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Migrant Mental Health: The Role of Social Identity

Kristine Brance

A thesis submitted in partial fulfilment of the requirements for the degree of Doctor of Philosophy

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Abstract

Evidence suggests that social identities, which provide purpose and a sense of belonging to the social world, promote resilience against psychological strain and protect well-being. This is especially important in migrant populations where adverse experiences, such as prejudice, disconnection from previous identities and issues of integration into society negatively impact well-being. Building on the social identity approach to mental health, this thesis aimed to extend knowledge on the role social identity plays on migrant mental health. In this context, we initially conducted a meta-analysis, demonstrating that increased social identification is linked with lower depressive and anxiety symptoms (Chapter 2). Given that the COVID-19 public health emergency has led to changes in people's attitudes towards minority groups, increasing prejudice and discriminatory behaviors, we conducted two studies to explore this further. Firstly, we examined whether social connectedness improves migrant resilience in adverse social situations, demonstrating that feeling socially connected is important for maintaining positive psychological well-being when facing adversities (Chapter 3). Secondly, we demonstrated that group identification shapes the majority's attitudes towards migrants, showcasing that people with authoritarian predisposition had a decreased tendency to identify with other ethnic groups, which in turn increased anti-immigrant sentiment during the pandemic (Chapter 4). Lastly, findings from our qualitative study suggest that migration and migrant status play a role in people's mental health, with social identity continuity, identity gain and embracing identity being important determinants of adjustment and positive psychological well-being (Chapter 5). The main findings of this thesis draw attention to the migrant social environment as a vital determinant of mental health, discussing implications and suggestions for future research in Chapter 6.

Publications and Presentations

Publications

Brance, K., Chatzimpyros, V., & Bentall, R. P. (2023). Increased social identification is linked with lower depressive and anxiety symptoms among ethnic minorities and migrants: A systematic review and meta-analysis. *Clinical Psychology Review*, *99*, 102216. https://doi.org/https://doi.org/10.1016/j.cpr.2022.102216

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Presentations

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Declaration

I, Kristine Brance, confirm that the Thesis is my own work. I am aware of the University's Guidance on the Use of Unfair Means (**www.sheffield.ac.uk/ssid/unfair-means**). This work has not been previously presented for an award at this, or any other, university.

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CHAPTER 1.

Introduction and Literature Review

1.1. An Introduction to Migration

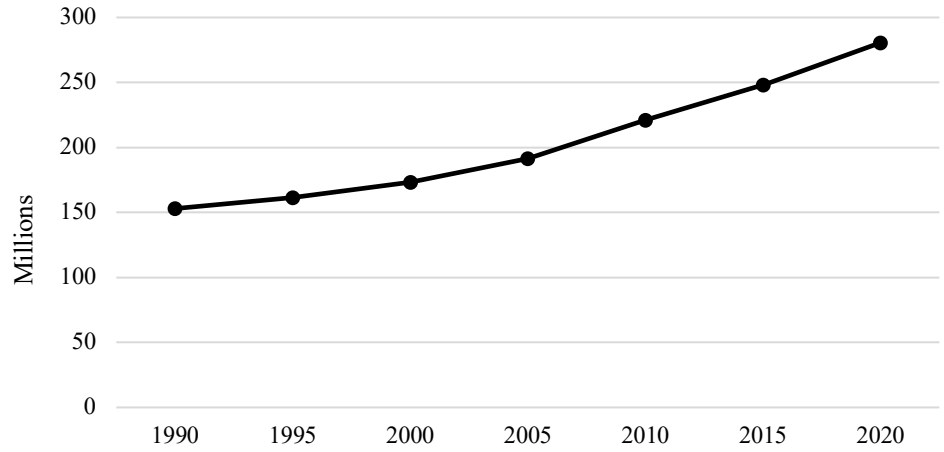
The movement of people from one place to another is not a new phenomenon and has been present since the dawn of humankind. Yet, *migration* became a relevant term only when humanity changed from nomadic into agrarian societies (de Haas et al., 2019). More explicitly, nomadic societies were characterized by groups of people who were constantly on the move to find means of living, engaging in hunting, fishing, and other ways to get wild resources without having a temporary or permanent place of residence. Whereas, with the invention of farming and agriculture, people started to settle down, which were also known as agrarian societies. Thus, because migration implies a change of residence from one place to another regardless of reasons for migration and duration of stay, it is believed to have become a meaningful term only since the formation of agrarian societies and the lifestyle transformations. Today and throughout history, people are driven to migrate for various reasons, including climate change, trade, to escape poverty and hunger, as well as due to political oppression or religious intolerance. Others have moved in search of employment and education opportunities, for travelling purposes, or to have a better quality of life. Human migration has become an inevitable part of a global change, bringing social, political and economic transformations worldwide. It has created the diverse landscape of today, producing various racial, ethnic and linguistic compositions. At the same time, increased diversity has brought xenophobia, discrimination, and exclusion of minority groups, who are also often blamed for the challenges they face and their lack of integration into societies. Large-scale migrations have also surged anti-immigrant sentiment and increased favoritism for national identities, especially in times of crisis; hence in many countries, the most recent novel coronavirus (COVID-19) has escalated such issues. The negative views of migrants are

often shaped by politics due to the negative portrayal and discourse of migrants and the rise of anti-immigrant parties. Moreover, migrants are often viewed as those who take away jobs, despite the majority of the evidence pointing to the benefits migrants bring to the economy in terms of innovation and growth, with many economies around the world greatly depending on migrant workers, such as China, the United States of America (US) or Russia (Organization for Economic Cooperation and Development, 2014). Migration is a complex phenomenon and, as a result, is a divisive issue on all three social, economic and political levels.

Today, the number of people who migrated is at its highest it has ever been, each year marking a further increase in the figures. Estimates show that the number of people not living in a place they were born reaches one billion, which is one out of seven people globally (McAuliffe & Triandafyllidou, 2021). From them, an estimated 763 million people have relocated within the country but live outside the region they were born. In addition to the number of people who moved internationally, which continues to rapidly grow over the past 20 years, reaching over 280 million in 2020, up from 221 million in 2010, and up from 153 million in 1990 (see Figure 1.1.).

Figure 1.1.

Global Growth of International Migrants between 1990 and 2020



Note. Data obtained from the World Migration Report 2022 (p. 23) by McAuliffe & Triandafyllidou (2021).

The vast majority of international migrants live in Europe (86.7 million), Asia (85.6 million), and Northern America (55.6 million). Due to the numerous motives for migration, any simple definition of a migrant may be reductive, leaving the term undefined under international law. International Organization for Migration (IOM) confirms the absence of an internationally accepted term and defines migrant as any person who moves away from the usual place of residence within or outside the state of birth, despite reasons for migration, and length of stay (IOM, 2019). The lack of consensus has also transferred to empirical research with scholars using the term inconsistently and often referring to different groups of people. For example, a study conducted in Germany by Geschke and colleagues (2010) simply defined migrant as anyone with a culture other than German, confounding migrant status with ethnic minority status. Yet, a recent systematic review on 1st generation migrant mental health uses the definition proposed by the IOM and refers to anyone who made a journey from one country to another in comparison to their descendants (e.g., 2nd, 3rd generation etc.; Close et al., 2016). Moreover, in a study by Keller et al. (2017), a migrant is considered to be any individual arriving from the Northern Triangle of Central America at the US border. Despite the absence of a legal definition for migrant, it is generally used as an umbrella term. It refers to anyone who moved from the usual place of residence within the country or internationally. Hence, it should not be confused with the well-defined term *immigrant*, which refers to a person who migrated across the borders of one's country of origin (IOM, 2019).

In the discourse on migrants, the various definitions are not only vital for people who migrate themselves, defining their migration status and possibly impacting their daily lives, but it is also important for researchers. When conducting research on migrants, it is necessary

to be explicit about terminology to accurately examine and unravel the complex process of migration. Misusage of terms can create a false perception of the scale, reasons and means of migration, generating an inaccurate picture of the possible relocation effects on people. Consequently, the following section classifies the main groups and definitions of migrants based on the different motives for migration and provides some of the most recent migration statistics across the globe.

The first broad group consists of those people who move in search of job opportunities, business, education, for a better quality of life or family reunification and by any means entry or stay in the new place of residence is legal. This group not only accounts for international migrants from which the vast majority (60%) particularly moved for labor purposes (McAuliffe & Triandafyllidou, 2021) but also for many people who are often described as internal migrants. These are people who relocate within the border of a country (for example, between rural and urban areas) for similar motives, for example, employment or education (these people will not be the focus of this research). Thus, a report by Bell and Charles-Edwards (2013) shows that the new world countries, such as the US, Canada, Australia and New Zealand, have the highest intensities of internal migration.

The second group of people migrate due to a well-founded fear of safety and are forced to flee their homes either within or outside the state of residence, most often in response to conflict and violence. Thus, they are categorized as forcibly displaced people. At the end of 2021, the total number of forced migrants was estimated at 89.3 million, of which 53.2 million were displaced within their birth country, often referred to as internally displaced people (The United Nations Higher Commission for Refugees [UNHCR], 2021). The number of forced migrants also consists of 27.1 million refugees, who, according to the 1951 Geneva Convention, are people forced to flee a country due to a well-founded fear of persecution based on reasons such as race, religion, political beliefs, nationality, or

membership of a particular social group and who are unable to seek protection from that country (IOM, 2019). Currently, there are 6.8 million refugees from Syria worldwide, following Afghanistan (2.7 million) and South Sudan (2.4 million) as the top refugee-producing countries. In contrast to refugees who already received protection from another state, there are 4.6 million people referred to as asylum seekers who are only seeking protection from another state, in addition to 4.3 million stateless people who have been denied a nationality and do not receive any basic rights from any country. The estimated number of stateless people is believed to be much higher because data on statelessness is provided only by half of the countries in the world. Besides, it should be added that the total number of forced migrants reported above does not include additional 4.6 million people of Venezuelan origin, who are displaced abroad and most likely require protection from another state, but who have not applied for asylum in the country they reside (UNHCR, 2021) or the millions of Ukrainians who are seeking refuge in the neighboring countries following the conflict between Ukraine and Russia which began in February 2022. Currently, it has been estimated that more than 6 million Ukrainians have fled their country, in addition to 7 million who have been displaced within the state (UNHCR, 2021).

Another group of people are referred to as undocumented migrants, who do not have the appropriate documentation for either staying or entering another country (IOM, 2019). Because of various issues this group may face regarding their legal status in the residing country, for example, a person overstaying the allowed visa period, it is challenging to track the flow and estimates of this particular group of migrants. As a result, there is no current knowledge of the numbers of undocumented migrants on a global scale due to their status in the destination country, which may or may not change during their stay.

Whilst terminology about groups of migrants creates a clearer picture of migration processes and facilitates speculation about the effects it has had on migrant lives and their

well-being, for instance, considering forced migrants versus those who decided to migrate freely, it is important to view migration as a process. Given their life circumstances, it may be that for some people, the initial intention to move for education purposes or a temporary job opportunity might change into a permanent settlement as a labor migrant. With that said, the initial status of the person in the new place of residence may shift over time, potentially changing the difficulties and challenges they face after relocation. Arguably, when conducting research on migration, it is important to apply the various migrant terms and interpret its associated results with caution.

Given the history of migration, it is apparent that reasons for migration, origins of migrants, destinations of interest, and the means of migration have shifted over time. Until the mid-20th century, Europe was mainly characterized by emigration[1], which saw mass outflows of people, particularly across the Atlantic ocean to the Americas. Following the influence of decolonization, rapid economic growth and demographic changes, migration flows shifted, and Europe attracted increasing numbers of migrants. The number of international migrants keeps increasing over the years, with numbers showing that Europe now is a host to 87 million international migrants, which is 12% of its total population (The United Nations Department of Economic and Social Affairs [UN DESA], 2020). Despite Europe seeing a consistent increase of international migrants every year, 2015 is known as the year of Europe's refugee crisis, when a record number of displaced people arrived in Europe. This was the highest number of displaced migrants since World War II when an estimated 1 million people arrived on Europe’s soil seeking refuge. South-East Europe was particularly affected as the main routes to Europe led through this region (see Figure 1.2.).

[1] Emigration is defined as movement from one’s country of nationality or usual place of residence to a different country, which then becomes the new usual place of residence (IOM, 2019).

Figure 1.2.

Map of Europe Highlighting South-East Region and Illustrating the Main Migratory Routes

Note. 14 countries highlighted in dark color indicate the South-East European (SEE) region: Albania, Austria, Bosnia and Herzegovina, Bulgaria, Romania, Croatia, North Macedonia, Greece, Hungary, Serbia, Montenegro, Slovakia, Slovenia and Moldova as identified by European Commission (n.d.). In Italy and Ukraine only certain regions are considered to be part of SEE, so the two countries are not highlighted. Arrows with numbers indicate the four main migratory routes into Europe: (1) Western Mediterranean, (2) Central Mediterranean, (3) Eastern Mediterranean, (4) Western Balkan. Data on migratory routes was obtained from

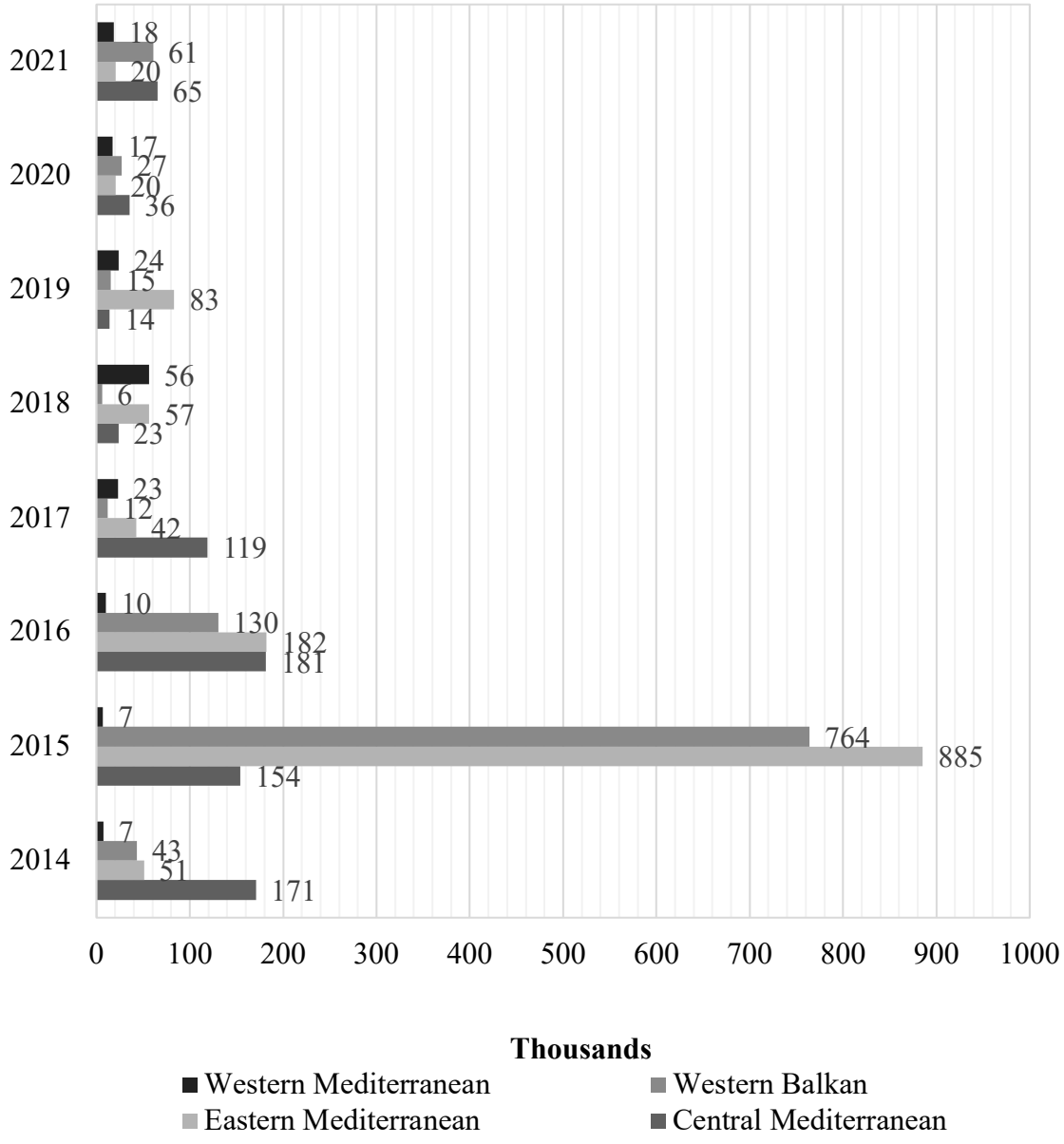
Frontex (n.d.); and routes are not numbered in any particular order. Abbreviations: B&H = Bosnia and Herzegovina.

