

**THE RELATIONSHIPS AMONG IMMIGRATION STRESS,
ARMENIAN ETHNIC IDENTITY, AND POSTTRAUMATIC GROWTH**

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PREVIEW

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Dedication

I would like to dedicate my dissertation to the Armenian community and to the Armenian-Americans who participated in this research. Our community has largely been underrepresented regarding scholarly inquiry. It is my hope that research will continue to develop as we bring awareness into our community, address the needs of our community, and find ways that our community can grow.

I would like to dedicate my dissertation to my grandfather, Ghazaros Kademian, who was an Armenian Genocide survivor and lived to be 101 years old. My grandfather was a huge inspiration for me as well as the Armenian community, as he taught us civic duties, advocating for the underrepresented, and seeking justice. My grandfather endured tremendous trauma in surviving the genocide, learning how to read and educate himself, immigrate to several countries including the U.S., and provide for his family. Although he is not here, I know that he is watching as I continue his legacy.

Additionally, I would like to dedicate this dissertation to my mother. My mother raised my brother and I as a single mother. As an immigrant from a war-torn country, my mother had to navigate her way in the U.S., educate herself regarding the rights of others, including those with developmental disabilities, and advocate for individuals who cannot always advocate for themselves. My mother's life experience helped foster the idea for this dissertation, as I believe my mother's experience is not an isolated experience of how she has been able to overcome such adversities, while staying true to her identity and community.

My mother raised me with the philosophy of raising others while raising yourself. With that, this dissertation is for dedicated to all the individuals who have touched my life. Thank you for being part of this journey with me.

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Abstract

The study examined the constructs of immigration stress, Armenian ethnic identity, and posttraumatic growth among a sample of Armenians who immigrated to the U.S. between 1965 and 2010. The study assumed that immigration stress would influence posttraumatic growth, and that Armenian ethnic identity would moderate that relationship. Previous research suggests that immigration stress can have lasting psychological effects through experienced stressors such as trauma, persecution, and violence. Additionally, discrimination, prejudice, and hostility have been experienced by Armenians (among others) immigrating from the Middle East. Neither immigration stress nor its accompanying potential for growth has been examined previously in Armenian Americans. It was hypothesized that both immigration stress and Armenian ethnic identity would be related to posttraumatic growth (PTG) and the positive relationship between immigration stress and PTG would be weakened under conditions of high ethnic identity. The sample consisted of 75 generally well-educated (70% having a four-year college degree or higher) Armenian-Americans (58.7% female; *M* age = 45.52 years) who completed online versions of the Demands of Immigration Stress (DIS; Aroian, Norris, & Tran, 1998), the Armenian Ethnic Orientation Questionnaire – Revised (AEOQR; Der-Karabetian, Berberian, & Der-Boghossian, 2007), the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996), and a demographic questionnaire designed for this study. The majority of the sample was born within the Middle Eastern region, including Lebanon (38.7%), Syria (10.7%), Iraq (8.0%), and Iran (6.7%). The sample reported immigrating due to war or civil unrest (52%), seeking better opportunities (34.7%), family was already in the U.S. (16%), education (12%), and other reasons unspecified (14.7%). As hypothesized, results indicated a significant positive correlation between DIS and PTGI, $r(69) = .27, p < .05$. A non-significant

correlation emerged between AEOQR and PTGI, $r(69) = .17, p > .05$. Ethnic identity did not significantly moderate the relationship between immigration stress and posttraumatic growth, $\beta = -.02, R^2 \text{ change} = .0001, F(1,67) = .02, p > .05$. Exploratory analysis found a significant correlation between AEOQR and DIS, $r(72) = .41, p < .001$. Qualitative data analysis is recommended to assess how Armenian-Americans have been able to cope with stressors.

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CHAPTER 1

Introduction and Literature Review

Armenians have had a long history of oppression, discrimination, and trauma due to their cultural identity, geographic location, and religion. Thus, many Armenians have been displaced from their motherland and relocated into host countries throughout Europe and the Middle East, as well as the United States.

The Armenian Genocide of 1915, in which 1.5 million Armenians were killed, raped, burned, drowned, poisoned, gassed, deported, and starved through the deserts of Deir Zor (Angacian, 2002; Balakian, 2003; Facing History and Ourselves, 2004; Genocide Education Project, 2005; Hovannisian, 1986; Kaiser, Eskijian, & Eskijian, 2002; Sassounian, 2005) is similar to the late 20th and early 21st century trauma experienced by both the Congolese and Somali. Very few published reports were found regarding the effects the 1915 Genocide on the mental health of the survivors. It is suspected that this is due to the date of the trauma (i.e., 1915 was relatively early in the field of psychology). Studies related to the Armenian Genocide and psychology focus on resiliency among survivors, and many of these studies took place at least 70 years after the 1915 Genocide.

