



## The Mental Health and Wellbeing of Middle Eastern and North African (MENA) Students in Turkey: Dealing with Discrimination

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**Abstract:** This study investigated the impact of perceptions of everyday discrimination, problem-focused coping strategies, and emotional wellbeing in students from the Middle Eastern and North African (MENA) region studying in Turkey. Three hypotheses were tested. Hypothesis 1 suggested that higher levels of everyday discrimination would be positively associated with higher levels of depression, stress, and anxiety. Hypothesis 2 posited that problem-focused coping strategies would be negatively associated with depression, stress, and anxiety. Hypothesis 3 proposed that coping styles mediated the relationship between perceptions of everyday discrimination and wellbeing. Specifically, problem-focused coping would be associated with greater wellbeing, and emotion-focused and avoidant coping would be associated negatively. Data were collected from 98 students from the MENA region studying in Turkey. The results highlight the detrimental impact of discrimination on wellbeing and the efficacy of problem-focused coping strategies as effective tools for mitigating its effects. These findings can inform interventions and support programs to address discrimination, promote effective coping strategies, and enhance emotional wellbeing among MENA students in Turkey and globally.

بحثت هذه الدراسة تأثير تصورات التمييز اليومي واستراتيجيات التعامل التوجيهية لحل المشكلات ورفاهية العاطفة لدى الطلاب من منطقة الشرق الأوسط وشمال إفريقيا (مينا) الدارسين في تركيا. تم اختبار ثلاث فروض. الفرضية ١ اقترحت أن مستويات التمييز اليومي الأعلى ستكون مرتبطة إيجابياً بمستويات أعلى من الاكتئاب والضغط والقلق، مما يشير إلى أن التمييز هو عامل خطر على الضغط العاطفي. الفرضية ٢ افترضت أن استراتيجيات التعامل التوجيهية لحل المشكلات ستكون مرتبطة سلبياً بالاكتئاب والضغط والقلق، مشيرة إلى أن هذه الاستراتيجيات ستحمي من الضغط العاطفي. الفرضية ٣ اقترحت أن أنماط التعامل ستوسط العلاقة بين تصورات التمييز اليومي ورفاهية العيش. على وجه التحديد، سيتم ربط التعامل التوجيهي لحل المشكلات برفاهية أكبر، والتعامل الذي يركز على العواطف والتعامل التجنبي سيكون مرتبطاً بشكل سلبى. تم جمع البيانات من ٩٨ طالباً من منطقة مينا الدارسين في تركيا. تسلط النتائج الضوء على التأثير الضار للتمييز على الرفاهية وفعالية استراتيجيات التعامل التوجيهية لحل المشكلات كأدوات فعالة للتخفيف من تأثيراته. يمكن أن تُفيد هذه النتائج في توجيه التدخلات وبرامج الدعم لمعالجة التمييز وتعزيز استراتيجيات التعامل الفعالة وزيادة الرفاهية العاطفية بين طلاب في تركيا وعلى الصعيدين المحلي والعالمي.

**Keywords:** positive psychology; discrimination, well-being, coping; university students

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**The Middle East and North Africa (MENA) region is a diverse and complex area** encompassing countries with varying cultural, religious, and political backgrounds. Yet, it also shares historical, social, and economic ties. The MENA region includes countries such as Algeria, Egypt, Iran, Iraq, Jordan, Lebanon, Palestine, Syria, and others. However, different scholars use a more comprehensive or limited definition (El-Erian & Fischer, 2000), including some countries such as Pakistan (Masoumi & Fruth, 2020; Tamrat, 2021). Since 2019, the number of international students at the tertiary level in Turkey has steadily increased, reaching approximately 154,500 (about 2%), with the most significant percentage of international students from Syria (Akyol, 2022).

MENA students studying in Turkey represent a substantial population with unique experiences and challenges related to mental health and wellbeing. These students often face multiple stressors, such as adjusting to a new cultural environment, language barriers, discrimination, and academic demands (Duru & Poyrazli, 2011). Thus, understanding positive psychology's role in supporting the mental health and wellbeing of MENA students in Turkey can provide valuable insights that can also sustain and improve their educational and daily lived experiences.

In recent years, Turkey has experienced significant social and political changes that have had profound implications for MENA individuals. These changes have increased discrimination, social and cultural barriers, and heightened vulnerability to mental health issues (Şafak-Ayvazoğlu et al., 2021). These challenges have only been exacerbated by the recent earthquakes in Turkey and Syria, which were estimated to have resulted in the deaths of more than 50,000 individuals across both countries and led to a mass population relocation and increased hostility toward non-Turkish citizens. As a result of these earthquakes, higher education across Turkey was delivered online throughout the Spring 2023 semester. Online education has been associated with numerous challenges, especially for international students, who may not have the same resources and support as non-international students (Mbous et al., 2022).