The number of displaced people entering Europe started increasing in 2014, reaching its peak in 2015, which was mostly caused by the conflict in Syria. While migrants chose various sea and land migratory routes to enter Europe, four paths have played a key role (see Figure 1.2.). One of the main routes which led into Europe was the sea crossing between Spain and Morocco, also known as the Western Mediterranean route. While it was not a popular route in 2015, it became the most frequently used route into Europe in 2018, resulting in the detection of 56,245 border crossings (Frontex, n.d.). The Central Mediterranean route, which entails a sea border between North Africa and Italy, was under intense pressure from 2014 up until 2017, with more than 500,000 arrivals over the four years. While seeing a much lower number of arrivals recently, it was the most popular route into Europe in 2021. A massive wave of migrants in 2015 occurred via the Eastern Mediterranean route, which entails land and sea routes to Europe, with migrants arriving in Greece, Bulgaria, and Cyprus. It is estimated that a total of 885,386 migrants entered Europe via this route arriving on the Greek islands in the Eastern Aegean Sea, which was 17 times higher than the year before. The year 2016 also saw a high number of migrants arriving through this route, but the vast majority of migrants arrived during the first three months of the year. The number notably decreased after March 2016 following the implementation of the European Union (EU) - Turkey statement, when Turkey agreed to secure its borders and accept the return of illegal migrants from Greece. In fact, for the large number of migrants using the Eastern Mediterranean route, Greece was only a transit point. Using the Western Balkan route, most of the arriving migrants attempted to move north through North Macedonia and Serbia to re-enter Europe at the borders of Hungary and Croatia and migrate further towards Western Europe. As a reflection of the high number of migrants in 2015

using the Eastern Mediterranean route, the Western Balkan route saw a record number of migrants in 2015, with a number being estimated at 764,033, which was 16 times higher than the year before. Figure 1.3. illustrates the numbers of the detected migrants using the four main migratory routes into Europe since the notable rise of arrivals from 2014 to 2021.

Figure 1.3.

Border Crossings of Displaced Migrants into Europe of the Four Main Migratory Routes in Numbers



Note. Data obtained from Migratory routes by Frontex (n.d.).

Since the rise of conflicts in the Middle East and an increase of displaced people from this region, Greece particularly draws attention to the important role it played due to being the focal point of almost one million refugees reaching Europe. While many migrants chose to travel further into Europe, it is estimated that in 2020 Greece hosted 103,136 refugees (Macrotrends, n.d.). Overall, Greece has a rich history of migration. Until the 1970s, Greece was known for a large-scale emigration, when an estimated one million Greeks lived abroad. Due to economic growth, democratization, and EU membership, Greece turned into a country characterized by immigration. Particularly, following the collapse of the communist Albanian government in 1991, the number of immigrants in Greece started rising. By 2010, it was estimated that Greece hosted over 800,000 migrants, with more than half of them from Albania. The most recent updates show that in 2020 Greece was a host to 1.3 million foreign-born people, which is 13% of its total population (UN DESA, 2020).

1.2. Pre-migration and Post-migration Determinants of Mental Health

Regardless of reasons for migration, destination country, and migrant nationalities, research has established that migration is a risk factor for the development of mental health issues. A recent systematic review compared the prevalence rates of mental health issues among natives and migrants, demonstrating that 62% of the included studies reported migrants, including labor migrants, having an increased risk for the development of mental illness (Bas-Sarmiento et al., 2017). Numerous studies have particularly further examined the prevalence of mental health issues among forcibly displaced people due to the traumatic events this group of migrants experience. For example, Lindert and colleagues (2009) demonstrated a prevalence of 44% and 40% for depression and anxiety among refugees. High prevalence rates among displaced people due to traumatic events were also reported by Steel et al. (2009): 31% for both posttraumatic stress disorder (PTSD) and depression. Similarly, the most recent review estimated the prevalence of PTSD and depression at 32%, anxiety at

11% and psychosis at 2% (Blackmore et al., 2020). Yet, lower prevalence rates were found in a systematic review by Fazel et al. (2005) exploring refugees resettled in Western countries, which demonstrated a prevalence of 9% and 5% for PTSD and depression. The high variations in prevalence rates across studies have been systematically summarized by Morina et al. (2018), indicating that PTSD prevalence varies between 2% and 88%, depression from 5% to 81%, and anxiety from 1% to 90%. Nonetheless, Bogic et al. (2015) suggest that prevalence rates are high and remain at the same level even five years after displacement among forcibly displaced people. It has been suggested that heterogeneity across studies and at the level of reviews can be explained due to methodological flaws in studies, such as nonrandom sampling, use of self-reports methods, as well as samples sizes below 200 participants (Bogic et al., 2015; Fazel et al., 2005; Steel et al., 2009).

Migrant vulnerability to psychopathology has been questioned by several researches who demonstrated that immigrants self-report better mental health compared to natives also known as the *healthy immigrant effect*[2]. This phenomenon has been subject to considerable debate with researchers providing various explanations why the evidence is so mixed, including factors that underpin the different reasons for migration (Giuntella et al., 2018) and peoples' socio-economic and political experiences after migration (Bas-Sarmiento et al., 2017). While research on forcibly displaced migrants, consistently points to their vulnerability to psychopathology (Morina et al., 2018), mixed results can be found from studies exploring other types of immigrants (Schutt et al., 2019). Despite some studies confirming the healthy immigrant effect, a review by Gushulak et al. (2011) demonstrated that this effect may deteriorate over time due to the various resettlement stressors immigrants encounter after migration, which are discussed in the following section below.

[2] Healthy immigrant effect – the observation that immigrants on average are in better health than native-born populations (IOM, 2019).

The migration process is conceptualized in three main stages, with various political, economic, and social determinants affecting migrants' lives in each stage. The first stage is the premigration phase or the conditions and environment migrants lived in before migration. The second stage is the journey to the destination, and, lastly, the postmigration stage, which is the phase after migration characterized by the conditions and environment migrants live in once the final destination has been reached. Premigration is the most detrimental phase to forced migrants, such as refugees, asylum seekers, and those coming from war-torn countries. Robust evidence demonstrates that forcibly displaced people are under a substantial risk of developing psychiatric issues, such as depression, anxiety, and PTSD, due to the traumatic experiences prior to migration: exposure to torture and violence; witnessing fighting between armed forces; experiencing natural disasters or extreme living conditions; were imprisoned or kidnapped; experiencing physical or sexual violence; suffering injuries; were forced to evacuate under dangerous conditions; were separated from family or lost a family member; were persecuted due to political or religious reasons (Cantekin & Gençöz, 2017; Chen et al., 2017; Duraković-Belko et al., 2003; Ibraheem et al., 2017; Lindencrona et al., 2008; Matos et al., 2022; Priebe et al., 2012; Rasmussen et al., 2010; Tinghög et al., 2010). Several reviews have synthesized the extensive literature consistently indicating that traumatic events before migration are linked with psychopathology, such as depression, anxiety, and PTSD (Porter & Haslam, 2005; Steel et al., 2009) and often persist for years after resettlement (Bogic et al., 2015).

Most often, humanitarian migrants, such as refugees and asylum seekers, are also those who encounter the most arduous and dangerous journey conditions to the new place of residence, such as long and unsafe journeys, lack of access to food and water, and exposure to human trafficking. Such migration conditions also increase mortality risk, with estimates showing thousands of deaths recorded each year (Varella, 2021). The Mediterranean sea has

seen the highest number of deaths, estimating 4,054 deaths in 2015 and 5,143 deaths in 2016 as the record year, in addition to thousands of migrants who went missing and were never found.

Lastly, arrival at the final destination, either for permanent or temporary reasons, for many migrants is only the start of a long period of uncertainty and turbulence, which awaits further issues related to resettlement. A considerable amount of research has focused on factors associated with the pre-migration stage, yet, in recent years, the attention has been shifted to investigating resettlement stressors. Extensive research has particularly focused on forced migrant post-displacement experiences, exploring how postmigration challenges alleviate or compound migrant psychological well-being. For example, it is well-established that factors associated with material difficulties, such as unemployment (Bogic et al., 2012; Chen et al., 2017; Kashyap et al., 2019; Priebe et al., 2012), lower income (M. N. Beiser & Hou, 2017) and economic strain (Tinghög et al., 2010) are linked with poor mental health, including symptoms of depression, anxiety, and PTSD. In addition, asylum seekers report that an additional stressor is the inability to work as they await the asylum decision (Bernardes et al., 2010). Material difficulties also include stressors related to accommodation, with studies showing that unstable housing is a risk factor for mental health issues (Bogic et al., 2012; Kashyap et al., 2019) and global functioning (Song et al., 2015).

Several studies have also examined interpersonal stressors demonstrating their negative effects on forced migrants' mental health. Over the years, studies suggest that discrimination increases the risk for mental health issues among refugees in Canada, linking racial discrimination with an increased risk of depressed mood (M. N. Beiser & Hou, 2006) and, more recently, perceived discrimination with lower levels of positive mental health (M. N. Beiser & Hou, 2017). This was also supported by Alemi and Stempel (2018), who demonstrated an association between perceived discrimination and increased distress among

Afghan refugees in California. In addition, numerous other studies have demonstrated that perceiving oneself as a target of discrimination has negative effects on mental health (e.g., Chen et al., 2017; Tinghög et al., 2017). Interpersonal stressors associated with social challenges also affect humanitarian migrant mental health. Particularly, evidence shows that feelings of loss of culture and support among Syrian asylum seekers in Turkey (Cantekin & Gençöz, 2017) and missing prior social life among Syrian refugees in Sweden (Tinghög et al., 2017) are associated with the risk of PTSD, anxiety, and depression. Previous research has also indicated that various acculturation stressors, such as language barriers (Montemitro et al., 2021; Schick et al., 2016; Tinghög et al., 2017) or perceived safety concerns (Rasmussen et al., 2010) also increase the risk of psychological distress. Given changes and implementations of stricter immigration policies, the risk of family separation has increased detrimental consequences on mental health. Using a mixed-methods approach, Miller et al. (2018) demonstrated that family separation among refugees is closely linked to increased depression, anxiety, and PTSD levels. It was further highlighted that only the experience of physical assault from an additional 26 explored traumatic events explained variance in all three mental health variables (i.e., depression, anxiety, PTSD). These findings were further supported by their qualitative study showing that participants described family separation as a major stressor and primary factor and that reuniting with their families would improve their lives during resettlement. Moreover, family separation or the risk of parent deportation has also been found to affect the psychosocial functioning of undocumented immigrant children (Gulbas et al., 2016; Zayas et al., 2015). Lastly, it is well documented that an additional stressor for asylum seekers is the pending status of their asylum application and the associated uncertainty of the outcome (Hengst et al., 2018; Kashyap et al., 2019; A. S. Keller et al., 2003; Phillimore, 2011; Silove et al., 1997; Steel et al., 2004). Several scholars have recently summarized the above literature on post-migration stressors, demonstrating that

unfavorable socio-economic daily stressors increase the risk of psychopathology for forcibly displaced people (e.g., Hajak et al., 2021; Hou et al., 2020).

Whilst much research has focused on refugees, asylum seekers, and other migrants facing traumatic experiences, regardless of motives and causes for migration, any migrant may face stressors associated with resettlement. Specifically, it has been shown that increased levels of depression and anxiety among various immigrants are associated with resettlement stressors (Bas-Sarmiento et al., 2017). Although, for example, economic immigrants report lower unemployment rates compared to refugees (M. N. Beiser & Hou, 2017), material stressors negatively impact any migrants' psychological well-being. A longitudinal study in Canada demonstrated that lower-income immigrants report greater psychological distress (Setia et al., 2012). Similarly, unemployed immigrants in Australia have a two-fold likelihood of developing psychological distress compared to employed immigrants (Sharma, 2012). Language barriers are an additional stressor for any migrant, with research demonstrating that lack of language proficiency is related to depression and anxiety (Montemitro et al., 2021) and stress of managing daily life (R. Miller et al., 2019). Several studies also reveal the negative effects lack of social support and decreased social contact with friends have on mental health (del Amo et al., 2011; R. Miller et al., 2019; Sharma, 2012).

In the same vein, perceived discrimination has a range of harmful effects on well-being, such as depression, anxiety, and psychological distress, for any individual, including migrants, as demonstrated in a meta-analytical review (Schmitt et al., 2014). The ongoing public crisis of COVID-19 has increased negative attitudes and behavior towards migrants, thus raising concerns for further deterioration of migrant mental health due to maltreatment of foreigners. For example, Chinese international students in the US experienced verbal abuse and received increased negative looks from the majority because of mask-wearing during the initial stages of the COVID-19 outbreak (Ma & Zhan, 2020). The same was evident in Japan

towards foreigners who engaged in infection-preventative behaviors (Yamagata et al., 2020). Hostility and negative attitudes towards foreigners have also increased in the Czech Republic, as demonstrated by Bartoš et al. (2020) in a large nationally representative survey and in Canada (Newbold et al., 2021).

