A Model of Cumulative Racial–Ethnic Trauma Among Americans of Middle Eastern and North African (MENA) Descent

Germine H. Awad
The University of Texas at Austin

Maryam Kia-Keating
University of California, Santa Barbara

Mona M. Amer
The American University in Cairo

Americans of Middle Eastern and North African (MENA) descent in the United States have been historically understudied, in part due to limitations of racial classification systems that typically include MENA under the broad umbrella of White. As a result, enormous gaps in knowledge about health and mental health disparities exist, with broad public health significance. In particular, there is an urgent need to attend more specifically to MENA Americans' experiences of cumulative racial–ethnic trauma, which occurs at every level of their social ecologies. This article offers a conceptual model of cumulative racial–ethnic trauma to represent the unique experiences of the MENA American population. Traumatic factors at the macrolevel include historical trauma, pervasive institutional discrimination, and a hostile national context. These factors interact with one another and further impact microlevel traumatic experiences related to interpersonal discrimination and microaggressions, as well as struggles with identity and recognition. The deleterious impacts of these experiences may include a ubiquitous sense of insecurity, hopelessness, and alienation among MENA American individuals, in addition to more specific mental health and physical health concerns. It also compromises the overall well-being of the MENA American population in terms of belonging versus alienation, freedom versus restriction, and opportunities versus disadvantage. We discuss how the model can help to create a foundation for future inquiry and contribute to intervention efforts to find effective ways to support resilience and thriving for the MENA American population.

Keywords: cumulative racial trauma, discrimination, microaggression, Middle Eastern North African (MENA) Americans, Arab American

In the past two decades, research about the long-term deleterious effects of adversities and trauma on mental and physical health has accumulated (e.g., Felitti et al., 1998;

Authors' note. Germine H. Awad, Human Development, Culture, and Learning Sciences/Counseling Psychology, Department of Educational Psychology, The University of Texas at Austin; Maryam Kia-Keating, Department of Counseling, Clinical, and School Psychology, University of California, Santa Barbara; Mona M. Amer, Department of Psychology, The American University in Cairo.

Correspondence concerning this article should be addressed to Germine H. Awad, Human Development, Culture, and Learning Sciences/Counseling Psychology, Department of Educational Psychology, The University of Texas at Austin, 1 University Station D5800, Austin, TX 78712-1294. E-mail: gawad@austin.utexas.edu

J. G. Green et al., 2010; McLaughlin et al., 2010), pointing to significant disparities that exist for ethnic minority populations in the United States. Researchers have called for the use of a cumulative trauma perspective whereby the chronic nature of adversities over time, and the additive impact of stress, predicts lifetime health outcomes (Myers et al., 2015; Schilling, Aseltine, & Gore, 2008). Notably, alongside violence and abuse, the profound impact of discrimination and oppression has been demonstrated empirically, predicting long-term negative sequelae (Holmes, Facemire, & Da-Fonseca, 2016; Smedley & Smedley, 2011; Williams & Mohammed, 2009).

One group that remains little understood regarding their experiences of cumulative racial–ethnic trauma is Americans of Middle Eastern and North African (MENA) descent. The MENA region spans the northern strip of Africa and the southwestern point of Asia, including Algeria, Bahrain, Comoros Islands, Djibouti, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, United

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Arab Emirates, and Yemen. Broader definitions sometimes also add Turkey and Armenia (Jones & Bentley, 2017). This geographic area overlaps substantially with the Arab world, excluding only the nation of Somalia. One of the reasons to group these countries together, in addition to their geographic proximity, is that they are often viewed in terms of their perceived similarities. For example, they share cultural characteristics such as religion playing a significant role in the lives of people and communities, morality (e.g., justice, respect, and privacy), honor (e.g., importance of reputation), hospitality and generosity, and family values (Harb, 2016). Yet, the term *Middle East* was originally imposed on the region from the lens of colonial powers (Davison, 1960). There is actually a wide level of heterogeneity across the populations represented among MENA countries, including differences in race, religion, culture, economies, and indices of health (Ahmed, Kia-Keating, & Tsai, 2011; Harb, 2016).

The MENA American population is not new to the United States. Since the late 1800s, individuals from the MENA region have migrated to the United States primarily from areas now identified as Syria, Lebanon, Jordan, Israel, and Palestine (Zarrugh, 2016). These immigrants shared characteristics similar to those of the early Christian Italian and Irish immigrants who faced poverty and prejudice in the United States (Moses, 2015). The Migration Policy Institute (MPI, 2015) has documented that this first wave of immigrants, which consisted predominantly of Arab Christians with low education levels who were seeking economic opportunity, ended when the Johnson-Reed Immigration Act of 1924 restricted immigration from Asia. War and political upheaval in the MENA region led to the second wave (1948–1965) of primarily highly educated MENA

individuals who were mostly originating from Egypt, Iraq, and Syria. Finally, the third wave, marked by the launch of the Immigration and Nationality Act of 1965 and including greater numbers of highly educated Muslims and refugees, represents the largest volume of migration from MENA nations to the United States, increasing fourfold from 1980 to 2010.