Reports of xenophobic attitudes, harassment, and stigmatization against MENA individuals in Turkey have also increased as the Turkish economy has witnessed increased living costs, high inflation, and the political scapegoating of non-Turkish individuals, especially those from Syria and Pakistan (Saraçoğlu & Bélanger, 2019). The enforcement of stricter immigration policies and regulations by the government has led to increased scrutiny and discrimination against individuals from the MENA region, among others, who are often viewed as outsiders or threats to national security. Such discrimination can harm MENA young people's mental health and wellbeing, including psychological distress, low self-esteem, and marginalization (Arifoglu & Kocak, 2022).

Social and cultural barriers also pose challenges. Language barriers, cultural differences, and a lack of social support make it difficult for these young people to integrate into Turkish society and access essential services such as education, healthcare, and employment (Assi et al., 2019), leading to feelings of isolation, loneliness, and a sense of not belonging. Further, the current political climate in Turkey, characterized by increasing authoritarianism, censorship, and limited freedom of expression, can profoundly impact young adults' mental health. The fear of reprisal or discrimination for expressing their opinions or practicing their cultural or religious beliefs can result in stress, anxiety, and depression (Gibbs et al., 2020; Karagöz & Dilekli, 2022; Meijer et al., 2022).



## Positive Psychology

Positive psychology is a relatively new field within psychology, although one with a deep history that focuses on understanding and promoting wellbeing, positive emotions, and optimal functioning. The field emerged as a response to the dominant deficit-based approach in psychology that often focused on mental illness and dysfunction. Instead, it aims to understand and enhance positive aspects of the human experience. Positive psychology has its roots in various historical and philosophical traditions (Compton, 2005; Diener, 2012; Gillham & Seligman, 1999; Seligman & Csikszentmihalyi, 2000).

An important background to the development of the field is the humanistic psychology movement, which developed during the 1950s and 1960s and emphasized the importance of self-actualization, personal growth, and subjective wellbeing (Maslow, 1954; Rogers, 1961). Humanistic psychology laid the foundation for positive psychology by highlighting the importance of studying and promoting positive aspects of the human experience. Additionally, positive psychology draws on the philosophical traditions of *eudaimonia*, which originated in ancient Greek philosophy and emphasized the pursuit of a meaningful life, and *hedonia*, which emphasizes the pursuit of pleasure and happiness (Kahneman et al., 1999). These have influenced positive psychology's theoretical and conceptual underpinnings.

An influential figure in the field is Martin Seligman, whose work on learned helplessness and optimism paved the way for the development of positive psychology (Seligman, 1975; Seligman & Csikszentmihalyi, 2000). He proffered that psychology not only concentrate on understanding and alleviating mental illness but also strive to enhance human wellbeing and foster happiness. Seligman emphasized the importance of positive emotions such as happiness, joy, and love as essential components of wellbeing. One of his contributions was developing the PERMA model, which includes five elements: Positive Emotion, Engagement, Relationship, Meaning and Accomplishment (Seligman, 2011). Enhancing these factors can lead to greater happiness and wellbeing and reduce distress (Seligman, 2018; Waters & Loton, 2019). For young people living in Turkey from the MENA region, cultivating positive emotions, engaging in meaningful activities, building positive relationships, finding meaning, and accomplishing goals can all contribute to wellbeing and resilience in the face of challenges (Lambert D'raven & Pasha-Zaidi, 2016).

### *Coping Strategies*

Coping strategies play a role in the field of positive psychology, particularly in the context of dealing with stress and adversity and in the amelioration of emotional distress. A key element proposed by Folkman and Lazarus (1980) is the distinction between problem-focused and emotion-focused coping. Problem-focused coping is an effort to address and actively solve an underlying problem or stressor. In contrast, emotion-focused coping involves regulating and managing one's emotional responses to a stressor (Lazarus & Folkman, 1984). Problem-focused coping strategies are generally associated with better mental health outcomes, such as reduced stress and improved psychological wellbeing (Folkman & Lazarus, 1988), including lower stress levels, anxiety, and depression (Tamres et al., 2002). Problem-focused coping strategies, such as problem-solving as well as seeking information and social support, have been shown to be effective in addressing the root causes of stress and proactively managing challenge (Agbaria & Mokh, 2022;



Mayordomo-Rodríguez et al., 2015; Nabi et al., 2022; Ojala, 2012; Park & Adler, 2003; Wise & Mengüç, 2021).

