Americans (Cuéllar et al., 1995), with sub questions for Attraction to American culture (AAC) and Attraction to

Arabic culture (AArc); the Acculturation Index (AI; #3) which is used to determine the acculturation level of individuals based on their language proficiency and ethnic identity (Ward & Rana-Deuba, 1999); and the General Ethnicity Questionnaire (GEQ; #6) which measures the ethnic identity and identification with mainstream culture in multicultural populations (Tsai et al., 2000).

One study (#2) used the DAAS Acculturation Scale, which consists of previously validated and used measures of acculturation (Baker et al., 2003), and a validation study was conducted to assess agreement between those questions and the established Marin and Marin Acculturation Scale (Marin et al., 1987).

Psychological well-being measures.

Similarly, psychological well-being is a multifaceted concept that encompasses various aspects of an individual's mental and emotional state. As such, studies have employed a diverse range of validated scales and inventories to measure psychological well-being, each focusing on specific dimensions and aspects relevant to the study's scope and objectives (all studies were included if they used measures that came under mental health and psychological well-being broadly).

One study used the Psychological Well-Being questionnaire (PWB-42; #7) which assesses participants' overall psychological well-being and examines multiple dimensions of well-being, offering a comprehensive understanding of the participants' mental and emotional state (Ryff & Keyes, 1995). Another study used the Kessler Psychological Distress Scale (K10; #2) which provides valuable insights into participants' emotional and mental well-being, highlighting signs of psychological distress (Kessler & Mrocsek, 1992). Another

study (#5) used the Youth Self Report (YSR) measure which provides information on a participants emotional and behavioural functioning, indicating their overall psychological adjustment (Achenbach & Rescorla, 2001).

Other studies opted to use scales that measure depression, anxiety and self- esteem as a way to measure psychological well-being. Depressive symptoms were evaluated using the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977; #1 and #9) and its Revised Scale (CED-R; #6) in two studies and the Beck Depression Inventory (BDI-II; Beck et al., 1996; #8) was used in one study. These allowed for the identification of potential depression among the participants and an understanding of the severity of symptoms (Beck et al., 1996; Radloff, 1977). Similarly, the Beck Anxiety Inventory (BAI; #8) was utilised to assess anxiety (Beck, 1993). Overall, aiding the understanding of participants psychological well-being. Study (#6) also used the Rosenberg Self-esteem Scale (RSS) which focuses on an individual's self- perception and self-worth (Rosenberg,1965) and the Perceived Stress Scale, which evaluates the extent to which a person perceived life as unpredictable, uncontrollable and overloading (Cohen et al., 1983). Study (#1) also used the revised version of the Societal, Attitudinal, Familial, Environment (SAFE) acculturation stress scale (Mena et al., 1987).

One study explored, life satisfaction, another dimension of psychological well-being and used the Multidimensional Student Life Satisfaction Scale (MSLSS; #4) which provides insights into life satisfaction levels of student, allowing for a specific examination of their well-being in the academic context (Huebner, 1994).

Finally, one study used the Short Form Health Survey (SF-36; #3) which assess an individual's overall health and wellbeing, with subscales that examine physical and mental

health separately (Ware & Sherbourne,1992). Due to the separate subscales, the mental health subscale was used to measure psychological well-being.

Overall, the results of the systematic review reveal a wide array of measures utilised to assess both acculturation and psychological well-being among Arab populations. Four studies (#3, #5 and #8 & #9) also translated measures into Arabic as well as sharing them in English. The validity and reliability coefficients were reported in all studies.

Study quality and risk of bias appraisal[6].

The NOS uses a star system to assess various domains across selection, comparability and outcome. According to the NOS score standard, studies can be classified as low (scores 0-4), moderate (scores 5-6) and high quality (scores $\geq$ 7) (Wang et al., 2017). The NOS adapted for cross-sectional studies, based on Herzog et al., (2013) and Wang et al. (2017) adaptations was utilised (see Appendix C).

Component and overall quality rating for each study is shown in Table 6. Six studies were rated 'high' (7- 8*) and 3 were rated 'moderate' (5 -6 *) from an overall achievable score of 10. The main limitations included lack of information on sample size justification, non-respondents and outcome of assessments being self-report measure.

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[6] A study can be given a maximum of one star * for each numbered item within the Selection category (= 4 points), two stars/ 2 points in the Comparability category and 3 stars/ 3 points in the outcome category.

Table 6 *Results of the Quality Appraisal using the NOS Scale*

Study Number	Selection				Comparability	Outcome		Quality Rating
	Representativeness of the sample	Sample size justified.	Non – respondents	Ascertainment of the exposure	Confounding controlled	Outcome assessment	Statistics	Total Score /10*
	*	*	*	Max **	Max **	Max **	*	
#1	*	*na*	-	**	-	*	*	5* Moderate
#2	*	*na*	-	**	**	*	*	7* High
#3	*	*	-	**	-	*	*	6* Moderate
#4	*	-	-	**	**	*	*	7* High
#5	*	-	-	**	**	*	*	7* High
#6	*	-	-	**	**	*	*	7* High
#7	*	*	-	**	*	*	*	7* High
#8	*	-	-	**	-	*	*	5* Moderate
#9	*	-	-	**	**	*	*	7* High

[-] Quality criterion not satisfied or insufficient information to adjudicate as satisfied. [na] not applicable.

Selection.

All of the studies included in this review met the selection criteria one, which assess for representativeness of sample (see Recruitment). Studies scored a star for being truly or somewhat representative of the average in the target population. The studies each clearly described an appropriate recruitment process and provided participant characteristics and sociodemographic details. However, some samples are likely biased towards those more likely to come across their recruitment. For example, study (#5) that specifically recruited via a health clinic in a large Midwestern city.

Selection criteria two was only met fully by two studies who justified their sample size, and either estimated this based on the anticipated statistical analyses (#3) or calculated their sample size using a Cochrane formula (#7). However, although not awarded a point, study (#6) stated their study was a pilot study which is inherently exploratory and smaller in nature. Two studies (#1 and #2) used pre-existing data and therefore the criteria did not apply.

Selection criteria three was not met by any of the studies as cross -sectional studies as they do not inherently collect data and compare respondents versus non respondents (individuals who were invited or approached to study but did not engage). Selection criteria four was met by each study as they each ‘ascertained exposure’ to acculturation, which was measured using psychometrically robust measures (screened as part of the inclusion/ exclusion criteria).

Comparability.

It is important to note that it is impossible for research to control for every possible confounding variable. Seven studies met the comparability criteria and accounted for confounding variable control. Studies (#2, #4, #5, #6, #9) scored for controlling the most important factors and additional factors, whilst one study scored for taking steps to control for potential confounders (#7). Study #2 aimed to determine whether acculturation predicted mental health after accounting for covariates (family income, age, age at migration, length of residence, gender, education, religion and discrimination).In study #4 age and education, employment income and religion were controlled at various stages of analysis. Study #5 aimed to control for age, gender, length of time in the USA. Study #6 controlled for religion, financial status, generational status and age. Unlike other studies, confounding variables were explicitly stated in the methodology, study #7 did not explicitly mention or control for specific variables in the context of statistical analysis, but demonstrated control over sampling process, data collection and refinement of measures that indicate a degree of control over potential confounders. Study #9 controlled for age, sex, BMI and level of education.

Furthermore, studies have acknowledged other factors, variables to consider that might have influenced the results but were not necessarily factored in. For example, in one study (#3) the authors stated that religion, refugee or immigration status, discrimination history, traumas, torture and war experiences are important to consider. Study (#9) stated that they did not formally measure financial status which could have been a confounding variable. Another study (#5) did not measure ethnicity.

Outcome.

All of the studies included appropriate statistical tests to analyse their data. The differences in sample size, variables used and methodology, a detailed description of analysis methods used is beyond the scope of this review. However, they appeared to be sufficient information available on the analysis for future meta – analysis as confidence intervals and probability levels are appropriately described.

Synthesis of Results

Across all 9 studies, measures of acculturation were diverse and included measures that categorises acculturation orientation, or reports this as a continuous measure, exhibiting varying levels of mainstream and heritage acculturation. Similarly, psychological well-being encompassed a diverse range of measure including psychological adjustment, mental health indications (e.g., depression, anxiety, self- esteem) and satisfaction including (life, family and school satisfaction). The diverse range of variables used in studies means, means that the results should be understood as tentative.

Overall, from the 9 studies, 5 studies (#1, #3, #4, #5, #6 & #7) reported an association between acculturation and psychological well-being and the remaining 4 did not find an association (#2, #8 & #9). The synthesised findings will be organised into 4 categories to provide a structured overview and facilitate a clear understanding of the relationships observed across studies.

Direct and indirect effects with no moderation or mediation analysis[7]:

In studies that tested for direct or indirect association between acculturation orientations and psychological well-being without exploring moderation or mediation found mixed results. One study (#2) found no significant relationship between acculturation (DASS[8]; Baker et al., 2003) and mental health (K10; Kessler & Mrocsek, 1992) among Arab Americans. Similarly, another study (#9) did not find a significant association between acculturation orientations (VIA-A; Amer, 2005) with depression (CES-D; Radloff, 1977).

In contrast, one study (#5) revealed a strong affiliation with heritage acculturation (VIA; Ryder et al., 2000) was significantly associated with fewer reported problems in psychological adjustment (YSR, Achenbach & Rescorla, 2001). Simultaneously, higher affiliation with mainstream acculturation was linked to social competence among Muslim Arab Americans. Overall demonstrating a significant relationship between acculturation orientation and aspects of psychological adjustments (total problems and competence).

Similarly, another study (#6) found a significant relationship between heritage acculturation (GEQ, Ward & Rana-Deuba, 1999), perceived stress (PSS, Cohen et al., 1983), self-esteem (Rosenberg, 1965) and depression (CESD-R, Radloff, 1977). Suggesting that individuals had lower levels of perceived stress, self – esteem and depression among Middle Eastern Americans. In contrast to assimilated individuals, although they had higher levels of self-esteem. Mainstreams association to perceived stress, self- esteem and depression was not statistically significant.

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[7] Studies that do not explore mechanisms or conditions that might mediate or moderate these relationships.
[8] The measures of interest in this study that have previously been outlined will be referenced throughout the synthesis.

Another study (#1) explored acculturation (AAS/AASS, Amer, 2002) and mental health (SAFE ASS, Mena et al 1987; CES-D, Radloff, 1977) in Christian and Muslim early immigrants and second generations based on previously established influencing sociodemographic factors. There was a significant relationship between a separated or marginalised acculturation strategy with acculturation stress and depression among the Christian group. Similarly, Christians who were more integrated reported better family functioning and less depression. Interestingly, for Muslims, an integrated acculturation strategy was not associated with acculturation stress or depression, but it was associated with intrinsic religiosity and better family function.

Direct effect moderation analysis.

In two studies that examined the direct effect of acculturation and psychological well-being incorporating moderation analysis also found mixed results.

In one study (#8) looking at the association between acculturation (VIA) and psychological stress (a combination of anxiety, BAI, Beck,1993 & depression; BDI-II, Beck et al., 1996) and the moderating effects of religiosity, ethnicity or perceived discrimination between Saudi female students in the America did not find a significant relationship or moderating effect as expected.

Another study (#4) examined the relationship between acculturation (ARSMA-II, Cuéllar et al., 1995) and general health (MCS, Ware & Sherbourne,1992). The results found that acculturation (AAC) towards mainstream culture, and more attraction to 'Americanisation' (assimilation) was significantly associated with better mental health among Arab Americans, even after demographic variables were controlled (age and religion).

A moderation effect was not found between the acculturation (AAC x AArc) and mental health.

Direct and indirect effect mediation analysis.

In one study (#3) looking at acculturation (AI, Ward & Rana-Deuba, 1999) and life satisfaction, a direct (strong) significant association was found between European-Canadian and Arab orientations and global life satisfaction (domain of MSLSS, Huebner, 1994) among Canadian Arabs. Also, a strong Arab orientation was directly related to family life satisfaction (domain of MSLSS). However, the addition of social support (perceived, family social support respectively) meant these significant relationships no longer were associated and social support mediated this relationship (resulting in indirect effects). However, for school satisfaction, both social support from friends and European-Canadian orientations were directly significantly associated, indicating no mediation, with no significant direct impact from Arab orientation or family social support.

Direct and indirect effect – mediation and moderation analyses.

In one study (#7) that explored the direct and indirect effects (via perceived discrimination & social support) of acculturation (VIA; Ryder et al., 2000) and psychological wellbeing (PWB-42, Ryff & Keyes, 1995) found several direct, indirect and total effects on psychological well-being in Middle Eastern Migrants. Mainstream acculturation, heritage acculturation, perceived social support and discrimination all had direct effects on psychological well-being. Heritage acculturation was significantly associated with higher perceived social support and higher perceived discrimination, whilst mainstream acculturation was significantly associated with lower perceived discrimination but not significantly associated with social support. Through mediation, mainstream acculturation

had the most significant total effect on psychological well-being, directly and indirectly mediated by perceived discrimination only. Heritage acculturation also had a direct and indirect effect mediated by perceived discrimination and social support. Overall suggesting an integration acculturation strategy directly and indirectly had a significant impact on psychological well-being.

Overview and additional findings.

Now that the study findings were grouped as above with the main focus on direct, indirect, mediation and moderation analysis. An overall summary of the findings is provided, grouped in studies with no association, and association between acculturation orientation and psychological well-being, highlighting any other findings, and whether any other variables of interest were explored in both categories to contextualise them better.

From the studies that did not find a significant relationship between acculturation and psychological well-being (#2, #8, & #9). One study (#2) found that sociodemographic factors such as gender, age, education, income, age at migration, length of time in the US, discrimination and religion were significant factors in explaining the 6% of mental health variances of Arab Americans. In contrast, another study found (#9) when demographics were controlled, they did not exhibit a direct relationship with depression. However, they found that perceived stress and acculturative stress were significantly associated with greater odds of having depression among Arab Americans, even when controlling for age, gender, BMI and education. Nonetheless discrimination did not have an impact on psychological well-being. Another study (#8) did find a moderate negative relationship between acculturation orientation and cultural mistrust (mistrust in US culture). A majority of the sample identified with their heritage culture. No significant relationships were found

between acculturation and length of stay, age, education, and parental income. No significant relationships were found between psychological stress and education, language competency, importance of religion and marital status. In this study English Language competency and religion predicted acculturation positively; knowing how to read, write and speak English was positively connected to a smoother acculturation and the importance of religion might have contributed to the acculturation process. Length of stay and cultural mistrust predicted psychological stress (depression and anxiety). Due to 29.1% of the variance in psychological distress being cultural mistrust, and the moderate negative association between acculturation and psychological stress, it suggests that individuals who indicate higher levels of mistrust of US culture are likely to report higher levels of psychological stress.

From the studies that found a significant association between acculturation and psychological well-being, the finding was still mixed (#1, #3, #4, #5, #6 & #7). Only one study (#7) found that an integrated acculturation strategy had main direct and indirect effects on psychological well-being even with perceived social support and perceived discrimination mediating this relationship. However, mediation did not impact the direct relationship between acculturation orientations and psychological well-being. Additionally, perceived discrimination had both direct and indirect effects on psychological well-being through perceived social support, whilst perceived social support only had direct effects. Gender and education levels acted as moderators. Heritage acculturation was more strongly related to perceived social support for females than males. The direct effect of perceived discrimination on perceived social support was also stronger in females than males. Lower educated levels moderated the relationship between heritage acculturation and perceived

discrimination. Overall suggesting an integration acculturation strategy directly and indirectly has a significant impact on psychological well-being. In contrast, the mediation effect of social support found in study (#3) was above and beyond the significant association between both mainstream and heritage acculturation's relationship to global life satisfaction. Similarly social support mediated above and beyond the relationship between heritage acculturation and family life satisfaction, resulting in indirect effects only. Nonetheless, social support did not mediate the relationship between mainstream acculturation and school life satisfaction. Both maintained a direct effect. In both these studies there was no further exploration of other variables that significantly impacted any of the relationships aforementioned, apart from age and level of education which acted as a moderator in study (#7).

Study (#5) found a stronger affiliation with heritage acculturation was significantly associated with fewer problems with adjustment, and a stronger affiliation to mainstream acculturation was linked to social competence. Both 'total problems' and 'social competence' are subdomains of overall psychological adjustment, demonstrating a significant relationship between acculturation orientation and aspects of psychological adjustment, complimenting one another. However, stronger affiliation to mainstream acculturation was significantly associated with higher perceived discrimination stress and global stress. Unlike study (#8), length of stay in the US was associated with less stress (processed, perceived discrimination stress and global stress). Higher global stress associated with overall acculturation was linked to more psychological problems and less overall competence. Generation status did not significantly impact stress, depression, or culturation orientation scores but showed significant associations with self-esteem and

discrimination. Sociodemographic factors such as age, gender, religiosity, lengths of time in the USA did not predict acculturation orientations, except for religiosity which predicted heritage acculturation (which is similar to study #8 although in relation to overall acculturation). Similarly, to study (#2) demographics factors impacted psychological well-being, with age, gender, religiosity, length of time in the USA predicting acculturative stress (general, social stress, perceived discrimination, and positive stress related to acculturation), and collectively explained a significant portion of variance in stress measures. Social desirability mean was low and excluded from the study.

Study (#6) found that higher affiliation with heritage acculturation resulted in lower levels of perceived stress and depression, while integrated individuals reported lower levels of stress, self-esteem and depression than assimilated individuals. Assimilated individuals reporter higher self- esteem than integrated individuals. Overall, suggesting integrated or heritage acculturation could be more beneficial than assimilation for psychological well-being. Generation status was explored and showed no significant impact on stress, depression or acculturation but showed an association with self-esteem and discrimination.

Another study (#4) found assimilation was significantly associated with mental health, and a moderate integration was significantly associated with better physical health, although full integration would result in worse physical health, even when demographic details were controlled which is similar to studies (#1 & #9) whereby demographics did not make a difference. A significant interaction was found between mainstream and heritage acculturation and physical health, suggesting moderation, but this did not extend to mental health. Morbidity rates (prevalence of chronic disease like hypertension, diabetes, heart disease and cancer were lower compared to the general population. However, worse scores

were found on the short from health survey than the general US population in 1998, indicating poorer mental health but better physical health. Smokers were older than non-smokers, while alcohol use did not significantly relate to age. Men had higher smoking rates than women with no difference in alcohol use. Christians had significantly higher alcohol rates compared to Muslims. Unlike study (#5) demographics such as education, income, marital status and employment, length of residence and language preference predicted acculturation. Other predictors explored found gender and attraction to heritage culture significantly predicted smoking behaviour, whereas religion, employment status, mainstream acculturation significantly predicted alcohol use.