The evidence presented on migration stressors in the previous section suggests that migration, either forced or voluntary, is a risk factor for the development of psychopathology, which depends on pre-migration experience, events in the migration journey, as well as the various social, political, and economic challenges migrants face during resettlement. Nonetheless, with rapid research developments on post-migration stressors, a growing body of evidence suggests that resettlement challenges have arguably a far greater impact on migrant mental health (Chen et al., 2017; Hou et al., 2020).

1.3. Social Identity Theory

The previous sections point to the complexity of migration and the numerous challenges migrants face throughout the migration process, which are important to address for enhancing their mental health. However, to a lesser extent, attention has been paid to an important psychological factor in migrants' lives – the need to belong. The human drive for the need for attachment was firstly addressed by Sigmund Freud, known as the founder of psychoanalysis, who talked about a child's instinctual attachment to the mother, which was mostly driven by the satisfaction of physical needs for food (1915). In 1943, Abraham Maslow developed a hierarchy of needs and identified the need to belong as one of the fundamental human needs. He developed a theory of human motivation and proposed that after physiological and safety needs have been satisfied, people long for a sense of belonging and connection with others. Maslow theorized that people long for friends, love, and affectionate relationships, as well as for a place and acceptance in social groups. The sense of belonging to groups and the influence these groups have on people's behavior was further

investigated by Tajfel and colleagues (1971). They examined intergroup behavior, using experiments to explore to what extent people tend to favor groups to which they have a feeling of belonging. Experimental evidence demonstrated that even when belonging to a social group has been assigned arbitrarily by an independent person, people tend to favor the groups they belong to compared to other groups. A large volume of studies followed Tajfel's work and continued to explore social motivations and intergroup behavior, for example, discrimination and social comparisons (Tajfel & Turner, 1979) or conformity to group norms (Jetten et al., 1996).

Tajfel's work on intergroup behavior also introduced social identity theory, known as his greatest contribution to social psychology, and was further developed by Tajfel and Turner (1979). While initially formulated around intergroup relations, it is now applied to explain various social phenomena. A central idea of social identity theory is that people belong to social groups, and part of a person's sense of self is based on these group memberships, referring to the person's social identity. It posits that people not only think about themselves in terms of individual characteristics, such as skills, values, and beliefs as "I" and "me", but that people also think about the self in terms of groups memberships as "us migrants", "us Syrians", or "us Christians". People are social beings who grow up in groups and are raised by groups, such as families, neighborhoods, and communities. People also take an active part in these groups, such as socialize with friends, studying and working together with classmates and colleagues. People also play sports in teams and perform in choirs, ballet and theater groups. John Donne, an English poet, is known for saying that no person is an island (Donne & Raspa, 1987). Social identities are multidimensional and consist of any group that an individual recognizes as psychologically meaningful and core part of the self, going beyond mere socio-demographic groups, such as race, gender, ethnicity, or sexual identity. To understand the process of how people categorize the self and others in social

groups, Turner et al. (1987) proposed self-categorization theory, proposing that people engage in social categorization, which is a cognitive tool for classifying and simplifying the social environment. Social categorization is a cognitive process which allows people to cluster groups based on some common characteristics, such as demographic features, interests or beliefs (Turner et al., 1994).

1.4. Social Identity Approach to Mental Health

Despite research applying social identity theory to understand people's behavior in the late 1970s, a distinct approach to understanding people's mental health in relation to their social identities emerged only about a decade ago (S. A. Haslam et al., 2009), with a significant increase of studies conducted in the field since. The social identity approach to mental health postulates that when the groups that people belong to are internalized as part of self, they are closely tied to a person's well-being (Greenaway et al., 2016). This is because groups provide social and psychological resources to satisfy various psychological needs to live a psychologically healthy life (Greenaway et al., 2016). That is, positive social identification with groups provides productive engagement with others, such as communication (e.g., Greenaway et al., 2015), a sense of social connection and trust (e.g., Reicher & Haslam, 2006), and boosts one's self-esteem (e.g., Jetten et al., 2015). They are major sources of social support and coping resources to resist negative life circumstances (e.g., C. Haslam et al., 2016; S. A. Haslam & Reicher, 2006). Moreover, social identification with groups gives people the feeling of being in control (Greenaway, Haslam, et al., 2015) and a sense of belonging, purpose, and meaning in life (e.g., Cruwys et al., 2014). Due to the range of key social processes and resources groups provide, it has been established that group life is a major determinant of psychological well-being (e.g., Cruwys et al., 2013; Greenaway et al., 2016; Postmes et al., 2018). In fact, a meta-analysis of 148 studies demonstrated that social relationships are also an important factor for physical health, reducing the risk for

mortality (Holt-Lunstad et al., 2010). This exceeds the traditionally researched and well-established risk factors of poor health behaviors, such as alcohol, smoking, obesity, and lack of exercise. Despite the apparent influence of social identification on well-being and health, A. S. Haslam and colleagues (2018) demonstrated the degree to which people underestimate the importance of social determinants. The well-established factors of medical research were considered more detrimental compared to social support and social integration, raising concerns about the lack of knowledge and awareness of social determinants to health at a societal level.

Before diving further into the previous literature on social identity and mental health, the terminology used in the discourse of social identity should be clarified. Drawing on the book by C. Haslam et al. (2018), the most often used term is *social identity*. Nevertheless, the term is also used interchangeably with social identification, social connectedness, group identification, group connectedness, group identity, group membership, sense of belonging or sense of identification to group memberships or social groups. This is in addition to those studies which explore specific dimensions of migrant social identities, addressing them directly, for example, as ethnic or national identities, all falling under the term of social identity. It is important to note that the various terms for social identity will also be used interchangeably throughout the current thesis.

Life is unpredictable and may bring various changes and transitions threatening people’s social identities. Aging, unemployment and financial difficulties, as well as illness, transition to college, or discrimination, each require some adaptation to the situation, often challenging people to maintain a positive social identity. Consequently, when a person's social identity is threatened or when people lose a part of their social identity, they tend to disconnect and socially isolate, which, in turn, leads to a lack of social support and coping resources to effectively deal with changes or other life circumstances, negatively affecting

psychological well-being (Cruwys, Haslam, et al., 2014; Reicher & Haslam, 2006). Social groups, particularly the perseverance of previously developed group memberships and the development of new group identifications, have been identified as a major contributing factor to positive psychological well-being in the face of social identity threats. For example, C. Haslam et al. (2008) demonstrated that multiple group memberships and, particularly, maintaining these groups after life transitions predict better well-being for stroke patients. Similarly, developing new group memberships after suffering from a brain injury can reduce the development of post-traumatic stress symptoms (J. M. Jones et al., 2012). For people facing financial stress, greater identification with a neighborhood alleviates the negative effects on mental health (Elahi et al., 2018). Research examining people in homeless shelters found that multiple group memberships and gains in multiple group memberships predict greater self-satisfaction (Jetten et al., 2015). Similarly, group identification predicts greater life satisfaction and lower depressive symptoms among students transitioning from high school to college since groups are major sources of coping resources to handle challenges associated with the transition (Iyer et al., 2009). Along the same lines, McIntyre et al. (2018) demonstrated that the established bond with fellow university students is important for maintaining positive mental health. In the context of first-year university students, Marksteiner et al. (2019) indicated that increased belonging to the university is linked with lower depressive symptoms among freshmen. Together these studies provide strong evidence that group identification and development of new group memberships after various life transitions can improve peoples' mental health.

1.5. Social Identity Approach to Migrant Mental Health

Migration is another major life transition, which may threaten and pose potential changes to peoples' social identities but has received less empirical attention. Regardless of the reasons for migration, any relocation involves some social adjustment for the individual.

For example, some people may maintain or possibly strengthen the existing social ties from their previous place of residence, such as friends or family, especially with the help of technologies and online media, which nowadays allow people to get in touch with each other from anywhere and anytime using phones or laptops. At the same time, some social ties may weaken due to the physical distance not only because mobile phones could be considered a privilege and not available for all people who migrate, but it has also been found that the use of social media alone is not an efficient way to maintain social ties (Haythornthwaite, 2005). Regarding other dimensions of social identities, for example, national identity, it may be that some people may maintain or develop a stronger sense of national identity after relocation, while others might assimilate more with the new culture. This could also be argued about other dimensions of social identities, such as the weakening or strengthening of ethnic, religious or other meaningful group memberships in migrant lives. In addition, while evidence suggests that the development of new group memberships after the relocation is an important factor for positive mental health (e.g., Jones et al., 2012), new meaningful group formation might be easier for some migrants but impose difficulties for others for various reasons including personal characteristics or language barrier.

Given that migration may threaten social identities, a volume of studies has particularly investigated ethnic identity, demonstrating its positive influence on migrant psychological well-being during resettlement. For example, a study by Çelebi et al. (2017) demonstrated that increased ethnic identification among Syrian refugees, particularly a sense of belonging and continuity of ethnic identity, is associated with lower depression and anxiety levels compared to those with lower group identification. In addition, while discrimination was associated with lower psychological well-being, this was not evident among refugees with higher Syrian identification. Mossakowski et al. (2019) demonstrated similar results, linking stronger ethnic identification with decreased distress among foreign-

born migrants in the US. Several studies have also revealed the protective role ethnic identity plays, demonstrating that it can protect against the development of depressive symptoms, buffering the negative effects of perceived discrimination among immigrant status ethnic minorities (Brittian et al., 2015; Thibeault et al., 2018). However, the protective role of ethnic identity has been challenged by several studies, demonstrating opposite results, for example, among Afghan refugees (Alemi & Stempel, 2018) and Asian descent minorities, including immigrants in the US (Atkin & Tran, 2020; Yoo & Lee, 2009). Authors suggest that the differences in results may be attributed to methodological characteristics of the studies, such as sample size, measurements used and other potential variables, such as type of migration. However, it may also be argued that strong ethnic identification may exacerbate the negative effects of perceived discrimination on mental health among some migrant groups, for example, native-born populations (Atkin & Tran, 2020; Yoo & Lee, 2008).

Studies have also explored migrant identification with the mainstream culture, indicating that increased identification with the US culture is associated with decreased depressive and anxiety symptoms (Meca et al., 2019; Tikhonov et al., 2019). While some scholars also support such findings, they also highlight the important role social experiences may play in this association (McIntyre et al., 2019). The study demonstrated that identification with the majority is linked with lower levels of paranoia when minorities mostly experienced positive social contact with the majority. Yet, this association was reversed when minorities mostly experienced negative social contact. Nonetheless, identification with the mainstream culture is an important determinant of mental health outcomes, with Straiton et al. (2019) recently highlighting the importance of developing an affiliation with the host country compared to exclusively preserving belonging to the country of origin. The study demonstrated that immigrants who maintained their affiliation to the country of origin and developed a sense of belonging to Norway reported better mental health

outcomes in the face of discrimination. While overall, poorer mental health was found among those immigrants who developed an exclusive affiliation to Norway, followed by those who only maintained their sense of belonging to their country of origin. The study on immigrants in Norway confirms the long line of literature linking biculturalism[3] with positive mental health outcomes and better migrant adjustment in society, as synthesized by A. M. T. Nguyen & Benet-Martínez (2013). Therefore, Berry and Hou (2021) recently demonstrated that even over generations, immigrants sustaining identification with both cultures report better psychological well-being. According to the bi-dimensional acculturation model (Berry, 1997; 2003), the interaction between mainstream and heritage cultural orientations results in four possible distinct acculturation strategies: integration, assimilation, separation and marginalization. Which of the acculturation strategy will be adopted depends on the extent an individual maintains one's heritage culture and how open and willing one is to adapt and adjust to the mainstream culture, as well as the social environment to which the person is exposed. An integration strategy, also known as biculturalism, is when an individual identifies with both cultures, that is, when an individual maintains orientation towards heritage culture, while adapting to the new culture. An integration strategy is assumed to be the most "ideal" strategy for minorities relative to other strategies (e.g., Straiton et al., 2019; Yoon et al., 2013). Research suggests that bicultural people are most likely to be the most well-adjusted individuals, receiving greater social support and having increased assets for coping mechanisms, hence report better psychological well-being (A. M. T. Nguyen & Benet-Martínez, 2013; Straiton et al. 2019). An assimilation strategy is a process when a person shifts their orientation towards the mainstream, that is, it can be understood as people adapting to the mainstream culture, while losing their sense of connection with their heritage

[3] We refer to a bicultural person who internalizes two distinct cultures, the mainstream and the culture of origin (A. M. T. Nguyen & Benet-Martínez, 2007).

culture. Separation occurs when a person only identifies with the heritage culture while rejecting the mainstream culture. Lastly, a marginalization strategy can be understood as failing to maintain belonging to the heritage culture while also rejecting the culture of the mainstream. Tadmor and Tedlock (2006) further proposed the acculturation complexity model suggesting that bicultural people or people who chose the integration strategy and have a sense of belonging to two distinct cultures are more integratively complex. Meaning, that bicultural individuals have increased cognitive abilities to recognize, accept and connect to different cultural perspectives and show willingness, motivation and abilities to shift from one cultural worldview to another depending on the environment. Consequently, in addition to increased social support bicultural individuals receive, for example, it is likely that another underlying process through which biculturalism brings psychological benefits at the individual level may lay within the integrative complexity, which previous research links with enhanced adaptive stress response (Fearon & Boyd-MacMillan, 2016) and increased tolerance (Roccas & Brewer, 2002). This is particularly important in minority populations often facing social adversities, such as discrimination and prejudice. Nonetheless, it is important to note that the choice of the acculturation strategy does not depend on the minorities' acculturation preferences alone. In fact, society, its attitudes and expectations of migrants also play an important role in determining the extent to which minorities adjust and integrate into the mainstream culture.