Intergenerational transmission is a method of socialization in which legacies, stories, and even family customs such as cooking recipes, are passed down from one generation to another. Intergenerational transmission can also pass down symptoms of trauma, and this is known as trans-generational trauma, secondary trauma, and intergenerational trauma. These terms are common words used to describe the exchange of traumatic experiences from parent to child (Doucet & Rovers, 2010). Although this study did not specifically examine intergenerational

transmission of trauma, this phenomenon may be a contributing factor to immigration stress, ethnic identity, and posttraumatic growth.

Intergenerational Transmission Associated with the Holocaust and Cambodian Genocide

Communication was a key contributing factor in majority of the studies related to intergenerational transmission within the generations of Holocaust survivors, as most found that communication was low and transmission of trauma was high (Braga, Mello, & Fiks, 2012; Dekel, Mandl, & Solomon, 2013; Giladi & Bell, 2013; Letzter-Pouw, Shrira, Ben-Ezra, & Palgi, 2014; Wohl & Van Bavel, 2011).

Giladi and Bell (2013) looked at 215 Jewish American/Canadian adults (including 77 second generation and 52 third generation Holocaust survivors) who emigrated from Europe prior to or after World War II, and compared them to a control group that contained no direct descents of Holocaust survivors. They found that that differentiation was significantly lower in the second-generation Holocaust survivors compared to the control group. Additionally, within the second and third generation, family communication was significantly lower. The second and third generations reported poorer family communication compared to their controls; however, the effect size was small and no significant difference was found between the second and third generations. This suggests that although trauma is a factor, culture could also be another factor affecting how and what is communicated throughout the generations. Lastly, Giladi and Bell (2013) found that higher levels of differentiation and open family communication were associated with lower levels of secondary trauma. This is also consistent with the Wohl and Van Bavel (2011) study that found that families with higher identification to their culture had lower communication, while not having a family or community yielded higher communication.

Marshall, Schell, Elliot, Berthold, and Chun (2005) examined how current post-traumatic stress disorder (PTSD) and major depressive disorder (MDD) were influenced by pre-migration exposure to trauma during the Khmer Rouge regime and post-migration exposure to traumatic violence in the U.S. among Cambodians now living in the U.S. Cambodians experienced severe trauma and what historians have classified as a genocide between 1975 and 1979. Overall, 62% of the participants met the criteria for PTSD, and 51% met the criteria for MDD. Exposure to pre-migration and post-migration trauma were independently associated with current psychological distress. These findings suggest that PTSD and MDD are co-morbid psychiatric disorders in this population of genocide survivors.

Armenian Intergenerational Transmission

Symptoms related to PTSD have not been found to be transmitted inter-generationally within the Armenian-American community (Esmaeili, 2011). Resiliency and a sense of ethnic pride are perhaps being passed down as cultural values that perhaps serve as protective factors. Kalayjian and Shahinian (1998) examined 36 Armenian Genocide survivor stories and found “a strong will and desire to preserve, a strong work ethic, an unshakable collective ethnic identity as Armenians first, Christian faith, and an extended generational transmission of this identity” (p. 496). Perhaps resiliency is a contributing factor as to why symptoms of PTSD are not more prevalent in the Armenian-American community. Some other possible explanations as to why PTSD is not being passed down throughout the generations within the Armenian community could be due to higher levels of positive family communication, not being within proximity to the trauma after they immigrated to the U.S, and processing the trauma through somatization, mood, and other anxiety disorders. Although the current study did not investigate these

phenomena, it assessed ethnic identity as a potential moderator between the hypothesized relationship between family immigration stress and personal growth.

Immigration Stress, Acculturation, and Ethnic Identity

The Armenian people have had a history of oppression. After the Armenian Genocide of 1915, many Armenian survivors relocated to neighboring countries, including Iraq, Iran, Syria, and Lebanon. Each of these countries has also endured various stressors including war within the twentieth and/or twenty-first centuries. This can increase the stress and trauma for Armenians; therefore, immigration stressors may be heightened for Armenians. This could further influence their process of acculturation and level of ethnic identity (Phinney, 2000).

Immigration stress can include, but is not limited to, the loss of one's home, family, friends, social status, and language (Ajdukovic & Ajdukovic, 1993; Schmitz, Jacobus, Stakeman, Valenzela, & Sprankel, 2003). For some individuals, the immigration stress may include additional stressors such as escaping trauma, persecution, and violence, which may include genocide, war, poverty, sex trafficking, domestic violence, and abuse. This may be associated with an abrupt transition to a new host country (Ajdukovic & Ajdukovic, 1993; Schmitz et al., 2003) and may contribute to feelings of helplessness, developing somatic responses and health issues, as well as psychological distress for both the individual and the family system (Schmitz et al., 2003). When immigrating to the U.S., individuals from the Middle East tend to experience additional stressors including inherit prejudice, discrimination, and hostility (Jamil, Nassar-McMillan, & Lambert, 2007; Jamil et al., 2010). As a result, they may exhibit higher socioeconomic distress and unemployment, resulting in disappointment, depression, low self-esteem, substance abuse, and PTSD (Jamil et al., 2007).

