

BETWEEN A ROCK AND A HARD PLACE: ACCULTURATION, ETHNIC IDENTITY, AND MENTAL HEALTH AMONG MUSLIM INTERNATIONAL STUDENTS

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ABSTRACT

This mixed-methods study examined the relationships among ethnic identity, acculturative stress, and mental health in a sample of 100 Muslim international students (Mean age = 24.74, SD = 4.02) enrolled in the United States, the United Kingdom, Canada, and Australia. Participants completed the Acculturative Stress Scale for International Students, the revised Multigroup Ethnic Identity Measure, and the DSM-5 Level 1 Cross-Cutting Symptom Measure; a subset of four students also participated in semi-structured interviews. Quantitative analyses revealed that higher acculturative stress significantly correlated with greater psychological symptomatology ($r = .33, p < .01$), whereas ethnic identity neither predicted acculturative stress ($\beta = .08, p = .41$) nor moderated its impact on mental health (interaction $\beta = -.007, p = .50$). Secondary analyses indicated that older students, married students, and those with prior mental health diagnoses reported significantly higher acculturative stress levels; no significant differences emerged for gender or ethnic identity across demographic groups. Thematic analysis of interview data identified five overarching themes: acculturation challenges (homesickness, language barriers), reconciliation of religious and cultural identity, experiences of discrimination and “othering”, coping strategies (religious coping, counseling), and personal growth and resilience. Findings underscore the centrality of acculturative stress in shaping mental health and highlight the complex role of ethnic identity, emphasizing the need for culturally responsive interventions in academic settings.

Keywords: International students, acculturation, ethnic identity, Muslim students

INTRODUCTION AND LITERATURE REVIEW

Each year, global campuses witness a surge in international enrollments, turning these campuses into vibrant intercultural hubs. The

question of why students undertake this academic pilgrimage appears to be rooted in the desire to acquire specialist knowledge, or the prestige that a foreign degree offers (Al-Krenawi, 2025).

Muslim students represent an underexplored subgroup of international students, marked by religious visibility and layered cultural identities. Despite their growing presence on global campuses, research rarely addresses their nuanced acculturative experiences, often treating international students as a monolith and overlooking intersections of religion, ethnicity, and immigrant status. This gap is notable given evidence that Muslim students face heightened stress, externally from discriminatory policies and internally from cultural conflict upon arrival in host countries (Al-Krenawi, 2025).

Emergent themes from Lefdahl-Davis and Perron-McGovern's (2015) landmark study on the cultural adjustment of Muslim international students highlight several key issues, including but not restricted to navigating expectations when arriving in a host country, academic challenges due to significantly different educational systems, acculturative stress, microaggressions, discrimination, and potential racism, linguistic challenges, managing interpersonal relationships, and finally, gendered Islamophobia faced by Muslim women.

Furthermore, given the current socio-political zeitgeist, the phenomenological experiences of Muslim international students may be acutely different from those of other ethnicities. Recent years have witnessed the rise of Islamophobia, as reflected in research, politics, and governmental policies of the West (Pedersen et al., 2012). Quebec's Bill-21 (2019) and France's 2004 legislation ban the hijab in public places and academic spaces, respectively. Muslim students in the U.S. often face strict screenings and policing under security measures. Recent actions, such as the 2017 Muslim Travel Ban, invoking the Alien Enemies Act (1798), and bans on student protests leading to arrests and deportations, illustrate the challenges Muslim-identifying students encounter in today's polarized climate.

Considering the rampant polarization, burgeoning ethnic violence, and the intensified political discourse riddled with anti-Islamism, the experience of Muslim international students must be studied to identify the common denominators that either facilitate or hinder

acculturation, as well as understand how these experiences impact their mental health. A review of clinical literature shows that their experiences have been examined from various perspectives, including but not limited to cultural adjustment in the U.S. (Tummala-Narra & Claudius, 2013), negotiating religious identity (Mubarak, 2007), discrimination, stress, and coping (Jeevanba & Nilsson, 2024). However, there is a noticeable gap in research focused specifically on how ethnic identity, especially religious salience, influences stress and psychological adjustment in Muslim-identifying international students.