Lastly, Smeekes et al. (2017) highlighted the benefits of multiple group memberships. The study demonstrated that Syrian refugees reporting belonging to multiple group memberships before migration were more likely to preserve these group memberships after migration, which in turn increases life satisfaction and decreases the risk for the development of depression. Overall, research on migrants' social identities and mental health is challenging due to the many potential confounding variables that could influence the

association between the two constructs. These are factors beyond methodological issues (e.g., sample size or sampling method), such as aspects associated with migration and resettlement, including the type of migration, exposure to trauma, time since migration, cultural differences and similarities with the mainstream culture, or adverse social experiences, to name a few. It is likely that these are also factors influencing differences in previous findings. For example, some studies have demonstrated the negative effects of social identity on people's well-being due to the challenges and threats in relation to identities minorities experience, such as discrimination, prejudice or stigma from outgroups, which then negatively influence mental health (e.g. Cobb et al., 2017). Other studies explore recently resettled migrants and their identification with the mainstream, thus raising debate about whether it is too soon to speculate on its positive effects on mental health (e.g., Jorgenson & Nilsson, 2021). Yet, while the majority of research suggests that ethnic identity is an important determinant for positive mental health among established ethnic minorities (Smith & Silva, 2011), this is not consistently found among 2nd generation migrants (e.g., Atkin & Tran, 2020). Nevertheless, given the complexity of social identity and recent developments in the field, the evidence tends to show that a sense of belonging is an important determinant of living a psychologically healthy life. However, since social identity consists of any group that a person identifies as a meaningful part of the self (Tajfel, 1979), more research is needed to speculate which social identities may be the most important and protective for different migrant groups in particular circumstances.

1.6. Current Thesis

Given that migration may threaten social identity by disrupting peoples' sense of belonging to social groups, it is important to explore and understand how such threats affect mental health and to what extent migrant psychological well-being can be protected by investigating factors that sustain social identities. The main objective of the current thesis is

to contribute to the social identity approach to mental health and extend knowledge on the role group memberships and a sense of belonging have on migrant psychological well-being with an overarching research question: what role does social identity play on migrant mental health? To address the proposed research question, the thesis focuses on migrants in Greece for three main reasons: Greece has a rich history of migration, it is a host to a large number of migrants, and it also played one of the key roles in one of the most recent refugee crisis in 2015. Hence, it is aptly suited for conducting primary research on migrant mental health in relation to their social identities. Given the lack of consensus on the definition of a migrant, it is important to note that the current thesis refers to a migrant as anyone who moved away from their usual place of residence regardless of reasons for migration, the length of stay and whether the decision to move was made voluntarily or involuntarily; thus, the term also refers to their descendants, such as 2nd or later generation migrants. As a result, chapters in this thesis vary in terms of their focus on different migrant groups; for example, chapter 2 explores all types of migrants but also includes ethnic minority groups, chapter 3 examines immigrants, but chapter 5 particularly explores 1st and 2nd generation migrants, for which definitions are clarified in each chapter. There are many groups that exist in society, which differ in terms of reasons for migration, migration status or permanence in the country. For example, there are groups that chose to migrate voluntarily or were forced to do so, groups that have had the new culture brought to them (e.g., indigenous people), or groups with a temporary or permanent status within the country. Despite the varying issues these groups may face in relation to resettlement, the challenges of social identity and its influence on mental health appear to be common to all these groups. As a result, when discussing and drawing conclusions from the findings of the current thesis, an overarching umbrella term of migrant is used, which is also reflected in the title of the thesis. The thesis focuses on adult migrants only because of several additional detrimental factors associated with migrant

children, including disruption of education, separation from caregivers or caregivers' mental health problems, to name a few (Kadir et al., 2019). Lastly, according to the World Health Organization (WHO), mental health is conceptualized as a state of well-being in which a person is able to effectively cope with life stressors and flourish in other life domains, such as working productively, contributing to the community, and relating to others (2001). However, this definition closely corresponds with a modern conception of well-being, which scholars have pointed out is not the opposite of mental ill-health; individuals can lack mental health symptoms and hence be mentally well but nonetheless have low levels of well-being, a concept that is sometimes described as languishing (Keys, 2005). Therefore, the focus of this research will be on the common psychiatric disorders, especially depression and anxiety, which belong to the internalizing spectrum of psychiatric disorders (Krueger, 1999; Kotov et al., 2011).

1.6.1. Aims of the Current Thesis

The current thesis takes a multi-methodological approach to address the main objective and the overarching research aims. In addition to exploring the effects of social identity on migrant mental health, the thesis aims to provide insight into migrant experiences, their adjustment and integration into society and how this relates to their psychological well-being. By applying such a holistic approach to this research field, the thesis, firstly, provides a richer perspective and exploration of migrant social identities, including the associated challenges and changes due to migration and migration status. Secondly, it allows us to draw more certain conclusions on the role social identity plays on migrant mental health. Consequently, considering the recent developments and growing number of studies in this research area, the first aim of the thesis is to examine the overall magnitude of the association between social identity and migrant mental health. In this context, Chapter 2 of the thesis presents the first systematic review and meta-analysis in this field, summarizing the existing literature on the

association between social identity and common mental disorders among migrant and ethnic minority populations. The chapter also identifies several participant and methodological characteristics accounting for variations in results across the studies in this research field.

The outbreak of COVID-19 in 2020 exacerbated factors that increased levels of discrimination towards minorities and, in addition to government-imposed social distancing and stay-at-home restrictions, increased disconnection. This created the opportunity to conduct two timely studies exploring the social and psychological effects the pandemic had on people in Greece. Firstly, with increasing claims on the role social identification may play in buffering the negative effects of discriminatory experiences, Chapter 3 of the thesis explores migrants' perceived discrimination and a sense of belonging to meaningful groups aiming to answer the following research question: does a sense of belonging improve resilience in the face of adversity in public health emergencies? We expected that social connectedness will mediate the association between perceived discrimination and mental health outcomes (i.e., depression, anxiety, paranoia) and loneliness. Chapter 4 tackles the issue of discrimination and prejudice towards migrants from the majority's perspective. This is particularly important considering that migrant well-being and integration into societies not only depend on their willingness to adjust and change but also on the majority's acceptance of them as valuable members of society. Exploring Greek attitudes towards migrants can provide a better understanding of the social challenges migrants may experience during their adaptation into society. Thus, Chapter 4 aims to answer the following research question: Did the COVID-19 outbreak activate authoritarianism in Greek society, increasing negative attitudes towards migrants? By examining the two authoritarian predispositions (right-wing authoritarianism and social dominance orientation), we hypothesized that authoritarianism will increase with greater COVID-19 anxiety, which in turn increases anti-immigrant sentiment, as was demonstrated in other countries (Hartman et al., 2021). In addition, the

chapter explores the role sense of belonging has on levels of prejudice, investigating whether group identification acts as a mediator between authoritarian predispositions and anti-immigrant sentiment. We assumed that authoritarianism would impact the sense of belonging, so we considered multiple measures of identity before selecting nationalism and other ethnic group identification as mediators between authoritarianism and anti-immigrant sentiment.

Chapter 5 presents the fourth study of this thesis, qualitatively exploring social identity from the migrants' perspective. The chapter analyzes the results of semi-structured interviews to understand how migrants construct their social identities, their perspective on the challenges and changes they experience in relation to group memberships and ultimately, the influence this has on their psychological well-being. The final chapter draws upon the entire thesis, summarizing its main findings, interpreting them in connection to the existing literature and drawing conclusions on the role social identity plays on migrant mental health (Chapter 6). The chapter also identifies the theoretical and practical implications of the thesis and makes suggestions on what still needs to be done in this field, providing directions that future research could follow.

CHAPTER 2.

Study One: Increased Social Identification is Linked with Lower Depressive and Anxiety Symptoms among Ethnic Minorities and Migrants: A Systematic Review and Meta-Analysis

2.1. Introduction

People have migrated throughout history - creating ethnically diverse communities across the world - with recent projections showing a future increase in the proportion of ethnic minority groups (U.S. Census Bureau, 2019). Despite this trend, these minorities still face precarious socio-economic conditions and discrimination, which are consistent predictors of mental health disorders (e.g., R. Harris et al., 2006; Karlsen et al., 2005; Karlsen & Nazroo, 2002; Nazroo, 2003). Epidemiological research seeking to explore ethnic disparities in mental health disorders points to the complexity of this association. For instance, research suggests that ethnic minorities in England and other European countries experience elevated rates of common mental disorders (Missinne & Bracke, 2012; K. Smith et al., 2020; Weich et al., 2004). Ethnic minority status has also been identified as a risk factor for psychotic disorders (Leaune et al., 2019; Tortelli et al., 2018). However, most studies conducted in the US produce contradictory results. For example, a large body of evidence shows that ethnic minorities in the US have a lower prevalence of psychiatric disorders, such as anxiety and major depression (D. M. Barnes et al., 2013; D. M. Barnes & Bates, 2017; Breslau et al., 2005, 2006; K. M. Harris et al., 2005; Himle et al., 2009; D. R. Williams et al., 2007). In the context of social stressors and mental health, these findings contradict the social stress paradigm, which predicts that disadvantages, such as social status and discrimination, lead to mental health issues. Nonetheless, studies in the field, including in the US, consistently indicate that mental health disorders tend to persist for longer in ethnic minorities (Breslau et al., 2005; D. R. Williams et al., 2007), which may be attributed to their

lower use of mental health services (K. M. Harris et al., 2005; P. S. Wang, Berglund, et al., 2005; P. S. Wang, Lane, et al., 2005).

2.1.1. Migration and Mental Health

The literature on ethnic minorities with immigration status is more consistent; global findings indicate that this population is particularly vulnerable and has a greater likelihood of developing PTSD, major depression, anxiety, and nonaffective psychosis (Bas-Sarmiento et al., 2017; Brandt et al., 2019; Close et al., 2016; Fazel et al., 2005; Porter & Haslam, 2005). These findings are particularly important, as, in recent years, the number of people who have moved between distant geographical regions has reached its highest value that humanity has ever seen; in 2020, the number of people who lived in a country other than the one in which they were born was reported to be over 280 million, and this number is expected to increase further in the future (McAuliffe & Triandafyllidou, 2021).

Because of the wide range of economic, social, political, cultural, and environmental factors that foster migration, an oversimplified definition of a *migrant* risk being reductive. The IOM confirms that there is no universally accepted definition and describes that a migrant is someone who moved within or outside the state of birth regardless of legal status, the reason for migration, whether the movement is temporary or permanent or voluntary or involuntary (IOM, 2019). In practice, there are numerous reasons why people leave their usual place of residence. Some migrate out of choice in the search for work opportunities or education. However, others have been forced to flee their homes either internally or outside their state of residence for reasons such as natural or other environmental disasters or in response to an armed conflict and violence. By the end of 2021, the number of forcibly displaced people reached 89.3 million worldwide, including 53.2 million people who have relocated within their own country. Of these, 27.1 million are refugees, and 4.6 million are asylum seekers (UNHCR, 2021). According to the 1951 Geneva Convention, a refugee is a

person who is forced to flee a country due to a well-founded fear of persecution based on reasons such as race, religion, political beliefs, nationality, or membership in a particular social group and who is unable to seek protection from that country (IOM, 2019); in contrast to a refugee - someone who has already received protection, an asylum seeker is someone who is only seeking this protection.

Because of this lack of consensus, scholars tend to use the term migrant inconsistently, and some authors have failed to provide a clear explanation of whom they consider migrants in their research. For example, Close et al. (2016), in a recent systematic review of the literature on the mental health of first-generation migrants (those who have made the journey from one country to another, as opposed to their descendants in the second, third generation etc.) use the definition proposed by IOM. Yet, in a study conducted in Germany by Geschke et al. (2010), a migrant was considered anyone with a culture other than German (in other words, migrant status was confounded with ethnic minority status), while, in a US study by Keller et al. (2017), migrants were defined simply as individuals who had arrived at the US border from the Northern Triangle of Central America. In the light of this lack of consensus, the current study draws from the IOM definition of a migrant as anyone who moves away from their usual place of residence regardless of legal status, the reason for migration and the length of stay.

Given the distressing events forcibly displaced people experience, research has established that forced migration is a strong risk factor for developing psychiatric disorders. For example, a meta-analysis of 56 studies conducted in five different regions, including Africa, Latin America, the Middle East, Asia, and Europe, showed that refugees and internally displaced people report worse mental health outcomes relative to non-refugee groups (Porter & Haslam, 2005). Furthermore, a systematic review indicated that refugees who have resettled in Western countries are more likely to be diagnosed with PTSD and

major depression than the general population in those countries (Fazel et al., 2005). Similarly, a review exploring first-generation migrants, including refugees and asylum seekers who had relocated to high-income countries, such as the US, Canada, the United Kingdom (UK), Sweden, and Australia, reported significantly higher prevalence rates of PTSD, depression, and anxiety compared to the native population in the host country (Close et al., 2016). Therefore, a recent meta-analysis on refugees in Western host countries confirmed that the traumatic events migrants experience prior to migration have also been shown to be a risk factor for the development of nonaffective psychosis (Brandt et al., 2019). Nonetheless, while those who migrate under adverse circumstances, such as refugees, have an elevated risk of developing psychological disorders, migration itself poses a potential psychological threat. A systematic review by Bas-Sarmiento et al. (2017) demonstrated that migrant populations worldwide, including those who migrate out of choice, experience an increased risk of psychopathologies, such as depression, anxiety, and somatic disorders, compared to the native population.

Scholars have tried to identify which pre-migration and post-migration factors contribute to this effect. For example, migrants who have experienced traumatic events such as exposure to torture and violence, suffered injuries, were forced to evacuate under dangerous conditions, witnessed fighting between armed forces and have been separated from family or lost a family member are at a greater risk for developing mental health issues (Cantekin & Gençöz, 2017; Duraković-Belko et al., 2003; Kira et al., 2017; Lindencrona et al., 2008; Rasmussen et al., 2010). This extensive literature has been synthesized by several reviews, which have demonstrated that, despite varying prevalence rates across studies, war-related traumatic experiences are consistently linked with elevated rates of PTSD, depression, and anxiety (Porter & Haslam, 2005; Steel et al., 2009). Moreover, the existing literature emphasizes the importance of the displacement process, such as long and unsafe journeys,

and post-displacement experiences that may compound or alleviate migrant mental health outcomes. These challenges include lack of employment opportunities and poverty (M. N. Beiser & Hou, 2017; Bernardes et al., 2010; Papadopoulos et al., 2004; Porter & Haslam, 2005; Priebe et al., 2012; Rasmussen et al., 2010; Silove et al., 1997); perceived interpersonal discrimination, such as verbal abuse and physical assault as well as perceived institutional discrimination (Bernardes et al., 2010; Branscombe et al., 1999; Ellis et al., 2008; Karlsen et al., 2005; Karlsen & Nazroo, 2002); poor housing and living conditions (Bernardes et al., 2010; Papadopoulos et al., 2004; Porter & Haslam, 2005; Rasmussen et al., 2010; Steel et al., 2009); feelings of loss of cultural roots including unfamiliar environments, different values, traditions and beliefs, as well as language (Ager & Strang, 2004; Papadopoulos et al., 2004; Phillimore, 2011; Priebe et al., 2012); lack of safety and access to resources (Ager & Strang, 2004; Phillimore, 2011; Rasmussen et al., 2010); social isolation and lack of social support due to the loss of social networks (Norris et al., 2011; Papadopoulos et al., 2004; Priebe et al., 2012; Silove et al., 1997). An additional stressor for asylum seekers is their pending status. Research has shown that prolonged time in detention centers has an adverse effect on migrant mental health (Keller et al., 2003; Steel et al., 2004).