Study (#1) was the only study to compare acculturation between Christians and Muslims with differences observed in the Christian sample. Integration was significantly associated with family functioning and lower depression levels. However, those in the separated or marginalised groups reported higher levels of acculturative stress and depression. In the Muslim group, acculturation was not linked in any way to acculturative stress or depression/ psychological well-being variables. Instead, integration was associated with intrinsic religiosity and better family function (both Christians and Muslims benefited from better family functioning in the integrated style). Furthermore, highlighting intrinsic religiosity was related to lower levels of family dysfunction and depression in Muslims. The study does identify certain factors like family functioning, Arab religious and family values and acculturative stress as predictors of depression suggesting a potential mediating role in the relationship between acculturation and mental health. Arab religious and family values, functioning and acculturative stress were significant predictors of depression for the Christian group. Whereas intrinsic religiosity and family functioning were significant

predictors of depression in the Muslim group. The religious differences-observed in the study may imply a potential moderation for future studies. Sociodemographic differences such as age, income, education was not found to be significant factors in the acculturation and mental health patterns of this group, but gender, marital status, educational status and frequency of visiting home country/ Arab world influenced acculturation directly. Additional direct effects include; males reported significantly less ethnic Arabic practice and intrinsic religiosity compared to females. Single individuals reported significantly lower scores for intrinsic religiosity than married individuals. As education levels increase, there is a decrease in engaging with ethnic practices. Higher frequency of visiting the Arab world is significantly associated with higher current acculturative strategy and greater ethnic practices. Indirect effects included Christians reported lower score on various acculturation measures compared to Muslims.

Summary

In summary, the findings of the literature highlight that certain acculturation orientation or strategies may be more conducive to better psychological well-being outcomes than others. It also highlights the complex relationship between acculturation and psychological well-being among the Arab and Middle Eastern population in the West. While the majority of studies suggested integration, or a level of acculturation towards mainstream and/or heritage culture had positive impacts on psychological well-being overall, there were several studies that did not find a significant association. However, all the studies provided valuable insights that could be investigated further. Nevertheless, the associations between acculturation and psychological well-being were not found in isolation, unless the study specifically highlighted control over variables, and which ones they were. Apart from one

study that found main direct and indirect effects of both mainstream and heritage (integrated) acculturation on psychological well-being despite mediating and moderating effects. Many of the studies considered additional variables sociodemographic variables, language competency, religiosity, values, acculturative stress, perceived discrimination, social support, cultural mistrust and so on, and choose varying functions from being predictors, moderators and mediator variables which provided further insights in the acculturation and psychological well-being of this population.

Due to the variations in methodologies across studies such as sample size, measures used, function of variables, and analytical approaches the full understanding and implications for Arab individuals in Western countries is limited. Therefore, studies cannot be grouped as neatly (i.e., associations vs not based on acculturation style). Diversity in measures and approaches (i.e. acculturation being measured categorically vs continuous measures) also leads to diversity in interpretations. Similarly, although some studies provided a breakdown of their sample (with the first 3 studies having Palestinians within their study), they do not address individual cultures, but include a broad geographical location. Similarly, although religion as a variable came up in several studies, only one study compared Christian and Muslim groups in relation to acculturation and psychological well-being. Furthermore, cross sectional studies limit the ability to establish causality or identify temporal relationships between acculturation and psychological well-being.

More broadly, the mixed findings across studies indicate the complexity and multifaceted nature of the relationship between acculturation and psychological well-being. Finally, acculturation's impact on psychological well-being appears to be influenced by various factors (demographics, mediators and moderators). Nonetheless, the findings from

the studies underscore the importance of considering acculturation as well as other factors when addressing the psychological well-being of this population.

Strengths and Limitations of this Review

The current review explores the association between acculturation and psychological well-being among the Arab/Middle Eastern populations living in West. Although the review initially intended to focus on the Palestinian population only (within the inclusion and exclusion criteria), it discovered zero studies which in itself highlights a gap. The review findings provide insight and considerations for Arab and Middle Eastern individuals, which Palestinians share cultural commonalities with. However, this review must be considered in the context of its limitations.

The present review only included peer-reviewed articles, which may be influenced by publication bias where non-significant findings are less likely to be published, the reviewed evidence may exaggerate true associations. Additionally, while p-values were used to determine to determine statistical associations, it is important to note that statistical significance does not necessarily imply meaningful effects or practical significance. Although it seems that generally the findings in this review reflect the literature in this field which is also mixed.

Furthermore, the study's inclusion/exclusion criteria may have limited findings. For instance, while acculturation studies conducted in the West are primarily published in English – language (and the research on Palestinians in Israel highlighted in Chapter 1 was available in English), the limitations to English- Language sources may still have narrowed the scope of this review by potentially excluding relevant studies published in other

languages. Although a stringent selection criterion was applied to quantitative data, aiming to ensure validity and reliability of study findings (Verhoef & Casebeer, 1997), valuable insights may have been overlooked from qualitative studies that were not included in this review.

Another methodological limitation is that there was no second reviewer at any point during the review process. This may have introduced bias into the processes of selection, extraction, appraisal or synthesis of the studies involved (Boland et al., 2017). However, the methodology of the review drew on the best practice guidance for systematic reviews (Page et al., 2021; Moher et al., 2009), and established research quality appraisal tools. Arguably, these measures will have provided mitigation against the risk of bias significantly affecting the reviews conclusions.

Another limitation that has been acknowledged previously is that there was a variety of measures used for acculturation and psychological well-being and additional variables which were not equally represented in studies. Unlike a recent systematic review (Choy et al., 2021) that focused only on acculturation strategies (integration, assimilation, separation and marginalisation) and mental health conditions (e.g., depression, PTSD, anxiety, schizophrenia) this review opted for a broader range and flexibility within the concepts used to comprehensively capture the spectrum of relevant literature. However, this meant an incorporation of categorical and continuous acculturation measures and constructs such as life satisfaction, health, and psychological adjustment measures. This introduced some degree of heterogeneity potentially affecting the synthesis of findings. As such, the choice to adopt a broader scope warrants careful consideration. Nonetheless, to somewhat mitigate

this limitation, studies were organised in the way the nature of the relationships were studied, whether direct or indirect, and if mediation or moderation was involved.

Clinical Implications and Further Research

There are several implications that are relevant to clinical practice based on the findings of this review with some implications coming directly from the studies reviewed.

Historically assimilation was associated with positive health and promoted, based on the literature this is not directly associated and therefore clinicians need to be aware of this potential bias. Instead, professionals are recommended to assess an individual's level of acculturation strategy, ethnic identity and other factors that they think is relevant. This may be exploring religiosity, stressors that are commonly related to acculturation or psychological wellbeing (acculturative stress, discrimination). Especially as results from studies have demonstrated that psychological well-being and acculturation can differ within and in-between subgroups. However, findings should be used to guide what is explored or prioritised. For example, whether that would be exploring and supporting the negotiation of a bicultural identity or focusing on other predictors of psychological well-being such as religiosity as a source of support that reduces stress for people who might desire a certain acculturation strategy.

The mental health services in the UK provide care for diverse range of individuals which include the Arab population. Clinicians should be aware of the socio-political pressures and stressors such as discrimination that might impact individuals/ groups mental health. One study suggested a social justice framework in therapy for Arab Americans which could be applied in the UK based on the evidence of discriminatory experiences Arabs in

particular go through. This would go beyond supporting individuals to working systemically to reduce prejudice and discrimination in the majority culture, whilst also promoting and supporting racially/ ethnically minoritised individuals.

This includes but is not limited to cultural competency training to educate professionals on diverse cultural perspectives and the impact of socio-politics, and discrimination experiences, as well as promoting cultural awareness, and continued professional development. Establishing support groups or safe spaces for this population for similar communities to share experiences, see support and learning coping skills or a community driven approach. Professionals could engage in advocacy and education and collaborate with other organisations. Supporting future research initiatives is advised. For example, further research in understanding additional factors that influence the overall acculturation process and psychological well-being of Arabs and their subgroups is required (within and between ethnic and religious groups). Investigating factors such as country of origin, religion, discrimination experiences, length of residency, trauma, pre-migration trauma, status (refugee, generational status), torture, war and aspects of mental health as appropriate consistently, and closer examination of social and individual variables could provide further insights.

Rationale for the Current Study

Chapter 1 introduced the Palestinians in the diaspora, briefly providing historical and ongoing context before introducing Palestinians in the UK. Thereafter, the concepts of acculturation, trauma and psychological well-being were introduced as well as some variables of interest that have been established as predictors and moderators in previous literature. Throughout the introduction there was reference to the lack of existing literature

on the Palestinians in the diaspora and the UK specifically. The systematic literature review served as a foundational approach aimed to gain a better understanding of what the existing literature found in relation to Arabs and Middle Eastern individuals in the West.

Prior research lacks a dedicated exploration of acculturation and psychological - wellbeing and fails to account for nuanced experiences of Palestinians, particularly concerning trauma and psychological well-being. By prioritising these areas, the study endeavours to bridge this gap and offer a comprehensive understanding of not only the acculturation processes and psychological outcomes, but also exploring trauma at the forefront of this process and psychological well-being. There were some overlaps in the variables explored in Chapter 1 and here. For example, social support, perceived discrimination and religiosity, whereas other variables such as resilience, cultural identity conflict did not come up in the review. However, as all five variables are of interest, which was further reaffirmed by consultants input, they were explored further.

Research hypotheses.

Studies examining the relationship between acculturation orientations and psychological well-being has resulted in inconsistent findings. However, there continues to be an emphasis on the importance of studying this relationship between acculturation and well-being in diverse migrant and second generation groups in their own cultural groups and contexts (Choy et al., 2021; Yoon et al., 2013).

Based on the anthropological literature that highlights Palestinians commitment to their Palestinian identities (Blachnicka-Ciacek, 2018; Christou, 2020; Shiblak, 2005) whilst trying to negotiate, balance, blend and navigate both their heritage and mainstream

cultures (Brocket, 2020; Christou, 2020; Lindholm, 2020; Loddo, 2006, 2017; Shiblak, 2005). As well as the bidimensional model of acculturation (Ryder et al., 2000), and integration hypothesis (Berry, 2013; Grigoryev et al., 2023). It was hypothesised that (a) there will be a positive relationship between heritage acculturation orientation and settlement /mainstream acculturation orientation on well-being (main effects) and (b) there will be 2-way interaction between acculturation orientation of heritage and settlement on wellbeing (interaction in moderated regression).

Prior research has broadly demonstrated that experiences of trauma have a negative impact on one's mental health and psychological well-being (Ayazi et al., 2014; Cilliers et al., 2016; Johnson & Thompson, 2008; Knipscheer et al., 2015; Miller & Rasmussen, 2010; Stark et al., 2020;). Therefore, this study will also examine the relationship between trauma and psychological well-being. It was hypothesised that there will be a negative relationship between trauma and psychological well-being.

Prior research has suggested that different constructs may moderate the relationship between trauma and psychological well-being. The following variables have been known to have a buffering effect; resilience (Beri & Dorji, 2021; Havnen et al., 2020; Lee et al., 2014; Nilsson et al., 2023; Reyes et al., 2019), social support (Calhoun et al., 2022; see meta-analysis's; Zalta et al., 2021; Wang et al., 2021), and religiosity (El-Awad et al., 2022; García et al., 2017;Tay et al., 2014). Therefore, it was hypothesised that resilience, social support, and religiosity would buffer the relationship between trauma and psychological well-being.

Limited research was found on the exacerbating effects of cultural identity conflict and discrimination. To the researchers knowledge, no prior research has looked at the moderating effects of cultural identity conflict. However, Antink (2019) suggested a potential moderating effect between PTSD and psychological well-being. However, there is substantial literature on the negative impacts on psychological well-being (Bhugra, 2004; Rabinovich & Morton, 2016; Rahim et al., 2021; Ward, et al., 2018). Therefore, it was hypothesised that cultural identity conflict will exacerbate the relationship between trauma and psychological wellbeing. Finally, limited research was found on the moderating effect of discrimination (Matheson et al., 2019). However, there is substantial literature highlighting the negative impacts on psychological well-being. Therefore, it was hypothesised that perceived discrimination would exacerbate the relationship between trauma and psychological well-being. An overview of the study hypotheses is outlined in Table 7.

Table 7

Overview of Research Hypotheses.

	Research Hypotheses
	The study aims to examine the relationship between acculturation orientation and psychological well-being.
H1a	There will be a positive relationship between heritage acculturation orientation and settlement acculturation orientation on well-being (main effects).
H1b	There will be 2-way interaction between acculturation orientation of heritage and settlement on wellbeing (interaction in moderated regression).
H2	There will be a negative relationship between trauma and psychological well-being
	The moderating effect of tertiary variables will also be examined:
H3a	Resilience will buffer the relationship between trauma and well-being.
H3b	Social support will buffer the relationship between trauma and well-being.
H3c	Religiosity will buffer the relationship between trauma and well-being.
H3d	Identity conflict will exacerbate the relationship between trauma and well-being.
H3e	Discrimination will exacerbate the relationship between trauma and well-being.

Chapter 3: Methodology

Research Design

Within the critical realist framework, this study employed a quantitative approach, specifically utilising a cross -sectional correlational design. This design enables the examination of relationships between multiple variables at a single point in time and offers valuable preliminary insights for future research whilst establishing trends and patterns in the data (Setia, 2016). A cross- sectional correlational design is well suited to the research aims of this exploratory study and acknowledges that cause and effect are not the basis of this observational research type; variables are not manipulated but identified and studied in their natural setting (Frey, 2018). Ethical approval for this study and its procedures were granted by the University of Hertfordshire's Ethics Committee (acLMS/PGR/UH/05208(2); Appendix D) The study is also pre-registered on As Predicted (#131391).

Consultants

To ensure Palestinians remained the centre of the study, three research consultants were sought, and an advertisement was shared among personal and professional networks (see Appendix E). Three consultants were recruited[9] with the view of meeting 6 times for 1.5 hours over the course of this study. Consultants provided input from proposal to dissemination, which also included input on the hypotheses, study design, measures used, what information is presented in the information sheet, piloting the survey (to ensure

[9] Two British born Palestinians; a law student and human rights activist, and a medical student. One Palestinian born resettled in the UK after his engineering studies who currently works as a community leader.

readability & understanding), data collection and key routes into dissemination. Consultants were remunerated for their time (see Appendix F). This approach was utilised to maintain a critical lens to mainstream psychology (Henrich et al., 2010) by promoting collaborative enquiry and committed research (Walter, 2009).

Participant Inclusion and Exclusion Criteria

The inclusion and exclusion criteria for this study is listed in Table 8.

Table 8

Inclusion and Exclusion Criteria for Participation

Inclusion	Exclusion
▪ Identified as having Palestinian heritage. ▪ Adult: 18 years old or over ▪ Currently living in the UK regardless of citizenship or status	▪ Not Palestinian and no Palestinian heritage ▪ Non – adult, 17 years old or below ▪ Is not currently living in the UK

Power: determination of sample size and statistical power.

An a priori power analysis was conducted using G*Power 3.1.9.7 (Faul et al., 2007) to determine the required sample size. Specifically, power calculations were conducted for moderated regression, including three predictors in total (2 'main effects' and 1 'interaction'). Previous research testing similar hypotheses reported effect sizes that were small to medium, depending on the moderator variable of interest. Therefore, it was decided that a small effect size would be the best option, as this would be the more conservative approach. The analyses showed that, to detect a small effect, achieving 80% power, with an α criterion of .05, would require a sample size of 395.

Recruitment and procedure.

Convenience sampling was used to recruit participants for this study. This recruitment method was chosen due to the difficulty of obtaining a representative sample of adult Palestinians living in the UK. While convenience sampling is not a random sampling method and may not yield a representative sample (Jager et al., 2017), it can be useful in situations where the target population is difficult to access or where time and resources are limited (Elfil & Nagida, 2017).

The use of social media platforms as a recruitment tool has been shown to be effective in reaching specific demographics and engage with communities and groups in a non-conventional manner (Darko et al., 2022). This also allowed for anonymity and confidentiality for potential participants who were more wary (Barry, 2001). The study had its own dedicated platforms on Instagram and Twitter (@dclinpsy.thesis & @DclinPsyThesis, respectively). The study was predominantly advertised on social media platforms, including Instagram, Twitter, Facebook and LinkedIn, by the researcher, consultants and different community members and online organisations (see Appendix G for research poster). Consultants and supervisors also assisted with recruitment, and the study was shared with their personal and professional contacts who were part of or connected to the Palestinian community. Over 70 organisations were contacted directly by the primary researcher. Community events such as the ‘largest Palestinian heritage event’ or ‘Palestine at the Palace’ were attended (through invitation) to engage and build networks. Attendees had the opportunity to discuss or complete the survey in person or be redirected to the online link. A referral link was embedded into the debrief section of the survey if any participants wished to share the study with other potential participants or organisations.

Participants were directed to an online Qualtrics survey using a URL. Participants were presented with an information page at the start of the survey which outlined the aims of the study and additional information on withdrawal, data storage, dissemination, details of organisations they can access for support, as well as contact details (for the primary researcher and internal supervisor) if they had further questions. From this, potential participants were able to make an informed decision prior to completing the study and provide their consent before accessing the survey (see Appendix H).

After completing the survey, participants were automatically directed to the debrief page which reiterated signposting to information resources and support, the referral link, as well as contact details of researcher. Participants could choose to provide their email address[10]) if they were interested in receiving a summary of the findings.

Recruitment challenges and ethical considerations

The initial power calculation was discussed with consultants, as they played a key role in recruiting potential participants. Combined, they felt recruiting 250 – 350 participants was high but achievable. Supervisors and researchers also had networks within their personal and professional contacts who could assist further. Despite recruitment efforts listed above, initiated on 09.05.2023, the number of participants completing the survey and response from active Palestinian organisations were significantly lower than expected (only 15 of the 70+ organisations responded and shared the study). The recruitment remained

[10] Which was automatically stored separately on Qualtrics, and then exported to a secure drive to maintain participant anonymity.

open May, June, July, August and extended to September and October, although the original plan was to complete analysis and write up results in September.

Furthermore, the events of 07.10.2023 created a major shift in the geo-political and socio-political context for potential participants[11]. It was hypothesised that those accessing the survey post 7.10.2023 could be considered a different sample[12] given the nature of the topics explored. In addition, it felt unethical to continue to recruit or place a burden on potential participants during this time, so it was decided that active recruitment would be terminated, whilst giving people the option to complete the survey if they wanted to. This was communicated on social media platforms, and all involved in active recruitment. Research ethics is pivotal in maintaining the human rights, dignity and integrity of participants. Part of this is to ensure or prevent excessive harm to participants. Combined, it was agreed to close the survey and analyse the data. In total, 221 individuals accessed the survey, of which 161 were completed, yielding a completion rate of 73%, indicating the overall reach was broader than the final sample. Sixty surveys were excluded due to missing data, as participants were required to answer all questions to be included in the analysis. This criterion was essential to maintain data integrity and ensure validity of findings, particularly considering that the outcome variable was psychological well-being, which required completion for inclusion.

[11] Many of whom have family and friends in Palestine.
[12] Anecdotally the impact of 7.10.23 was profound on the Palestinian community, may experiencing severe distress, impact on their mental health and experiences of re traumatisation.

Participants.

161 participants completed the study (M_{age} = 43.5 years, age range 18 - 69 years, 93 females, 67 males, 1 non-binary / prefer to self-describe). Detailed demographic information is presented in Table 9.