Both the distinctness of the overall MENA American population and the diversity within this category are overlooked by the lack of a well-defined taxonomic category. Individuals of MENA descent in the United States are classified by the U.S. Census under the broad umbrella of Caucasian or White (Tehranian, 2009). This classification renders MENA Americans invisible in the public sphere. This invisibility is juxtaposed with being targeted with racism, discrimination, and microaggressions. After September 11, 2001 (hereafter referred to as "9/11"), MENA Americans endured significant increases in discrimination and hate-based violence; these ranged from threats to even murder (Al-Qatami et al., 2008; Rousseau, Hassan, Moreau, & Thombs, 2011; Southern Poverty Law Center, 2002). More recent data have shown that anti-Arab hate crimes surged by 219% from 2014 to 2015 (Levin & Grisham, 2016). These experiences of oppression can be deemed an "insidious trauma" (Holmes et al., 2016, p. 316) and have broad impact across all socioecological levels of the MENA American experience.

Given the heightened pressures targeting Americans of MENA descent, it is important to better understand their experiences of cumulative racial–ethnic trauma. Large-scale epidemiological studies have begun to demonstrate the long-term detrimental impact of early, acute, chronic, and cumulative stressors and adversities (Schilling et al., 2008). Models of cumulative trauma, such as a cumulative burden of adversities and trauma model among African Americans and Latinos (Myers et al., 2015), have been tested. Myers and colleagues (2015) pointed out that their study was one of the first to include discrimination in such a model, and in fact, the contribution of discrimination to lifetime burden of exposure to adversities was unique and significant. As such, in the context of the surge in prejudice and discrimination targeting MENA Americans, this article builds upon previous work to introduce a conceptual model of cumulative racial–ethnic trauma that represents the unique experiences of the MENA American population. This model could serve as a useful framework for future psychological research and practice.

A Model of Cumulative Racial–Ethnic Trauma for MENA Americans

The model proposed in this article captures the key experiences of cumulative racial–ethnic trauma interacting across the different levels of MENA Americans'

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effect and influence short- and long-term health disparities along with more pervasive feelings of insecurity, hopelessness, and alienation.

Beyond these direct individual-level outcomes, cumulative racial–ethnic trauma impacts broader foundational psychological needs for the MENA American population. In our model, three foundational domains are highlighted in terms of the potential continuum they represent: belonging versus alienation, freedom versus restriction, and opportunity versus disadvantage. Sense of belonging, in other words connectedness and sense of community, have been long understood as a core human need, with an evolutionary origin (Baumeister & Leary, 1995; Hagerty, Lynch-Sauer, Patusky, Bouwsema, & Collier, 1992; Maslow, 1968), one that is related to positive adaptation and health behaviors (Smart Richman & Leary, 2009). We also add opportunity and freedom, because they comprise the basic tenets of a free society and are compromised for MENA Americans. In the next sections, we review each component of the model.

social ecologies (Bronfenbrenner & Morris, 2006). The model, which is visually represented in Figure 1, may be useful in understanding the most salient domains contributing to cumulative trauma. The factors depicted in the model are drawn from the existing psychological literature on the MENA American experience and are grouped according to adversities taking place at the macrolevel (historical trauma, hostile national context, and institutional discrimination) and microlevel (interpersonal discrimination and microaggressions, and identity issues). In turn, these adversities have an additive or cumulative