2.1.2. Social Identity and Mental Health

While research has identified numerous social, economic and cultural displacement factors that need to be addressed to improve psychological well-being in ethnic minorities and migrants, one important psychological factor has been overlooked – the need to belong. The sense of belonging to the social world is one of the fundamental psychological needs (Baumeister & Leary, 1995), enhancing psychological well-being (Cruwys, Alexander Haslam, et al., 2014; Cruwys et al., 2013; S. A. Haslam et al., 2009). Hence, people's social connectedness predicts psychologically and physically healthier lives (Holt-Lunstad et al., 2010). A growing body of evidence supports the hypothesis that identification with groups

has health benefits and is protective against a range of mental health issues in vulnerable populations (Jetten et al., 2012). Within this context, evidence shows that increased social identification is a predictor of better mental health outcomes and coping strategies after major life transitions for stroke patients (C. Haslam et al., 2008), for people who suffered traumatic injuries (J. M. Jones et al., 2012), for people facing financial stress (Elahi et al., 2018), as well as for those who live in homeless shelters (Jetten et al., 2015).

While ethnic minorities and migrants have an increased likelihood of developing mental health issues (Brandt et al., 2019; Close et al., 2016; Weich et al., 2004), empirical evidence on the benefit of multiple social identities to ethnic minorities and migrants is scarce, with most research focusing on a single dimension of social identity. For example, the literature indicates that ethnic identification plays a crucial role in ethnic minority mental health, predicting a lower likelihood of developing a lifetime-psychiatric disorder, including depression and anxiety (Burnett-Zeigler et al., 2013), as well as enhancing overall psychological well-being (Branscombe et al., 1999). Furthermore, research indicates that ethnic identification has a positive effect on perceived discrimination, buffering against the development of depressive symptoms for ethnic minorities (Ikram et al., 2016) and ethnic minorities with immigrant status (Thibeault et al., 2018). Other studies explored ethnic minority identification with their close environment, showing that a sense of belonging to a community protects from the development of depressive symptoms (Gonyea et al., 2018; Hill, 2009).

With regards to migrant social identities, a recent study explored group identification of Syrian refugees, demonstrating that increased Syrian identification derived from the sense of belonging to the Syrian community and the perseveration of this identity after migration was linked with lower levels of depression and anxiety (Çelebi et al., 2017). Similarly, Smeekes et al. (2017) found that Syrian refugees belonging to multiple social groups before

migration were more likely to maintain group memberships after migration, which in turn was linked with a decreased risk of depression and greater life satisfaction. Other scholars examined the role migrant identification with the mainstream culture plays, suggesting that migrants' greater sense of belonging to the US culture is linked with decreased depressive and anxiety symptoms (Meca et al., 2019; Tikhonov et al., 2019).

2.1.3. Present Study

Despite this growing support for the positive mental health benefits of social identity in minorities and migrants, both consistencies of the findings and strength of this effect remains uncertain. We, therefore, conducted a meta-analysis of relevant studies focusing on common mental disorders, hypothesizing that increased social identification would be linked with lower levels of common mental disorders. In addition, we sought to assess the influence of methodological and contextual factors that may account for variations across the studies. It is important to note that the current systematic review also includes people from ethnic minority backgrounds. This is because some ethnic minority groups are created as a result of migration, while for others, a new culture was brought to them (e.g., indigenous people). Despite the underlying reasons which create ethnic minority groups, similar to migrants, these groups often face challenges associated with their identities, such as identity continuity to their ethnic group and the search for belonging to the majority.

2.2. Methodology

2.2.1. Data Sources and Search Strategy

A systematic review protocol was developed prior and registered on the International Prospective Register of Systematic Reviews (PROSPERO). The registration number of the review is CRD42019129184 and is available from https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42019129184. The literature search was conducted using PubMed, PsycINFO and Web of Science. The three

databases were chosen as they cover the core of literature in the field of psychology. To locate relevant studies according to the objectives of the current review, the following combination of keywords was used: *immigrant* OR *asylum seeker* OR *migrant* OR *refugee* OR *displaced person* OR *displaced people* OR *ethnic minorit** AND *identity* OR *group belonging* OR *group membership* OR *group identification* OR *social identification* OR *identification* OR *sense of belonging* AND *common mental disorders* OR *depress** OR *posttraumatic stress* OR *anxiety* OR *panic disorder* OR *obsessive-compulsive disorder*. The study searched for articles published in the English language between 1970 and 2021, with the last search conducted on all databases on October 11th, 2021. Because social identity theory was proposed in the 1970s, the current review limited its search accordingly. The systematic review and meta-analysis were conducted and reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines (Moher et al., 2009; see Appendix A).

2.2.2. Inclusion Criteria

The following criteria had to be met for studies to be included in the current review: (1) the study must be published in a peer-reviewed journal; (2) the study is of a quantitative research design (e.g., cross-sectional, longitudinal); (3) the study included participants at least 18 years of age or older; (4) the study assessed at least one ethnic minority and/or migrant group (e.g., African Americans, 1st generation immigrants, people with diverse migration statuses); (5) the study investigated at least one of the common mental disorders, such as depression, generalized anxiety, panic, obsessive-compulsive, post-traumatic stress and/ or social anxiety disorders (National Institute for Health and Care Excellence, 2011); (6) the study used at least one social identification measure (e.g., ethnic, religious or national identity); (7) the study reported a quantitative finding on the association between social identity and common mental disorders.

2.2.3. Exclusion Criteria

Studies which assessed clinical samples or recruited participants from a general sample and only then separated the sample into groups of the current study's interests were excluded. Often, studies on ethnic minorities are conducted in predominantly white universities in the US. Including studies with migrant and/ or ethnic minority samples drawn from general populations would increase the chance of including findings on small sample sizes, thus weakening the statistical results of the meta-analyses. In addition, studies using a mixed methodology and those not reporting results separately for the groups of review's interests were excluded.

2.2.4. Study Selection

Three researchers participated in the study selection process, following six steps: (1) after the elimination of duplicates within and between databases, Mrs. Brance (KB) checked all titles and abstracts of the located studies and eliminated those that unambiguously did not meet the review's inclusion criteria; (2) the second researcher, Dr. Chatzimpyros (VC), randomly chose a 10% of the included and excluded studies for verification; (3) any uncertainties or discrepancies between the first and second researcher were solved by the third researcher Prof. Bentall (RB); (4) after the initial screening of titles and abstracts, KB read full-text articles, evaluating their eligibility for inclusion in the final review according to review's inclusion/exclusion criteria; (5) VC randomly selected a 10% of the included and excluded studies for verification; (6) RB assisted in solving any disagreement between the first and second researcher.

2.2.5. Data Extraction

KB extracted data from each of the included studies in the final review. Using a standardized form, the following information was extracted: title and author(s) of the article, year of publication, the country where the study was conducted, sample characteristics (i.e.,

the number of participants, student or non-student sample, demographics for age, gender, migration status and ethnic/racial background of participants), the explored social identity dimension, instruments used for assessing social identification and common mental disorders, the relationship between social identity and common mental disorders. All extracted information was recorded in an Excel file. Ten percent of the extracted data were verified by VC, and any uncertainties and/or discrepancies were solved by RB.

2.2.6. Data Coding

A coding manual with moderators of the participant and methodological characteristics was developed in advance of data extraction. Hence, KB coded the included studies according to the manual, VC verified the coding categories, and RB solved any uncertainties and discrepancies between the first and second researcher. See Table 2.1. for the list of the coded variables and categories.

Table 2.1.

Coding Variables and Categories of Moderator Variables

Coding Variables	**Coding Categories**
Participant Characteristics	
Migration status	Ethnic minorities
	1st generation immigrants
	2nd generation or later immigrants
	Refugees
	Mix of immigration statuses
Ethnicity/race	African/African American
	Asian/Asian American

	Hispanic/Latin
	Middle Easterner
	Mix of ethnic backgrounds
	Other
Student status	Non-student
	Student
Methodological Characteristics	
Social Identity measure	EIS (Umaña-Taylor et al., 2004)
	CSES (Luhtanen & Crocker, 1992)
	MEIM (Phinney, 1992; Radloof, 1977)
	Other
Depression measure	BDI (Beck et al., 1961)
	CES-D (Radloof, 1977)
	HSCL-25 (Derogatis et al., 1974)
	PHQ-9 (Kroenke & Spitzer, 2002)
	Other
Anxiety measure	BAI ((Beck et al., 1988)
	HSCL-25 (Derogatis et al., 1974)
	STAI (Bieling et al., 1998)
	other

Social identity dimension	Collective identity
	Ethnic identity
	Identification with the mainstream culture
	National identity
	Other
Research setting	North America
	other
Sample size	Over 200 participants
	Under 200 participants
Sampling method	Non-random
	Random
Language of assessment	Native
	Non-native
	Not reported

Note. Revised or short-form instruments were coded under the original scales. Abbreviations: BAI, Beck Anxiety Inventory; BDI, Beck Depression Inventory; CES-D, Center for Epidemiological Studies Depression Scale; CSES, Collective Self-esteem Scale; EIS, Ethnic Identity Scale; HSCL, Hopkins Symptom Checklist; MEIM, Multi-Ethnic Identity Measure; PHQ, Patient Health Questionnaire.

2.2.7. Assessment of Methodological Quality

Whilst there are tools for methodological quality assessment of studies, the literature

does not suggest which tool might be the most appropriate and effective for assessing studies examining migrants. Despite not having a golden rule to apply for the current review, it has been proposed that different research areas have different quality components that may need to be addressed accordingly (Shamliyan et al., 2010). For example, within this context, Fazel et al. (2005) suggested that for research exploring refugee mental health, the assessment language is an important component which needs to be considered. As a result, the current review adapted the quality assessment tool created and applied by Bogic et al. (2015) for a systematic review examining long-term mental health issues among war refugees. It is a five-point quality assessment tool, which was developed not only according to general guidelines of study assessment but also carefully considering the key quality components in migrant research. The tool assesses - the sampling method, representativeness of the sample, response rate, validity and reliability of measures, and assessment language. Each criterion is scored either zero or one, with the total score of the study's quality ranging from zero to five. Studies with a score from zero to three are considered low quality, whereas studies with a score of four or five are considered high quality. Table 2.2. outlines the assessment tool.

Table 2.2.

Assessment Tool for Examining Methodological Quality of Studies

Criteria	Conditions	Score
1. Sampling Method	(a) Random sampling	1
	(b) If nonrandom, sample size: over or under 200 participants	< 200 = 0 ≥ 200 = 1
2. Sample representativeness	Target population is truly or closely represented	1
	Not representative	0

3. Response rate	≥ 60 %	1
	< 60 % or study does not mention response rate	0
4. Measurements of SI and CMD	Use valid and reliable measures	1
	Does not use valid and reliable measures	0
5. Language	Assessment in native language or participants are proficient in the assessed language (e.g., researchers assess language skills)	1
	Assessment in second language, through interpreter, or study does not mention assessment language	0
Total score		0 - 5

Note. Abbreviations: CMD, common mental disorder; SI, social identity.

2.2.8. Analyses

Of 66 included studies, the vast majority (81.8%) reported results of the association between social identity and common mental disorders in the Pearson's correlation coefficient. As a result, the present meta-analysis used Pearson's *r* as the main metric for analyses. Other studies conducted regression and logistic regression analyses, reporting results in standardized and unstandardized beta coefficients and log odds ratios, which were then transformed to Pearson's *r* using methods described below.

The following formula,

$$r = \beta + 0.5\lambda$$

was used to transform standardized beta coefficient (β) in the range from - .50 to .50 (Peterson & Brown, 2005). When β is negative, λ = 0, whereas λ = 1 when β is not negative.

Two of the included studies (i.e., Cislo et al., 2010; Tummala-Narra et al., 2018) reported results in unstandardized β coefficients without providing necessary information to convert data in Pearson's *r*, thus studies were excluded from the meta-analysis.

The following formula,

$$d = LogOdds\ Ratio \times \frac{\sqrt{3}}{\pi}$$

was used to convert the log odds ratio (*Log Odds Ratio*) to the standardized mean difference *d,* which was then converted into Pearson's *r* with the following formula (H. Cooper et al., 2009)

$$r = \frac{d}{\sqrt{d^2 + a}}$$

Numerous studies used multiple instruments and thus reported multiple correlations between social identity and common mental disorders, for example, an association between collective identity and depression as well as an association between ethnic identity and depression. To include one effect size per study in the meta-analysis, the average of such correlations was taken following three steps (H. Cooper et al., 2009). First, Pearson's *r* was converted to Fisher's z with the following formula:

$$r_z = 0.5 \times ln\frac{(1 + r)}{(1 - r)}$$

Fisher's z was then averaged, and the average value of Fisher's z was back-transformed to Pearson's *r* by applying the following formula:

$$r = \frac{e^{2z} - 1}{e^{2z} + 1}$$

A study conducted by Tikhonov et al. (2019) did not report nonsignificant correlations between social identity and common mental disorders but rather mentioned in the text that the associations were not statistically significant. In this case, the correlations were set to *r* = .00.

The current review used the Comprehensive Meta-Analysis software version 3 to conduct all statistical analyses described below. To estimate the overall magnitude of the association between social identity and common mental disorders random-effects model was used due to heterogeneity across the studies with regard to sample characteristics and measures used. The study further conducted moderator analyses to assess various participant and methodological characteristics (see Table 2.1.) to explore which potential variables may account for heterogeneity. Besides, the study assessed publication bias by applying the "trim-and-fill" method (Duval & Tweedie, 2000). By providing estimates of the number of missing studies, this method imputes missing studies in the analysis creating an adjusted average effect size in Fisher's Z. Results of the analysis are demonstrated in a funnel plot with symmetry of the plot indicating no publication bias.