Table 9

Demographic Statistics for the Sample

Characteristics	Total (N = 161)	Rounded percentage
Gender		
Female	93	58%
Male	67	42%
Non – binary, prefer to self- describe	1	1%
Age		
Range	18 -69	
Mean	43.5	
Standard Deviation	12.78	
Religion*		
Islam	137	86%
Christianity	6	4%
Judaism	1	1%
Atheist or Agnostic	14	9%
Other	3	2%
Place of birth		
UK	49	31%
Palestine	42	27%
Other	70	44%
Age moved to the UK		
Mean	22.10	
Range	0-48	
Standard Deviation	11.57	
Mothers place of birth		
UK	16	10%
Palestine	85	53%
Other	60	38%
Fathers place of birth		
UK	4	3%
Palestine	100	63%
Other	57	36%

Measures

All eight standardised measures used were self – report questionnaires. Any adaptations to the measures were made to enhance the scale's relevance and applicability for the target population (specific adaptations are listed within each measure). To enhance the standardisation and improve reliability, the Likert scale measure was adapted to a 7-point Likert scale in 4 measures, making 6 out of 8 measures the same. This adaptation is supported by literature that suggest that a 7 point Likert scale is more favourable in the context of attitude clustering, offering advantages of response variety and practical appeal to participants reasoning through unified scales (Bishop & Heron, 2015; Joshi et al., 2015). Similarly, the primary trauma scale Likert scale was adapted from a 4 point Likert scale to a 5 point Likert scale to allow for standardisation (by starting with 1, rather than zero to match other surveys). No adaptations were made to the resilience scale due to copyright. The measures are presented in the order they were delivered on the online survey.

Demographics.

Participants were asked to provide their gender, age and religion. They were also requested to confirm whether the term 1st-3rd generation migrant applied to them (definition provided), where they were born, and where they currently live. If they selected that they were not born in the UK, they were asked to provide the age they moved to the UK. Additionally, they were asked where their father and mother were born.

Acculturation.

Acculturation towards heritage (Palestinian) and settlement/ mainstream (British) tradition was measured by adapting the Vancouver Index of Acculturation scale (VIA; Ryder et al., 2000). The 20 item self- report scale measures three domains of acculturation: values,

social relationships and adherence to traditions using a 9 point Likert scale (1 = strongly disagree to 9= strongly agree). Renowned for its strong psychometric properties, the VIA is widely used in diverse cultural settings (including non- western settings), providing a comprehensive understanding of individuals' experiences navigating their cultural identities utilising a continuous measure. Moreover, the scale has consistently demonstrated validity and reliability across various studies and contexts, including its successful use with Arab samples (Al – Krenawi et al., 2021; Goforth et al., 2014;Hashemi et al., 2019; Testa et al, 2019; Huynh et al., 2009; Ryder et al, 2000).

In this study 'North American' was changed to 'British'. Questions 3 and 4 ' I would be willing to marry a person for my heritage or mainstream culture' as it might be irrelevant for many participants and supported by Testa et al. (2019). Participants were presented with 9 items for each culture (Palestinian and British), using a 7 point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). For instance, for acculturation orientation towards their heritage culture, participants were asked to indicate their level of agreement on items such as 'I often behave in ways that are typical of the Palestinian culture' and for acculturation orientation for the settlement/mainstream culture, the item would be 'I often behave in ways that are typical to British culture.' The mainstream and heritage acculturation subscales were.88 and .93 and respectively. Both subscales had good to excellent reliability (α's > .80)

Cultural identity conflict.

Cultural Identity conflict was measured by adapting the Ethno-cultural Identity Conflict Scale Short Form (EICS -SF; Szabó & Ward, 2021). The 6 item self-report scale measures cultural identity conflict in cognitive domain (i.e., the way in which ethnic and

cultural dimensions of the self are perceived) and affective domain (i.e., feelings associated with the ethnic and cultural dimensions of the self) using a 5 point Likert scale (1 = strongly disagree to 5 = strongly agree). The scale is a reliable and valid measure that can be used across multiple cultural affiliations including immigrants, sojourners, refugees and indigenous people in multicultural settings. It links well with acculturation research (Szabó & Ward, 2021) with the original scales validity and reliability assessed (Ward et al., 2011) and has been utilised with Arab samples (Antink, 2019; Qumseya, 2018).

In this study, participants were presented with 6 items using a using a 7 point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). For instance, for the cognitive domain, participants were asked to indicate their level of agreement on items such as ‘I am an outsider in both my ethnic group and the wider society’ and for the affective domain, ‘I am confused by the different demands placed on me by my family and other people’. The scale had good reliability (α = .89).

Religiosity.

Religiosity was measured using the Multi-Religion Identity Measure (MRIM; Abu – Rayya et al., 2009). The MRIM is a 15 item self – report scale that measures religious affirmation and belonging, religious identity achievement and religious faith practices domain, using a 7 point Likert scale from 1 (strongly disagree) to 7 (strongly agree). For instance, participants were asked to indicate their level of agreement on items such as ‘I believe prayer is an inspiring practice’ or ‘my religion confuses me’. The scale claims universal applicability across religions and has been found to be a valid and reliable measure, also used in a study focused on a Palestinian sample (Abu – Rayya et al., 2009; Abu – Rayya & Abu – Rayya,2009). In this study, the scale had excellent reliability (α = .92).

Perceived discrimination.

Perceived discrimination was measured by adapting the Everyday Discrimination Scale – short version (EDS; Sternthal et al., 2011). The 5 item self-report scale measures subjective daily discrimination against a minority population using a 6 point Likert scale ranging from 1 (almost every day) to 6 (never). The scale has been found to be a valid and reliable measure (Benner et al., 2022; Sternthal et al., 2011) with the original scales validity and reliability assessed, including Palestinian samples (Epel et al., 2010; Krieger et al., 2005; Nakash et al., 2016; Taylor et al., 2004; William et al., 1997).

In this study, participants were presented with 5 items using a using a 7 point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). For instance, participants were asked to indicate their level of agreement on items such as ‘you are treated with less courtesy than other people’ or ‘people act as if they are afraid of you’. The scale had excellent reliability ($\alpha = .90$)

Social support.

Individuals social support was measured by adapting the COPE Coping Orientations to Problems Experienced) scale (Carver, 1997; Demes & Geeraert, 2015) by using the 12 social support items. The 28 item self-report scale measures a broad range of coping responses using a 4 point Likert scale (1 = I haven’t been doing this at all to 4 = I’ve been doing this a lot). The scale has been found to be a valid and reliable measure, including within Arab samples (Abdul – Rahman et al., 2021; Hegarty & Buchanan, 2021; García et al., 2018; Demes & Geeraert, 2015; Carver, 1997).

In this study, participants were presented with 12 items using a 7 point Likert scale ranging from 1 (never) to 7 (always). For instance, participants were asked to think about any difficulties they've experienced recently and indicate their response for how often they received support, help and advice, and comfort and understanding from Palestinian people, British people or their neighbours. For instance, 'getting emotional support from my neighbours'. The 12 items were grouped into 3, with 4 items in each group. The Cronbach's alpha's for support from Palestinians, support from British people, and support from neighbours subscales were.93, .91 and .95 respectively. All subscales had excellent reliability (α's > .90)

Primary trauma.

Symptoms of trauma was measured by adapting the International Trauma Questionnaire (ITQ; Cloitre et al., 2018). The 18 item scale self – report sale measured both PTSD and complex PTSD using a 4 point Likert scale (0= not at all to 4 = extremely). The scales validity and reliability were measured during the development of the ITQ (Hyland et al., 2017) and further supported in additional studies (Camden et al., 2023; Frost et al., 2022; Cloitre et al., 2018) including a study with Arab samples (Nielsen et al., 2023).

In this study, the interest was in trauma symptoms which come under PTSD and was not being used as a diagnostic scale, and therefore the 9 core PTSD items were used only. From the 9 questions, 1 and 2 assessed re-experiencing, 3 and 4 assessed avoidance, 5 and 6 assessed sense of threat and 7, 8 and 9 assessed functional impairment. Participants were only directed to this question if they were born outside of the UK. Initially, they were asked to identify experiences that trouble them the most from their time before coming to the UK. They were then encouraged to share a brief description without sharing specific names,

places or people to help keep this experience in mind or alternatively keep in mind.[13] They were then asked to indicate when this experience (s) occurred from the options noted. Participants were asked to indicate how much something bothered them on a Likert scale from 1 (none at all) to 5 (extremely). For instance, 'being super alert, watchful or on guard' or 'in the past month have these problems affected your relationship or social life'. The scale had excellent reliability (α = .91)

Vicarious trauma.

Secondary/ indirect trauma was measured by adapting the Vicarious Trauma Scale (VTS; Vrklevski & Franklin, 2008). The VTS was developed to assess subjective distress levels in relation to counselling clients with trauma. The eight item scale uses a 7 point Likert scale (1= strongly disagree to 7 = strongly agree). Existing research on the validity and reliability of the VTS is limited despite it being an easy- to use measure. Nonetheless, the scale has been found to valid and reliable (Aparicio et al., 2013; Benuto et al., 2018; Vrklevski & Franklin, 2008).

The scale is predominantly used to assess distress resulting from exposure to traumatic events indirectly (through hearing or witnessing others' experiences) amongst healthcare professionals and advocates. A scale measuring secondary trauma in migrant populations does not exist. Therefore, for the purpose of this study the scale was adapted, initially removing the first two items as they were specifically measuring vicarious trauma at work rather than directly (supported by Benuto et al., 2018), and the wording was adapted to measure VT in Palestinians in the UK who indirectly witness (watching, reading), think and

[13] In the ethics application, it was noted that this information would not be used in data analyses.

hear about the situation in Palestine. For instance, participants were asked to indicate their level of agreement on items such as 'I find myself distress hearing peoples stories and situations' or 'sometimes I feel overwhelmed by the situation'. In this study, the scale had good reliability (α = .89)

Resilience.

Individuals' resilience was assessed using the Connor Davidson Resilience Scale-10©[14] (Campbell – Sills & Stein, 2007) which is the shortened version of the original 25 item CD-RISC (Conner & Davidson, 2003). The 10 item self – report scale measures resilience using a 4 point Likert scale (0 = not true at all to 4 = true nearly all the time). For instance, participants were asked to indicate their level of agreement on items such as 'I am able to adapt when changes occur' or 'I can deal with whatever comes my way'. The short and long versions of the scale have both been found to be valid and reliable measures (CR-RISC-10; Broche-Peréz et al., 2002; Nartova-Bochaver et al., 2021; Chen et al., 2021; Campbell – Sills & Stein, 2007 and CD-RISC- 25; Conner & Davidson, 2003; Velickovic et al., 2020) including validation with an Arab female sample (Bizri et al., 2022). In this study, the scale had excellent reliability (α = .92)

Psychological well-being.

Psychological well-being was measured using the Flourishing Scale (FS; Diener et al., 2009). The eight item self- report scale measures self-perceived success in areas such as relationships, self-esteem, purpose and optimism, using a 7 point Likert scale (1 = strongly

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[14] Measure was obtained by completing the official request via https://www.connordavidson-resiliencescale.com/submit-ofr.php and purchasing the measure.

disagree to 7 = strongly agree). For instance, participants were asked to indicate their level of agreement on items such as ‘ I lead a purposeful and meaningful life’ or ‘ people respect me’ The scale has been found to be valid and reliable in a diverse populations, including an Arab sample, providing a single score of psychological well-being (Al – Dossary 2021, Diener et al., 2009; Fassih – Ramandi et al., 2020; Schotanus-Dijkstra, 2016; Weziak-Bialowolska et al.,2021). In this study, the scale had excellent reliability (α = .90)

Data Analytic Strategy

The relationship between acculturation and psychological well-being (Hypothesis 1a & 1b) was analysed through a moderated hierarchical regression. In the first step, psychological well-being was regressed onto heritage (Palestinian) and settlement/mainstream (British) acculturation. In the second step, the interaction of heritage and settlement acculturation was added.

To examine the relationship between trauma and psychological well-being (Hypothesis 2), a simple linear regression was conducted to determine the strength and direction of the relationship on both primary trauma (ITQ) and vicarious separately.

To determine the role of the moderators (Hypothesis 3a-3e), a series of moderated regressions were conducted. For each hypothesis, the analyses were run hierarchically. In the first step psychological well-being was regressed onto vicarious trauma only and the moderator to establish the main effects. In the second step the interaction term was added. Six moderated regressions were conducted, one for each of the potential moderators (resilience, social support; from Palestinians, British people and neighbours, religiosity,

identity conflict, and discrimination). Any significant interactions were followed up with a simple slope analysis (Aiken & West, 1991) to investigate and interpret effects observed. IBM SPSS Statistics (Version 26) for MacOS and PROCESS SPSS macro was used (Hayes,2022) to complete the analyses. All tests were conducted at a confidence interval of 95%.

Chapter 4: Results

Descriptive data

Descriptive statistics and bivariate correlations for the key variables in this study; Palestinian acculturation, British acculturation, ethno-cultural identity conflict, religiosity, social support (support from Palestinians, British people & neighbours), primary trauma vicarious trauma, resilience and psychological well-being were calculated (see Table 10). The number of responses for variables related to religion and primary trauma decreased, as participants were only required to respond to these questions only if they identified with a religion of experienced primary trauma, respectively.

Table 10

Descriptive Statistics and Bivariate Correlation for Acculturation, Cultural Identity Conflict, Religiosity, Discrimination, Support, Trauma, Resilience and Psychological Well-being Variables

		N	*M*	*SD*	1	2	3	4	5	6	7	8	9	10	11	12
1	Palestinian Acculturation	161	5.81	1.18	-	.17*	-.04	.11	.18*	.24**	-.14	-.13	-.21	.20*	.06	.08
2	British Acculturation	161	4.39	1.24		-	.11	-.20*	-.16*	.10	.38**	.17*	.09	.04	.23**	.19*
3	Ethno- Cultural Identity Conflict	161	3.30	1.52			-	.23**	.41**	.21**	-.14	-.20*	.50**	.34**	-.09	.26**
4	Religiosity	147	5.99	1.01				-	-.14	.04	-.04	.02	.41**	-.15	.15	.27**
5	Discrimination	161	2.89	1.39					-	-.02	.22**	-.15	.52**	.26**	.23**	.33**
6	Support from Palestinians	161	3.82	1.72						-	.41**	.33**	.01	-.03	.24**	.29**
7	Support from British People	161	3.29	1.46							-	.53**	.10	-.08	.20*	.24**
8	Support from Neighbours	161	2.36	1.53								-	.08	.21**	.10	.15
9	Primary Trauma	45	2.39	0.99									-	.28	-.02	-.06
10	Vicarious Trauma	161	5.13	1.42										-	-.13	-.08
11	Resilience	161	3.77	0.76											-	.65**
12	Psychological Well-being	161	5.73	0.92												-

Note: * $p < .05$, ** $p < .01$ (2-tailed)

Acculturation and Psychological Well-being

To test the association between psychological well-being and acculturation orientation, a hierarchical moderated regression was conducted (see Table 2). In the first step, psychological well-being was regressed onto heritage and settlement acculturation. The overall model was significant, $F(2, 158) = 3.00$, $p = .05$, $R^2 = .04$. On the level of individual predictors, British acculturation was significantly associated with psychological well-being ($p = .03$), suggesting that individuals who endorsed their British acculturation, also reported higher psychological well-being. Palestinian acculturation orientation did not have a statistically significant relationship with psychological well-being ($p = .54$). In the second step, the interaction of heritage and settlement acculturation was added. The addition of the interaction term explained a further 5% of the variance, $\Delta F(1, 157) = 8.14$, $p = .00$, $\Delta R^2 = .05$.

To decompose the statistically significant interaction, a simple slope analysis was conducted (see Figure 1). The analysis revealed a positive relationship between acculturation towards British culture and psychological well-being for participants with high endorsement of Palestinian culture ($B = .27$, $SE = .08$, $p < .001$) but not for those low in Palestinian acculturation ($B = .01$, $SE = .07$, $p = .85$). Taken together the results support hypotheses (1a & 1b) that there is significant interaction effect between Palestinian acculturation orientation and British acculturation orientation on psychological well-being. The conditional effects show that this relationship varies depending on the level of Palestinian acculturation orientation.

Table 11

Results of the Moderated Regression on Personal Well-being as function of Heritage (Palestinian) and Settlement (British) Acculturation[15].

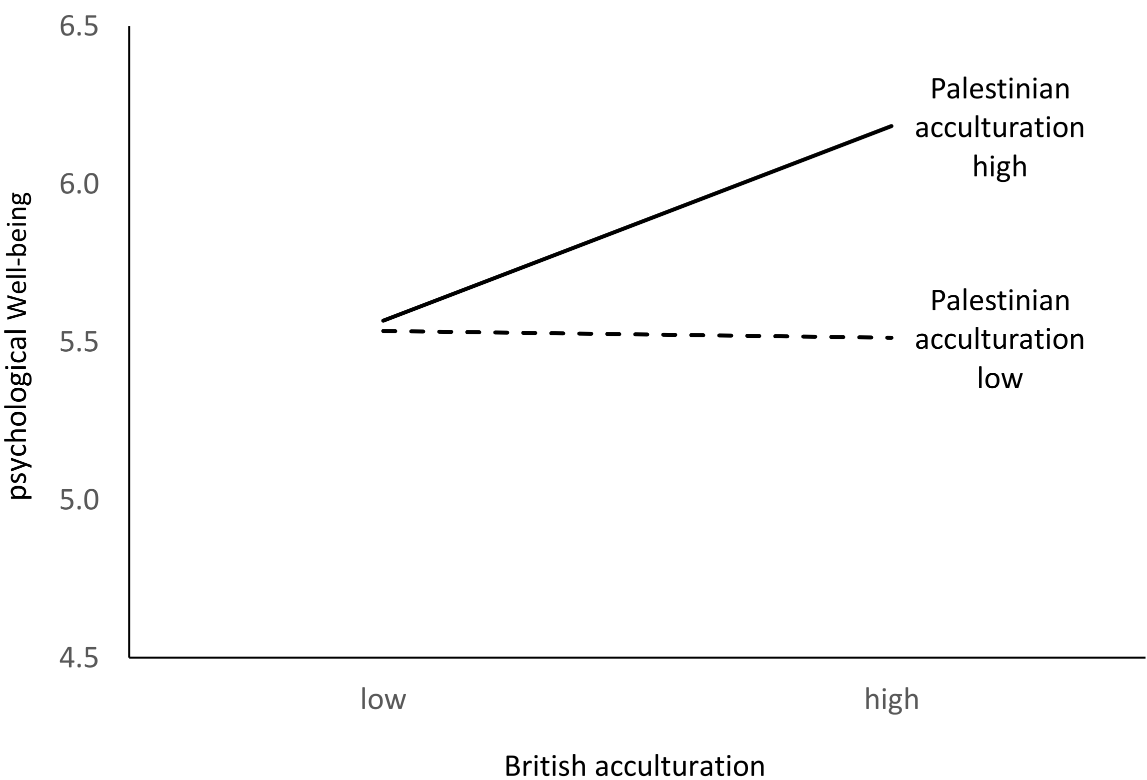
	Model 1 (main effects)			Model 2 (+ interaction)		
	B	*SE*	*p*	*B*	*SE*	*p*
Palestinian Acculturation	.04	.06	.54	.13	.07	.06
British Acculturation	.13	.06	.03	.14	.06	.01
Interaction	-	-	-	.11	.04	.005
Model statistics						
R^2	.04			.08		
F	3.00*			4.80**		
df	2, 158			3, 157		
ΔR^2	-			.05		
ΔF	-			8.14**		
Δdf	-			1, 157		

Note: *p < .05. **p < .01. ***p < .001. (2-tailed)

[15] The *B*, *SE* & R^2 are reported in 3 decimals to maintain consistencies and account for nuances changes. The P values were updated. Numbers were rounded to two decimal places, unless the value was very small, then the P value was updated to 3 decimal places.