On the other hand, emotion-focused coping strategies, such as denial and distraction, are often used to manage the emotional distress associated with stressors. However, these strategies may not always be as effective in resolving the underlying problem and may even contribute to increased distress and maladaptive outcomes (Folkman & Lazarus, 1988; Galiana et al., 2020; Green et al., 2010; Völlink et al., 2013). In addition to problem-focused and emotion-focused coping, Folkman and Lazarus (1988) proposed avoidant coping, efforts to disengage from the stressor and associated emotions altogether. Avoidant coping strategies, such as denial and wishful thinking, are generally associated with poorer mental health outcomes and increased psychological distress (Chao, 2011; Chung et al., 2001; Folkman & Lazarus, 1988; Seiffge-Krenke & Klessinger, 2000). These strategies may temporarily relieve stress but do not address the underlying problem or emotions and can hinder effective coping and problem resolution.

Studies have consistently shown that problem-focused coping strategies positively affect psychological wellbeing. Carver and Connor-Smith (2010) conducted a meta-analysis that revealed a positive relationship between problem-focused coping and psychological wellbeing. Folkman and Moskowitz (2004) also found that problem-focused coping was related to lower distress and higher wellbeing in caregivers of individuals with chronic illnesses. Similarly, Skinner et al. (2003) showed this type of coping was associated with better psychological adjustment and wellbeing in individuals dealing with chronic pain. Penley et al. (2002) found it was also related to lower distress and higher quality of life in individuals facing stressful events. Conversely, avoidant and emotion-focused coping strategies have been associated with adverse effects and higher distress in some studies (Carver & Connor-Smith, 2010; Folkman & Moskowitz, 2004; Skinner et al., 2003). Emotion-focused coping can be adaptive in certain situations, but excessive reliance on this coping strategy may not be conducive to long-term wellbeing.

### **Discrimination**

Experiencing discrimination based on race, sex, gender identity, sexual orientation, or ethnicity can negatively affect mental and physical health. Other studies found that perceived discrimination is associated with increased stress, poorer mental health, and adverse health outcomes (Cobb et al., 2019; Jelsma et al., 2022; Krieger et al., 2005; Maleku, 2022; Lewis et al., 2015; Paradies, 2006; Pascoe & Richman, 2009; Williams et al., 2003). Additional research showed that racial and ethnic minorities often report higher levels of discrimination than their counterparts, and this discrimination can contribute to health inequities among different racial and ethnic groups (Kader et al., 2020; Krieger, 2014; Krieger et al., 2005; Lee et al., 2022; Torres et al., 2022; Williams et al., 2003). Nonetheless, research by Utsey et al. (2000) suggests that coping strategies like problem-focused coping can buffer the effects of discrimination on mental health and wellbeing among African Americans.

Everyday discrimination refers to the subtle and pervasive forms of discrimination individuals from marginalized groups encounter daily. Studies show that MENA students and non-students in Turkey often face such discrimination in the forms of xenophobic attitudes, harassment, and stigmatization due to their cultural background, nationality, or religion, which is



often rooted in prejudice, bias, and stereotyping (Ozduzen et al., 2021). Erdogan-Ozturk & Isik-Guler (2020) have shown that discrimination against individuals from the MENA region and other non-Turkish groups living in Turkey is prevalent and has negative effects. For instance, Aydın (2021) found them less likely to seek help for mental health issues.

While traditional positive psychology has focused on individual-level interventions to promote wellbeing in the face of discrimination, positive psychology 3.0 recognizes that social systems play a critical role in shaping individual experiences. This new direction represents a paradigm shift from traditional positive psychology, primarily focused on individual-level interventions when promoting wellbeing and examining how individuals mitigate distress and cope with environmental stressors, such as discrimination. Instead, it recognizes that individual wellbeing is influenced by the systems in which people live and work and aims to create positive change at the system level rather than focusing on individual responses. This approach is supported by research on the importance of social support and the impact of social systems on individual wellbeing (Fredrickson & Joiner, 2018; Seligman et al., 2018).

For instance, in their study on refugee wellbeing, Lavy and Littman-Ovadia (2017) found that positive psychology interventions were more effective when implemented at the community level rather than with individuals alone. Another example of positive psychology 3.0's focus on systems-level interventions can be seen in the work of Adler and colleagues (2017), who developed a community-based positive psychology program to reduce prejudice and discrimination. By targeting community-level factors, such as increasing social connectedness and promoting cultural awareness, the program successfully reduced participants' levels of prejudice and improved their intergroup relations. Positive psychology 3.0 offers a comprehensive and effective approach to promoting wellbeing by addressing the social systems that shape individual experiences.