Acculturation may offer a way to attenuate immigration stress. Acculturation used to be explained as a linear process in which people abandon their ties to their culture and take accept the host culture as their own. Phinney (2000) conceptualizes acculturation within four classifications. The four categories of acculturation include biculturalism, assimilation, separation, and marginalization (Phinney, 2000). Biculturalism means that one includes both cultures. Assimilation involves only the host or new country. Separation is when one only stays with his or her original or native ethnic group. Marginalization is when one does not adhere to either ethnic group. The types of acculturation may differ based on the individual's ethnic identity (Phinney, 2000). Per Phinney (2000), "ethnic identity, including feelings of belonging and pride in one's ethnic group, can be extremely persistent, remaining strong over many generations even through traditional ethnic practices and knowledge about the group decline" (p. 257). This is also known as ethnic loyalty and can be the basis of biculturalism (Phinney, 2000). Levels of acculturation were not assessed specifically in this study; however, the participants' level of acculturation was presumed to be high given the inclusion criterion of English literacy.

The Armenian people tend to have a strong ethnic identity even through significant amount of loss, trauma, and oppression. Ethnic identity was explored within Vartan's (1997) dissertation, which examined the association of acculturation with anxiety, depression, and self-esteem among 220 first generation Armenian immigrants. Vartan (1997) found that participants who maintained a strong ethnic identity to their native Armenian culture had lower depression and anxiety symptoms, and higher self-esteem. Therefore, in this study, ethnic identity for Armenian-American adults was explored as an important factor in relation to mental health. This study explored the participants' ethnic identity rather than acculturation. With a strong ethnic identity, it is possible that they could achieve a sense of personal growth through the trauma.

Posttraumatic Growth

Studies have historically shown that traumatic events can produce negative physical and psychological responses, including PTSD. Recently, studies have been exploring the positive aspects of the trauma, including posttraumatic growth (PTG) and resilience.

Individuals who have lived through traumas provide insight about resilience, including how they view and process the trauma (Tedeschi & Calhoun, 1996). This can also provide information as to how they may generalize situations, including future traumas (Tedeschi & Calhoun, 1996). Tedeschi and Calhoun (1996) suggest that when people are confronted with traumatic events, they may become more self-disclosing, which can increase one's emotional expressiveness, willingness to accept help, and utilization of social supports that may have been previously ignored. The struggles and traumatic experiences of Armenians, especially because they keep their history alive through positively focused cultural events and impassioned Genocide commemorations, may increase their opportunity to experience PTG.

PTG also has been seen in medical settings, particularly in women with chronic, life-threatening illnesses (Morrill et al., 2008; Ponto, Ellington, Mellon, & Beck, 2010). Ponto et al. (2010) found that from their sample of 60 women who had recurrent ovarian cancer, the majority reported growing from their experience. Although growth occurred, Ponto et al. (2010) concluded that growth was not predicted by the variables in their study for women with recurrent ovarian cancer. Ponto et al. (2010) suggest for future studies to focus on other predictors that may be facilitating the growth including coping skills and traumatic effect of the illness. Meanwhile, Morrill et al. (2008) noted when the PTG was low in their sample of women with breast cancer, posttraumatic stress symptoms were strongly associated with their quality of life and depressive symptoms. It is suggested that it is possible for the participants to reframe their

cancer experience and perceive the potential benefits, including relationships with others, new possibilities, personal strength, spiritual change, and appreciation of life (Morrill et al., 2010; Tedeschi & Calhoun, 1996; Tedeschi, Park, & Calhoun, 1998).

Another way to conceptualize the way individuals grow during and after traumatic events involves resiliency. Duan, Guo, and Gan (2015) define resilience as a “recovery” from a traumatic event. This can be shaped through adversities and therefore resilience can be a rebound after the traumatic event, specifically, the ability to resist negative change and remain stable. Duan et al. (2015) elaborate by explaining that, “resilience should be considered as a personality trait and PTG should be described as a mode of adjustment to trauma” (p. 2). This may explain how individuals who have endured intergenerational and personal traumas may be able to remain resilient throughout the trauma and its aftermath, as this could be a personality trait (Duan et al., 2015). The Armenian-American community exhibits characteristics of a collectivist ethnic group that has maintained its language, religion, alphabet, music, dance, traditions, and identity despite a long history of trauma, discrimination, and segregation. Although difficult to assume that a specific personality trait is present in an entire ethnic group, a resilient spirit may be considered an enduring cultural characteristic of the Armenian people.

In summary, the Armenian people have endured centuries of oppression, including a genocide. Largely due to the Genocide, many Armenians relocated to neighboring countries. Many of these neighboring countries have endured significant turmoil which may be a contributing factor for Armenians immigrating into the U.S. Studies tend to support that immigration stress tends to be high, especially for those immigrating from the Middle Eastern region. Acculturation level was not specifically explored; it was assumed to be high given the inclusion criteria. Additionally, the Armenian community has historically maintained its ethnic