To address this critical need, the present study investigates the interplay of three key psychological constructs: ethnic identity, acculturative stress, and psychological symptomatology, in Muslim-identifying international students. Specifically, the study examines how a student's sense of ethnic belonging interacts with acculturative stress to influence emotional and psychological well-being. The objectives of this study are straightforward. Firstly, the present study aims to examine whether acculturative stress predicts psychological symptomatology in the Muslim international student population.

In simple terms, acculturation involves adapting to new conditions in the host country, finding solutions to all novel problems that arise within this new culture, and learning to strike a different balance from what was experienced in the country of origin (Gholamrezaei, 1995).

While acculturation is often necessary for anyone migrating to a society with markedly different cultural values and social norms, this process becomes considerably more complex for international students. In addition to adjusting to a new cultural environment, they must also contend with a range of practical challenges, including financial pressures, social isolation, and the demands of academic adaptation.

Current literature on the topic posits that acculturative stress among international students is associated with negative psychological outcomes (Amlashi et al., 2024). It would be interesting to explore whether the same findings can be replicated in the current study with

Muslim international students. It is also noteworthy that Islam as a religion endorses *Tawakkul*,

i.e. accepting both the positive and negative outcomes of one's actions and recognizing that all events are part of God's plan (Gondal et al., 2024). Moreover, the Quran emphasizes the importance of having hope and not despair, as well as surrendering to the will of God. For example, Surah Az-Zumar, verse 53 (39:53) states, "Say, "O My servants who have transgressed against themselves [by sinning], do not despair of the mercy of Allah. Indeed, Allah forgives all sins. Indeed, it is He who is the Forgiving, the Merciful." In light of these considerations, the presence of hopelessness in Muslim international students, and the overt expression and admission thereof, remains a topic of keen scientific interest.

Secondly, this study hopes to assess whether strong ethnic identity acts as a protective buffer against acculturative stress. Existing literature shows that a strong ethnic identity is linked to increased resilience and positive psychological outcomes, particularly in minority populations (Gardner et al., 2014). Moreover, past studies have examined how strong ethnic identity and religious salience help in coping with acculturative difficulties (Ahmed, Kia-Keating, & Tsai, 2011). Previous work by Ahmed and colleagues (2011) also shows that a well-developed ethno-cultural identity is linked to lower levels of depression and anxiety.

However, the relationship is not universally protective. In some contexts, highly salient ethnic identity may heighten perceived otherness and intensify stress when faced with exclusion or discrimination. Studies by Reicher and Haslam (2016) and Sageman (2004) suggest that after moving abroad, individuals become more aware of their Muslim identity and often gravitate toward communal spaces like mosques and madrassas. This can strengthen cultural identity but may also increase isolation from the host culture. Whether stronger social support from the Muslim community protects against acculturative stress or, conversely, hinders cultural integration through disengagement

remains unclear.

The final aim is to examine the dynamic relationship among ethnic identity, acculturative stress, and mental health outcomes in a sample of Muslim international students. Although acculturative stress has consistently been linked to negative psychological outcomes, and ethnic identity has been studied as a moderating factor, very few studies have analyzed these variables together within Muslim international student populations. Most existing research either generalizes to all international students or focuses on Muslim immigrants with permanent residency status.

This study addresses this gap by examining the inextricably woven roles of ethnic identity, acculturative stress, and mental health. It goes further by emphasizing subjective phenomenological stories through qualitative interviews that complement quantitative data. By amplifying the voices of Muslim international students, this research makes a culturally relevant contribution to the existing literature on acculturation and mental health. These findings could also provide insights into culturally responsive interventions and help inform broader models of student adaptation and psychological well-being.

Research Questions

Specifically, we are looking to investigate the following:

R1: Does a stronger ethnic identity buffer or exacerbate acculturative stress?

R2: Is acculturative stress associated with greater psychological symptomatology?

R3: Does a stronger ethnic identity provide a buffer against psychological symptomatology?