Macrolevel Factors Related to MENA Experiences of Cumulative Trauma

Macrolevel factors are the far-reaching, contextual variables that have pervasive deleterious impacts on MENA Americans. These include the historical traumas experienced in their homelands (which often continues to have reverberations on their present-day lives), as well as national contextual pressures in the United States, and institutional and societal discrimination.
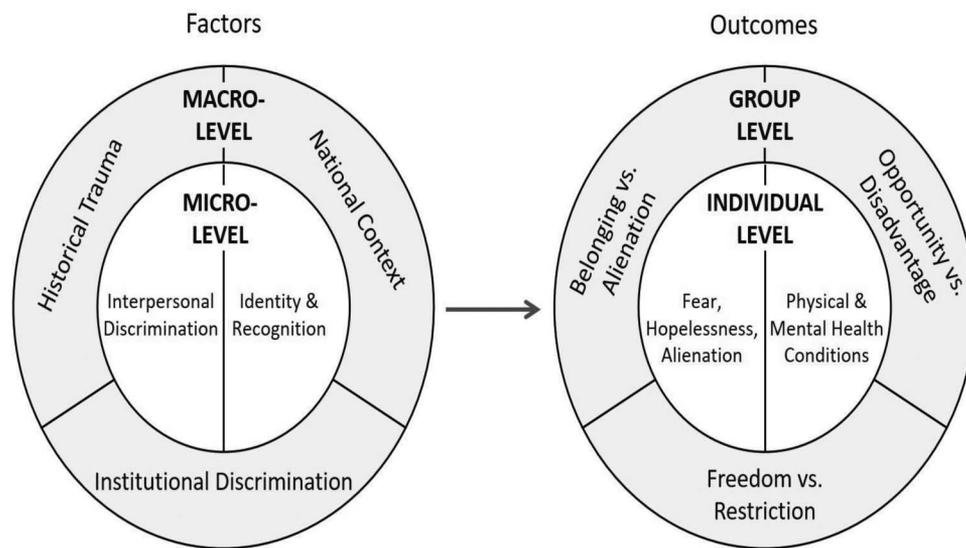

Figure 1. Model of cumulative racial–ethnic trauma for Americans of Middle Eastern and North African descent.

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Historical Trauma

The broader psychological literature on immigrant and refugee communities resettled in the United States (e.g., Porterfield et al., 2010; Suárez-Orozco et al., 2012) provides a rich bed of empirical understanding that is often applicable to Americans of MENA descent. As with other immigrant groups, motives for voluntary migration include economic and educational opportunity and family reunification. Notably, recent waves of emigrants from MENA countries also comprise involuntary immigrants who are seeking protection from persecution, violence, political conflicts, and other adversities (Kia-Keating, Ahmed, & Modir, 2016).

Of significant consideration for MENA Americans are historical traumas experienced in their countries of origin. They may have been exposed to political oppression, torture, and violent conflict, as well as persecution based on gender, religion, or ethnic minority status (Kira & Wrobel, 2016). The process of immigration or refugee resettlement may carry additional traumatic stressors. For new arrivals to the United States, the issues of cultural bereavement (Eisenbruch, 1990) and psychological distress related to the real and immediate dangers that exist for their family and friends who were left behind in situations of war, violence, and political upheaval may be particularly salient. Resettlement stressors that further exacerbate trauma include uprootedness, acculturative stressors, social exclusion, discrimination, and loss of social standing and socioeconomic status (Kira & Wrobel, 2016). Although MENA immigrants tend to have higher education levels than do both other immigrant groups and U.S.-born groups, they have a lower likelihood of being employed and a lower income level (MPI,

2015). Thus, in addition to adjustment to a new social environment, MENA immigrants to the United States also face stress related to difficulty regaining their previous social and economic status, as well as limited access to resources.

National Context

Compounding the immigration and resettlement stressors for MENA Americans is living in a hostile national environment and having to endure a pervasive negative sentiment toward their group (Arab American Institute Foundation, 2002). Americans of MENA descent may be vulnerable to the aftermath of events that lead to "racialized political shocks" (Zarrugh, 2016, p. 272). These shocks occur following atrocities such as Pearl Harbor and 9/11, after which extreme national policy responses can include increased surveillance and policing and marked restrictions on freedom and liberty for a particular identified racial group (Akram, 2002). Similar to the treatment of the Japanese Americans after the attack on Pearl Harbor, MENA Americans were treated as hostile foreigners after the events of 9/11. The national oppressive responses following 9/11 can act as traumatic stressors for MENA Americans and place significant pressures on their communities.

Parallel to increased surveillance in policy and policing has been increased scrutiny in the media. The MENA American representation in the media is unique in that it simultaneously blends hypervisibility and invisibility. There is both an abundance of negative media portrayals and a dearth of positive images of individuals of MENA descent (Alsultany, 2012; El-Farra, 1996; Shaheen, 2003). In his study, Shaheen (2003) assessed the portrayals of Arabs in over 900 American films to identify the patterns and content of stereotypes, finding that Arab men in particular were portrayed as "brute murderers, sleazy rapists, religious fanatics, oil-rich dimwits, and abusers of women" (p. 172). In recent years various media, including TV dramas and news outlets, have attempted to present more multidimensional portrayals of MENA groups. Yet, these representations continue to be simplistic and reductionistic (Alsultany, 2012). For MENA Americans, this continual exposure to negative and biased media messages about their group and their homelands can be a chronic source of pressure and psychological distress (Alsultany, 2012; Kira et al., 2008, 2010; Rostam & Haverkamp, 2009).

Societal and Institutional Discrimination

Another macrolevel component of cumulative racial–ethnic trauma for MENA Americans is institutional discrimination, which occurs when practices, policies, or norms of a social institution result in disparate impact for members of certain social groups (Kite & Whitley, 2016). For MENA

Americans, institutional discrimination has manifested itself in several ways in recent years. These include the enactment of the USA PATRIOT Act, discriminatory immigration policies, and the "Muslim Ban."