Figure 2

Level of Psychological Well-being as a Function of British Acculturation and Level Palestinian Acculturation.



Trauma and Psychological Well-being

The measure (ITQ) was used to assess primary trauma symptoms, and not as a PTSD diagnostic tool. However, 13 out 45 individuals met the PTSD diagnostic criteria, 23 participants reported experiencing subthreshold symptoms (see Table 12) and 9 participants reported symptoms below the threshold. Similarly, the frequency of vicarious trauma is reported (see Table 13).

To test the association between trauma and psychological well-being, separate regressions were conducted for vicarious trauma and primary trauma. Looking first at vicarious trauma, psychological well-being was regressed on vicarious trauma, but the

overall regression was not significant, $F(1, 159) = 1.13$, $p = .29$, $R^2 = .007$. The same analysis for primary trauma, yielded similar results, $F(1, 43) = .12$, $p = .72$, $R^2 = .003$. Taken together, these results did not support the hypothesis that there would be a negative association between trauma and psychological well-being. Nonetheless, it is possible that this relationship is moderated by tertiary variables.

Table 12 *Primary Trauma Symptoms*

Subthreshold Of PTSD	Re-experiencing	Avoidance	Threat	PTSD functional impairment	PTSD criteria met
Frequency	13	13	13	13	13
	14	12	16	16	-
Total	27	25	29	29	45

N = 45

Table 13
Categories of Vicarious Trauma Range

Frequency	Low	Moderate	High	M*
	18	42	101	29.72

N = 161 *weighted mean

Moderating Effects of Tertiary Variables

To test the moderating effects of, resilience, social support, religiosity, cultural-identity conflict, and discrimination, a series of moderated regressions were conducted. Specifically, each of these analyses was run hierarchically. In the first step psychological well-being was regressed onto vicarious trauma[16] and the moderator to establish, the main

[16] Originally, the moderated regression was planned for both primary trauma and vicarious trauma. However, the sample size for primary trauma was deemed too low (N = 45) to conduct the analyses. Thus, moderated regression was only conducted on vicarious trauma.

effects (Model 1). In the second step, the interaction term was added (Model 2). See Table 14 and 15 for overall results.

Table 14

Results of the moderated regression for resilience and social support

	Resilience						**Social support Palestinians**						**Social support British people**						**Social support Neighbours**					
	Model 1 (main effects)			Model 2 (+ interaction)			Model 1 (main effects)			Model 2 (+ interaction)			Model 1 (main effects)			Model 2 (+ interaction)			Model 1 (main effects)			Model 2 (+ interaction)		
	B	*SE*	*p*	*B*	*SE*	*p*	*B*	*SE*	*p*	*B*	*SE*	*p*	*B*	*SE*	*p*	*B*	*SE*	*p*	B	SE	P	B	SE	P
Vicarious trauma (VT)	.001	.039	.99	.009	.040	.82	-.049	.049	.32	-.048	.049	.33	-.042	.050	.40	-050	.050	.32	-.035	.052	.50	-.043	.052	.41
Predictor (P)	.786	.073	<.001	.790	.073	<.001	.151	.040	<.001	.151	.041	<.001	.149	.048	.002	.155	.048	.002	.083	.048	.09	.090	.048	.06
VT x P	-	-	-	-.070	.050	.16	-	-	-	.006	.027	.83	-	-	-	.045	.033	.17	-	-	-	.050	.034	.14
Model statistics																								
R^2	.425			.432			.087			.088			.064			.075			.026			.039		
F	58.33***			39.78***			7.57***			5.03**			5.36*			4.23*			2.07*			2.11*		
Df	2, 158			3, 157			2, 158			3, 157			2,158			3,157			2, 158			3,157		
ΔR^2	-			.007			-			.000			-			.011			-			.013		
ΔF	-			1.95			-			.05			-			1.92			-			2.17		
Δdf	-			1, 157			-			1, 157			-			1, 157			-			1, 157		

Note: *p < .05. **p < .01. ***p < .001. (2-tailed)

Table 15

Results of the Moderated Regression for Religiosity, Cultural Identity Conflict and Discrimination

	Religiosity						**Cultural Identity Conflict**						**Discrimination**					
	Model 1 (main effects)			Model 2 (+ interaction)			Model 1 (main effects)			Model 2 (+ interaction)			Model 1 (main effects)			Model 2 (+ interaction)		
	B	*SE*	*p*	*B*	*SE*	*p*	*B*	*SE*	*p*	*B*	*SE*	*p*	*B*	*SE*	*p*	*B*	*SE*	*p*
Vicarious trauma (VT)	-.019	.052	.71	.01	.05	.78	.004	.053	.93	.023	.053	.67	.002	.050	.98	.011	.051	.83
Predictor (P)	.239	.073	.001	.28	.08	<.001	-.160	.049	.001	-.175	.049	.001	-.219	.051	< .001	-.234	.052	< .001
VT x P	-	-	-	-.17	.06	.005	-	-	-	.072	.033	.03	-	-	-	.046	.036	.20
Model statistics																		
R^2	.073			.124			.069			.096			.110			.120		
F	5.70**			6.76***			5.88**			5.58***			9.79**			.011***		
Df	2, 144			3, 143			2, 158			3, 157			2, 158			3, 157		
ΔR^2	-			.051			-			.027			-			.009		
ΔF	-			8.30**			-			4.71*			-			1.66		
Δdf	-			1, 143			-			1, 157			-			1, 157		

Note: *p < .05. **p < .01. ***p < .001 (2-tailed)

Resilience.

The overall model was significant $F(2, 158) = 58.33$, $p = < .001$, $R^2 = .425$, explaining 42.5% of the variance in psychological well-being explained by vicarious trauma and resilience. On the level of individual predictors, resilience was significantly associated with psychological well-being (p < .001), suggesting that individuals who endorsed resilience, also reported higher levels of psychological well-being. The addition of the interaction term was not significant ($p = .16$) and only accounted for a further 0.7% of the variance. Whilst the results indicate that resilience directly influences psychological well-being, it does not buffer or moderate the relationship between vicarious trauma and psychological well-being. The results, therefore, did not support the hypothesis.

Social support.

Next, social support from Palestinian people, British people and neighbours were analysed.

Support from Palestinian people.

Support from Palestinians and vicarious trauma explained 8.7% of the variance $F(2, 158) = 7.57$, $p < .001$, R^2 .087, making the overall model significant. On the level of individual predictors, support from Palestinians was significantly associated with psychological well-being ($p < .001$), suggesting that individuals who endorsed support from Palestinians, also reported higher levels of psychological well-being. The addition of the interaction term was not significant ($p = .83$) and did not significantly account for any further variance. Whilst the results indicate that support from Palestinians directly influences psychological well-being, it

does not buffer or moderate the relationship between vicarious trauma and psychological well-being. The results, therefore, did not support the hypothesis.

Support from British People.

Support from British people and vicarious trauma explained 6.4% of the variance $F(2,158) = 5.36$, $p = .006$, R^2 .064 making the overall model significant. On the level of individual predictors, support from British people was significantly associated with psychological well-being ($p = .002$), suggesting that individuals who endorsed support from British people, also reported higher levels of psychological well-being. The addition of the interaction term was not significant ($p = .17$), and only accounted for a further 0.1% of variance. Whilst the results indicate that support from British people directly influences psychological well-being, it does not buffer or moderate the relationship between vicarious trauma and psychological well-being. The results, therefore, did not support the hypothesis.

Support from neighbours.

Support from neighbours and vicarious trauma explained 2.6% of the variance. The overall model was not significant $F(2,158) = 2.07$, $p = .13$, $R^2 = .026$. Neither predictor was significant. Next the interaction effect was added. The addition of the interaction term was not significant ($p = .14$) and only accounted for a further 1.3% of the variance. The model, predictors and their interaction did not significantly explain the variance in psychological well-being and the results did not support the hypothesis.

Religiosity.

Looking at religiosity next, trauma and religiosity explained 7.3% of the variance, $F(2, 144) = 5.70$, $p = .004$, $R^2 = .073$ making the overall model significant. On the level of individual predictors, religiosity was significantly associated with psychological well-being ($p = .001$), suggesting that individuals who endorsed their religiosity, also reported higher levels of psychological well-being. Next the interaction term was added, and accounted for a further 5.1% of the variance, $\Delta F(1, 143) = 8.30$, $p = .005$, $\Delta R^2 = .051$.

To decompose the significant interaction, a simple slope analysis was conducted (see Figure 3). This revealed a positive relationship between vicarious trauma and psychological well-being for those who reported low endorsement of religion $B = .18$, $SE = .09$, $p = .04$ but a negative relationship between vicarious trauma and psychological well-being emerged for those who endorse high levels religiosity, $B = -.15$, $SE = .07$, $p = .03$ The results support the hypothesis that religiosity buffers the impact between vicarious trauma and psychological well-being. The conditional effects show that this relationship varies depending on the level of religiosity.

Figure 3

Level of Psychological Well-being as a Function of Religiosity and Level of Trauma

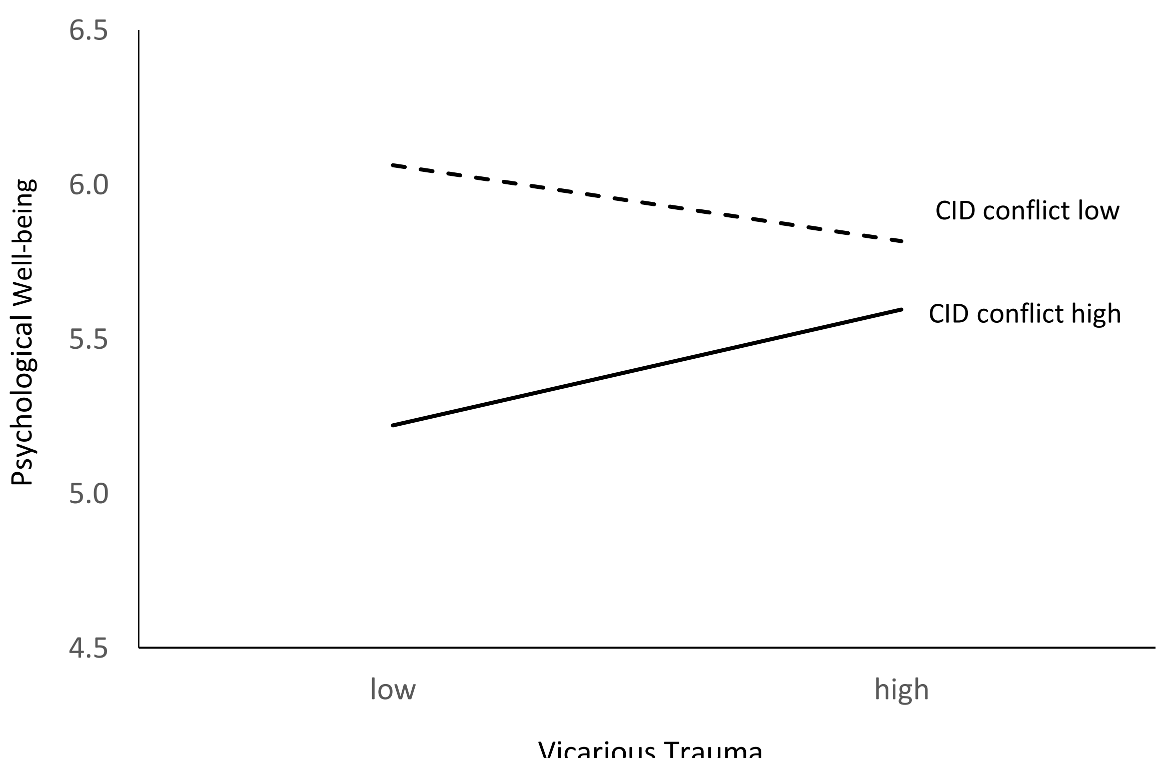
Cultural identity conflict.

Looking at cultural identity conflict next, vicarious trauma and cultural identity conflict explained 6.9% of the variance $F(2, 158) = 5.88$, $p = .003$, R^2 .069, making the overall model significant. On the level of individual predictors, ethno-cultural identity conflict was significantly associated with psychological well-being ($p = .001$), suggesting that individuals who report higher levels of cultural identity conflict also report lower levels of psychological well-being. Next the interaction term was added and further accounted for 2.7% of the variance, $\Delta F(1, 157) = 4.71$, $p = .03$, $\Delta R^2 = .027$.

To decompose the significant interaction, a simple slope analysis was conducted (see Figure 4). This revealed a positive relationship between vicarious trauma and psychological well-being for those who reported high levels of cultural identity conflict *B* = .13, *SE*= .08, *p* =.09, but a negative relationship between vicarious trauma and psychological well-being emerged for those who endorse low levels cultural identity conflict, *B* = -.09, *SE* = .07, *p* =.20. The conditional effects show that this relationship varies depending on the level of cultural identity conflict. Although the conditional effects were not statistically significant, the results support the hypothesis that cultural identity conflict exacerbated relationship between vicarious trauma and psychological well-being.

Figure 4

Level of Psychological Well-being as a Function of Cultural Identity Conflict and Level of Trauma



Perceived Discrimination.

Finally, discrimination and vicarious trauma explained 11% of the variance $F(2, 158) = 9.79$, $p < .001$, R^2 .110, making the overall model significant. On the level of individual predictors, discrimination was significantly associated with psychological well-being ($p < .001$), suggesting that individuals who report higher levels of discrimination, is associated with lower levels of psychological well-being. The addition of the interaction term was not significant ($p = .20$) and only accounted for 0.9% of the variance. Whilst the results indicate that discrimination directly influences psychological well-being, it does not moderate or exacerbate the relationship between vicarious trauma and psychological well-being. The results, therefore, did not support the hypothesis.

Chapter 5: Discussion

This study aimed to examine the relationship between acculturation and psychological wellbeing, trauma and psychological well-being, and the moderating effects of resilience, social support, religiosity, cultural identity conflict, and perceived discrimination between vicarious trauma and psychological well-being among Palestinians in the UK.

Acculturation and Psychological Well-being

In accordance with the hypothesis, overall, the results found a positive relationship between British acculturation and psychological well-being for participants with higher endorsement of Palestinian culture supporting the integration hypothesis/ strategy (Berry, 1997,2013; Grigoryev et al., 2023). This aligns with previous literature that proposes individuals who engage and maintain both their heritage culture and mainstream culture (also known as biculturalism/ integration strategy) have better psychological adaptation and psychological well-being (Abu- Rayya et al., 2023; Coastworth et al., 2005; Grigoryev et al., 2023; Hashemi et al, 2019; Ryder et al., 2000; Wilson & Thayer, 2018). Arends-Tóth (2004) suggest there are large variations of what integration looks like, and how people decide the way their will combine both cultures. This study is an example of integration where high endorsement of Palestinian culture is contingent to the positive interaction between British acculturation and psychological well-being, whilst aligning with the overarching framework of integration strategy in acculturation theory (Berry, 2013; Grigoryev et al., 2023). Even if on an independent level, there was only an association found between British acculturation and psychological wellbeing. Furthermore, the integration of the two acculturation orientations

could also potentially overshadow the direct impact of Palestinian heritage alone on the psychological well-being outcome, as Rudmin (2003) emphasised on the importance of considering the combination of heritage and mainstream cultures in understanding the relationship to psychological well-being.

Having noted this, the positive association between mainstream acculturation and psychological well-being found in this study aligns with previous findings that highlights mainstream acculturation as the main predictor of migrants' well-being (Jadallah & Lee, 2012; Yoon et al., 2012), and that active participation and engagement with the dominant, mainstream society mitigate feelings of isolation, promotes psychological adaptation and self-esteem, leading to improved psychological well-being outcomes (Berry & Sabatier, 2011; Goforth et al., 2014; Moztarzdeh & O'Rourke, 2015; Wilson & Thayer, 2018). Hashemi et al., (2019) found that mainstream acculturation was found to have the greatest accumulated total effect on psychological well-being (despite both orientations having direct and indirect effects). These results differ from studies that have suggested that mainstream acculturation has negative or no impact to individuals psychological well-being (Abu-Rayya & Abu-Rayya, 2009; Amer & Hovey, 2007; Al-Krenawi et al., Suleiman et al., 2021)

It is possible that participants mainstream involvement (living, working, studying, engaging socially) community engagement, and resources might have a more immediate and pronounced impact on their daily experiences and sense of belonging. Therefore, the mainstream culture by nature provides a range of resources, support systems and opportunities that directly influence their psychological well-being. In contrast to the Palestinian culture, participants may experience varying degrees of social acceptance, belonging or access to community and other resources. While participants may demonstrate

higher identification with their Palestinian culture, these dimensions, although equally measured might not be actively integrated into daily life in the same way or might be attributed to varying levels of significance, which might potentially impact the direct relationship to psychological well-being. Al – Krenawi et al. (2021) found that a majority (74%) of participants strongly identified with their heritage culture but no correlations between acculturation and psychological stress were found.

Research on engaging in mainstream acculturation and psychological well-being is highlighted above. Similarly, research suggests that maintaining ones heritage acculturation can foster a sense of security, self – acceptance, belonginess, stability and connectedness, contributing positively to one's psychological well-being (Abu – Rayya & Abu – Rayya, 2009, Sheldon et al., 2015; Yoon et al., 2013). This in particular holds significance in the wider Arab, Middle Eastern cultures (Palestinians included) given the prevalence collectivistic values embedded in their ethnic groups. Subsequently, individuals who have a strong identification to their ethnicity will demonstrate elevated levels of self- esteem, improved social connectedness, positive emotional states and life satisfaction. By embracing these roles and norms that come with the collectivist culture may give Arab/ Middle Eastern migrants a sense of perspective or goals that can enhance their well-being (Abu – Rayya & Abu – Rayya, 2009; Ralston et al., 2012; Sheldon, 2012). Consequently, further supporting anthropological literature that highlights Palestinians commitment to their heritage identity (Blachnicka-Ciacek, 2018; Christou, 2020; Shiblak, 2005) and negotiation, balance, blending and navigating of both their heritage and mainstream cultures (Brocket, 2020; Christou, 2020; Lindholm, 2020; Loddo, 2006, 2017; Shiblak, 2005).

Overall, bicultural individuals who maintain a connection with both their heritage and mainstream culture can maximise and benefit from multiple resources and utilises a range of coping and adapting skills that benefits their overall psychological and sociocultural well-being (see meta-analysis, Nguyen et al., 2012). For Palestinians, this may also include an identity intertwined with their mainstream culture and struggle for justice and right to return to their homeland.

Trauma and Psychological Well-being

Contrary to the hypothesis, and previous research (Ayazi et al, 2014; Cilliers et al., 2016; Johnson & Thompson, 2008; Jimenez et al., 2021; Knipscheer et al., 2015; Miller & Rasmussen, 2010), the findings revealed that there was no significant negative relationship between trauma (both primary and vicarious trauma) and psychological well-being. Some considerations will be explored (others will be expanded on within the limitations section, such as sample size and measures). Notably, regardless of association, the results found a high prevalence of trauma (primary and vicarious) symptoms reported in this sample.