R4: Do demographic factors (e.g., gender, age, marital status, accompanying dependents, history of prior mental illness) moderate these relationships?

Methodology

Research Design

The current study utilizes a mixed-methods design. A cross-sectional design was adopted to obtain quantitative data of Muslim International

Students via surveys. Semi-structured interviews were later conducted to offer insights into the unique experiences of some of these students.

Sampling Strategy

A combination of purposive and convenience sampling (snowball sampling) was primarily used to gather data.

Sample Characteristics

The target population for this study was international students who identify as Muslims. A total of $N=100$ international students studying in the US, UK, Canada or Australia were recruited as part of the study with a gender split of 52% men and 47% women.

Inclusion Criteria

- Students aged between 18-30 years were selected as part of the sample.
- International Students on a temporary, non-immigrant permit were selected.
- Students that identify as Muslim, and/or practice Islam were selected as part of the sample.
- International Students who had lived in the country for more than six months and less than four years were selected.

Exclusion Criteria

- International Students who have undergone other major life transitions recently (within the last year) such as loss/grief, marriage, divorce, etc. shall be excluded.

Measures

Acculturative Stress Scale for International Students (ASSIS): The Acculturative Stress Scale for International Students (Sandhu & Asrabadi, 1994) measures acculturative stress in international students. The total score may range between 36 to 180. Higher scores are indicative of greater acculturative stress as perceived by the participants. The six subscales are: Perceived Discrimination, Homesickness, Perceived Hate/Rejection, Fear, Culture Shock/Stress Due to Change and Guilt. The remaining items are grouped under the category of Miscellaneous. Internal consistency reliability for the ASSIS has

been reported as $\alpha = .92$ in the original validation study (Sandhu & Asrabadi, 1994).

Revised Multigroup Ethnic Identity Measure (MEIM): The Multigroup Ethnic Identity Measure (revised version) by Roberts et al. (1999) assesses individual, subjective aspects of ethnic identity. This scale has two different subscales measuring affirmation/belonging (sense of group membership and belongingness as well as attitudes toward the individual's own group) and ethnic search identity (actions undertaken to learn more about one's ethnic group). An overall score can be computed based on the mean of items across both subscales. The revised MEIM demonstrates strong reliability, with α values ranging from .81 to .90 across samples (Roberts et al., 1999)

APA Cross-Cutting Symptom Measure: The DSM-5-TR Level 1 Cross-Cutting Symptom Measure (APA, 2013) is a self-report measure that evaluates varying aspects of mental health, specifically aspects that may culminate in psychiatric diagnoses. The adult version comprises twenty-three questions that assess domains, including depression, anger, mania, anxiety, somatic symptoms, suicidal ideation, psychosis, sleep problems, memory, repetitive thoughts and behaviors, dissociation, personality functioning, and substance use. The DSM-5 Level 1 Cross-Cutting Symptom Measure has demonstrated good reliability and clinical utility in DSM-5 field trials and subsequent psychometric work (APA, 2013).

Procedure

In total, 100 international students participated in this study with an average age of 24.74 ± 4.02 years. Students participated voluntarily and were recruited from student associations, online forums and through snowballing. Students from different countries i.e., India, Pakistan, Bangladesh, Saudi Arabia, Iran, Lebanon, Afghanistan and Turkey studying in the US, UK, Australia, and Canada were studied as part of the sample. The students were emailed a secure digital form comprising instructions, a demographic sheet, and three

standardized questionnaires: ASSIS, MEIM, and the APA-Cross-Cutting Measure. All students were studying programs in English and expressed comfort in filling out the questionnaires in English.

For a qualitative analysis, four students who had also filled out the surveys were reached out for in-depth semi-structured interviews. Several aspects of their experiences, including expectations, construal of ethnic identity, barriers to the practice of faith, microaggressions, social support and community, academic challenges, coping and well-being, and resilience, as well as advice and suggestions, were probed. The interviews were transcribed, and emerging themes were explored. This study was conducted as an independent research without institutional affiliation; therefore, a formal Institutional Review Board (IRB) or Research Ethics Board (REB) was not required. All procedures were conducted in accordance with the ethical principles outlined in the Declaration of Helsinki (World Medical Association, 2013) and the American Psychological Association's ethical guidelines for research with human participants. Participants provided informed consent, and safeguards for

confidentiality, voluntary participation, and access to support resources were strictly maintained.

