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Cultural Differences in Coping and Depression between Individuals of Middle-Eastern and Non-Arab Backgrounds

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Abstract

The Middle Eastern (Arab) demographic is a growing, yet neglected cultural group in mental health research. While Arabs are more predisposed to depression than other ethnic groups in US, little is known about mechanisms that account for this risk. One set of mechanisms may be the use of ineffective (maladaptive) coping or insufficient use of effective (adaptive) coping responses, which are robust predictors of depression in US samples, but virtually unexamined in Arabs. Further, the effect of a coping is influenced by culture, which, for Arabs, may change as a function of acculturation. Thus, the present study aimed to examine whether: (1) individuals of Arab decent differ from non-Arabs with respect to coping efforts used in response to stress, (2) cultural differences in coping responses explain disparities in depression risk across the Arab & non-Arab cultural groups, and (3) the degree that Arab identity accounts for cultural differences in coping responses and depression.

Ninety-six participants (86% female, Mage = 26.66, SD = 9.68; n=61 Arabs) were recruited from Arab-affiliated organizations throughout the US and online resources. Participants anonymously completed online measures of Arab identity, adaptive and maladaptive coping responses, and depression symptoms.

Results showed that Arab participants used fewer adaptive coping responses (F(7, 87)=2.12, p <.05) and more maladaptive responses relative to those of non-Arab backgrounds (F(6, 84)=2.64, p <.05). Specifically, those of Arab backgrounds reported being less likely to seek emotional support, and to more frequently use denial and behavioral disengagement when coping with stress. In particular, behavioral disengagement was associated with depression (β=.57, p <.001), and mediated the relationship between an Arab cultural background and depression symptoms (β=.19, p <.01). The positive relationship between behavioral disengagement and depression symptoms, however, was observed only for non-Arabs and Arabs with a low Arab identity. Clinical implications are discussed.

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