2.3. Results

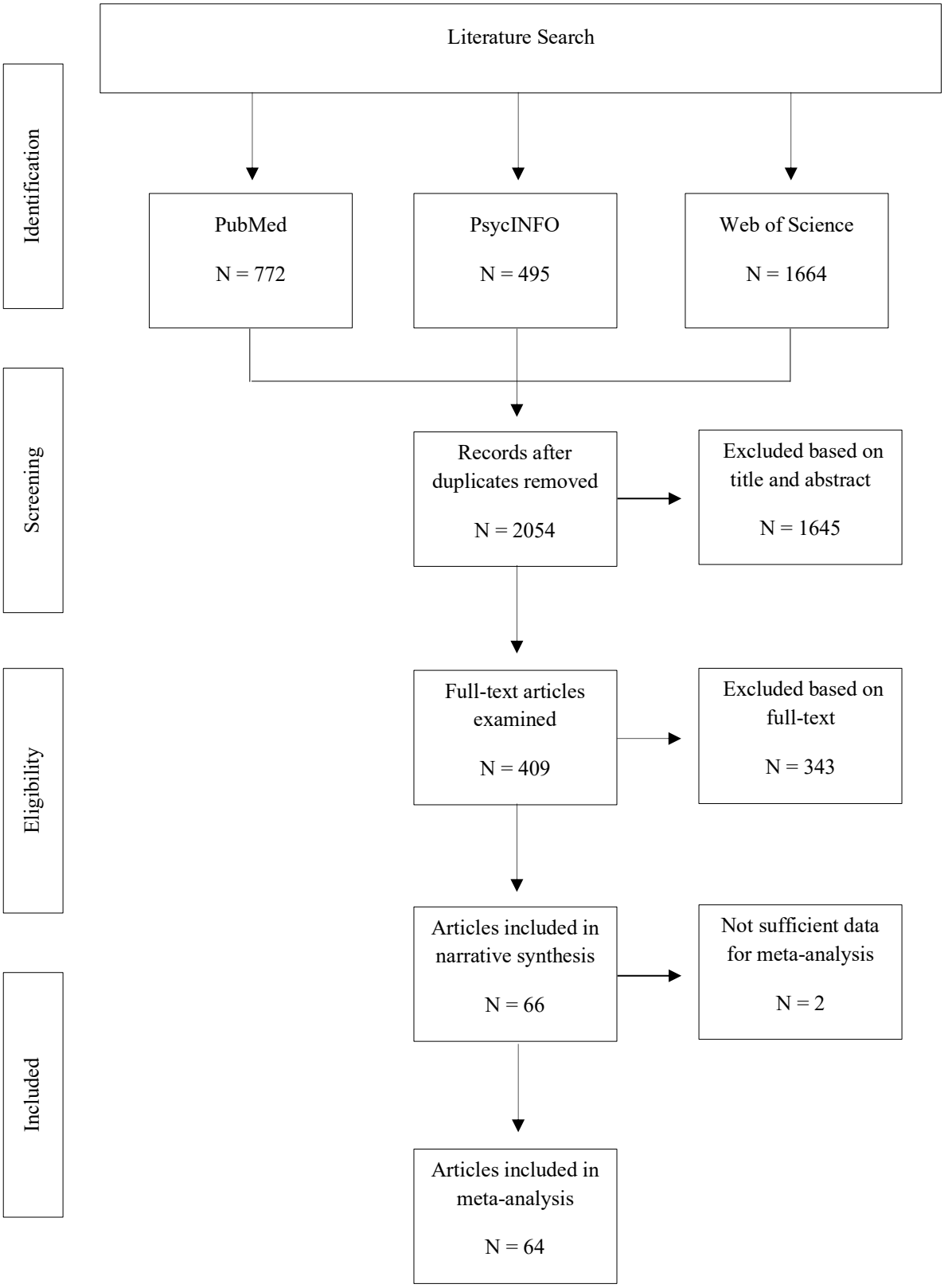
2.3.1. Study Selection

The three databases identified 2,931 citations, from which 772 citations were detected on PubMed, 495 on PsycINFO and 1,664 on Web of Science. After removing duplicates within and between databases, the study identified 2,054 eligible citations for the title and abstract reviewing. Studies that unambiguously did not meet the inclusion criteria were excluded leaving 409 eligible citations for the full-text assessment. Following assessment, 343 articles were excluded for the following reasons: 20 studies did not meet the inclusion criteria for the type of study; 29 studies included participants younger than 18 years of age; 48 studies did not include a measure for any of the common mental disorders; 173 studies did not include a social identity measure; 19 studies did not report a direct association between social identity and common mental disorders; 31 studies drew their sample from a general population and then separated by migrant status or ethnic groups; 13 studies used a clinical sample; three studies did not report immigrant and non-immigrant results separately. In

addition, because two studies used the same sample but performed different data analyses, the current review included one of the studies that conducted correlational analysis. Lastly, two articles were not accessible in English, and full-text was not available for four articles. As a result, 66 citations were identified eligible for the narrative synthesis. However, given that two studies reported insufficient data on their results, they were not considered further for quantitative synthesis, so the review included 64 studies for the meta-analysis. Because only one study which explored PTSD was identified, the outcome between social identity and PTSD was not examined further. A flow diagram of the full search strategy is outlined in Figure 2.1.

Figure 2.1.

PRISMA Flowchart of Article Search Strategy and Screening Process

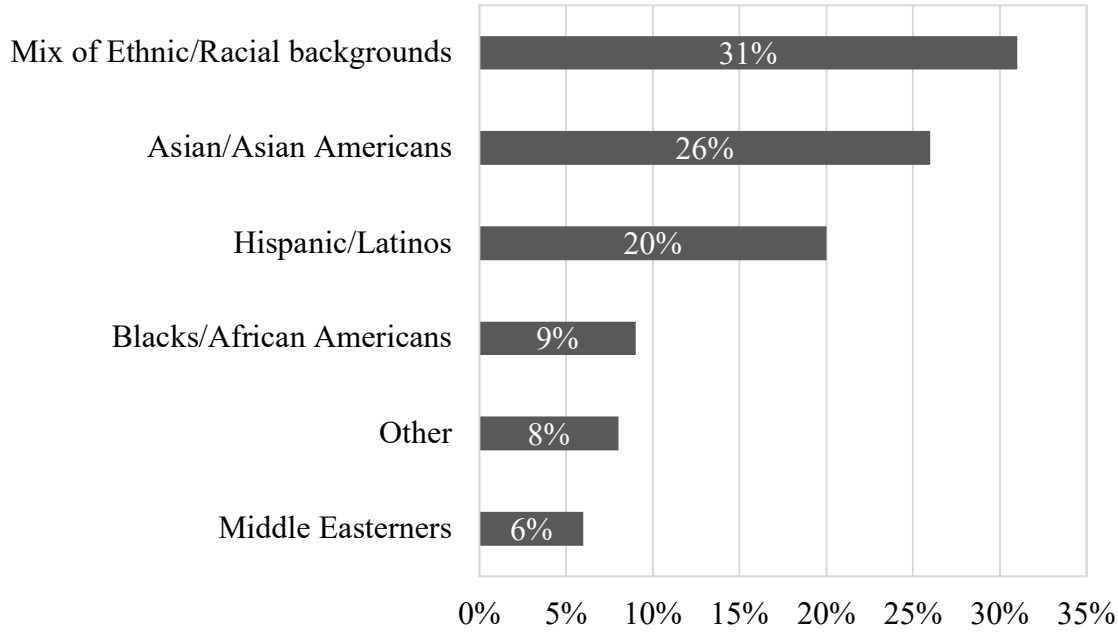


2.3.2. Study Characteristics

The total number of participants across the 66 included studies was 55,739 ranging between 42 to 15,004 (median 220.5) participants per study. The studies contained 18,210 female and 11,627 male participants. Six studies failed to report descriptive statistics on gender (i.e., Ai et al., 2021; Carden et al., 2021; Ghabrial & Andersen, 2021; Holttum, 2017; Monk, 2020; Perreira et al., 2015), one study did not report descriptive statistics separately for ethnic minorities (i.e., Lantrip et al., 2015); and one study reported a percentage of female participants combined with transgender people, so gender descriptive statistics were included solely for males (i.e., Tineo et al., 2021). Participants' mean age across 60 studies was 29.87, whilst six studies did not provide data on age: (Braby et al., 2020; Ghabrial & Andersen, 2021; S. Kim & Rew, 1994; Lantrip et al., 2015; Perreira et al., 2015; Suh et al., 2019). Studies explored diverse ethnic/racial compositions as well as investigated participants with diverse migration statuses, with the majority of the included studies conducted in North America (see Figure 2.2., 2.3., 2.4. respectively).

Figure 2.2.

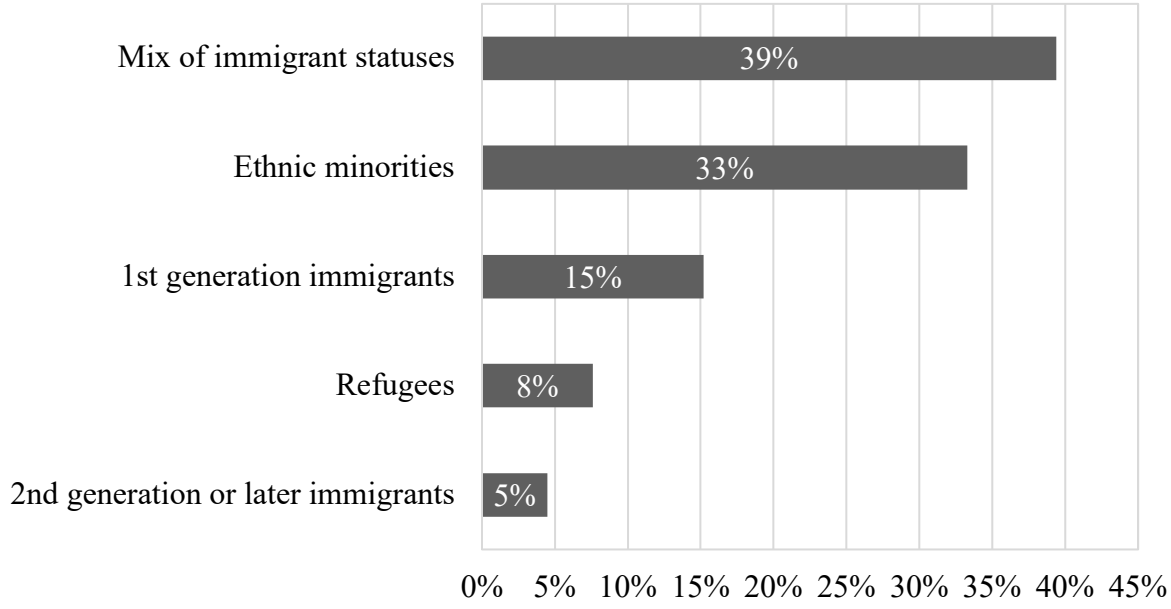
Percentages of the Explored Ethnic/Racial Compositions Across Studies



Note. N = 65, study by Ghabrial and Andersen (2021) was excluded due to not providing descriptive statistics on ethnicity/race.

Figure 2.3.

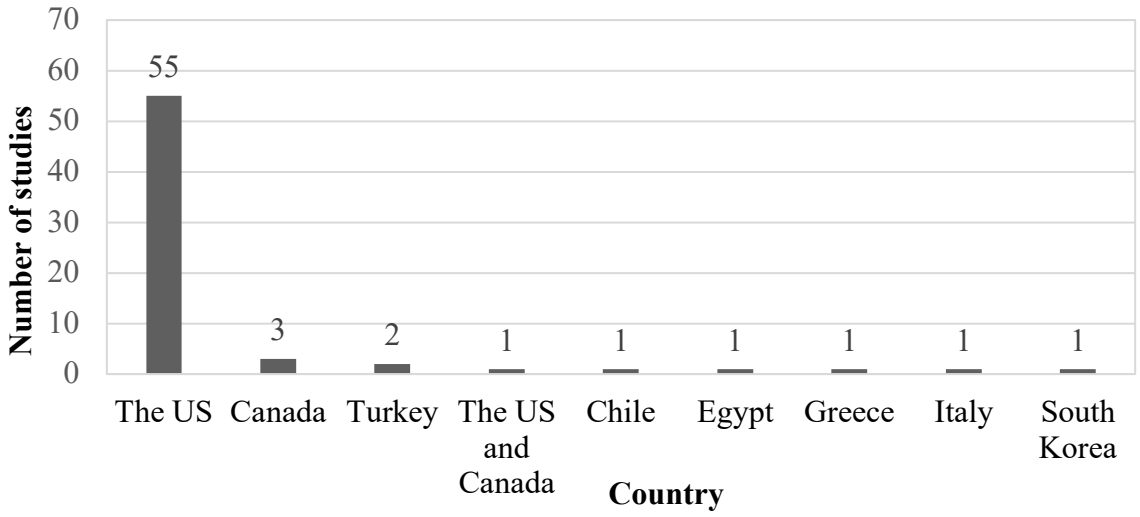
Percentages of the Explored Migration Statuses of Participants



Note. N = 66.

Figure 2.4.

Number of Studies Conducted by Countries

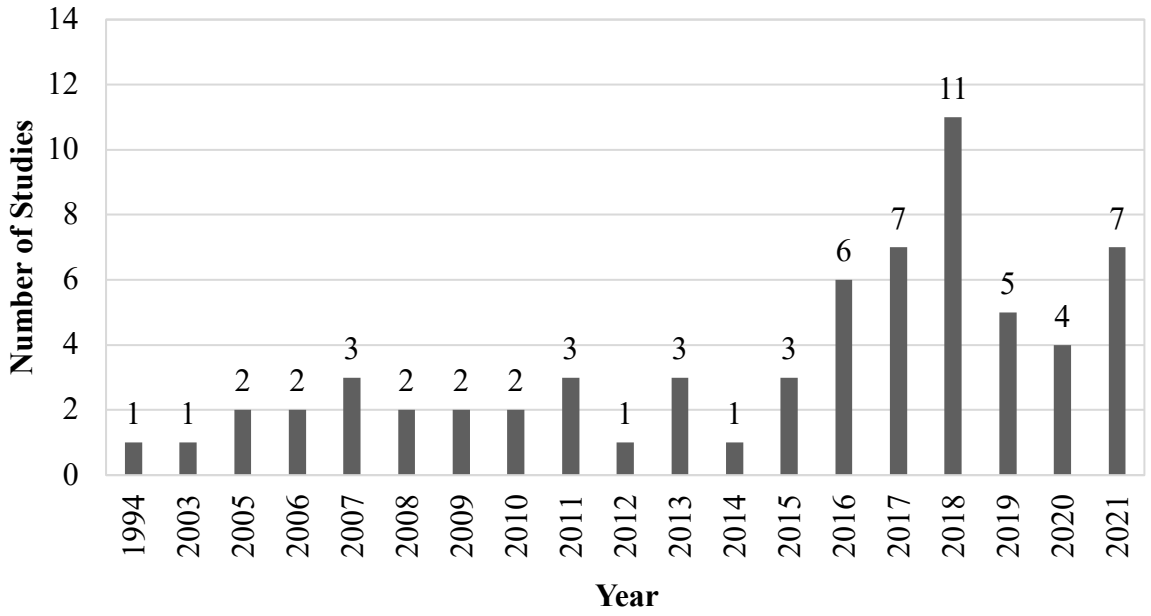


Note. N = 66.

Most of the studies were published since 2003 with the largest number of studies published in 2018 (see Figure 2.5.).

Figure 2.5.