Statistical Analyses

The data was analyzed using the Statistical Package for the Social Sciences (SPSS) version 19.0. Descriptive statistics such as frequencies, mean, and standard deviation were used alongside inferential statistics such as Pearson's correlation, ANOVA, MANOVA, and Linear Regression to analyze data.

Qualitative Analyses

Four semi-structured interviews were conducted with participants, and the data was analyzed using Thematic Analysis, to better understand the idiosyncrasies and the situational/interpersonal nuances of their distinctive experiences, particularly those pertaining to their ethnic identity and psychological coping. Although the qualitative subsample was small ($n = 4$), the interviews were used to provide illustrative depth rather than saturation, complementing the quantitative findings within a mixed-methods framework.

Results

Table 1. Descriptive Statistics of the sample (N=100)

Variables	<i>f</i>	%
Gender		
Male	52	52
Female	47	47
Not Specified	1	1
Host Country		
US	14	14
UK	17	17
Canada	62	62
Australia	7	7
Marital Status		
Married	22	22
Unmarried	74	74
Other	4	4
Employment Status		
Full-time	20	20
Part-time	67	67
Unemployed	12	12

Table 1 shows the demographic characteristics of the Muslim International Students who participated in the study. Frequencies and percentages are reported for categorical variables,

including gender, marital and employment status, as well as host country. The mean age for the given sample is 24.74 ± 4.02 years and the mean for education is 15.70 ± 2.49 years.

Table 2. Pearson Correlations Among Acculturative Stress, Psychological symptomatology and Ethnic Identity (N = 100)

Variable	1	2	3	4	5	6	7	8	9	10
1. Total Ethnic Identity	—									
2. Ethnic Identity	.90**	—								
3. Affirmation	.96**	.75**	—							
4. DSM Total	.17	.19	.14	—						
5. Stress Total	.08	.10	.06	.33**	—					
6. Stress Discrimination	.14	.15	.12	.30**	.86**	—				
7. Stress Hate	.09	.11	.07	.19	.80**	.69**	—			
8. Stress Homesickness	.20*	.15	.21*	.14	.59**	.30**	.31**	—		
9. Stress Fear	-.05	-.01	-.08	.33**	.75**	.59**	.54**	.28**	—	
10. Stress Culture Shock	-.08	-.06	-.09	.32**	.71**	.52**	.45**	.49**	.51**	—

Note. $p < .05$. $p < .01$.

Pearson correlation analysis was conducted to examine the relationships between ethnic identity, acculturative stress, and psychological symptomatology among Muslim international students (N = 100). The analysis revealed strong positive correlations among the two dimensions of ethnic identity (ethnic identity and affirmation) and the overall ethnic identity score ($r = .754$ to $.963$, $p < .001$). Affirmation and total ethnic identity were also positively associated with homesickness ($r = .210$, $p = .036$; $r = .197$, $p = .050$, respectively). In contrast, ethnic identity

showed no significant relationship with overall acculturative stress or its other subscales.

Psychological symptomatology was significantly positively correlated with overall acculturative stress ($r = .334$, $p = .001$) and with each of its subscales, including discrimination ($r = .299$, $p = .003$), hate ($r = .194$, $p = .054$), fear ($r = .327$, $p = .001$), and culture shock ($r = .318$, $p = .001$). These findings suggest that higher levels of acculturative stress are consistently associated with poorer mental health.

Table 3. Linear Regression Analysis of Ethnic Identity Predicting Acculturative Stress (N=100)

Predictor	B	SE B	β	t	p	95% CI for B
Constant	83.91	10.79	—	7.78	< .001	
Total Ethnic Identity	0.26	0.31	.08	0.82	.413	-.364, .881
R = .08						
R ² = .01						

Note. B = unstandardized regression coefficient; SE B = standard error of B; β = standardized regression coefficient; CI = confidence interval.