Perhaps the most well-known culprit of institutional discrimination for MENA Americans is the USA PATRIOT Act, which stands for "United and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism" (Audi, 2008). This act of Congress was signed into law by President George W. Bush on October 26, 2001, shortly after 9/11. The act has allowed for the unfettered surveillance of anyone under suspicion of terrorism, often based on ancestry from a MENA country rather than concrete evidence of wrongdoing. Part of the USA PATRIOT Act included the use of national security letters (NSLs), which allowed for gathering private information on any person under investigation, including U.S. citizens. The use of NSLs also included a gag order preventing the target of an investigation from knowing the details of the investigation or being able to tell anyone else about it (Audi, 2008). NSLs are thus readily prone to violating civil liberties. Cases of police and FBI misconduct were moreover a major source of institutional discrimination for MENA Americans since the enactment of the USA PATRIOT Act (Al-Qatami et al., 2008; Ibish, 2001, 2003).

Other discriminatory policies and practices pertaining to MENA immigration abound. One example is the Absconder Apprehension Initiative, which targeted over 6,000 men of Middle Eastern descent and deported them for mostly minor, otherwise resolvable, reasons such as expired visa violations (Alsultany, 2012). Another program, the National Security Entry-Exit Registration System violated the privacy rights of over 80,000 men of Middle Eastern descent by requiring them to be photographed and fingerprinted and by threatening to deport those who would not comply (Penn State Law Immigrants' Rights Clinic & American-Arab Anti-Discrimination Committee, 2009).

Another, more current example of discriminatory immigration policies is Donald Trump's Executive Order 13769, also known as the "Muslim Ban." Six of the seven countries targeted by this executive order fall in the MENA region: Libya, Iran, Iraq, Sudan, Syria, and Yemen (the seventh is Somalia). It suspended the U.S. Refugee Admissions Program, prohibited the entry of Syrian refugees for the foreseeable future, and resulted in revocation of previously granted visas and temporary detention of hundreds of travelers (Yuhas & Sidahmed, 2017). Further research is needed to assess how these discriminatory policies may potentially contribute to trauma and have a ripple effect on MENA American individuals, families, and communities.

One popular psychological theory that may help to explain discriminatory policies is integrated threat theory. Stephan and Stephan (2000) posited that prejudice toward outgroups are a result of three interrelated perceived threats:

intergroup anxiety, realistic threats, and symbolic threats. *Intergroup anxiety* refers to features that make people feel nervous or anxious in the presence of an outgroup member. Examples are uncertainty over how to interact with ethnic group members and discomfort around unfamiliar groups. *Realistic threats* refer to perceptions of group relative deprivation, that there are limited resources that ethnic minorities are taking away from the majority. The third aspect of integrated threat theory, symbolic threats, is perhaps the most pertinent in explaining the discriminatory policies toward MENA Americans. *Symbolic threats* refer to the perception that one's culture is being disrespected and that outgroups pose a serious threat to American values. The narrative surrounding MENA Americans is characterized by the notion that Arabs are anti-American and are trying to impose their way of life on Americans (Alsultany, 2012). Many of the ideas that are perpetuated about MENA Americans are wrought with negative stereotypes and are steeped in nativist (e.g., anti-immigration) rhetoric (O'Leary, 2016). In reality, MENA and Arab Americans have contributed positively to American culture in the areas of politics, military service, science, sports, activism, business, law, entertainment, media, education, fashion, arts and literature, and medicine (Arab American Institute, n.d.).

Microlevel Factors Related to MENA Experiences of Cumulative Trauma

The macrolevel contextual variables just discussed are not only traumatic in and of themselves but they also form the foundation for further traumatic experiences that occur at the microlevel, such as in daily interactions with others (e.g., friends, acquaintances, work colleagues). The national climate of larger scale surveillance, incessant negative media depictions, and institutional discrimination fosters the potential for interpersonal discrimination and microaggressions, as well as pressures related to personal identity.

Interpersonal Discrimination and Microaggressions

Interpersonal discrimination, or individual-level discrimination, is characterized by one person treating another differently based on the other person's membership in a social group (Benokraitis & Feagin, 1995). Some examples of interpersonal discrimination against MENA Americans include the usage of a racial epithets, xenophobic interactions, physical harassment, and social exclusion (Ibish, 2001, 2003). For example, the use of racial epithets such as *camel jockey, towel head,* and *sand nigger* against MENA Americans were common during times of real or perceived conflict between the United States and MENA nations. These international events were associated with notable spikes in hate crimes and hate speech toward people in the

United States perceived to be of MENA background (Ibish, 2001, 2003). Such trends indicate that whenever national climate and national policies have normalized anti-MENA rhetoric, interpersonal prejudice and discrimination toward MENA Americans has increased.