### Current Study and Rationale

The present study examines the predictive role of everyday discrimination, coping strategies, and emotional wellbeing (measured by the PERMA model) on depression, stress, and anxiety among emerging adult students from the MENA region studying in Istanbul, Turkey. Given the growing opposition towards foreigners from this region in Turkey, this study hypothesizes that problem-focused coping strategies will mitigate adverse outcomes and be associated with greater wellbeing. Problem-focused coping strategies are predicted to exhibit lower levels of depression, stress, and anxiety and greater wellbeing. Conversely, relying on emotion-focused and avoidant coping strategies is expected to predict higher levels of emotional distress, reflecting the challenges of facing discrimination and opposition in a foreign country.

**Hypothesis 1:** Higher levels of everyday discrimination will be positively associated with higher levels of depression, stress, and anxiety among MENA students studying in Turkey, indicating that everyday discrimination is a risk factor for emotional distress.

**Hypothesis 2:** Problem-focused coping strategies will be negatively associated with depression, stress, and anxiety among MENA students studying in Turkey, suggesting that the use of problem-focused coping strategies is protective against emotional distress.



**Hypothesis 3:** Coping styles, specifically problem-focused coping, emotion-focused coping, and avoidant coping, will mediate the relationship between perceptions of everyday discrimination and wellbeing.

## Method

### *Disclosure Statement*

This study complied with ethical guidelines for research involving human participants. The relevant Institutional Review Board (IRB) approved all procedures and protocols. Informed consent was obtained from all participants before participation. They were informed about the purpose of the study, the voluntary nature of their participation, their anonymity, and the confidentiality of their responses. The authors declare no conflicts of interest and affirm that the research was conducted with integrity and in adherence to relevant ethical guidelines and principles.

### *Participants*

Participants were selected using a non-random convenience sampling technique and recruited through announcements shared across university departments and relevant units that work with international students. Data collection was started in the spring of 2023. The final sample included 98 participants, with 16% of the sample male ( $n=16$ ) and 84% female ( $n=82$ ), with a mean age of 20.90 ( $SD=2.13$ ). According to the result of a post hoc power analysis using G\*Power (Faul et al., 2007), the minimum sample size needed to reach the conventional power level (.80) was 85. This study included 98 participants aged 18-25, thus demonstrating acceptable statistical power (Cohen, 1977).

### *Procedure*

The survey was sent to participants using an online link distributed in undergraduate courses and university units that work with international students. Using an online survey was vital because during the data collection, Turkey and Syria experienced a devastating loss of life due to two major earthquakes in Gaziantep, in the east of Turkey near the Syrian border. A consequence was that all university education was online during the Spring 2023 semester, making it necessary to distribute the survey similarly. Participants did not receive extra credit or incentives for taking part. They were requested to be alone while answering the questions to eliminate differences in external conditions.

## Measures

The *Everyday Discrimination Scale-Short Version (EDS)* (Williams et al., 1997) was used to assess participants' experiences of discrimination in their everyday lives. The EDS is a widely used measure that captures various forms of perceived discrimination based on race, ethnicity, gender, age, and similar factors. The scale consists of 5 items, with participants rating each item on a 6-point Likert scale, ranging from 1 (never) to 6 (almost every day), indicating how often they have experienced each item in their daily lives. Example items include, 'You are treated with less respect than other people are,' and 'You are threatened or harassed'. Previous administration of



the EDS-Short Version has shown that the scale has high internal consistency ( $\alpha = .77$ ) (Sternthal et al., 2011). Higher scores on the EDS indicate higher levels of perceived discrimination. Reliability analysis was conducted to assess the internal consistency of the EDS in the current study. The results revealed that the EDS had high reliability, with a Cronbach's alpha coefficient of .87, indicating excellent internal consistency of the scale in measuring participants' perceptions of discrimination and that it is reliable for assessing everyday discrimination in the current sample.

The *Brief COPE* (Carver, 1997) assesses individuals' coping strategies in response to stress and challenge. It comprises 28 items that capture various commonly employed adaptive and maladaptive coping strategies. The present study created three subscales from the Brief COPE measure to assess problem-focused, emotion-focused, and avoidant coping. The problem-focused coping subscale includes items related to active coping, planning, and positive reframing; the emotion-focused coping subscale includes items related to acceptance, religion, using emotional support, and venting; the avoidant coping subscale includes items related to denial, behavioral disengagement, and self-blame. Each item is rated on a 4-point Likert scale, ranging from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot), with higher scores indicating greater utilization of the specific coping strategy.