A simple linear regression was conducted to examine whether total ethnic identity predicted acculturative stress among Muslim international

students. The overall model was not significant, $F(1, 98) = 0.68$, $p = .413$, and explained less than 1% of the variance in acculturative stress ($R^2 =$

.01, Adjusted $R^2 = -.00$). Total ethnic identity did not significantly predict acculturative stress ($B = 0.26$, $p = .413$). These findings indicate that, in this sample, ethnic identity did not buffer against

acculturative stress. No evidence was found that ethnic identity served as a protective factor (buffer) against acculturative stress.

Table 4. Regression Coefficients, Standard Error, and Model Summary Information for Ethnic Identity as a Moderator between Acculturative Stress and Psychological Symptomatology (N = 100)

Antecedent	Consequent	β	SE	t	p	95% CI
Acculturative Stress (X)	Psychological Symptomatology (Y)	.46	.35	1.29	.199	-.24, 1.16
Ethnic Identity (W)		.91	.89	1.02	.309	-.86, 2.68
AS \times Ethnic I		-.01	.01	-.69	.495	-.03, .01
Constant		-27.54	31.43	-.88	.383	-89.94, 34.85

Model Summary: $R^2 = .14$, $F(3, 95) = 5.06$, $p = .003^{**}$

ΔR^2 for Interaction = .004, $F(1, 95) = .47$, $p = .495$

Note. AS =Acculturative Stress; Ethnic I = Ethnic Identity; $^{**}p < .01$.

Moderation analysis was conducted using PROCESS Model 1 (Hayes, 2018) to test whether ethnic identity moderated the relationship between acculturative stress and psychological symptomatology. The model explained a significant proportion of variance in mental health, $R^2 = .138$, $F(3,95) = 5.06$, $p = .003$. However, acculturative stress, $b = .46$, $SE = .35$, $p = .199$, and ethnic identity, $b = .91$, $SE =$

.89, $p = .309$, were not significant predictors of psychological symptomatology. The interaction between acculturative stress and ethnic identity was also non-significant, $b = -.007$, $SE = .010$, $p = .495$, $\Delta R^2 = .004$. These results suggest that ethnic identity does not moderate the relationship between acculturative stress and psychological symptomatology. It also suggests that ethnic identity does not play a buffering role.

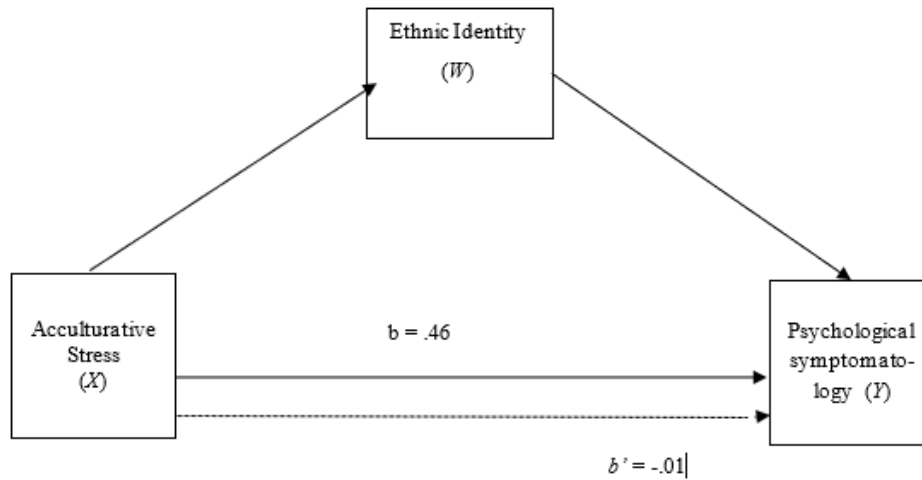


Figure 1. Moderation Path Framework of Acculturative Stress, Psychological symptomatology and Ethnic Identity among Muslim International Students.