An important consideration for the lack of negative relationship between trauma and psychological well-being may be explained by the idea that there is a bidirectional association between a positive outlook on life and trauma symptoms such as hyperarousal as found in individuals with war – related PTSD (Giacco et al., 2013). Suggesting that having a positive outlook on life is associated with fewer symptoms of hyperarousal. Unlike the hedonic tradition of well-being (i.e. emotional) where the focus is on the presence of maximising positive affect and the absence of negative ones, the psychological well-being scale used in this study assessed eudaimonic well-being, focusing on self- fulfilment, virtue orientation and long-term flourishing (Radstaak et al.,2022). The flourishing scale (Diener et

al., 2009) focusses on relationships, self- esteem, purpose and optimism, personally and socially. Given the nature of the scale, individuals might exhibit higher levels of resilience or inner strength despite experiencing trauma. Consequently, individuals that have experienced trauma may have still maintained a level of well-being which could have balanced or counteracted the expected negative impact of trauma on overall psychological well-being. There are also overlaps in eudaimonic scales and aspects that collectivist cultures prioritise such as emphasis on relationships, contribution and meaning, harmony and balancing individual needs, and personal development in the context of social connections. According to Radstaak et al. (2022), well-being (as described above) as a predictor of and outcome in treatment of PTSD is limited.

Another consideration for the lack of relationship could be that that this study found a positive link between integrated acculturation orientations and psychological well-being, which might counterbalance some of the negative effects of trauma. This aligns with the literature suggest an integrated acculturation style is positively associated with coping strategies (Roesh et al., 2006; Schmitt, 2001).

Alternatively, and an important consideration is that the relationship between vicarious trauma and psychological well-being is moderated by tertiary variables.

Moderators between Vicarious Trauma and Psychological Well-being

From all the tertiary variables explored, religiosity and cultural identity conflict were found to moderate the relationship between vicarious trauma and psychological well-being, which also contributes to the explanation for the lack of negative relationship found above (between vicarious trauma and psychological well-being).

In accordance with the hypothesis, religiosity buffered the impact between vicarious trauma and psychological well-being in this study. The presence of this moderation implies that the relationship between vicarious trauma and psychological well-being varies based on the level of religiosity. Higher levels of religiosity reduced the adverse impact of vicarious trauma on individuals psychological well-being compared those with low religiosity endorsement. This adds to the limited but growing literature on the moderating (buffering) effects of religiosity between trauma and psychological well-being more broadly, such as traumatic experiences and internalising symptoms (Awad, 2022), positive religious coping increased post traumatic growth which moderated psychological distress and coping strategies (García, 2017). Although Ahles et al. (2016) found that positive religious coping did not buffer against the effects or stress on depressive symptoms, but negative religious coping moderated the relationship between stress and depression.

In addition to the moderation, religiosity also predicted psychological wellbeing, indicating those who endorsed their religiosity, also reported higher levels of psychological well-being. This finding aligns with substantial literature that religiosity predicts, promotes and influences psychological wellbeing (Abu- Rayya, 2006; Ahmed et al., 2011; Elfahmi & Mariyati, 2023; Goforth et al., 2014, meta – analysis; Lucchetti et al., 2021; Papaleontiou-Louca,2021; Skalisky et al., (2022); Syahril & Janna, 2023; Tay et al., 2014).

Similarly, in accordance with the hypothesis cultural identity conflict exacerbated the impact of vicarious trauma on psychological well-being. The presence of this moderation implies that the relationship between vicarious trauma and psychological well-being varies based of the levels of cultural identity conflict. Higher levels of cultural identity conflict increased the adverse impacts of vicarious trauma on an individual's psychological well-

being compared to those with low cultural-identity conflict. Although the effects at both high and low levels of cultural identity conflict did not reach statistical significance, it suggest trends and tendencies which might be more conclusive with a larger sample size. Nonetheless, the findings also revealed that cultural identity conflict was a predictor of psychological well-being, suggesting that those who reported higher levels of cultural identity conflict report lower levels of psychological well-being in this study. The finding aligns with previous literature that cultural identity conflict is a risk factor to developing psychological difficulties (Bhugra, 2004; Rabinovich & Morton, 2016; Rahim et al., 2021; Marsella & Pedersen,2004; Ward et al., 2018, Yoon et al., 2013).

Whilst these finding are interesting there is no known literature on the moderating effects of cultural identity conflict between any forms of trauma and the broader definitions of psychological well-being or mental health to compare these to. However, previous literature has found that ethnic identity serves as a protective factor or buffer against psychological symptoms and psychiatric diagnoses (meta-analysis conducted by Brance et al.,2023; Townsend et al., 2017) and Antink's (2019) research found a positive association between cultural identity conflict and PTSD symptoms. Based on this literature it is reasonable to imply that if ethnic identity serves as a protective factor, and cultural identity conflict is a risk factor to psychological well-being, that cultural identity conflict is likely to act as an exacerbator between vicarious trauma and psychological well-being.

Contrary to the hypothesis and previous literature (Havnen et al., 2020; Nilsson et al., 2023; Lee et al., 2014; Reyes et al., 2019) resilience did not act as a buffer between vicarious trauma and psychological well-being in this study. Although this study focused on the vicarious trauma and psychological well-being, a consideration might involve the intricate

nature of trauma and resilience. As highlighted in Chapter 1, trauma experiences may include symptoms that also expands to transgenerational trauma, and whilst resilience is discussed in relation to Palestinians, this is in combination with collective resilience and *sumūd* صمود and it is possible that some of this is being captured, but the intricacies and full conceptualisation as experienced by Palestinians is not. As Veronese et al., (2023) highlighted that the transgenerational trauma and collective resilience (just one component of *sumūd* صمود*;* Hammad & Tribe, 20211; Veronese et al., 2023) cannot be fully captured or reduced to nosographic collections of Western informed symptoms or conceptualisation. It is possible that the resilience measure used (Connor & Davidson, 2003) captured a component of *sumūd* صمود, but likely not its entirety. It's possible that if *sumūd* صمود, could be measured, it may or may not show a moderating effect. The findings also revealed that resilience directly influenced psychological well-being, suggesting that individuals who endorse resilience also reported higher levels of psychological well-being. This aligns with previous literature that asserts that resilience serves as a protective factor, predictor and promotes psychological well-being (Beri & Dorji, 2021; Çakir, 2009; Gao et al., 2017; Li & Ren, 2022; Wu et al., 2018).

The finding revealed that social support did not did buffer the relationship between trauma and psychological well-being, contrary to the hypothesis and literature outlining its moderating effects by decreasing the impacts of stressful events (including trauma symptoms) on psychological well-being and or other mental health difficulties (see the stress-buffering effect model; Cohen & Wills, 1985) and recent literature (Shin & Gyeong, 2023; Zhao et al., 2021).

A possible consideration is the quality and specificity of social support, as suggested by Calhoun et al. (2023); social relationships are nuanced and the presence of social support does not necessarily have a moderating impact, but relies on relational dynamics, specific nature and quality of social support in the context of buffering negative psychological outcomes of trauma (Feeney & Collins, 2015; Southwick et al.,2016). In exploring the nuances of social relationship, researchers have also proposed the need to understand the broad sociocultural influences (Christopher, 2004; Haŝto et al., 2013). As in, what is constituted as supportive, or buffering might differ in the different groups (i.e., Palestinians perception of support from fellow Palestinians versus British people and Neighbours).

Furthermore, social support alone may not significantly alter or moderate this effect, reiterating the influence of other factors. Despite this, the finding aligns with literature that has established social support as a coping strategy and is a robust predictor and protective factor for individuals physical and psychological well-being (Chernomas, 2014; Li et al., 2021; Lerman Ginzburg et al., 2021; McMillan 2020; Ozbay et al., 2007; Reblin & Uchino, 2008; Turner et al., 2014; Uchino et al., 2016; Uchino, 2004).

Social support from other Palestinians, British people and neighbours matter, although social support from neighbours was out of the conventional probability levels. The finding was as expected as Palestinians tend to be close knit, extending support to one another beyond family networks, as well as community, solidarity and allyship networks which enhances this sense of belonging and social support (Loddo, 2006). The 'lack' of social support from neighbours instead is likely to be influenced by the unique dynamics of personal social interactions.

The findings did not support the hypothesis or previous literature on the moderating /exacerbating effects of discrimination (Matheson et al., 2019; Berry et al., 2017) in this study. However, perceived discrimination was significantly associated with lower levels of psychological well-being, suggesting that individuals reporting higher levels of perceived discrimination reported lower levels of psychological well-being. This aligns with previous studies that found an association between perceived discrimination and worse mental health, and reduced psychological well-being (Abdulrahim et al., 2012; Barnes et al., 2004; Firat, 2017; Jasinskaja-Lahti et al., 2006; Kader et al., 2020; Llácer et al., 2009; Lee & Ahn, 2011; Moradi & Hasan, 2004; meta – analysis by Lee & Ahn, 2011; meta – analysis by Pieterse et al., 2009; Schunck et al., 2015; Slotman et al., 2017; Straiton et al., 2019; meta-analysis by Schmitt et al., 2014; Sellers & Shelton, 2003; Willams & Mohammmed, 2009).

In this study sample, approximately 37% indicated that they did not experience discrimination, and the remaining 63% indicated at least one form of discrimination, a majority for their religion and Palestinian heritage (see Appendix I for a breakdown). The substantial experiences of discrimination represent the wider literature on race and religious discrimination (e.g., Abu-Laaban & Bakan, 2021).

The lack of moderating effect could be explained by the pervasive historical and ongoing discrimination consistently experienced in the Palestinian community (Abu – Laaban & Bakan, 2021). Given the direct association, the impact on psychological well-being and compelling evidence in the literature (as noted above), it is possible that pervasive and consistent impact of discrimination on psychological well-being may limits its potential moderating affect between vicarious trauma and psychological well-being. Similarly, discrimination might reach a threshold level, where the impact psychological well-being

becomes pre-dominant, than other variables such as vicarious trauma, resulting in the direct effect without moderation.

To summarise:

- Integrating acculturation style is optimum for the psychological well-being of Palestinians in the UK.
- There is a high prevalence of trauma symptoms present in this sample.
- Religiosity buffers the adverse impacts of vicarious trauma on psychological well-being.
- Cultural identity conflict exacerbates the impact of vicarious trauma on psychological well-being.
- Resilience, social support and religiosity have positive direct effects on psychological well-being.
- Cultural identity conflict and perceived discrimination have direct negative effects on psychological well-being.

Clinical Implications

There are several relevant clinical practice implications based on the findings of this study relevant for when working with Palestinians in the UK. As the findings suggest the integration can be beneficial for overall psychological wellbeing interventions should target the promotion of mainstream and heritage acculturation equally. Although the process of acculturation is not limited to recent migrants, they may need more support with the stressors that come with resettlement in comparison to somebody who might have been born or moved to the country a long time ago. Even if somebody is seeking support for psychological stress that does not appear to be overtly connected to acculturation, it is

recommended to explore this in detail and promote the negotiation of acculturation orientations (in whichever way feels psychological appropriate for the individual) without assuming or projecting assimilation (the focus on promoting mainstream culture only). The implications of acculturation and psychological wellbeing in therapeutic work has also been outlined in Chapter 2 (see clinical implication, p. 104-106).

This study captured the presence of significant primary and vicarious trauma symptoms. The intricacies of trauma and transgenerational trauma is previously outlined (see Chapter 1). Generally, mental health services incorporate a trauma informed approach as part of their care which has created a positive shift (Sweeney et al., 2018). Although trauma informed approaches focus on 'what happened to you' rather than 'what is wrong with you', professionals should ensure to consider the social, political and transgenerational suffering, and the impact of racialisation and cultural cancellation experiences (Giacman, 2018; Summerfield 1999) that may not be captured with individual diagnosable trauma related symptom measures. More so, Palestinians are constantly exposed to a range of traumatic events whether direct or indirectly.

Directly through intense artillery shelling and its aftermath, hearing sounds of fighter jets, being used as human shields or witnessing the killing of a beloved one (El- Khodary et al, 2020; Thabet et al., 2014, 2018). Palestinians who have been directly impacted and currently live in the UK, may access services for support with these traumas. Other Palestinians might be impacted indirectly through the witnessing this (brutalisation) on media (TV, online, social media), reading or hearing stories directly from friends and relatives in Palestine which can results in vicarious trauma, a concept not often discussed beyond helping professionals. Furthermore, diagnostic manuals (DSM-5) or guidelines such

as National Institute for Health and Care Excellence (NICE, 2018) do not recognise exposure via electronic or print media, which may feel invalidating and possibly interfere with accessing services. Professionals are advised to consider the context of a Palestinian individuals who present with psychological distress, beyond strict criteria's, especially if their distress and the symptoms they experience are connected to any of the aforementioned or any form of race based trauma (Carter, 2007).

In this sample a majority of the participants were Muslim, but there were also Christians, a Jewish individual and other religious affiliations. Examining religiosity applied to everyone who endorsed religion. Religiosity acting as a buffer and a direct influencer of psychological well-being is important for clinical interventions. Understanding, exploring and promoting religiosity for those who value or connect with their religion can further support their psychological well-being, and should be considered when professionals are supporting Palestinians. For example, incorporating religious practices, beliefs and resources, recognising the religious support systems, consulting with a religious leader based to provide holistic person centred care (Cooper & McLeod, 2010).Whilst this should be considered for overall psychological well-being, it should be considered when dealing with vicarious trauma and its psychological effects as religiosity (for those who endorse high levels) can buffer this.

This study found that higher levels of Palestinian culture moderated the relationship between British acculturation and psychological well-being, supporting the idea that ethnic identity acts as a buffer, and cultural identity conflict acts as a risk factor to psychological distress (Szabó & Ward, 2021). The presence of cultural identity conflict is often experienced when one views their ethnic and national identities are contradictory (Benet-Martínez & Haritatos, 2005). This can be more challenging for individuals (migrants and second

generation onwards, especially from collectivist cultures living in individualistic one (i.e Palestinian vs British) and more pronounced if the cultural contact is new. Exploring ones relationship with their ethnic identity development should be guided by the understanding and respect for the individuals Palestinian heritage. This should involve prioritising and validating an individuals' heritage, and potential cultural identity conflict without imposing predetermined notions of what constitutes an 'ideal' identity. This aims to provide an inclusive and safe environment, foster self- reflection that leads to a celebration of identity or a new meaning making process of mitigating cultural identity conflict driven by the individual. Especially as high levels of cultural identity may potentially exacerbate the impact of vicarious trauma of psychological well-being.

As resilience is a positive predictor of psychological well-being, exploring ways to enhance resilience whether individually or collectively in a community setting is important. Whilst some academics suggest resilience is a component of *sumūd صمود,* (Hammad & Tribe; Veronese et al., 2023) many see it as a separate construct (Jabr, 2023; Shwaikh, 2023). Either way, this can be part of eliciting a conversation about their meaning making of resilience and *sumūd صمود.* Being familiar with the term can aid rapport building and the meaning making further. However, it is also important to be mindful not to use the two interchangeably.

Similarly, social support from Palestinian and British people matters and the lack of social support is linked to psychological distress, depression and morbidity (Lerman Ginzburg et al., 2021; Ozbay et al., 2007; Uchino, 2004) emphasising its importance as a coping strategy and predictor of psychological well-being. Professionals are recommended to explore what social support is available and how they might foster those is important.

Although Palestinian people are innately collectivist and likely to receive social support, Karam et al. (2023) pointed out (within the Lebanese population), the benefit of social support may not always be experienced since its presence is always available; highlighting the need to explore this further, potentially finding ways to gain this benefit.

Nonetheless there are Palestinian and British community based organisations that professionals should explore with the individual they are working with. For example, religious organisations who have accessible community links, or social enterprises open to all (i.e. café Palestina) or solidarity networks (i.e. Palestine solidarity campaign) or UK based Palestinian specific organisations (i.e. Palestinian Forum UK, British Palestinian committee) and or signposting to relevant organisations (e.g. healing justice London) that has an inbuilt community – led, health and healing ethos.

Understanding and exploring perceived discrimination experience in the socio-geo-political context should be a given when working with Palestinians[17], as the negative impacts on psychological well-being are noted, and a majority of the sample reported discrimination experiences. More so, as the risk of perceived discrimination increases in ethnically, immigrant and marginalised groups (Schunck et al., 2015; Sellers & Shelton, 2003). In particular as individuals who have experienced trauma (indigenous and marginalised) in the past, may be more susceptible to experiencing heightened psychological distress when they encounter discrimination (Matheson, et al., 2019). These discriminatory experiences are

[17] The escalation of discrimination targeting Palestinians has notably exemplified since October 7th. These influence individual interactions and systemic discriminations such as (not limited to) expression of heritage identity) (waving flags, wearing a *Kufiyah* كوفية), suppression of solidarity and activism (suppressions of peace protest, and calling them ‘hate marches’, Syal et al., 2023), censorship and silencing, and right to boycott (a Bill preventing the right to boycott, Loft et al., 2024)

intertwined with anti – Arab, and anti – Muslim (islamophobia) racism[18] (see Abu-Laban & Bakan, 2021) and dehumanising language and hate speech on social media (as noted by UN advisor, Dieng, 2014). Whilst interventions should include assisting individuals seeking skills for improving the harmful and damaging consequences, this needs to include going beyond individual support to reduce prejudice and discrimination in the majority/ British culture, some of these implications explored in Chapter 2 (see clinical implications and future research, i.e social justice framework, p. 104-106).

These findings place emphasis on clinical practitioners to provide a holistic approach in assessment, formulation and intervention strategies for Palestinians by considering each aspect (examined) in relation to the individuals they are working with. Psychologists in particular are trained to use creative and diverse ways to facilitate the process, and each individual will have preferred ways, which are encouraged to support the overall goal. However, employing the use of tools, preferably those that have been designed, validated and reliable in diverse populations as (they are not many known measures specifically for one population and experiences), can facilitate discussions in areas individual may have not considered, find difficult or connect their distress to. This is recommended alongside qualitative data. The measures used in this study can be explored further. One example in particular in relation to cultural identity conflict is the use of the Ethnocultural identity conflict scale – short from which is designed to assess cultural identity conflict in immigrant, minority groups, indigenous people, refugees and sojourners in multicultural settings (Szabó

[18] The general rise in Antisemitism and Islamophobia, which impacts within and beyond Palestinian communities (Teffera, 2023). Whilst this goes beyond the population, it's important to acknowledge the presence of both Muslim, and Jewish members who identify with their Palestinian heritage, who will be impacted (Important to address both).

& Ward, 2021). The aim of creating a short form (5 questions) was to make it more accessible to use within clinical settings. Professional may want to explore measures from this study or other appropriate measures.

Similarly, established evidence-based models used within services can be enhanced and adapted based on need, cultural relevance and ethical implications focusing on the individual one is supporting (Desai, 2018). Adoption of a critical lens can allow for contextualising and creatively adapting therapies. For examples, include the historical and cultural factors influencing particular groups, including intersections of identities and culturally specific concern (e.g., CBT Khan, 2019; Shah & Tewari, 2019; Hinton, 2019; Naeem, 2015).