Some individuals who hold strong prejudicial views toward MENA Americans may think that their views are justified. They perceive their grievances to be due to concerns about national security and safety and not mere dislike of another group. They may believe that their attitudes are a result of realistic concerns or are based on actual "facts" that MENA Americans tend to be terrorists. They may engage in discriminatory acts toward MENA individuals in the United States such as reporting them to law enforcement because they suspect possible terrorist activity, despite lack of evidence. These expressions of prejudice occur at the interpersonal level and are examples of modern–symbolic prejudice (McConahay, 1986). Modern–symbolic prejudice is characterized by the notion that racism itself is a thing of the past and that any gains or recognition earned by ethnic minorities is undeserved, that minorities are pushing too hard and too fast in their fight for equal rights, and that minorities seek special favors or protections from the government. Individuals who hold modern–symbolic racist attitudes do not believe that they are prejudiced, because they perceive that their attitudes are based on empirical facts.

Another theoretical framework that may help explain interpersonal prejudice toward MENA Americans is right-wing authoritarianism (RWA; Altemeyer, 1981). This construct is characterized by three interrelated concepts: authoritarian submission (i.e., deference to authority figures), conventionalism (i.e., acceptance of traditional and authority-sanctioned social conventions), and authoritarian aggression (i.e., tendency to want to cause physical, psychological, and financial harm against those who are perceived as unconventional). Researchers have examined the relationship between RWA and prejudice toward MENA Americans. For example, one study found that participants who scored higher in authoritarian aggression displayed both implicit and explicit prejudice toward Arabs and African Americans (Johnson, Labouff, Rowatt, Patock-Peckham, & Carlisle, 2012), and another found that RWA predicted prejudice toward MENA Americans (Awad & Hall-Clark, 2009).

Social dominance orientation (SDO) has also predicted prejudice toward MENA Americans. This refers to the tendency of individuals to organize their perceptions of their world into ingroups and outgroups; their own ingroup is considered superior to outgroups (Pratto, Sidanius, Stallworth, & Malle, 1994). Individuals high in SDO are more likely to report negative prejudice toward MENA Americans compared to those low in SDO (Dambrun, 2007; Henry, Sidanius, Levin, & Pratto, 2005; Oswald, 2005; Rowatt, Franklin, & Cotton, 2005). They are less likely to help Arab students (Halabi, Dovidio, & Nadler, 2008), offer

less leniency toward Arab immigrant criminal offenders (G. E. T. Green, Thomsen, Sidanius, Staerklé, & Potanina, 2009), and report greater social distance between themselves and Arabs (Oswald, 2005).

A related aspect of interpersonal prejudice that contributes to cumulative racial–ethnic trauma for MENA Americans is microaggressions. In his theoretical framework, Sue (2009) described three types of microaggressions: microassaults (e.g., blatant racial discrimination), insults (e.g., racial insensitivity related to ethnic background or heritage), and invalidations (e.g., denial of racialized experiences faced by ethnic minorities). MENA Americans, like other ethnic minority group members, constantly face insults regarding their status as "true Americans." These insults may manifest themselves by asking MENA Americans where they are from or exoticizing MENA Americans (particularly women). Another microaggression often faced by MENA Americans is the unfounded and often antagonistic insistence that innocent MENA Americans must apologize for terrorist attacks that are perpetrated by others who have origins that fit into a wide range of countries that encompass the MENA region (Howell & Shryock, 2003). Regardless of how it is communicated, MENA Americans are consistently receiving messages that they do not truly belong (Brown et al., 2013; Cainkar, 2002).

Another type of microaggression that is uniquely experienced by MENA Americans is the invalidation of their racialized and minority group experiences. Perhaps the most poignant example of this is the lack of recognition on the U.S. Census race and ethnicity form (Tehranian, 2009). Currently, individuals of MENA descent are categorized as White by the U.S. Census. The absence of a separate MENA category has several implications. The Census's racial–ethnic categories inform virtually every demographic form in the United States. Governmental institutions follow suit in not identifying MENA Americans as a distinct group, because the Census form is considered the standard. As a result, the identity and experiences of MENA Americans are excluded from virtually every institution in the United States (Awad, Amayreh, & Reilly, 2017).

The underlying microlevel mechanisms that that explain prejudice and discrimination toward MENA Americans are shared by other ethnic minority groups in the United States. For example, RWA and SDO predict prejudice toward African Americans, Latino Americans, Native Americans, and Asian Americans (Duckitt, Wagner, du Plessis, & Birum, 2002). Similarly, processes related to individual levels of prejudice and microaggressions tend to follow similar patterns across ethnic minority groups. However, the aspects of this cumulative trauma model that are rather unique for MENA Americans are the microaggressions resulting from invisibility and invalidation of their racialized experience, as well as the interpersonal manifestations of mac-

rolevel pressures such as the hostile national context and invasive surveillance.