Table 5. Independent Samples t-Tests Comparing Gender Across Study Variables

Variables	t	p	Mean Diff.	95% CI
Ethnic Identity	-1.66	.101	-2.46	-5.40, 0.49
Psychological Symptomatology	-0.43	.669	-1.38	-7.76, 5.00
Acculturative Stress	-0.75	.457	-3.48	-12.71, 5.76

Note. CI = confidence interval.

Independent samples t-tests were conducted to examine gender differences across study variables. Results showed that gender did not significantly differ on ethnic identity, $t = -1.66$, $p = .101$, psychological symptomatology, $t = -0.43$,

$p = .669$, or acculturative stress, $t = -0.75$, $p = .457$. Although the mean differences suggested that one gender reported slightly lower scores on ethnic identity and acculturative stress, none of these differences reached statistical significance.

Table 6. One-Way ANOVA of Ethnic Identity, Psychopathologies and Acculturative Stress across different age groups

Variables	18-23 years	24-29 years	30-35 years	p	95% CI	F
	M (SD)	M (SD)	M (SD)			
Ethnic Identity	33.84 (7.56)	33.66 (8.09)	32.95 (6.00)	.904	32.13, 35.07	0.10
Psychological symptomatology	24.11 (15.59)	24.50 (15.56)	23.65 (17.24)	.982	21.01, 27.30	0.02
Acculturative Stress	85.24 (20.04)	94.80 (21.32)	105.20 (27.01)	.004	88.00, 97.16	5.97

Note: M=Mean, SD=Standard Deviation, LL=Lower Limit, UL=Upper Limit

A one-way analysis of variance (ANOVA) was conducted to examine differences in ethnic identity, psychological symptomatology, and acculturative stress across three age groups (18-23 years, 24-29 years, and 30-35 years). For ethnic identity, results indicated no significant differences across age groups, $F = 0.10$, $p = .904$, suggesting that ethnic identity levels were relatively stable regardless of age. Similarly, for psychological symptomatology, there were no significant differences between groups, $F = 0.02$, $p = .982$, indicating comparable levels of reported

symptoms across ages. However, a significant effect of age was found for acculturative stress, $F = 5.97$, $p = .004$. Post hoc Tukey HSD tests indicated that individuals aged 30-35 years ($M = 105.20$, $SD = 27.01$) reported significantly higher stress levels than those aged 18-23 years ($M = 85.24$, $SD = 20.04$), $p = .003$. No significant differences were observed between the 24-29 year group ($M = 94.80$, $SD = 21.32$) and either of the other age groups.

Table 7. One-Way ANOVA of Ethnic Identity, Psychopathologies and Acculturation Stress across Marital Status (Never Married vs. Married)

Variable	Never married	Married	F	p
	N=74 M (SD)	N=26 M (SD)		
Ethnic Identity	33.26 (7.45)	35.09 (7.78)	1.19	.278
Psychological symptomatology	24.55 (15.38)	23.68 (17.28)	0.13	.716
Stress	88.81 (18.68)	102.45 (28.38)	5.97	.016

Note: M=Mean, SD=Standard Deviation, $p < .05$

A one-way ANOVA was conducted to examine differences in ethnic identity, acculturation difficulties, and stress by marital status (Never Married vs. Married). Results showed that marital status did not significantly affect ethnic identity, $F(1, 94) = 1.19$, $p = .278$, or acculturation difficulties, $F(1, 93) = 0.13$, $p = .716$. However, a

significant effect of marital status was found on stress, $F(1, 94) = 5.97$, $p = .016$. Specifically, married participants ($M = 102.45$, $SD = 28.38$) reported significantly higher stress levels than never-married participants ($M = 88.81$, $SD = 18.68$).