Furthermore, to understand the potential psychological distress that Palestinians might experience, is to recognise the importance of (incorporate) the socio- geopolitical context, systemic issues (injustices), race and trauma (including the enduring trauma from the historical and ongoing colonisation; Veronese et al., 2023) into clinical work (Ahsan, 2020), and drawing on approaches that that lend themselves towards this. For example, therapies that include other ways of healing, such as those that consider collectivist perspective such as liberation psychology (Afuape & Huges, 2015), narrative therapy (White, 2011), cultural psychology (Adam et al., 2015) and community psychology (Juras et al., 2010) approaches are recommended, incorporating one's own identity (Desai, 2018). These ideas have been discussed in writings by Fanon (2016) and Marshall & Sousa (2017). As Jones (2009) argues that the tendency to focus on individual psychology whilst dismissing or even ignoring political or social context may appear to confer neutrality but have adverse psychological consequences. For example, Palestinians may feel they are treated as victim

and passive recipients of mental health difficulties if the context of their struggle is dismissed (Veronese et al., 2023). Jones (2009) recommends political literacy, and recognising one's personal perspectives is essential.

Correspondingly, integrating social justice framework (see Abram et al., 2022) and human rights based approach, drawing on the human rights framework (see Patel 2019) in clinical practice, research, advocacy and pedagogy promotes a more inclusive, ethical and socially responsible practices that addresses a broader socio-political context impacting individuals psychological well-being.

Mainstream services are encouraged to work with and collaborate with community led organisations such as *Healing Justice London* to co-create events, support networks, resources and movements (that support the implications aforementioned) or the *UK Palestine Mental Health Network* that aims to raise awareness of the oppression faced by Palestinians within UK mental health services and supporting the understanding the association between politics and the psychological well-being.

The benefit of the above recommendations is potentially widespread, and considerations can be applied when working with individuals in the UK who belong to the global majority, impacted by historical or ongoing trauma or colonisation (e.g. Native and Black Americans in the US, the aboriginal First Nation in Australia, and the Kashmiris in India; Dance 2010). Psychologist have been encouraged to use their position to incorporate de-colonial work (some of which is addressed above). This tenants the work of diversity, social justice, inclusivity and advocacy (Cullen et al., 2020; Wells and O'Doherty, 2020) which are central in working with the needs of a diverse population, especially in the UK. Incorporating these

implications allows psychologists to give a new meaning to the profession whilst lobbing for change.

Furthermore, the findings will be disseminated to all interested individual's and presented at a specialist trauma service within the NHS. Future collaborations have been established with the European Network of Statelessness and a group of Lawyers working with Palestinian clients.

Strengths and Limitations

There are several notable strengths of this study. This study is believed to be the first study to explore the role of acculturation and trauma in the psychological well-being of Palestinian Adults in the West, specifically the UK. In contrast to previous literature that commonly aggregates Arab populations together (as covered in the systematic literature review); this study focuses exclusively on Palestinians in the UK, who have their unique historical and ongoing context that differs from the wider Arab populations. This not only fills a notable gap in the literature but also provides baseline data, or grounding for future research in this population, especially in the discipline of clinical psychology, where the well-being of Palestinians in the diaspora has not been prioritised or researched in detail.

Despite the quantitative nature of the study, the use of Palestinian consultants enriched the research process and provided a humanising aspect. While not explicitly incorporating their experiences, their advisory role in the research process remained pivotal to ensure Palestinians remained the centre of the study from developing the hypothesis, to selecting the most appropriate measure from a wide selection, piloting the survey, recruitment, and dissemination. Their involvement and support with recruitment provided

access to a diverse range of Palestinians, and although the challenges were acknowledged, the numbers reached for this study would not be possible without their established connections, and the trust and rapport they have in the community which may have buffered some initial apprehensions given their experiences of distrust.

Nonetheless, the conclusions drawn from this study are subject to a number of factors. As previously discussed, challenges were encountered in recruiting the intended sample size of 395. Collecting data from a large sample size was hard and time-consuming, although there was access to the community, some potential participants were not convinced to take part. The attained sample size of 161 participants falls below the threshold (underpowered) necessary for detecting a small effect size. Consequently, it is possible that a small true effect went undetected. For example, the sample for vicarious trauma was smaller than expected, and the participants completing the primary trauma scale was even smaller, which might have impacted the ability to detect the expected negative relationship between trauma and psychological well-being. Similarly, the data shows that with a possibly larger sample, the moderating effect of variables might have been more explicit.

Furthermore, covariates such as age and gender were not included in the initial analysis, which could have potentially impacted confounding variables and limit the ability to fully understand the nuanced relationships and the role of acculturation and trauma on the psychological well-being in this sample.

Although the measures used in this study were designed to be used by a diverse range of populations (cultural validity) and the validity and reliability ranged from good to excellent, they might not have measured the nuanced and intricate UK based Palestinians experiences.

In particular the vicarious trauma scale, which, although adapted appropriately was not initially designed to use beyond the helping profession, and focused on indirect trauma only and not the depth and complexity of trauma experiences which may have influenced the responses.

The study used self-report measures which come with the risk of bias with under or over reporting on variables. Recruitment was predominantly through advertisements via social media (although suitable for this study) may have limited the sample size to those with access to the internet, higher education and socioeconomic status. Limited language fluency may have been a barrier for people who do not read or write English to complete the survey.

Due to the use of a cross –sectional correlational study design, causality cannot be inferred. The study is grounded in one -time evaluation and does not capture the fluctuations of these experiences. The use of a non- random sampling method introduced the potential for bias which could limit the representativeness of the sample. The sample size included all individuals who identified as having Palestinian heritage, currently living in the UK which is an anticipated to have gathered a diverse range of Palestinians, from British born, migrants, refugees, asylum seekers, stateless individuals and more. These details were not collected in the study but may have supported other detailed analysis.

All these factors combined limits its validity and generalisability of this study.

Quality appraisal.

To summarise, Table 15 provides a quality assessment based on the Newcastle-Ottawa Assessment Scale (NOS; refer to Appendix B) as used in the systematic literature review. For the selection criteria, the study was somewhat representative of the target population, but

as described, recruited through non-random sampling methods rather than random sampling. The sample size, although calculated, and justified based on context did not meet the expected number of participants required. The non-respondent criterion was not met. From the 221 potential participants, only 161 completed the survey, but beyond this no comparability analysis was conducted (they all met the inclusion/ exclusion criteria). The ascertainment of exposure criterion was met based on the use on the use of psychometrically validated measures. For the comparability criteria, no variables were actively controlled as part of the study design, therefore this criteria was not met. Finally, for the outcome criterion, appropriate self -report measures were used, and the statistical analysis used were clearly described and presented. Based on this quality assessment, the study is regarded of moderate quality. Seven and above indicating high quality.

Table 16

Results of the Quality Appraisal using the NOS.

Selection				Comparability	Outcome		Quality Rating
Representativeness of the sample	Sample size justified.	Non respondents	Ascertainment of the exposure	Confounding controlled	Outcome Ax	Statistics	Total Score /10*
*	*	*	Max **	Max **	Max **	*	
*	-	-	**	-	**	*	6* Moderate

[-] Quality criterion not satisfied or insufficient information to adjudicate as satisfied. [na] not applicable. Ax = Assessment

Future research

The findings of this study highlight many suggestions for future research. This study acknowledges that whilst it is important to gain baseline or exploratory findings of Palestinians in the UK, the interaction can be enhanced with considerations of other variables from demographics (e.g. age, gender, length of residence, education and socioeconomic status etc.,) to sociocultural factors (British Born, migrant groups, stateless, refugee and asylum seeker) to enhance the understanding of the interplay between independent, dependant, moderated and confounding variables, as recommended by (Bierwiaczonek et al, 2023; Bierwiaczonek & Kunst 2021; Kunst, 2021).

Similarly, this study focused on acculturation and trauma's relationship to psychological well-being separately. Some researchers have explored the combination of all three (e.g., Somali refugees in USA; Jorgebson et al., 2021; Syrian refugees in Turkey, Kurt et al., 2021; Iraqi refugees in USA LeMaster et al., 2018) which is a possible next step to build on the very limited literature on this population and provide further insights.

Arabic translated versions of the survey alongside community outreach with Palestinian consultants (insiders) could benefit the recruitment and accessibility for potential participants (whether they speak English or not, people may prefer or respond to questions better in Arabic). Likewise, specifically designing scales that pertain to the Palestinian community may also produce accurate and additional findings. Examining additional variables of interest, or exploring the moderating effects of variable onto the relationship between acculturation and psychological well-being would also provide greater insight into the understanding of the relationship, and its influences. Controlling variables to isolate the impact of specific variables can be useful in getting a better understanding and accurately

determining relationships between variables being studied and the complexity of their interplay.

Acculturation is a process that unfolds in its socio-political context (Berry, 1997; Ward & Geeraert, 2016) and geo-political context. Therefore, a longitudinal study is warranted to discern the directionality between acculturation and psychological well-being Bierwiaczonek et al, 2023; Bierwiaczonek & Kunst 2021; Kunst, 2021) and the effects of a fluctuating context (e.g, the events since October 7th)[19].

Conducting studies which research issues that are correlated to and affect psychological well-being among these individuals, may help in the future to better understand and support the members of the UK Palestinian community. In addition to studying additional variables of interest and including migrant status to examine the potential unique effects.

Whilst psychological well-being was the main outcome in this study (to get an overall well-being score), future research may want to consider other outcome variables that come under the umbrella of coping, adaptation, well-being and mental health.

This study highlights the need for the development and validation for a secondary/ vicarious trauma scale that can be used beyond the helping professional context but applicable to Palestinians and other similar groups. Versions of this scale can be sensitive to

[19] Given that the data collected in this study was before the events of October 7th, it was hypothesised the data collected during the ongoing events would have impacted all data, including trauma/ vicarious trauma. Participants who completed the survey would have scored differently in this context, and the vicarious trauma might have potentially been pronounced.

the cultural, social, and contextual factor inherent in these populations or designed to be applicable to wider groups. Whilst this study focuses specifically on Palestinians, and the need for a scale to capture the indirect trauma and they witness the violence experienced in their community.

Furthermore, part of adopting a critical realist lens to gain baseline data and insights within this population, and to further integrate qualitative or mixed methodologies can offer complementary in-depth perspective needed. This allows for a deeper exploration of the intricacies, contextual nuances and lived experiences that may not be captured through quantitative data, thereby enriching the understanding derived from a critical realist framework. The continued involvement of Palestinian consultants in future studies also ensures for a foundation for more inclusive research practices is recommended.

Conclusion

The present study suggests that Palestinians in the UK benefit the most from adopting an integrated acculturation style (exhibiting a bicultural identity). Whilst the study did not find a negative association between trauma and psychological well-being, it did highlight the presence of primary and vicarious trauma symptoms, which warrants further investigation. Specifically, religiosity was found to act as a buffer and cultural identity conflict as an exacerbator to the impact of vicarious trauma on psychological well-being. All variables assessed had a significant impact on psychological well-being, with higher levels of resilience, social support, and religiosity endorsement resulting in improved psychological well-being and high levels of cultural-identity conflict and perceived discrimination experiences resulting in deteriorating psychological well-being. Limitations acknowledged in this study means that this study should be considered as taking an initial exploratory

approach. Despite this, it has provided meaningful baseline data for future research and evidenced the need to delineate the processes of acculturation, trauma impact and psychological well-being of Palestinians in the UK. Further, key considerations and clinical implications include utilising the social justice (Abraham et al., 2022) and human rights framework (Patel, 2019) to provide inclusive and holistic care in clinical practice, research, advocacy are recommended.

Whilst the pre-existing conditions affecting Palestinians was outlined in the introduction of the study to provide the necessary context; there has been major geo-political shift (as of October 7th that continue to actively unfold[20]) which has significant ramifications for the population, including those in the diaspora. To briefly highlight the gravity of this shift, human rights and aid organisations[21] are actively demanding a ceasefire. Over 800 scholars, practitioners of international law, conflict and genocide studies have warned of a potential genocide[22] in Gaza (TWAILR, 2023). This impact is felt far and wide, in particular Matar (2023; an Israeli based journalist) shared the events are changing everyone, and memories are being relived from the collective past traumas of both populations. Also, Mohamed (a Palestinian huma rights activist) described the events as '*The Nakba* النكبة of 2023', difference being able to watch the events unfold in real time (Alam, 2023). Consequently, while the current unfolding of events has undoubtedly impacted individuals internationally, and future research will likely explore these events on all affected

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[20] As of 15th Jan 2024
[21] Human Rights Watch, Amnesty International, B'Tselem: the Israeli Information Center for Human Rights in Occupied Territories, Machsom: Israeli based Human Rights & Against the Occupation. Medical Aid for Palestinians, United Nations Relief and Work Agency.
[22] South Africa has launched a (currently active) case against Israel with the International Court of Justice (2023), noting that the humanitarian crisis meets the threshold not seen since the 1948 Nakba النكبة Genocide convention under the international law (Al -Jazeera, 2024).

populations. Nonetheless, the focus of this study centred Palestinians in the UK. Given that acculturation, trauma and psychological well-being (among other factors – e.g. increased experiences discrimination[23]) are subject to temporal changes, further research, both quantitative and qualitative is warranted to provide a comprehensive overtime (inclusive of acculturation, trauma and psychological well-being and related) is warranted. More so, as the number of Palestinians in the diaspora outweigh the number of Palestinians in Palestine.

This study concludes with Fanon's timeless words "We must elevate the people, expand their minds, equip them, differentiate them and humanise them" (1961).

[23] Rise of anti – Arab, Islamophobia and Antisemitism

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Appendices

Appendix A: PRISMA Checklist

PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	

PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	
Study characteristics	17	Cite each included study and present its characteristics.	
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	
	23b	Discuss any limitations of the evidence included in the review.	
	23c	Discuss any limitations of the review processes used.	
	23d	Discuss implications of the results for practice, policy, and future research.	
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	
Competing interests	26	Declare any competing interests of review authors.	
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

For more information, visit: http://www.prisma-statement.org/

Appendix B: Supplementary findings from the SLR

Outcome of acculturation strategies reported separately.

Acculturation
Across the studies that utilised different acculturation measures, respondents exhibited varying levels of acculturation to both their heritage culture and host culture. Two studies used measures that are classified into one of Berry's (1992) four acculturation categories: *integrated, assimilated, separated and marginalised*. In one study (#6) using the GEQ (Tsai et al., 2000) there were only integrated (*n* =37; 16 females, 20 males and 1 other) and assimilated (*n* =10; 5 females and 5 males) groups that were represented. In another study (#1) Christians were reported to be more highly assimilated on the separation -assimilation subscale than Muslims with no significant difference on the marginalisation- integration subscale (AAS; Barry, 1996). Also, there was no significant group differences in the desired AASS (Amer, 2002) with both groups desiring integration. Six studies (#3, #4, #5, #7, and #9) used continuous measures of acculturation, capturing an individual's orientation towards both their heritage and host culture, where the higher scores indicated higher level of identification and orientation to respective cultures. In one study (#3) participants scored slightly higher on acculturation to Arab culture compared to acculturation to European/ Canadian culture on the Acculturation index (Ward and Rana-Deuba, 1999). In another study (#4) participants who responded in the English version of the ARSMA-II (Cuéllar et al., 1995) reported higher Attraction to the American Culture (AAC) compared to those who responded in Arabic, who reported a higher Attraction to Arabic Culture (AArC). Both AAC and AArC were related to length of residence and language preference. Similarly, a study that used the DASS (Baker et al., 2003) (#2) and several studies that used VIA (Ryder et al, 2000) (#5, #7 and #9) did not provide an explicit breakdown or indication of acculturation levels but rather focused on its association with other variables. with the exception of one study (#8) that used the VIA found that 74.4% of female subjects identified to their heritage culture whilst 10% (strongly) disagreed versus

47.8% of participants had a positive acculturation towards their host culture whilst 23.3% (strongly) disagreed.

Psychological well-being

Across the studies psychological well-being encompassed many different measures including psychological adjustment, mental health indicators (e.g., depression, anxiety, self- esteem, acculturative stress) and satisfaction including life, family and school satisfaction. Similarly, to some of the acculturation measures in these studies, an explicit breakdown or indication of measures were not provided but rather focused on the associations. For example, measures of psychological adjustment in study (#5; YSR; Achenbach & Rescorla, 2001) and study (#7; PWB; Ryff and Keyes, 1995) and the Multidimensional Student Life Satisfaction Scale (Huebner, 1994; #4) were not reported.

On the other hand, some studies provided limited information on mental health indicators. Five studies measured for depressive symptoms. Three studies used the CES-D and CED – R (Radloff, 1977) (#1, #6 and #9) to measure depression. One study (#1) provided means for the Christian (*M* = 14.81) and Muslim (*M* =15.31) sample which suggest that both religious groups may experience some level of low – mild depressive symptoms, with Muslims reporting a slightly higher mean. Nonetheless, this difference is relatively small and does not have significant clinical implications as stand-alone data. Another study (#6) reported the overall means for depression (*M*= 18.1) and also broke this down into means in the integrated group (*M*= 15.3) and assimilated groups (*M* =28.4), indicating the presence of moderate to severe depressive symptoms in this sample, with the assimilated group experiencing higher levels of depression than the integrated group. Another study (#9) reported that 60% (from 142 participants) scored above the threshold indicating the presence of depressive symptoms in over half the sample. Conversely, a study (#8) using the BDI -II (Beck et al., 1996) revealed that a majority of the study sample 61.3% (from 84 participants) experienced normal levels (minimal or no depression). Around 31.2% of respondents reporting mild levels of depression, while 5% had

borderline clinical depression and 2.5% experiencing moderate levels of depression., suggesting a range depression symptomology, mostly none to mild- moderate.

Furthermore, two of studies also measured other aspects of mental health. In the same study (#8) anxiety was measured using the BAI (Beck, 1993) which indicated that the majority of participants (52.4%) did not exhibit anxiety symptoms. Around 22.6% reported mild symptoms, 18% reported moderate symptoms and 7% reporting severe anxiety symptoms, suggesting a varying range of anxiety symptoms, mostly non, to mild-moderate. Another study (#6) provided the overall mean scores for Self- Esteem (Rosenberg,1965) (M = 21.6) and also broke this down into means in the integrated group (M =20.2) and assimilated groups (M =25.2) indicating a normal range. Similarly, for the PSS (Cohen et al., 1983) total M = 19, and in the integrated group (M=17.7) and assimilated group was (M = 23.5), indicating moderate stress levels.

Additionally, another study (#3) the samples MCS mean (46.69) score was lower than the norm of the U. S's general population in 1998 on the SF-36 (Ware & Kosinski 2002), indicating that Arab Americans in this sample had worse mental health than the general population. Although this section focuses on mental health, this measure provides information on general health and in contrast, the PCS scores in this group (M = 51.23) was higher than the published norm indicating that Arab Americans in this sample has better physical health. Both MCS and PCS scores were statistically significant. Study (#2) using the K10 that assesses psychological distress, specifically depression and anxiety (Kessler & Mrocsek, 1992) did not report specific scores. Finally, study (#1) provided the mean for SAFE acculturative stress (Christian M = 22.67; Muslims M = 22.71) suggesting low levels of stress in both groups.