Identity and Recognition

The lack of recognition of MENA Americans is a reflection of a social erasing of their identity. MENA Americans simultaneously experience hypervisibility and invisibility. Hypervisibility occurs through "othering" experiences (e.g., Cainkar, 2002), negative media portrayals (e.g., El-Farra, 1996; Shaheen, 2003), and discriminatory experiences (e.g., Ahmed et al., 2011; Awad & Amayreh, 2016). It is what Sharma (2010, p. 183) termed the "deviant brown," who is feared, mistrusted, restricted, and rejected. Simultaneously, invisibility occurs because MENA Americans are typically not recognized as an ethnic minority group despite facing ostracism, discrimination, and other experiences that contradict this notion (Awad, 2010; Cainkar, 2016; Naber, 2000). This is what Sharma described as the "unacknowledged brown," who is overlooked and excluded (p. 183). This exclusion, stigma, and alienation may lead to internalization of these views and negatively impact the self-concept of MENA Americans. This juxtaposition contributes to the racial–ethnic trauma of MENA Americans, given that their experiences of prejudice and discrimination as ethnic minorities are perpetually invalidated. These extreme ends of identification in U.S. society leave MENA Americans at best as "ambiguous insiders" (Naber, 2000, p. 37), never fully embraced by their social environment, with little to no protection vis-à-vis legal precedents or social norms.

Another issue related to identity for MENA Americans is the persistent conflation of ethnic and religious identities. There is a common assumption that all MENA Americans are Muslim and that Muslims largely come from the MENA region. It is true that the majority religion in the MENA region is Islam. Yet, there is much religious diversity among MENA Americans, and the earliest MENA immigrants to the United States largely identified as Christian (Amer & Kayyali, 2016). This conflation exacerbates external pressures faced by MENA Americans such as the experiencing of anti-Muslim prejudice and discrimination. The conflation of Islam and ethnicity in political and media rhetoric has moreover been internalized by MENA communities in the United States, many departing from previous secular and multifaith panethnic efforts to identify with a monolithic "Muslim American" identity. This has led to alienation of some non-Muslim subgroups within the MENA American population (Nagel & Ayoob, 2016). For MENA Americans, the question of how religion intersects with ethnicity thus adds a layer of complexity to how they navigate their ethnic identity development (Amer & Kayyali, 2016).

The identity of MENA Americans is also impacted by the racialization of their group over time. Arguably, MENA Americans, particularly those of Arab background, have had a slow racialization process compared to other ethnic minority groups in the United States. As Cainkar (2016) pointed out, Arab Americans were part of early legal battles in which immigrants fought for the right to be categorized as White. The most notable example involved a Syrian immigrant named George Dow, who in 1914 fought for and won the right to be considered racially White so that he could become a citizen of the United States. Until 1956, only those considered White or Black were eligible for citizenship (Gualtieri, 2004). Despite this ruling, the right of Arab Americans to naturalize and become citizens was challenged in certain localities (Cainkar, 2016; Gualtieri, 2004). As a result of these challenges, in 1943 the Immigration and Naturalization Service issued a statement that Arabs were White persons who were eligible for naturalization (Cainkar, 2016).

Cainkar (2016) argued that the racialization of this group as a non-White "other" started to take hold only following the 1967 Arab–Israeli War, when American media treated Israelis as heroes and Arabs as barbaric. In the 1970s, national opinion polls started reporting racist attitudes by European Americans toward those of MENA descent. This sentiment continued for the next few decades, partially as a result of negative depictions and narratives that devolved into the curtailing of MENA Americans' freedoms. In the present day, many MENA Americans are fighting to distinguish themselves from the White category and to expand the official U.S. classification to include a separate MENA racial–ethnic group (U.S. Census Bureau, n.d.). Yet for many, the experience of race continues to be complex and nuanced, with variations in how individuals may endorse and identify with the White identity (Cainkar, 2016).

Outcomes Related to MENA Americans' Experiences of Cumulative Trauma

The macrolevel and microlevel factors discussed thus far contribute to negative outcomes for MENA Americans, including a chronic sense of hopelessness, insecurity, and alienation. At an individual level, continual barriers to adjusting in American society, including culture shock, language differences, social exclusion, and persecution in the United States, can lead to hopelessness and despair for MENA Americans, especially immigrants and refugees whose dreams for a better life in the United States have been left in question (Yako & Biswas, 2014). The experience of being a group under target through surveillance, hate crimes, post-9/11 backlash, and a hostile national climate has significant negative repercussions for MENA Americans, including pervasive anxiety, alienation, fears about personal safety, feelings of vulnerability, social isolation, and sense of victimization (Abu-Ras & Abu-Bader, 2008; Hendricks, Ortiz, Sugie, & Miller, 2007).