Reliability analysis was conducted to assess the internal consistency of the three subscales. The results indicated that all three subscales had satisfactory reliability coefficients. The problem-focused coping subscale had a Cronbach's alpha of .81, the avoidant coping subscale had a Cronbach's alpha of .77, and the emotion-focused coping subscale had a Cronbach's alpha of .68, indicating good internal consistency for all three subscales (Cronbach, 1951).

The *PERMA-Profiler* (Butler & Kern, 2016) assesses well-being based on the five wellbeing pathways proposed by Seligman (2011): Positive Emotion, Engagement, Relationship, Meaning, and Accomplishment. The PERMA-Profiler consists of 23 items in total, with three items for each of the subscales, and is a self-report measure with each item rated on an 11-point Likert scale, ranging from 0 (not at all) to 10 (completely), with higher scores indicating higher levels of wellbeing. Total scale scores were calculated with the five subscales (Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment) plus one item measuring overall happiness ("Taking all things together, how happy would you say you are?") (Butler & Kern, 2016). Our reliability analysis revealed that all subscale reliabilities were above 0.70, indicating good internal consistency. The total scale reliability was found to be 0.93, which indicates excellent internal consistency.

The *Depression, Anxiety, and Stress Scale (DASS-21)* (Lovibond & Lovibond, 1995) is a 21-item measure that assesses individuals' symptoms of depression, anxiety, and stress. Participants rate each item on a 4-point Likert scale, ranging from 0 (Did not apply to me at all) to 3 (Applied to me very much or most of the time), with higher scores indicating greater levels of distress across the three components. Reliability analysis was conducted to assess the internal consistency of the DASS in the current study. The results revealed that all three subscales had high-reliability coefficients, with Cronbach's alpha values exceeding .80. Specifically, the depression subscale had a Cronbach's alpha of .85, the anxiety subscale had a Cronbach's alpha of .81, and the stress subscale had a Cronbach's alpha of .87, indicating excellent internal consistency and reliability.



## Results

### *Data Analytic Strategy*

A robust data analytic approach was employed to test the hypotheses, including multiple regression analyses and mediation analysis. The multiple regression analyses allowed for a thorough examination of the concurrent impact of multiple independent variables on the dependent variables. Alpha was set at  $p = .05$  for the determination of statistical significance. Mediation analysis was conducted to elucidate further the underlying mechanisms through which the independent variables influenced the dependent variables. This involved examining the mediating role of coping strategies in the relationship between the perceptions of discrimination and well-being, shedding light on potential pathways involved in the observed associations.

**Hypothesis 1: Higher levels of everyday discrimination will be positively associated with higher levels of depression, stress, and anxiety among MENA students studying in Turkey, indicating that everyday discrimination is a risk factor for emotional distress.**

The data analysis results showed that the regression model for stress with total discrimination as a predictor had a significant overall fit ( $F(1, 96) = 12.861, p = .001$ ). The model accounted for 11.9% of the variance in stress. The unstandardized coefficient (B) for discrimination total was .124 ( $p = .001$ ), with a standardized coefficient (Beta) of .344, suggesting a positive relationship between discrimination and stress. The results also showed that the regression model for depression has a significant overall fit ( $F(1, 96) = 20.947, p < .001$ ). The model accounted for 17.9% of the variance in depression. The unstandardized coefficient (B) for discrimination total was .285 ( $p < .001$ ), with a standardized coefficient (Beta) of .423, suggesting a positive relationship between discrimination and depression. Finally, the results of the data analysis for anxiety revealed that the regression model showed a significant overall fit ( $F(1, 96) = 19.527, p < .001$ ). The model explains 16.9% of the variance in anxiety (R square = .169). The unstandardized coefficient (B) for discrimination total was .245 ( $p < .001$ ), with a standardized coefficient (Beta) of .411, indicating a positive relationship between discrimination and anxiety.

**Hypothesis 2: Problem-focused coping strategies will be negatively associated with depression, stress, and anxiety among MENA students studying in Turkey, suggesting that the use of problem-focused coping strategies is protective against emotional distress.**

The results of the data analysis revealed that the regression model for anxiety with three predictors, namely Avoidant Coping, Problem-Focused Coping, and Emotion-Focused Coping showed a significant overall fit ( $F(3, 94) = 15.400, p < .001$ ). The model explained 33.0% of the variance in anxiety (R square = .330). The standardized coefficients (Beta) for the predictors were Problem-Focused (-.017), Emotion-Focused (.280), and Avoidant Coping (.432). The t-values for the predictors suggest that Avoidant Coping ( $t = 4.628, p < .001$ ) and Emotion Focused Coping ( $t = 2.468, p = .015$ ) were significantly and positively associated with anxiety. In contrast, Problem-Focused Coping ( $t = -.154, p = .878$ ) was unrelated.