Table 8. One-Way ANOVA of Ethnic Identity, Psychopathologies and Acculturation Stress across Mental Health Diagnosis status

Variables	Mental health diagnosis		F	p
	No M(SD) N=15	Yes M(SD) N=85		
Ethnic Identity	33.74(7.62)	31.85(4.95)	0.91	.406
Psychological symptomatology	23.73(16.57)	25.62(10.74)	0.36	.697
Stress	89.91(22.91)	108.23(19.42)	8.12	.005

Note: M=Mean, SD=Standard Deviation, $p < .05$

A one-way ANOVA was conducted to examine whether disclosure of a mental health condition was associated with differences in ethnic identity, acculturation difficulties, and stress. Results showed no significant differences between groups on ethnic identity, $F(1, 97) = 0.91$, $p = .406$, or acculturation difficulties, $F(1, 96) = 0.36$, $p = .697$. However, there was a statistically significant effect for stress, $F(1, 97) = 8.12$, $p = .005$. Specifically, participants who disclosed a mental health condition ($M = 108.23$, $SD = 19.42$) reported significantly higher stress levels

compared to those who did not disclose ($M = 89.91$, $SD = 22.91$).

Qualitative Analysis

Following Braun and Clarke's (2006) six-phase framework for Thematic Analysis, the interviews were transcribed, read repeatedly, coded for patterns, and clustered into broader themes. Analysis highlighted both challenges and resilience strategies among Muslim international students.

Theme	Subtheme	Respondents' quotes
Acculturation Challenges	Homesickness & isolation	"I realized that I am completely on my own and must keep going against all odds." (ID#13)
	Language barriers	"I often doubted myself, especially in group projects." (ID#40)
Negotiating Identity	Religious practices	"During Ramadan... it made me realize how important my spiritual practices are in helping me stay grounded." (ID#40)
	Identity assertion	"It was really important for me to assert my Islamic roots, and to overtly come across as Muslim." (ID#13)
Discrimination & Othering	Unequal recognition of traditions	"Christian or Jewish traditions... honored, but most organizations tend to sideline Muslim traditions." (ID#13)
Coping & Mental Health	Religious coping	"Religious coping has helped me in some of my darkest times here." (ID#13)
	Counseling & strategies	"I've also started seeing a counselor on campus... it's been very helpful." (ID#40)
Growth & Resilience	Independence	"I've become more independent, more resilient, and more confident." (ID#40)
	Community belonging	"The Iranian student group... made me feel much more at home." (ID#40)

The narratives of Muslim international students reveal a complex interplay between acculturation stress, ethnic and religious identity, and mental health. While participants encountered challenges such as isolation, language barriers, and experiences of “othering,” they also drew on faith, peer networks, and personal coping strategies to sustain themselves.

Importantly, their stories reflect not only struggles but also resilience, growth, and the ability to reimagine identity in more global and inclusive terms. These findings underscore the need for culturally sensitive institutional support.

Discussion and Analysis

The current study explored the interplay between acculturative stress, ethnic identity and mental health among Muslim international students enrolled in predominantly English-speaking Western countries. Quantitative analyses showed that ethnic identity did not significantly predict acculturative stress, nor did it buffer against psychological symptomatology or acculturative stress. However, results delineated that acculturative stress positively correlates with psychological symptomatology. Secondary analyses revealed that older and married students, and those with a history of a prior mental health illness, reported relatively high levels of acculturative stress. Thematic analysis, conducted as part of qualitative analysis, revealed five emergent, overarching themes: acculturation challenges (homesickness, language barriers), negotiation of religious and cultural identity, experiences of discrimination and “othering,” coping strategies (religious coping, counselling), alongside growth and resilience.

The positive association between acculturative stress and psychological symptomatology aligns with previous clinical literature delineating that exacerbated acculturative stress is a predictor of mental health challenges in international students (Amlashi et al., 2024). These findings emphasize the impact of stressors such as perceived discrimination, fear and avoidance, and culture shock and highlight how, over time, their cumulative impact can erode one’s psychological resources, thus making one susceptible to a host

of mental health challenges (Sandhu & Asrabadi, 1994).