Appendix C: The Newcastle-Ottawa Scale adapted for Cross-Sectional Studies

Adaptation taken from (Herzog et al., 2013) and ratings established by (Wang et al., 2017).

Newcastle-Ottawa Scale adapted for cross-sectional studies.
This scale has been adapted from the Newcastle-Ottawa Quality Assessment Scale for cohort studies to provide quality assessment of cross-sectional studies.

Selection: (Maximum 5 stars)

1) Representativeness of the sample:
a) Truly representative of the average in the target population. * (all subjects or random sampling)
b) Somewhat representative of the average in the target population. * (non-random sampling)
c) Selected group of users. d) No description of the sampling strategy.

2) Sample size:
a) Justified and satisfactory. * (including sample size calculation)
b) Not justified.

3) Non-respondents:
a) Comparability between respondents and non-respondents characteristics is established, and the response rate is satisfactory. *
b) The response rate is unsatisfactory, or the comparability between respondents and non-respondents is unsatisfactory.
c) No description of the response rate or the characteristics of the responders and the non-responders.

4) Ascertainment of the exposure (risk factor):
a) Validated measurement tool. **
b) Non-validated measurement tool, but the tool is available or described. *
c) No description of the measurement tool.

Comparability: (Maximum 2 stars)
1)The subjects in different outcome groups are comparable, based on the study design or analysis. Confounding factors are controlled.
a) The study controls for the most important factor (select one). *
b) The study control for any additional factor. *

Outcome: (Maximum 3 stars)
1) Assessment of the outcome:
a) Independent blind assessment. **
b) Record linkage. **
c) Self report. *
d) No description.

2) Statistical test:
a) The statistical test used to analyze the data is clearly described and appropriate, and the measurement of the association is presented, including confidence intervals and the probability level (p value). *
b) The statistical test is not appropriate, not described or incomplete.

This scale has been adapted from the Newcastle-Ottawa Quality Assessment Scale for cohort studies to perform a quality assessment of cross-sectional studies for the systematic review, "Are Healthcare Workers' Intentions to Vaccinate Related to their Knowledge, Beliefs and Attitudes? A Systematic Review".

The Newcastle-Ottawa Scale (NOS) includes seven assessment items for quality appraisal including 'selection', 'comparability' and 'outcome'. A study can be given a maximum of one star * for each numbered item within the Selection category (= 4 points), two stars/ 2 points in the Comparability category and 3 stars/ 3 points in the outcome category. According to the NOS score standard, cross-sectional studies could be classified as low-quality (scores of 0–4), moderate-quality (scores of 5–6) and high-quality (scores ≥7) (Wang et al., 2017)

Appendix D: All Ethical Approval Notifications

Modifications and extensions (with most recent first).

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	**Sumaira Farha Patel**
CC	**Dr Abigail Taiwo**
FROM	**Dr Rosemary Godbold, Health, Science, Engineering and Technology ECDA Vice Chair**
DATE	**05/09/2023**

Protocol number: acLMS/PGR/UH/05208(2)

Title of study: Acculturation and well-being experience of Palestinian adults living in the UK

Your application to modify and extend the existing protocol as detailed below has been accepted and approved by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Dr Mohamed Altawil (external supervisor)
Dr Nicolas Geeraert (co -researcher to External supervisor)
Leanne Mohamad (consultant)
Lemar Mohamed (consultant)
Majdi Aqill (consultant)

Modification:

As detailed in the EC2

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Original protocol: Any conditions relating to the original protocol approval remain and must be complied with.

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 22/03/2023

To: 01/06/2023

Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.
Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit form EC2.
Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.
Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	Sumaira Farha Patel
CC	Dr Abigail Taiwo
FROM	Dr Simon Trainis, Health, Science, Engineering & Technology ECDA Chair
DATE	11/04/2023

Protocol number: **acLMS/PGR/UH/05208(1)**

Title of study: Investigating the experience of acculturation and psychological wellbeing of British Palestinians.

Your application to modify and extend the existing protocol as detailed below has been accepted and approved by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Dr Mohamed Altawil (external supervisor)
Dr Nicolas Geeraert (co -researcher to External supervisor)
Leanne Mohamad (consultant)
Lemar Mohamed (consultant)
Majdi Aqill (consultant)

Modification: Detailed in EC2

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Original protocol: Any conditions relating to the original protocol approval remain and must be complied with.

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 01/06/2023

To: 31/08/2023

Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.
Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit a further EC2 request.
Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A or as detailed in the EC2 request. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.
Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	**Sumaira Farha Patel**
CC	**Dr Jacqueline Scott**
FROM	**Dr Rebecca Knight, Health, Science, Engineering and Technology ECDA Vice Chair**
DATE	**22/03/2023**

Protocol number: cLMS/PGR/UH/05208

Title of study: Being British and Palestinian; examining/ exploring the relationship between aspects of identity, acculturation and psychological wellbeing.

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Dr Mohamed Altawil (external supervisor)
Dr Nicolas Geeraert (Collaborator/ co-researcher)
Leanne Mohamad (consultant)
Lemar Mohamed (consultant)
Majdi Aqill (consultant)

Conditions of approval specific to your study:

Ethics approval has been granted subject to the following conditions being seen and approved by the supervisor as addressed prior to recruitment and data collection.
Comments from the Vice Chair:

"I'd like to draw the applicant's attention to the "International Trauma Questionnaire". There is a section that asks participants to provide a "brief description of their experience". Answers to this question (i.e. personal stories) may be inconsistent with the statement that all data will be "fully anonymous" (see EC6). You may wish to consider advising the participant that when completing this question, they should avoid stating any specific names of places/people etc. I have also assumed that the answers to this question won't be published given that the EC6 states that published data will be "aggregated and therefore anonymous". If there is a chance that these stories/experiences will be published, a revised application will need to be submitted with reference to this in the EC1 and EC6."

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

<u>**Permissions**</u>: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection

commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 22/03/2023

To: 01/06/2023

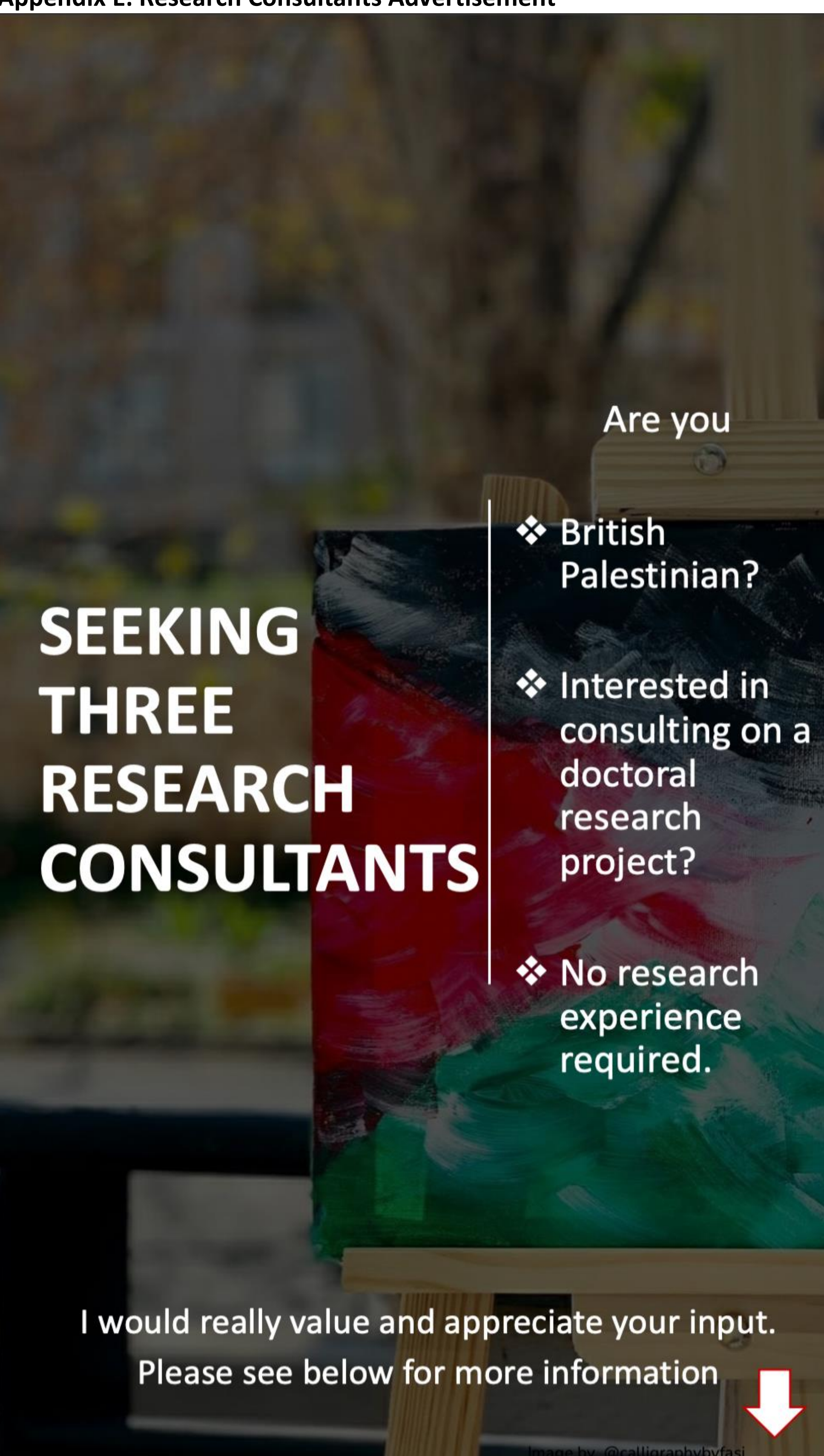
Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.
Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit form EC2.
Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.
Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

Appendix E: Research Consultants Advertisement



Research topic focusing on British Palestinians

As a pro Palestinian with background research experience in acculturation, identity and psychological wellbeing; the recent uprising in Palestine and protest across the globe, and more specifically in the UK made me want to understand the British Palestinian experiences better. Upon further investigation I learned that the academic study of Palestine and Palestinians generates a large and ever-growing body of knowledge across every disciplinary field. In relation to psychology there have been extensive studies and literature focusing on the psychiatric and psychological aspects associated with being resident in occupied Palestine. However, there is limited research examining British Palestinian relationship to acculturation, identity, belonging and psychological wellbeing in the UK.

If we consider that it was the British mandate that paved the way for the creation of the state of Israel on Palestinian land and collective dispersion and emigration of Palestinians since 1948 –given the painful relationship between Palestine and the UK, it seems important to gain baseline data that will inform the examination of acculturation, identity and psychological wellbeing.

Research Consultants Role

- ❖ To collaboratively produce this piece of research to ensure British Palestinians are kept at the core of this study.
- ❖ To meet 6 times for 1.5 hours or 10 times for an hour over the course of this project.
- ❖ As a token of appreciation, your work and emotional efforts will be acknowledged in the write up, as well as remuneration for your consulting time and efforts.

Primary researcher: Sumaira Farha Patel

- ❖ Trainee Clinical Psychologist
- ❖ British – Indian- Muslim
- ❖ Previous research experience in acculturation, identity & psychological wellbeing.
- ❖ Academic background in Islamic theology & Arabic Language and Sociology with Psychology

To express interest or discuss anything further, please contact s.f.patel@herts.ac.uk

Under the supervision of Dr Jacqui Scott & Dr Mohamed Altawil at the University of Hertfordshire

Appendix F: Consultant Contracting and Timetable

EIM71105 - Research volunteers, lay participants and participants in clinical trials

See EIM71100 for general guidance on the treatment of volunteers and unpaid office holders.

The former Inland Revenue agreed the following principles and procedures with the British Universities Finance Directors Group on 13 October 2004. As well as covering specific issues in the situations specified it illustrates the approach that should be taken with volunteer workers.

Research volunteers, lay participants and participants in clinical trials

In the course of undertaking research, particularly social science or medical research, volunteers are required to take part in tests, submit to measurements or be interviewed. They are usually paid a small sum to cover out of pocket expenses and as compensation for the time spent. Some of the volunteers may be members of staff of the university, but their participation in the research is not part of their duties of employment and they do it in their own time and are under no obligation to take part.

Closely related to the above is the use of "lay" people or "users" in research. Here the people in question are invited to attend meetings to give their views on various matters to inform the research process and direction. Often they will be former or current patients, representatives of particular groups such as retired people, or representatives from charities. Payment is made to them for their participation in the meetings.

Tax consequences for the university

In the circumstances above, HMRC agrees that the amounts paid to those concerned are unlikely to fall within the definition of "earnings" for PAYE or NI purposes. No employment relationship exists and as such PAYE and NIC would be inappropriate.

Under Section 16, Taxes Management Act 1970, HMRC is entitled to ask for details of payments to non-employees at their discretion; but they would not routinely ask for details for small payments such as these.

Tax consequences for the individuals receiving the payments

There will be no tax or NIC liability arising on the individual if the sums received do no more than reimburse the individual's reasonable costs of participating in the trial or research, including costs of travel and subsistence.

However should the sums paid exceed those reasonable expenses then the excess may fall to be chargeable to tax as Miscellaneous Income, potentially giving rise to personal tax liabilities of the individuals which should be notified to the Inland Revenue under Self Assessment.

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SEG26.02.19 – 7.0

School of Life and Medical Sciences

School of Life and Medical Sciences Policy on Payments to Research Volunteers and Lay Participants

This policy addresses the HMRC legislation (Advisory Note EIM71105 (9/2/15) regarding research volunteers (who in the School we call research participants) and lay participants (who in the school we call members of the public, service users and carers who are involved in the research process). Making payments to research volunteers and lay participants has always been an area which has caused some confusion, not only for the School but also for the volunteers and lay participants themselves. It is also unclear to UH staff whether identification checks are required. The aim of this policy is to clarify these issues, in line with current HMRC and UKVI guidance.

Who does this policy refer to?

This policy covers research volunteers who are participants in the research as well as lay participants who contribute to the research process.

Research Volunteers – In the School this refers to people who participate in our research, as research participants. This group of people are often invited to take part in tests, measurements, questionnaire surveys, focus groups or interviews. They are sometimes given a small sum to cover out of pocket expenses and as a small compensation for any inconvenience incurred in participation.

Lay participants – In the School this refers to people who we call members of the public, service users and carers. They are invited to attend meetings to give their views on various matters to inform the research process and direction. Often they will be former or current patients, representatives of particular groups with a particular health condition or experience, or representatives from charities. Payment may be made to them for their participation in meetings.

This policy does not include the following people:

- Members of the Public Involvement in Research Group (PIRg) based in the School of Health and Social Work who are an independent resource for researchers and work throughout the year on different research activities.

- A research volunteer (e.g. student intern) who is asked to undertake work which might be covered by a paid member of staff

Payments

The current HMRC legislation (Advisory Note EIM71105 (9/2/15) confirms that Research Volunteers/Lay Participants can be reimbursed out of pocket expenses, as well as, being offered reasonable payments for participating in activities that inform the research process. HMRC have confirmed that these payments are likely to be sufficiently small as not to fall within the definition of earnings for PAYE or NI and therefore non-taxable.

After some discussion with Human Resources and Finance the following points were clarified:-

Non-taxable payments can be made to research volunteers, on the basis of the following criteria:

SEG26.02.19 – 7.0

a) It is made clear to Research Volunteers that they are not regarded as employees of the University;
b) No tax will be deducted by the University but they should be advised that it is their responsibility to declare any payments to HMRC;
c) The research study has a defined end date, so the research is not continuous;
d) Payments are made immediately after each meeting so there is no expectation on the Research Volunteer to attend further meetings, and can leave the study at any stage.

When defining 'reasonable' payments, as set down by HMRC, Finance agreed that it would be acceptable to follow the guidance provided by INVOLVE or to pay an amount which is considered small relative to the value of the project. The maximum payment per hour is £20 unless by prior agreement with HR and Payroll.

Identification Checks

HR has agreed that it isn't necessary to make identification checks for Research Volunteers, as long as they meet the above criteria.

The Process

The form titled "LMS Agreement for Volunteers and Lay Members Involved in Research' (available from the Clerk to the LMS Research Executive Board) should be completed for each Research Study. When completed, this will give a brief outline of the Study, name and address of the volunteer, criteria and signature of the Principal Investigator. The generic Agreement form for a given study will be sent by email to the Head of the relevant Research Centre, or their nominee, to confirm that the process has been correctly followed. In their absence it can be approved by the Associate Dean for Research, or their nominee. In either case, approval or otherwise will be sent by email reply, and, in the case of approval, a copy of approval email and the Agreement form will be forwarded to the clerk to the Research Executive Board for archiving. Any administrative details or queries should be referred to the Head of the relevant Research Centre and, in turn, any concerns will be discussed with the Compliance Team. The Agreement should be kept with the research documentation, and completed copies retained by the Principal Investigator in a manner consistent with the ethical approvals in place.

Payment

Payments can be made either by gift vouchers, BACS, or via petty cash. Gift vouchers can be purchased through Procurement. Where gift vouchers or cash are accepted, a receipt should be signed by the participant and kept on file and participants should be given a copy of the EIM71105 tax Advisory Note (available from the Clerk to the Research Executive Board). BACS payment should be included on a Reimbursement Form alongside any claim for expenses. When filling out the reimbursement form, please use the form entitled *Reimbursement Form for Volunteers in LMS Research* that is also available from the Clerk to the Research Executive Board and ensure that a copy of the EIM71105 Advisory Note is attached for the participant/volunteer's information. The Reimbursement Form should be forwarded to Accounts Payable. For petty cash, researchers should seek advice from the Head of the Research Centre, or their nominee, pertaining to the current preferred procedure. In all cases, it is important that payments are made immediately after each meeting.

SEG26.02.19 – 7.0

AGREEMENT FOR VOLUNTEERS & LAY MEMBERS INVOLVEMENT IN RESEARCH

Doctorate in Clinical Psychology research study:

Title: Being British and Palestinian; examining/ exploring the relationship between acculturation, aspects of identity and psychological wellbeing.

This research project is a study based at the University of Hertfordshire. The researcher is **Sumaira Farha Patel**. The purpose of the study is to understand the relationship between acculturation, identity and psychological wellbeing among British Palestinians (quantitatively).

Payment will be made to volunteers and lay members of the public for their participation in meetings and other research involvement activities. The project will finish on XX/XX/2023

This form must be completed by the participating volunteer before payment can be made. Any queries concerning this Agreement should be referred to the relevant Head of Research Centre at the University of Hertfordshire

Between: **The University of Hertfordshire**

and

Name **(The "Participating Volunteer")**

Address

Tel No.

Email Address

ACTIVITY Volunteer for Doctorate in Clinical Psychology research study

The **Participating Volunteer** has agreed to assist the University by voluntarily taking part in the research **Activity**.

1. The Activity to be undertaken is described below and it is the Activity for which you have given your consent/agreement.

SEG26.02.19 – 7.0

Attend meetings to discuss measures, recruitment, study progress, findings and how to share our results.
Review participant information and materials as a Participating Volunteer
Give his/her views to inform the research process and direction.

There will be no requirement for the participating volunteer to attend all meetings or take part in all activities.

CONFIRMATION OF ATTENDANCE

2. The Researcher will confirm the Participating Volunteer has attended the Activity outlined above.

PAYMENT

3. The Participating Volunteer will receive a participation payment of £20ph in the form of vouchers / **one-off payments** for completion of the activities described above. Payment will not be made for any activities in which the Participant did not participate at all.