**Table 1**

*Regression Analysis--Coping Strategies and Anxiety*

<u>Model</u>	<u>B</u>	<u>SE</u>	<u>Beta</u>	<u>t</u>	<u>p</u>
Problem Focused	.125	.081	.097	1.539	.127
Emotion Focused	.231	.088	.182	2.620	.010*
Avoidant Focused	.642	.070	.547	9.222	.000*

F (3, 94) = 15.400,  $p < .001$   
\* $p < .05$

The results of the data analysis revealed that the regression model for depression with three predictors, i.e., Avoidant, Problem-Focused, and Emotion-Focused Coping, demonstrated a significant overall fit ( $F(3, 94) = 37.643, p < .001$ ). The model explained 54.6% of the variance in depression. The unstandardized coefficients (B) for the predictors were as follows: Problem Focused (-.218,  $p = .062$ ), Emotion Focused (.322,  $p = .012$ ), and Avoidant Coping (.826,  $p < .001$ ). The standardized coefficients (Beta) for the predictors are Problem Focused (-.170), Emotion Focused (.240), and Avoidant (.632). The t-values for the predictors suggest that Avoidant Coping ( $t = 8.218, p < .001$ ) and Emotion-Focused Coping ( $t = 2.574, p = .012$ ) significantly predict depression, indicating that greater reliance on these strategies increases depression. Yet, Problem-Focused Coping did not ( $t = -1.889, p > .05$ ). These findings suggest that greater use of Avoidant Coping and Emotion-Focused Coping strategies is associated with higher levels of depression (see Table 2).

**Table 2**

*Regression Analysis--Coping Strategies and Depression*

<u>Model</u>	<u>B</u>	<u>SE</u>	<u>Beta</u>	<u>t</u>	<u>p</u>
Problem Focused	-.218	.116	-.170	-1.889	.062
Emotion Focused	.322	.125	.240	2.574	.012*
Avoidant Focused	.826	.100	.632	8.218	.000*

F (3, 94) = 37.643,  $p < .001$   
\* $p < .05$



The results indicated that the regression model for stress with three predictors, i.e., Avoidant Coping, Problem-Focused Coping, and Emotion-Focused Coping, showed a significant overall fit ( $F(3, 94) = 86.591, p < .001$ ). The t-values for the predictors suggest that the predictors that significantly predict stress are Avoidant Coping ( $t = 13.779, p < .001$ ) and Problem-Focused Coping ( $t = 4.879, p < .001$ ). Emotion-Focused Coping did not predict stress ( $t = 0.330, p = .742$ ).

**Table 3**

*Regression Analysis--Coping Strategies and Stress*

<u>Model</u>	<u>B</u>	<u>SE</u>	<u>Beta</u>	<u>t</u>	<u>p</u>
Problem Focused	.231	.047	.336	4.879	.000*
Emotion Focused	.017	.051	.024	.330	.742
Avoidant Focused	.567	.041	.810	13.779	.000*

$F(3, 94) = 86.591, p < .001$

\* $p < .05$

**Hypothesis 3:** All three coping styles (i.e., problem-focused, emotion-focused, and avoidant), mediate the relationship between perceptions of everyday discrimination and wellbeing.

A mediation analysis was conducted using the PROCESS macro in SPSS (Hayes, 2022) with a sample size of 98 ( $N=98$ ) to investigate the indirect effect of Everyday Discrimination (X) on Wellbeing (Y) through the mediator Problem-Focused Coping (M). The results revealed a significant direct effect of Everyday Discrimination on Wellbeing ( $b = -0.0705, SE = 0.0157, t = -4.5026, p < .001, 95\% CI [-0.1015, -0.0394]$ ), thus that higher levels of perceived discrimination predicted lower levels of wellbeing. The indirect effect of Everyday Discrimination on Wellbeing through Problem-Focused Coping was not significant ( $b = 0.0065, BootSE = 0.0090, 95\% CI [-0.0111, 0.0248]$ ).