Moreover, ethnic identity did not emerge as a protective factor against acculturative stress, nor did it moderate its impact on student mental health, in contrast to prior research by Romero et al. (2013) and Ahmed et al. (2011). A plausible explanation for this considerable heterogeneity may be reflected in the dichotomous nature of ethnic identity salience. While a robust ethnic affirmation reinforces communal support, it also tends to insidiously exacerbate the feeling of perceived otherness when encountering social alienation and/or ostracization (Ramos et al., 2016; Sageman, 2004). This layered and complex dynamic likely nullifies any direct association between the two constructs, especially when studied using snapshot data.

Secondary analyses revealed that age and marital status are significant correlates of acculturative stress. Older and married students acknowledged experiencing pronounced stress, likely due to greater familial and financial responsibilities, which amplify the demands of cultural adjustment (Akhtar & Kröner-Herwig, 2015). Furthermore, students with a history of mental health challenges reported increased acculturative stress, indicating that prior psychological vulnerabilities compound the impact of acculturative challenges. Unfortunately, no clinical study to date has directly analyzed the relationship between pre-existing mental health diagnoses and the increased risk for acculturation-related distress. However, several studies link the association between amplified acculturative stress and the heightened risk for mental health diagnoses (Cho et al., 2018; Revollo et al., 2011).

Thematic analysis offered greater insights into the lived experiences of students previously reflected in emergent statistical patterns. It is apparent that homesickness and isolation are rampant; this finding aligns with prior findings documenting the emotional repercussions of separation from community support systems (Oppedal et al., 2004). Moreover, language proficiency mediates academic prowess as well as social integration. This finding further reinforces prior research

conducted on linguistic proficiency as one of the strongest predictors of socio-cultural integration (Nakhaie, 2020).

Additionally, the conciliation of religious identity emerged as a source of both strength and stress. Participants reported effortfully asserting their religious identity by engaging in ritualistic practices such as praying and through superficial characteristics such as dressing. This is a dual-edged implication as these practices can help sustain a preferable self-concept that closely aligns with one's religious identity, but alternatively, can make one susceptible to microaggressions (Seggie & Sanford, 2010). Furthermore, reported instances of reduced recognition of Islamic traditions attest to pervasive systemic biases hindering cultural inclusivity, further corroborating research on the impact of policy hurdles such as hijab bans on social integration (Adida et al., 2010).

Coping interventions stemming from faith and religious practice were reported to be pervasive. Religious coping strategies such as praying, fasting, and reciting the Holy Quran were used to regulate emotions. It is imperative to mention here that Islam, as a religion, preaches and extols the virtues of hope and surrender, and this played into some of the strategies that participants resorted to during times of distress (Gondal & Hatta, 2024). Moreover, participants acknowledged utilizing services such as on-campus counselling, highlighting the need for culturally-informed counselling facilities and the role thereof in subsequent cultural adjustment of international students (Tummala-Narra & Claudius, 2013).

Finally, stories of growth and resilience echoed narratives of transformation through adversity. Participants vocalized their lived experiences and shared stories of attaining autonomy, emphasizing the plausible role of stressors in catalyzing self-development (Lee, 2018).

Conclusion

The integration of quantitative and qualitative data reveals a nuanced pattern: ethnic identity did not significantly buffer stress but shaped coping strategies and meaning-making, insights

often missed in purely numerical analyses. Institutions should ensure culturally informed counseling and peer mentorship to ease cultural adjustment for international students. Linguistic proficiency also plays a key role in socio-cultural integration, and services supporting this can improve acculturation. Policies accommodating Muslim practices, dietary needs, and religious events can foster belonging and counter alienation, strengthening resources for the demanding process of acculturation.

This study has limitations: its cross-sectional design precludes causal inference; purposive and snowball sampling restrict generalizability; and self-report measures risk biases, especially in collectivistic cultures where social approval and acquiescence matter. Future research should adopt longitudinal designs and examine moderating factors like social support and host-country culture.

Overall, findings confirm acculturative stress as a strong predictor of mental health challenges and highlight ethnic identity's complex role. Academic institutions are urged to implement culturally responsive strategies addressing emotional and academic needs, thereby creating environments where students can thrive, not just survive, in their host countries.

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