Number of Studies Published by Year



Ethnic identity was the most investigated dimension of social identity, which was followed by the identification with the mainstream culture and national identity. The Multi-Ethnic Identity Measure (MEIM; Phinney, 1992) was the most frequently used scale to assess social identity, followed by the Ethnic Identity Scale (EIS; Umaña-Taylor et al., 2004) and the identity subscale of the Collective Self-Esteem Scale (CSES; Luhtanen & Crocker, 1992). On the other hand, depression was the most frequently explored common mental disorder, with 42 studies solely investigating depression, 20 studies explored depression and anxiety, three studies solely examined anxiety, and one study explored depression and PTSD. The Center for Epidemiology Studies – Depression (CES-D; Radloof, 1977) was the most frequently used instrument for assessing common mental disorders, followed by the State-Trait Anxiety Inventory (STAI; Bieling et al., 1998) and Beck's Depression Inventory (BDI; Beck et al., 1961). Study characteristics are shown in Table 2.3.

Table 2.3.

Descriptive Information of the Studies Included in the Narrative Synthesis

Author	Location	Sample Size	Student Sample	Ethnicity/ Race	Migration Status	Social Identity Measures	CMD Measures
(Ai et al., 2021)	US	2095	no	Asians, Asian Americans	Ethnic minorities (including immigrants)	3-item racial and ethnic identity measure	WMH-CIDI (depression & anxiety)
(Alemi et al., 2017)	US	133	no	Afghan Americans	1st and 2nd generation immigrants	LIB	PHQ-9
(Anglin et al., 2018)	US	644	yes	Asians, Blacks, Hispanics, Other	Ethnic minorities (including immigrants)	MEIM	CES-D
(Antonio et al., 2016)	US	104	no	Native Hawaiians	Ethnic minorities	Ethnic identity scale and identification with the mainstream culture scale (Kaholokula et al., 2008)	CES-D

(Arbona & Jimenez, 2014)	US	309	yes	Latinxs	Ethnic minorities (including immigrants)	MEIM	CES-D
(Atkin & Tran, 2020)	US	276	yes	Asians, Asian Americans	Ethnic minorities (including immigrants)	MEIM	GAD-7, K-6
(Begeny & Huo, 2018)	US	1048	yes (581) no (467)	African Americans, Asians, Asian Americans Blacks, Hispanics, Latinxs	Ethnic minorities	The ethnic identity-centrality scale (Leach et al., 2008)	CES-D, STAI
(Beiser & Hou, 2006)	CA	647	no	Asians	Refugees	Self-developed ethnic identity scale	Depressive Affect Measure (Beiser & Fleming, 1986)
(Birman & Tran, 2008)	US	212	no	Vietnamese	Refugees	LIB	HSCL-25

(Bombay et al., 2010)	CA	220	no	First Nations (Aboriginal Canadians)	Ethnic minorities	12-item social identification scale (Cameron, 2004)	BDI
(Braby et al., 2020)	US	171	yes	African Americans	Ethnic minorities	MEIM	PHQ-9
(Brittian et al., 2013)	US	3659	yes	African Americans, Asian Americans, Latinxs	Ethnic minorities	EIS	CES-D, Self-developed anxiety scale from BAI and DSM-IV
(Brittian et al., 2015)	US	2315	yes	Blacks, Latinxs	Ethnic minorities (including immigrants)	EIS	CES-D
(Calzada & Sales, 2019)	US	175	no	Mexican Americans	1st generation or later immigrants	AMAS	CES-D
(Carden et al., 2021)	US	1032	no	African Americans	Ethnic minorities	1-item from the Race Attitudes Module of the	WMH-CIDI (anxiety)

						General Social Survey	
(Çelebi et al., 2017)	TR	361	no	Syrians	Refugees	Self-developed Syrian identification scale and identity needs scale (Smeekes & Verkuyten, 2014)	HSCL-25
(Chang & Samson, 2018)	US	2231	no	Filipino Americans	1st generation or later immigrants	MEIM	SCL-90-R
(Cheng et al., 2016)	US	207	yes	Mexican Americans	1st to 5th generation immigrants	MEIM	PHQ-9
(Cheref et al., 2019)	US	742	yes	African Americans, Asian Americans, Hispanics	2nd generation or later immigrants	MEIM	BDI, STAI
(Choi et al., 2017)	US	353	yes	Asian,	Ethnic minorities	MEIM	CES-D

				Asian American			
(Cislo et al., 2010)	US	191	no	Cubans	1st generation immigrants	Self-developed American and ethnic identity scales	CES-D, Anxiety scale adapted from RSES
(Cobb et al., 2017)	US	122	no	Latinxs	Undocumented immigrants	AMAS	CES-D
(D. K. Cooper et al., 2020)	US	2893	no	Latinxs	1st generation immigrants	SEE	CES-D
(David et al., 2009) Study 2	US	164	yes	African Americans, Asian Americans, Latinxs, other	Ethnic minorities (including immigrants)	CSES, MEIM	CES-D
(David, 2008)	US	248	no	Filipino Americans	2nd generation or later immigrants	CSES, MEIM	CES-D, MASQ
(Debrosse et al., 2018)	CA	151	yes	Asians, Europeans,	Ethnic minorities	CSES	CES-D, STAI

				Middle Easterners	(including immigrants)		
(Debrosse et al., 2018)	IT	204	no	Africans, Asians, Europeans	1st and 2nd generation immigrants	AAS, Adapted religious in-group identification pictorial item from IIS	CES-D
(Ghabrial & Andersen, 2021)	Canada & US	703	no	-	Ethnic minorities	LGBIS, MEIM	CES-D
(Gonidakis et al., 2011)	GR	317	no	Africans, Asians, Europeans	1st generation immigrants	IAS	CES-D
(Gonyea et al., 2018)	US	216	no	African Americans, Blacks, Hispanics/ Latinxs	Ethnic minorities	3-item Community Membership Scale of the Sense of Community Index	CES-D
(Gummadam et al., 2016)	US	311	yes	African Americans,	1st, 2nd, and 3rd	MEIM, PSSM	CES-D

				Asian Americans, Hispanic Americans, Other	generation immigrants		
(H. Lee & Williams, 2013)	US	206	yes	Koreans, Korean Americans	Ethnic minorities (including immigrants)	SOBI-P	BDI
(Holttum, 2017)	US	3570		African Americans	Ethnic minorities	9-item measure of closeness to African Americans (Hughes et al., 2015)	CES-D
(Hovey et al., 2006)	US	133	yes	Korean Americans	1st generation or later immigrants	MEIM	CES-D, STAI
(Hun et al., 2021)	Chile	959	no	Colombians	1st generation immigrants	MEIM	BAI
(Huynh et al., 2011)	US	221	yes	Asian Americans, Latinxs	1st generation or later	SEE	CES-D

					Immigrants		
(Iturbide et al., 2009)	US	148	yes	Mexicans, Mexican Americans	Ethnic minorities (including immigrants)	MEIM	CES-D
(J. Lee et al., 2013)	US	123	no	Indigenous Mexicans	1st generation immigrants	OCIS	PHQ-9
(Kim & Rew, 1994)	US	76	no	Korean Americans	1st generation immigrants	EIQ	CES-D
(Kira et al., 2017)	EG	196	no	Syrians	Refugees	ISS	CAPS, CTD
(Lam, 2007)	US	122	yes	Vietnamese Americans	Ethnic minorities (including immigrants)	CSES	CES-D, STAI
(Lane & Miranda, 2018)	US	42	yes	Africans, Asians, Europeans, other	1st generation immigrants	MEIM	BDI
(Lantrip et al., 2015)	US	70	yes	Asian Americans	Ethnic minorities	EIS	CES-D

(Lewin et al., 2011)	US	230	no	African Americans	Ethnic minorities (non-immigrant)	MEIM	CES-D
(Livingston et al., 2007)	US	418	no	Caribbean	1st generation immigrants	Self-developed group affiliations scale	CES-D
(Marks et al., 2021)	US	189	yes	Blacks	Ethnic minorities	MEIM	DASS-21
(Meca et al., 2019)	US	416	yes	Latinxs	1st and 2nd generation immigrants	EIS	CES-D
(Monk, 2020)	US	3268	no	African Americans	Ethnic minorities	1-item self-developed item of closeness to Blacks	WMH-CIDI (anxiety)
(Mossakowski, 2003)	US	2109	no	Filipino Americans	1st generation or later immigrants	Ethnic identity scale (Phinney, 1992)	SCL-90-R
(Mossakowski, 2007)	US	2129	no	Filipino Americans	1st generation	Ethnic identity scale	SCL-90-R

					or later immigrants	(Mossakowski, 2003)	
(Perreira et al., 2015)	US	15004	no	Hispanics, Latinxs	1st generation or later immigrants	MEIM	CES-D, STAI
(R. M. Lee, 2005)	US	84	yes	Korean Americans	1st generation or later	MEIM, SCS	CES-D
(S. K. Jones et al., 2018)	US	171	yes	Mexican Americans	Ethnic minorities (including immigrants)	EIS	CES-D
(Sanchez et al., 2012)	US	53	yes	Hispanics, Latinxs	Ethnic minorities (including immigrants)	CSES	CES-D
(Santos & VanDaalen, 2016)	US	208	no	African Americans, Asian Americans, Latinxs, Native Americans, Other	1st, 2nd, and 3rd generation immigrants	MEIM	BSI

(Santos & VanDaalen, 2018)	US	208	no	African Americans, Asian Americans, Latinxs, Native Americans, other	1st generation or later immigrants	Adapted scale(Battle & Harris, 2013)	BSI
(Smeekes et al., 2017)	TR	361	no	Syrians	Refugees	Self-developed scales of group belonging and group membership continuity	HSCL-25
(st. Louis & Liem, 2005)	US	144	yes	Asians, Blacks, Latinxs	Ethnic minorities (including immigrants)	MEIM	BDI
(Thibeault et al., 2018)	US	290	yes	Asians, Blacks, Latinxs, Middle Easterners,	1st generation or later immigrants	MEIM	BDI

				other			
(Tikhonov et al., 2019)	US	766	yes	Asians, Blacks, Hispanics, other	1st and 2nd generation immigrants	MEIM	STAI, CES-D
(Suh et al., 2019)	South Korea	121	yes	Asians, Middle Easterners	1st generation immigrants	MEIM	BAI, CES-D
(Tineo et al., 2021)	US	209	yes	Asians, Blacks, Hawaiian/ Pacific Islanders, Hispanics/ Latinxs, other	1st generation or later immigrants	MEIM	GAD-7, PHQ-8
(Tucker et al., 2016)	US	123	yes	American Indians	Ethnic minorities	SEE	CES-D
(Tummala-Narra et al., 2018)	US	465	yes	Asian Americans	1st generation or later immigrants	MEIM	BAI, CES-D
(Tummala-Narra et al., 2021)	US	173	yes	Chinese	1st generation	MEIM	BAI, CES-D

					or later immigrants		
(Weisskirch et al., 2016)	US	280	yes	Jewish American	Ethnic minorities	EIS, MEIM	CES-D

Note. Abbreviations: AAS, Acculturation Attitudes Scale; AMAS, Abbreviated Multidimensional Acculturation Scale; BAI, Beck Anxiety Inventory; BDI, Beck Depression Inventory; BSI, Brief Symptom Inventory; CAPS, Clinician-Administered Posttraumatic Stress Disorder Scale; CES-D, Center for Epidemiological Studies Depression Scale; CMD, Common Mental Disorder; CSES, Collective Self-esteem Scale; CTD, Cumulative Trauma Disorders; DASS, Depression, Anxiety and Stress Scale; DSM, Diagnostic and Statistical Manual of Mental Disorders; EIQ, Ethnic Identity Questionnaire; EIS, Ethnic Identity Scale; HSCL, Hopkins Symptom Checklist; IAS, Immigrant Acculturation Scale; IIS, Inclusion of In-Group in the Self; ISS, Identity Salience Scale; K – Kessler Psychological Distress Scale; LGBIS, Lesbian, Gay, Bisexual Identity Scale; LIB, Language, Identity, and Behavior; MASQ, Mood and Anxiety Symptoms Questionnaire; MEIM, Multi-Ethnic Identity Measure; OCIS, Orthogonal Cultural Identification Scale; PHQ, Patient Health Questionnaire; PSSM, Psychological Sense of School Membership; RSES, Rosenberg self-esteem scale; SCL-90-R, Symptom Checklist-90-Revised; SCS, Social Connectedness Scale; SEE, Scale of Ethnic Experience; SOBI-P, Sense of Belonging Instrument-Psychological; STAI, State-Trait Anxiety Inventory; WMH-CIDI, World Mental Health Composite International Diagnostic Interview.