The mediation analysis results using Emotion-Focused Coping as a mediator between Everyday Discrimination and Wellbeing showed several significant findings. First, there was a significant positive association between Everyday Discrimination and Emotion-Focused Coping ( $b = 0.1188, SE = 0.0499, t = 2.3832, p = 0.0191$ ). Secondly, there was a significant negative association between Everyday Discrimination and Wellbeing, even after controlling for Emotion-Focused Coping ( $b = -0.0686, SE = 0.0185, t = -3.7133, p = 0.0003$ ). The results indicated no significant indirect effect, indicating that Emotion-Focused Coping did not mediate the relationship between Everyday Discrimination and Wellbeing (effect = 0.0046, BootSE = 0.0047, BootLLCI = -0.0030, BootULCI = 0.0158).



The model's results for Avoidant Coping indicated that everyday discrimination did not have a significant direct effect on Wellbeing, with a coefficient of  $-.0319$  ( $p = .0666$ , 95% CI =  $-.0659$  to  $.0022$ ). Additionally, the indirect effect of Everyday Discrimination on Wellbeing through Avoidant Coping was significant (effect =  $-.0321$ , BootSE =  $.0104$ , BootLLCI =  $-.0548$ , BootULCI =  $-.0135$ ), indicating that avoidant coping partially mediated the relationship between Everyday Discrimination and Wellbeing, suggesting that perceived discrimination negatively influences wellbeing indirectly through the use of avoidant coping strategies.

### Discussion

Our study found that higher levels of everyday discrimination were significantly associated with greater stress, depression, and anxiety among MENA students studying in Turkey. Prior studies have documented the harmful effects of discrimination on mental health outcomes among various populations, including racial, ethnic, and sexual minorities (Pascoe & Smart Richman, 2009; Williams & Mohammed, 2009). Discrimination can lead to chronic stress, as individuals may face repeated mistreatment, bias, or prejudice resulting in psychological distress and poor wellbeing (Pascoe & Smart Richman, 2009; Williams & Mohammed, 2009). Discrimination also undermines self-worth, increasing social isolation and creating a hostile social environment (Williams & Mohammed, 2009). Previous studies have also highlighted the intersectionality of discrimination, which suggest that individuals who belong to multiple marginalized groups may experience compounded discrimination and face even greater mental health risks (Cole, 2009; Meyer, 2003).

We also found that using problem-focused coping strategies was protective against emotional distress. In contrast, emotion-focused and avoidant coping strategies were positively related to emotional distress, meaning that these strategies exacerbated the effects of discriminatory actions. Our findings coalesce with at least four studies conducted in Turkey, specifically in MENA students, where problem-focused coping strategies were negatively associated with depression, stress, and anxiety (Çelen et al., 2016; Hassan et al., 2019; Saleh & Hatipoğlu, 2017; Shujja et al., 2018). Further afield, Al-Krenawi and Graham (2006) investigated coping strategies and mental health outcomes in Arab students studying in Israel, finding the same relationship between problem-focused coping strategies and depression, stress, and anxiety.

Problem-focused and emotion-focused coping did not mediate the relationship between experiences with discrimination and wellbeing. This finding is different from what has been reported in other studies. For example, previous research has reported that problem-focused coping mediated the relationship between psychological capital and wellbeing (Siu et al., 2023) and that both problem-focused and emotion-focused coping mediated the relationship between employment status and wellbeing, with the former associated with greater levels of wellbeing, and the latter associated with worse wellbeing (Nikolaev et al., 2022). A potential explanation for the lack of mediation could be the unique nature of discrimination experienced by MENA students in Turkish university settings. Unlike previous studies that explored mediating factors in different contexts, this study focused on a specific demographic group subjected to distinct forms of discrimination. The coping mechanisms employed by these students may be tailored to the nuances of their experiences, making traditional coping strategies less effective in mediating the



relationship. Another consideration is the potential existence of confounding variables that were not controlled for in this study. These variables could have obscured the mediating effects of problem-focused and emotion-focused coping.

The mediation analysis results also revealed that higher levels of perceived everyday discrimination were associated with lower levels of wellbeing, consistent with prior research showing the negative impact of discrimination on individual wellbeing (e.g., Schmitt et al., 2014). The results also revealed a significant indirect effect of discrimination on wellbeing through the mediator of avoidant coping. This suggests that individuals who experienced discrimination and engaged in avoidant coping strategies were likelier to exhibit lower wellbeing, a result confirmed in previous studies (Forster et al., 2022; Huynh & Lee, 2023; Noh & Kaspar, 2003; Vassilliere, 2014).