RELATIONSHIP BETWEEN THE UNIVERSITY AND THE PARTICIPATING VOLUNTEER

4. **The University does not regard the Participating Volunteer as an employee of the University nor as a worker, and the payment made to the Participating Volunteer for the participation is not made with respect to any employment relationship with the University.**
5. **The Participating Volunteer is advised that it is their personal responsibility to declare any payment for participation to HM Revenue & Customs under Self-Assessment, if that is appropriate to their personal circumstances. The University will not deduct income taxes from the payment.**

SIGNED FOR AND ON BEHALF OF THE UNIVERSITY

The signatory for the University confirms they have authority to enter into this agreement on behalf of the University e.g., Principal Investigator

SIGNED	*Sumaira*
PRINT NAME	Sumaira Farha Patel
Position at UH	Principal Investigator
DATE	16-10-2022

SIGNED BY THE PARTICIPATING VOLUNTEER

I acknowledge receipt of a copy of this agreement and accept its terms.

SIGNED ……………………………………………………………………………….
PRINT NAME ……………………………………………………………………………….
DATE ……………………………………………………………………………….

Overview for consultation: 6 x for 1.5 hours online meetings.

With ongoing communication on a dedicated WhatsApp Group.

1. **Introductions.**

- Introductions.
- Setting space, exploring best ways to communication (set up a what's app group)
- Scheduled in 6 meetings.
- Introduction of research.
- Working with consultants and expectations.
- Discussing rationale for quantitative study.
- My position.
- Introducing measures and hopes for next session.

2. **Choosing measures:**

- Presented a number of measures of interest and a variety option within these constructs of interest.
- Go through and select measures together.
- Discuss opinions on information sheet/ ways to communicate.

3. **Review of collated measures and Qualtrics**

- Test measures and feedback
- Agree on distribution action plan.

4. Review of data and results

- Communicate analysis and results of project.

5. **Write up.**

- Opportunity to discuss write up, content.
- Feedback opportunities

6. **Final consultation**

- Discuss dissemination, for participants and organisations.

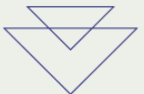
Appendix G: The Variations of the Recruitment Posters Used for Different Platforms

School of Life and Medical Sciences

Ethics Board Number
acLMS/PGR/UH/05208(1)

CALLING

PALESTINIANS LIVING IN THE UK



TO PARTICIPATE IN ACCULTURATION AND WELL-BEING RESEARCH!

PLEASE FOLLOW THE LINK [ATTACHED OR IN PROFILE] TO FIND OUT MORE AND COMPLETE AN ANONYMOUS ONLINE SURVEY

Please share this study widely!
Thank you - شكرا !

PRINCIPLE RESEARCHER:
My name is Sumaira, a trainee clinical psychologist and doctoral student.

s.f.patel@herts.ac.uk

@ DclinpsyThesis

@ dclinpsy.thesis

University of Hertfordshire UH

School of Life and Medical Sciences

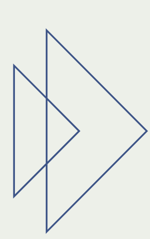
Ethics Board Number
acLMS/PGR/UH/05208(2)

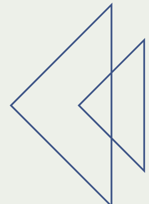
CALLING

PALESTINIANS LIVING IN THE UK

TO PARTICIPATE IN ACCULTURATION AND WELL-BEING RESEARCH!

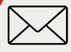
PLEASE SCAN THE QR CODE TO ACCESS THE SURVEY - THANK YOU!





Please share this study widely! Thank you - شكرا !

PRINCIPLE RESEARCHER: Sumaira, a trainee clinical psychologist & doctoral student.

 s.f.patel@herts.ac.uk

@dclinpsy.thesis

University of Hertfordshire UH

School of Life and Medical Sciences

Ethics Board Number
acLMS/PGR/UH/05208(1)

CALLING

PALESTINIANS LIVING IN THE UK

TO PARTICIPATE IN ACCULTURATION AND WELL-BEING RESEARCH!

PLEASE FOLLOW THE LINK ATTACHED TO FIND OUT MORE AND COMPLETE AN ANONYMOUS ONLINE SURVEY

Please share this study widely! Thank you - شكرا !

PRINCIPLE RESEARCHER:
My name is Sumaira, a trainee clinical psychologist and doctoral student.

s.f.patel@herts.ac.uk

@ DclinpsyThesis

@ dclinpsy.thesis

Appendix H: Word Version of the Online Qualtrics Survey

PARTICIPANT INOFRMATION SHEET

Being Palestinian - Living in the UK

We are interested to learn about the experience of adult Palestinians living in the UK, a group that has hardly been studied to date. For the purpose of this study a British Palestinian is defined as any person whose grandparents, parents or they themselves relocated (directly or indirectly) from Palestine to the UK.

This study will consist of a short survey which will take about 15 minutes, and will consist of question regarding your cultural background, British culture, your well-being, trauma and how you cope.

Once the data collection is complete and we have analysed our findings, we will be able to share a summary of the findings with you. After completing the survey, you will have the option to provide your contact details (this data will be stored separately from your survey responses).

<u>What do I need to know before participating?</u>

Participation and Withdrawal

- Participation in the study is entirely voluntary and you can withdraw at any time without explanation, disadvantage or consequence. Please note that it will not be possible to delete your data upon completion of the survey, as the data collection is completely anonymous.
- You will not be asked to provide your name, or any other identifiable information and all your data will remain anonymous and confidential.

Survey Data

During the study we will collect response data for each participant including answers to questions. Please note that the survey data is fully anonymous, so it is not possible to identify you from our stored data. The data may be used as part of a published paper but will be aggregated across participants and so will be anonymous. The data may also be posted on data repositories (this is a common requirement for publishing research), but only in an anonymous format.

Disadvantages of the survey

Some questions in the survey will ask you about your well-being and trauma. Therefore, it is possible that you may feel distressed answering some of the questions. You can withdraw of the study at any point by simply exiting the survey. You can also contact any of the following support organisations:

· The Samaritans: 116 123. A free 24/7 helpline for anybody experiencing distress.

· You can access your local NHS urgent mental health helpline in England via: https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline

· Your General Practitioner (GP) can signpost you to additional services if you experience further emotional distress.

· The Palestinian Forum in Britain: https://www.pfbuk.org/

· The British Palestinian Committee: https://britpalcommittee.co.uk/

What will happen to the information that I provide?

At the end of the study, you will be invited to provide an email address if you would like to receive a summary of the research findings. If you provide an email address, it will be stored on a password-protected document, separate to the data and only the researcher will have access to it. This information will be deleted once the requested study findings have been provided. Data will be stored on a password protected spreadsheet and backed-up on the University's OneDrive secure-drive. All data will be anonymised and analysed at the group level; therefore, your individual responses will not be identifiable. Only the researcher, supervisors and examiners will have access to anonymised data.

Who am I and who can I contact if I have questions about the study?

My name is Sumaira Patel, I am a British born, Muslim, Indian, Female. I am also a postgraduate student at the University of Hertfordshire, studying for a Doctorate in Clinical Psychology. This study has been conducted under the supervision of an extended research team consisting of Dr Abigail Taiwo (University of Hertfordshire), Dr Nicolas Geeraert (University of Essex) and Dr Mohammed Altawil (Palestine Trauma Centre, UK). In addition, this research has been co-developed with members of the Palestinian community.

This research has been approved by the University of Hertfordshire's Ethics Committee, protocol number: acLMS/PGR/UH/05208(2)

If you would like further information about my research or have any questions, concerns or complaints, please do not hesitate to contact me: s.f.patel@herts.ac.uk or my principal supervisor Dr Abigail Taiwo, Senior lecturer and clinical psychologist: a.o.taiwo@herts.ac.uk

This survey is aimed at Palestinian adults living in the UK.

By continuing you

- Agree to participate in the survey.
- Understand that your responses will be fully anonymous. The data will be stored securely and will be accessible to the research team only.
- Understand that you can withdraw your participation at any time during the study. After completing the study, it will not be possible to delete your data, as we will not be able to identify your data.
- Understand that the data collected in this study may be reported in academic publications. The anonymous data may be shared with other researchers.

○ Yes, I agree with the above - *Participants will check box and if not, will not be able to continue with study.*

If you agree with this, then please press the button below to start the survey.

START SURVEY

==

Demographic Information

The following questions relate to your demographic and cultural background.

How would you describe your gender?

- ○ Female
- ○ Male
- ○ Non-binary or prefer to self-describe:

What is your age (in years):

What is your Religion?

- ○ Islam
- ○ Christianity
- ○ Judaism
- ○ Atheist or Agnostic
- ○ Other:

The term '1st - 3rd generation migrants' can include 'any person whose parents or grandparents or they themselves were born in one country before moving to the UK, where that person still lives'. This includes international students, sojourners and anyone else who may or may not have long-term plans to live in the UK.

Can this term apply to you?

○ Yes ○ No

	UK	Palestine	Other	
Where were you born?	○	○	○	________
Where do you currently live?	○	○	○	________
Where was your father born?	○	○	○	________
Where was your mother born?	○	○	○	________

If you indicated that you were born in UK. At what age did you move to the UK?

Vancouver Index of Acculturation (VIA)

Please indicate your degree of agreement or disagreement. Many of these questions will refer to your heritage culture, Palestine (other than British).

		Strongly disagree	**Disagree**	**Somewhat disagree**	**Neither**	**Somewhat agree**	**Agree**	**Strongly agree**
		1	**2**	**3**	**4**	**5**	**6**	**7**
1	I often participate in Palestinian cultural traditions.							
2	I often participate in mainstream British cultural traditions.							
3	I enjoy social activities with people from the Palestinian culture as myself.							
4	I enjoy social activities with typical British people.							
5	I am comfortable interacting with people of the Palestinian heritage culture as myself.							
6	I am comfortable interacting with typical British people.							
7	I enjoy entertainment (e.g., movies, music) from Palestinian culture.							
8	I enjoy British entertainment (e.g. movies, music).							
9	I often behave in ways that are typical of the Palestinian culture.							

10	I often behave in ways that are typically British.							
11	It is important for me to maintain or develop the practices of Palestinian culture.							
12	It is important for me to maintain or develop British cultural practices.							
13	I believe in the values of Palestinian culture.							
14	I believe in mainstream British values.							
15	I enjoy the jokes and humour of Palestinian culture.							
16	I enjoy white British jokes and humour.							
17	I am interested in having friends from my Palestinian culture.							
18	I am interested in having white British friends.							

Ethno-cultural identity conflict scale

The following items relate to your identity and how you see yourself, particularly in relation to your cultural and ethnic background. Using the scale below, please indicate your view.

		Strongly disagree	**Disagree**	**Somewhat disagree**	**Neither**	**Somewhat agree**	**Agree**	**Strongly agree**
		1	**2**	**3**	**4**	**5**	**6**	**7**

1	I am an outsider in both my ethnic group and the wider society.							
2	Because of my cultural heritage, I sometimes wonder who I really am.							
3	I do not know which culture I belong to.							
4	I find it hard to maintain my cultural values in everyday life.							
5	I sometimes question my cultural identity.							
6	I am confused by the different demands placed on me by my family and other people.							

The Multi – religion Identity Measure - *was only completed by individuals who selected religious affiliation.*

are about your religion and how you feel about it or react to it.

Please indicate to what level you agree or disagree with each of the following statements.

		Strongly disagree	Disagree	Somewhat disagree	Neither	Somewhat agree	Agree	Strongly agree
		1	**2**	**3**	**4**	**5**	**6**	**7**
1	I am happy that I belong to my religion.							
2	I have developed confidence in my religion and do not believe anyone is likely to change my religious faith.							
3	The place of worship of my religion is important to me.							

4	I have a strong sense of belonging to my religion.							
5	My religion confuses me.							
6	I believe prayer is an inspiring practice.							
7	I am proud of my religion and its accomplishments.							
8	I have not found for myself a satisfying lifestyle which is based on my religion.							
9	I feel a weak attachment towards my religion.							
10	God is not real to me.							
11	I have established a clear view on my lifestyle that is acceptable to my religion.							
12	I do not participate in rituals of my religion.							
13	I have spent much time exploring my religion such as its rituals, faith, morals, history and traditions.							
14	My belief in God is important to me.							
15	I am not positive about my religion.							

Everyday Discrimination

Below is a list of ways that you might have felt during the last 12 months. Please indicate how much you agree with each statement.

		Strongly disagree	Disagree	Somewhat disagree	Neither	Somewhat agree	Agree	Strongly agree
		1	**2**	**3**	**4**	**5**	**6**	**7**
1	You are treated with less courtesy than other people.							
2	You receive poorer service than other people at restaurants or stores.							
3	People act as if they think you are not smart.							
4	People act as if they are afraid of you.							
5	You are threatened or harassed.							

What was the main reason for the discrimination you experienced? [if more than one main reason, check all that apply]

- You haven't experienced discrimination.
- Your Palestinian heritage
- Your religion
- Your age
- Your gender
- Your heights or weight
- Some other aspect of your physical appearances
- A physical disability
- Your sexual orientation
- Your social class, education or income levels
- Some other reason for discrimination – please specifies:

Coping/ social support

The next items examine how you deal with difficulties in your life. There are many ways to deal with issues, some of which are listed below.

Think about any difficulties you have experienced recently. For each item, how often have you had the following reactions? To respond use the scale from 1 (= never) to 7 (= always).

When experiencing difficulties, I have been…

		Never	Rarely	Occasionally	Sometimes	Often	Very often	Always
		1	**2**	**3**	**4**	**5**	**6**	**7**
1	Getting emotional support from people							
2	Getting emotional support from British people							
3	Getting emotional support from my neighbours							
4	Getting help and advice from people.							
5	Getting help and advice from British people.							
6	Getting help and advice from my neighbours.							
7	Getting comfort and understanding from people							
8	Getting comfort and understanding from British People							
9	Getting comfort and understanding from my neighbours							
10	Asking people who have had similar experiences what they did.							
11	Asking British people who have had similar experiences what they did.							
12	Asking neighbours who have had similar experiences what they did.							

International Trauma Questionnaire - *Participants only completed this set of questions if they were born outside of the UK and identified with a troubling experience.*

Please identify experiences that troubles you most from your time before you came to the UK (this could be in Palestine or another country). Are there any such experiences?
YES NO* *next section.*

We encourage you to share a brief description of the experience (s) you've identified below without sharing any specific names, places or people. If not, please keep your experiences in mind whilst answering the questions in relation to the experiences.

Brief description of the experience:

..and answer the questions in relations to these experiences.

When did the experience occur? (Tick one)

- o less than 6 months ago
- o 6 to 12 months ago
- o 1 to 5 years ago
- o 5 to 10 years ago
- o 10 to 20 years ago
- o more than 20 years ago

Below are a number of problems that people sometimes report in response to traumatic or stressful life events. Please read each item carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that in the past month.

1= none at all
2= A little bit
3= Moderately
4 = Quite a bit
5 = Extremely

		None at all	A little bit	Moderately	Quite a bit	Extremely
		1	**2**	**3**	**4**	**5**
1	Having upsetting dreams that replay part of the experience or are clearly related to the experience?					
2	Having powerful images or memories that sometimes come into your mind in which					

	you feel the experience is happening again in the here and now?					
3	Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)?					
4	Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)?					
5	Being “super-alert”, watchful, or on guard?					
6	Feeling jumpy or easily startled?					
7	In the past month have these problems affected your relationships or social life?					
8	In the past month have these problems affected your work or ability to work?					
9	In the past month have these problems affected any other important part of your life such as parenting, or school or college work, or other important activities?					

Vicarious Trauma

We want you to think about the current situation in Palestine and how you experience and witness this now living in the UK (i.e. communicating with family in Palestine or watching/ reading the news).

Listed below are a series of statements. For each statement, please indicate to what extent you agree by using a scale from 1 (strongly disagree) to 7 (strongly agree).

		Strongly disagree	Disagree	Somewhat disagree	Neither	Somewhat agree	Agree	Strongly agree
		1	**2**	**3**	**4**	**5**	**6**	**7**
1	I find myself distressed hearing people’s stories and situations.							

2	I find it difficult to deal with the situation.							
3	I find myself thinking about distressing material in non-related contexts.							
4	Sometimes I feel helpless with the situation.							
5	Sometimes I feel overwhelmed by the situation.							
6	It is hard to stay positive and optimistic given the situation.							

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The next set of items examine your level of resilience.

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The Flourishing Scale

Below are 8 statements with which you may agree or disagree using the 1-7 scale below, indicate your agreement with each item by indicating that response for each statement.

		Strongly disagree	Disagree	Somewhat disagree	Neither	Somewhat agree	Agree	Strongly agree
		1	**2**	**3**	**4**	**5**	**6**	**7**
1	I lead a purposeful and meaningful life.							
2	My social relationships are supportive and rewarding.							
3	I am engaged and interested in my daily activities.							

4	I actively contribute to the happiness and wellbeing of others.							
5	I am competent and capable in the activities that are important to me.							
6	I am a good person and live a good life.							
7	I am optimistic about my future.							
8	People respect me.							

Debrief section:

Thank you, *Shukran Jiddan* شكرا جدا for completing this survey.

We would be grateful if you share this survey with other Palestinians living in the UK.

You may find the following resources/services helpful in relation to obtaining information and support:

· The Samaritans: 116 123. A free 24/7 helpline for anybody experiencing distress.

· You can access your local NHS urgent mental health helpline in England via: https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline

· Your General Practitioner (GP) can signpost you to additional services if you experience further emotional distress.

· The Palestinian Forum in Britain: https://www.pfbuk.org/

· The British Palestinian Committee: https://britpalcommittee.co.uk/

You are also very welcome to contact me or my supervisor if you have specific questions or concerns or would like more specific signposting information relating to issues raised in the study.

Principle Investigator: Sumaira, s.f.patel@herts.ac.uk

Primary supervisor: Dr Taiwo: a.o.taiwo@herts.ac.uk

If you are interested in the outcome of this study, please provide your email here:

Appendix I: Additional Results on Discrimination

Table 17

Participants Response to Whether they Experienced Discrimination and the Forms of Discrimination Experienced

Forms of discrimination	*N* = 161
Did not experience discrimination	60
Palestinian heritage	51
Religion	62
Age	4
Gender	20
Height or weight	10
Some other aspect of physical appearances	14
A physical disability	1
Sexual orientation	1
Social class, education or income levels	11
Some other reason for discrimination	4
Jealousy at work	1
Name	1
Political views	1
Speaking Arabic	1

Appendix J: A Special Thanks to the Following Organisations for their response, and willingness to support recruitment.

1	Cambridge Palestine Solidarity Campaign
2	Centre of Palestine Studies/ SOAS Middle East Institute
3	Cross Party Group
4	Crystal Palace friends of Palestine
5	East Berkshire PSC
6	Edinburgh Action 4 Palestine
7	European Network on Statelessness
8	Halifax Palestine PSC
9	MARSM
10	N.A.M.E in Psychology
11	North Hertfordshire Palestine Solidarity Campaign
12	Palestine Museum, Bristol
13	Sabeel
14	Talent Beyond Boundaries
15	Zaytoun