The traumatic factors moreover have a compelling negative effect on mental health. This includes higher levels of anxiety, depression, and other symptoms of psychological distress (Ahmed et al., 2011; Aprahamian, Kaplan, Windham, Sutter, & Visser, 2011; Carter, 2007; Gaudet, Clément, & Deuzeman, 2005; Hassouneh & Kulwicki, 2007; Kira, Lewandowski, Chiodo & Ibrahim, 2014; Moradi & Hasan, 2004; Padela & Heisler, 2010; Rousseau et al., 2011). Findings are consistent across diverse microlevel settings, including social interactions (e.g., verbal abuse, physical assaults), school (e.g., teacher prejudice), workplace (e.g., loss of employment), and neighborhoods. Identity issues play a complex role in these processes; MENA individuals whose identity approximates "Whiteness" experience less discrimination but report worse mental health impacts from the discriminatory experiences (Abdulrahim, James, Yamout, & Baker, 2012).

Physical health status is also negatively impacted by traumatic experiences. Compared to the non-Arab White majority, MENA Americans have been found to have poorer general health status and higher rates of hypertension, cardiovascular disease, diabetes, respiratory disorders, digestive disorders, and some cancers. Two of the explanatory factors for these poorer health profiles may be discrimination (Dallo, 2016; El-Sayed & Galea, 2009; Hakim-Larson, Nassar-McMillan, & Ajrouch, 2014; Kira et al., 2010; Padela & Heisler, 2010) and direct and indirect impacts of historical trauma (Jamil et al., 2005).

It is important to appreciate key characteristics of the chronic and cumulative effects of trauma as experienced by racial–ethnic minority groups. First, traumatic experiences are not linear (i.e., dose–response) in their impact on negative outcomes but rather dynamic and interactive. Different traumatogenic experiences can interact with and compound one another until they surpass the individual's threshold for distress tolerance (Kira, Lewandowski, Chiodo, & Ibrahim, 2014). Second, trauma related to the MENA American collective identity may yield particularly compelling negative and pervasive sequelae. MENA Americans may vicariously internalize traumas affecting their family members, close relations, or even other community members (Hakim-Larson et al., 2014). Backlash trauma—or intense discrimination against MENA Americans in reaction to perceiving them to be instigators of aggression—has been found to produce the most distress for MENA Americans compared to other types of traumatic events (Kira et al., 2014). Third, the repercussions of trauma do not expire with time or person. Rather, trauma among MENA Americans transcends the initial recipients of the traumatic events and is transmitted to future generations that continue to wrestle with unresolved traumatic memories (Abu-Ras & Abu-Bader, 2008; Hakim-Larson et al., 2014). Research has documented the intergenerational transmission of trauma through neuroendocrine, epigenetic, and neuroanatomical changes, for instance among Holocaust survivors (Bowers & Yehuda, 2016). Further research is warranted to examine this kind of intergenerational transmission among MENA Americans.

Although most of the literature on negative outcomes for MENA Americans has focused at the individual level, cumulative trauma experiences have resulted in more profound and far-reaching consequences for the overall MENA American population regarding sense of belonging, opportunity, and freedom. Without a clear, positive place in the American landscape, there is a high likelihood that the MENA American population will experience some degree of alienation. The myriad ways this group has been excluded or misrepresented has continued to affect their sense of belonging as Americans, for example in terms of social exclusion and being part of a group that is portrayed as an enemy (Wray-Lake, Syvertsen, & Flanagan, 2008). In a related vein, MENA Americans advocate for the same opportunities afforded to other Americans but are constantly disadvantaged in contexts such as housing and the workplace (Awad & Amayreh, 2016). For many MENA Americans, like those from other ethnic minority groups, the American dream may be out of reach. Finally, the MENA American population constantly faces attacks on freedom, having to contend with legal injustices, discriminatory policies, and surveillance.

Discussion

The conceptual model we present in this article provides a broad view of macro- and microlevel domains that have a cumulative traumatic impact on MENA Americans. The different components of the model intersect with and compound one another. For example, historical experiences of trauma in the homeland such as persecution may increase sensitivity to new traumas in the United States such as discrimination that parallels previous experiences. Anti-MENA sentiment among policymakers, and a mass media that spews hostile prejudice against MENA nations and peoples, have fostered a national climate in which overt interpersonal discrimination and microaggressions are not only tolerated but even emboldened. These experiences of othering are complicated by the unique situation of the fluctuating racialization of MENA Americans, which contributes to personal questions about racial–ethnic identity. There is little doubt that these chronic and cumulative experiences of trauma produce negative outcomes for MENA American individuals as well as their population as a whole.