The analysis further revealed that perceptions of everyday discrimination and coping styles were significant predictors of wellbeing and accounted for a substantial amount of variance. Adding coping styles as additional predictors significantly improved the model's ability to explain variance in wellbeing. The coefficients for the regression models showed that everyday discrimination had a significant negative relationship with wellbeing in both models. Problem-focused coping had a positive relationship with wellbeing, indicating that greater use of this coping strategy was associated with greater wellbeing. Emotion-focused coping and avoidant coping had negative relationships with wellbeing, independent of the influence of everyday discrimination. These findings suggest that individuals who reported higher levels of everyday discrimination tended to have lower wellbeing and that problem-focused coping strategies were associated with better wellbeing, confirming findings from previous studies (Babore et al., 2020; Rogowska, 2020; Russo et al., 2021; Savitsky et al., 2020). In short, the findings help confirm the role of coping styles in predicting wellbeing beyond the influence of everyday discrimination and that problem-focused coping may be a beneficial strategy for promoting wellbeing.

### **Limitations**

One limitation of our study was its small sample size. Despite efforts, recruiting participants from the MENA region studying in Turkey was challenging given the absence of a centralized database identifying them. The lack of a single source for accessing MENA participants resulted in a time-consuming and resource-intensive recruitment process. It may also have introduced selection bias as participants who were more accessible or willing to participate may have been overrepresented. Still, our sample size was acceptable with a statistical power of over 0.80. Our study also relied on self-report measures, which may be subject to bias. Participants may have provided responses that were influenced by their perception of what researchers expected or may not have accurately recalled their experiences or behaviors. Despite these, the findings of this study reinforce prior findings that a) discrimination undermines wellbeing, and b) problem-focused coping strategies can be powerful in its mitigation. Further research with larger samples and alternative data collection methods are warranted.

### **Implications and Recommendations for Higher Education**

To promote wellbeing, educational institutions must confront complex and challenging problems such as rising global discrimination and actively promote awareness and education about



it (Khadri et al., 2022). They may disseminate such a focus through workshops, classroom seminars, peer support programs, as well as provide supports to enhance students' coping skills, including stress management, assertiveness and the skills for greater resilience and overall wellbeing to withstand and/or mitigate the effects of these experiences. Below (Table 4) are approaches institutions have successfully implemented to reduce discrimination.

**Table 4**

*Institutional Practices to Combat Discrimination*

Examples of Institutional Programs to Stop Discrimination
<ol style="list-style-type: none"> <li>1. Bias reporting systems: Universities can establish systems for reporting incidents of bias and discrimination and provide support and resources for individuals who have experienced or witnessed such incidents (Beatty &amp; Mixon, 2019).</li> <li>2. Bystander intervention programs: Bystander intervention programs aim to empower individuals to recognize and intervene in situations of discrimination or violence by providing them with the skills and knowledge to do so effectively (Coker et al., 2017).</li> <li>3. Diversity and inclusion training programs: These programs educate individuals and organizations on creating and maintaining a diverse and inclusive environment. These programs can include unconscious bias, microaggressions, and privilege. (Brown, 2021).</li> </ol>

However, positive psychology 3.0 underscores the importance of addressing systemic issues and going beyond individual interventions, as evidenced by studies on refugee wellbeing and positive psychology (e.g., Arakelyan & Ager, 2021; Foka et al., 2021). For example, previous institutional projects aiming to reduce discrimination and promote wellbeing have been successful across diverse populations. But recent developments within systems-informed positive psychology suggest that amelioration of the effects of discrimination can be best achieved by a focus on both student's experiences and coping skills, as well as by targeting the institutional factors that may foster, either directly or indirectly, discriminatory attitudes and practices (Kern et al., 2020).

Institutions must create inclusive and supportive environments that foster a sense of community and belonging among all students. This can include creating safe spaces, cultural sensitivity training for staff and faculty, organizing events celebrating diversity, and promoting cross-cultural understanding. Both targeted and more general mental health interventions, including culturally-sensitive counseling services, the creation of inclusive and welcoming environments, advocacy for policy changes, and empowerment and resilience-building programs for MENA students, can all assist in helping to combat discrimination, prejudice, and bias. Still, skills must also target Turkish students so that they do not remain passive bystanders in the face of discrimination but prevent its occurrence, address it directly when it occurs, protect those affected by it, and promote more tolerant spaces. Strategies to increase bystander interventions are successful in preventing various forms of discrimination, including of a sexual and racial nature (Mujal et al., 2021; Rudnicki et al., 2023; Sue et al., 2019). By addressing the impact of



discrimination and equally promoting wellbeing, institutions can support MENA students' mental health and overall wellbeing in their academic and social environments.

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