Implications for Research

Further research is needed to examine the intersections between different components in the model and to assess the

compounded effects of cumulative trauma in more sophisticated ways. The effects of macrolevel and microlevel factors on outcomes such as mental and physical health can be assessed in larger scale quantitative studies utilizing path analysis and multilevel modeling. It will be important to develop innovative ways to measure the impact of perceived and actual macrolevel pressures, such as institutional discrimination at the policy level and pervasive anti-MENA sentiment in the public sphere. The unique stressors related to MENA American identity (e.g., lack of recognition, conflation of religion with ethnicity) are also deserving of further investigation. With respect to outcomes, group-level impacts on alienation, disadvantages, and restrictions of basic freedoms deserve greater attention by psychologists, particularly with qualitative research that can document the nuances of these experiences.

The model can moreover serve as a framework for related research inquiries. One question that can be tested is the extent to which different subgroups in the MENA population (e.g., based on religious identification, refugee or immigration status, country of origin) may differ in their cumulative racial trauma experiences. Another area of investigation relates to the assertion that posttraumatic growth reflects positive, transformative change following traumatic stress, as facilitated by constructive coping strategies (Kilmer & Gil-Rivas, 2010). In the context of racial–ethnic trauma for MENA Americans, the relationship between posttraumatic growth and outcome needs further research. In fact, some empirical research has indicated that posttraumatic growth doesn't always correlate with health and well-being, particularly when facing cumulative racial trauma, such as in the case of Iraqi refugee torture survivors (Kira et al., 2006) and Persian Americans in the aftermath of 9/11 (Milam, Ritt-Olson, Tan, Unger, & Nezami, 2005).

When progressing with further investigations, it is important to consider that previous studies on negative outcomes in mental health and physical health as cited earlier have relied on small convenience samples because of the difficulty of acquiring probability sampling frames. Simply including MENA Americans in demographic categories will provide a starting point for recognition and visibility, as well as more accurate examination of their needs and assets that may inform the design of effective research and intervention.

Implications for Practice

The model presented in this article can serve as a framework for developing psychological interventions to enhance resilience, prevent exposure to stressful and traumatic events, and improve psychological well-being among MENA Americans. In particular, the model summarizes the key traumatic factors that negatively impact MENA communities in the United States that deserve special consider-

ation in culturally specific program development. These include long-standing exposure to overt discrimination; pressures from multiple national policies and surveillance that specifically target their communities; invalidations of their racialized experiences; and complexities in identity development, including conflation of religion and ethnicity.

Just as traumatic factors occur at different levels of MENA Americans' social ecologies, so too must interventions be developed that target different levels. At the microlevel, clinical and counseling psychology efforts can help MENA Americans process historical traumas and cope with new traumas faced. It is important for mental health practitioners to welcome conversations about the impact of national macrolevel threats and pressures, because these are seldom approached in mental health practice that focuses on individual and microlevel issues. For example, practitioners can ask clients whether they wish to speak about how current events (such as the "Muslim Ban") may be affecting them or how they are coping with the negative media rhetoric. Taking a broader socioecological lens to target systemic conditions, psychologists can play a critical role in facilitating change to alleviate traumatic stressors by enhancing a more welcoming environment in settings such as schools, universities, and work places. Macrolevel efforts may include advocacy and policy efforts aimed at contesting unjust and psychologically harmful policies and countering misconceptions regarding the MENA American population.

Although this model captures the experiences of MENA American population as a whole, interventions may be tailored to particular sociodemographic profiles. Recent refugees may be carrying the most significant historical trauma (Kira & Wrobel, 2016). Yet, practitioners should appreciate how historical trauma is also transmitted across generations. Refugees and most immigrants may be more vulnerable to discrimination in national policies because they do not have the same safeguards as do U.S. citizens, and thus interventions related to advocacy and coping with such pressures would be relevant (Kira & Wrobel, 2016). Identity struggles may have a particular salience for MENA American youth that should be attended to in any interventions (Amer, 2014). Moreover, generation status may determine which types of strategies for combatting interpersonal discrimination would be most suitable to advise.

Finally, when developing interventions, it is important to identify and build upon strengths and protective factors that enhance resilience and improve psychological well-being for MENA Americans. Some of the protective factors documented in previous literature include higher ethnic identity; religious practice and coping; and social support and guidance from family, neighbors, community leaders, and religious leaders (Abu-Ras & Abu-Bader, 2008; Ahmed et al., 2011; Amer, 2014). By working to alleviate traumatic events and their consequences while integrating strategies

that build upon sources of strength and resilience, psychologists can support the future thriving of the MENA American population.

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