2.3.3. Methodological Quality Assessment

In total, 36.4% (N = 24) of studies were considered high quality, whilst 63.6% (N = 42) lower methodological quality. Random sampling methods were applied in 16 studies, and from 50 studies, which applied non-random sampling methods, 29 studies had a sample size of over 200 participants. Fifty percent of the studies (N = 33) examined fairly representative samples. Most of the included studies (N = 51) did not report a survey response rate. However, the response rate for the rest of the studies (N = 15) was over 60%. Valid and reliable instruments were used in 84.8% (N = 56) of the studies. Fifty-three studies assessed

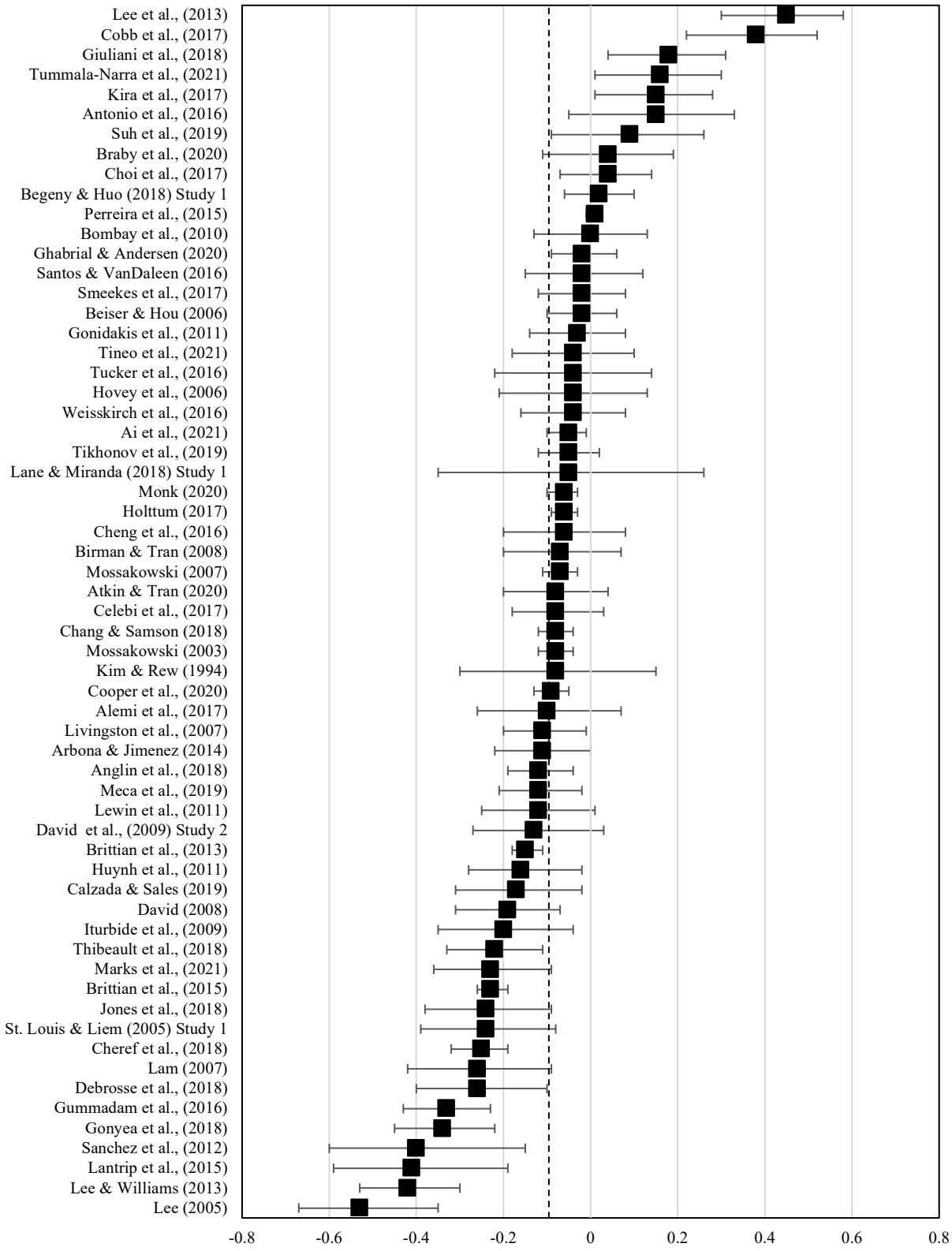
participants in their native language or participants were considered language proficient (e.g., international students at a university in the US); assessment in the native language was not available for five studies; eight studies did not report any information on the assessment language. Appendix B presents a detailed methodological assessment of each study.

2.3.4. Social Identity and Depression

According to Cohen's (1992) standardized criteria for effect sizes, results among 61 studies demonstrated a small negative association between social identity and depression (r = - .09, 95% CI [- .12; - .06]). Figure 2.6. presents the effect size of each study. In addition, results demonstrated high heterogeneity across studies ($Q(61) = 471.32$, $p < .01$). The 87% of the variance in the estimated effect sizes is due to heterogeneity rather than sampling error ($I^2 = 87.27$).

Figure 2.6.

Forest Plot of the Effect Sizes for the Relationship Between Social Identity and Depression by Each Study



Note. Effect size in Person's *r*; error bars indicate 95% confidence intervals; the dashed line indicates the random effects weighted average effect size.

2.3.4.1. Participant Characteristics

Moderator analysis suggested that the different ethnic groups explored accounted for significant variance across studies ($r = -.09$, $p < .01$). Studies exploring African/African Americans ($r = -.13$, $p < .01$, CI [-.21; -.04]), Asian/Asian Americans ($r = -.13$, $p < .01$, CI [-.19; -.08]), Hispanics/Latins ($r = -.08$, $p < 0.01$, CI [-.14; -.02]) and populations with diverse ethnic backgrounds ($r = -.11$, $p < 0.01$, CI [-.17; -.05]) obtain significant and negative associations between social identity and depression. Studies exploring Middle Easterners and other ethnic backgrounds also report negative but nonsignificant relationship between the two constructs. On the other hand, results demonstrated that the different migration statuses of participants studied ($r = -.06$, $p = .15$) and whether studies explored student or non-student samples ($r = -.09$, $p = .12$) did not explain significant variance among studies. Effect sizes of the participant moderator categories are outlined in Table 2.4.

Table 2.4.

Moderating Role of Participant Characteristics on the Relationship between Social Identity and Depression

Moderator Variables	**No. of Studies**	**Effect Size [95% CI]**
Migration Status		
1st gen. immigrants	8	.08 [-.01 to .16]
2nd gen. or later immigrants	3	-.10 [-.24 to .05]
Ethnic minorities	21	-.12* [-.16 to -.07]
Refugees	5	-.01 [-.11 to .09]

Mix of immigration statuses	25	- .12* [- .17 to - .08]
Ethnicity/Race		
African/African American	7	- .13* [- .21 to - .04]
Asian/Asian American	18	- .13* [- .19 to - .08]
Hispanic/Latin	14	- .08* [- .14 to - .02]
Middle Easterner	4	- .01 [- .13 to .11]
Mix of ethnic backgrounds	16	- .11* [- .17 to - .05]
Other	6	- .02 [- .12 to .08]
Student Status		
Student	32	- .15* [- .18 to - .11]
Non-student	29	- .03 [- .07 to .002]

Note. *significant at $p < 0.05$; CI = confidence interval; studies that reported data separately for different migration status groups or for different ethnic groups had more than one effect size included in the analysis.

2.3.4.2. Methodological Characteristics

Results demonstrated that five moderators explained heterogeneity across studies. First, social identification scale can be accounted for the variations (r = - .14, $p <$ .01) with all moderator categories having significant weighted effects. CSES (r = - .21, $p <$ .01, CI [- .31; - .11]) and the identity scale of EIS (r = - .21, $p <$ .01, CI [- .30; - .12]) report greater effect sizes compared to other social identity scales. Second, depression measure explained a significant amount of variance (r = - .09, $p <$ .05). BDI (r = - .22, $p <$ .01, CI [- .31; - 0.12]), CES-D (r = - .12, $p <$ .01, CI [- 0.15; -.08]) and other instrument categories (r = -.07, $p <$ .05,

CI [- 0.13; -.01]) yielded significant and negative associations. Third, heterogeneity can be explained by study sample size (r = - .09, p < .01) with both studies over 200 (r = - .10, p < .01, CI [- .13; - .06]) and less than 200 participants (r = - .07, p < .05, CI [- .12; -.01]) yielding significant and negative effect sizes. Fourth, a significant moderator accounting for heterogeneity among studies was also the sampling method (r = - .08, p < .01). The category of studies using random sampling method (r = - .06, p < .05, CI [- .11; -.01]) and non-random sampling method (r = - .10, p < .01, CI [- .14; - .07]) both yielded significant weighted effect sizes. Fifth significant methodological moderator was the language of participant assessment (r = - .09, p < .01). Significant and negative effect sizes were reported by studies, which did not report assessment language (r = - .10, p < .05, CI [- .18; - .02]) and those, which assessed participants in native languages (r = - .09, p < .01, CI [- .12; - .06]). Whereas, the location of studies (r = - .04, p = .59) and the dimensions of social identity explored (r = - .05, p = .33) were not significant moderators and did not explain heterogeneity among studies. Effect sizes of the methodological moderator categories are presented in Table 2.5.

Table 2.5.

Moderating Role of Methodological Characteristics on the Relationship between Social Identity and Depression

Moderator Variables	**No. of Studies**	**Effect Size [95% CI]**
Social Identity measure		
EIS	6	- .21* [- .30 to - .12]
CSES	6	- .21* [- .31 to - .11]
MEIM	28	- .09* [- .14 to - .05]
Other	29	- .07* [- .11 to - .03]

Depression measure		
BDI	6	- .22* [- .31 to - .12]
CES-D	43	- .12* [- .15 to - .08]
PHQ	5	.05 [- .06 to .17]
Other	15	-.07* [- .13 to - .01]
Social identity dimensions		
Collective identity	5	- .13* [- .25 to - .01]
Ethnic identity	50	- .09* [- .12 to - .05]
Identification with the mainstream culture	6	.06 [- .04 to .17]
National identity	5	.12* [.004 to .24]
Other	10	-.20* [-.28 to - .12]
Research setting		
North America	55	- .10* [- .13 to - .07]
Other	6	.04 [- .05 to .13]
Sample Size		
Under 200 participants	22	- .07* [- .12 to - .01]
Over 200 participants	39	- .10* [- .13 to - .06]
Sampling Method		
Random	14	- .06* [- .11 to - .01]

Non-random	47	- .10* [- .14 to - .07]
Language of Assessment		
Native	49	- .09* [- .12 to - .06]
Non-native	4	- .10 [- .20 to .01]
Not reported	8	- .10* [- .18 to - .02]

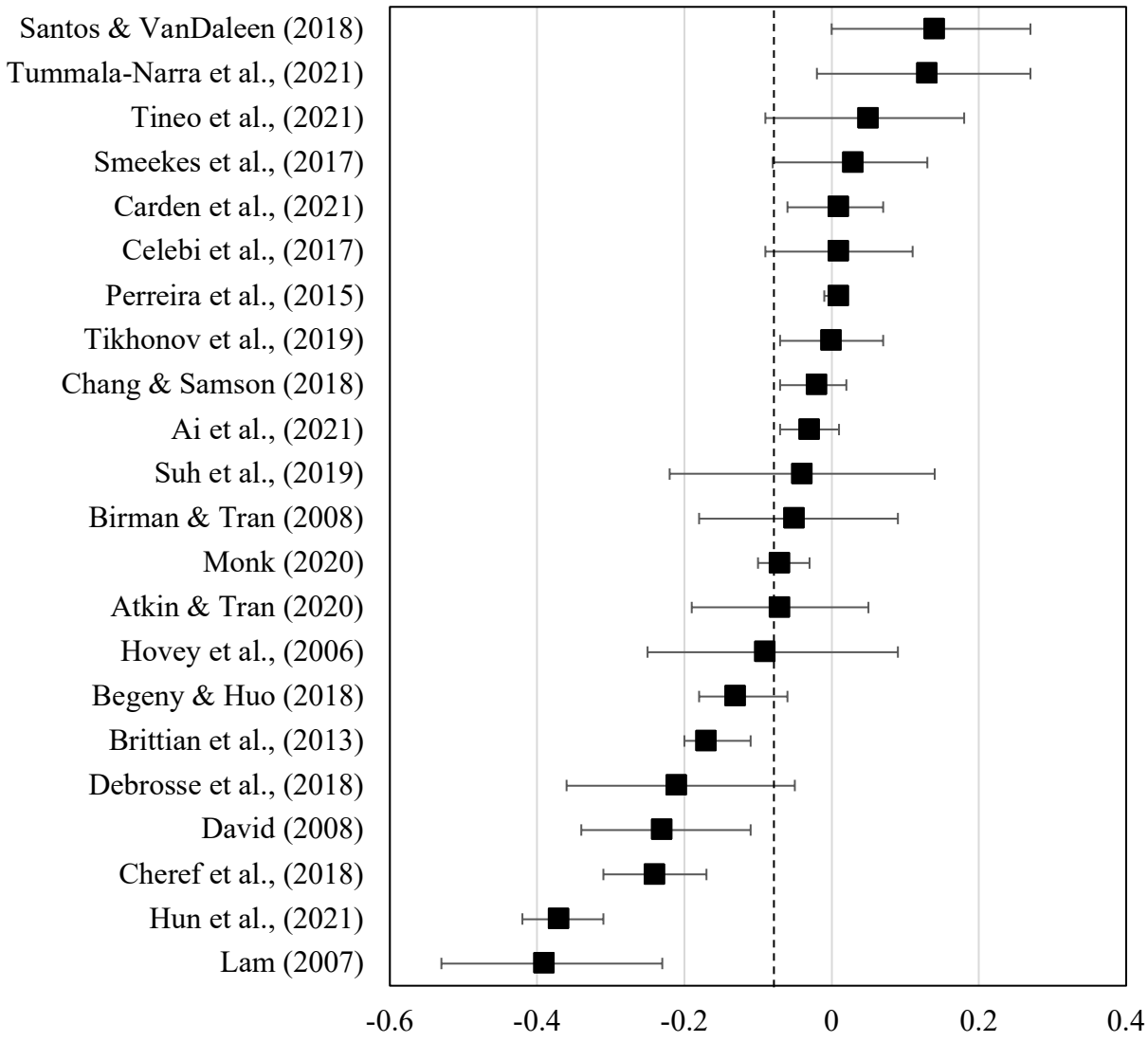
Note. *significant at $p < 0.05$, this analysis disaggregated different types of measurements of social identity and depression within studies, such that those studies with multiple measurement types had more than one effect size included in the analysis. Abbreviations: BDI, Beck Depression Inventory; CES-D, Center for Epidemiological Studies Depression Scale; CI, confidence interval; CSES, Collective Self-esteem Scale; EIS, Ethnic Identity Scale; MEIM, Multi-Ethnic Identity Measure; PHQ, Patient Health Questionnaire.

2.3.5. Social Identity and Anxiety

According to Cohen's (1992) standardized criteria for effect sizes, results among 22 studies demonstrated a small negative association between social identity and anxiety (r = - .08, 95% CI [- .13; - .03]). Effect sizes for each study are presented in Figure 2.7. Heterogeneity across studies was high and significant ($Q(22) = 298.04$, $p < .01$). The 93% of the variance in the estimated effect sizes is due to heterogeneity rather than sampling error ($I^2 = 92.95$).

Figure 2.7.

Forest Plot of the Effect Sizes for the Relationship Between Social Identity and Anxiety by Each Study



Note. Effect size in Person's *r*; error bars indicate 95% confidence intervals; the dashed line indicates the random effects weighted average effect size.

2.3.5.1. Participant Characteristics

Whether the study was conducted with a student or non-student sample explained variance across studies (r = - .08, p < .01). Results demonstrated that studies with both student (r = -.10, p < .01, CI [- .17; - .03]) and non-student (r = - .07, p < .05, CI [- .13; - .01])

samples reported significant and negative correlations. Ethnic/racial background and migration status moderators were not examined due to insufficient number of studies in the coded categories (see Appendix C).

2.3.5.2. Methodological Characteristics

Results yielded four significant methodological moderators between the association of social identity and anxiety. First, social identity measure accounted for the heterogeneity among studies (r = - .12, p < .05). Results suggest that studies using CSES (r = - .27, p < .01, CI [- .41; - .12]) and MEIM (r = - .09, p < .05, CI [- .16; - .02]) reported significant and negative correlations. Second, anxiety measure is a significant moderator (r = - .09, p < .05), with results demonstrating that significant and negative effect sizes were reported only by studies using STAI (r = - .14, p < .01, CI [- .22; - .05]). Third, the study location explained significant variance across studies (r = - .08, p < .01). Results suggest that slightly greater effect sizes were reported by studies conducted in other countries (r = - .12, p < .05, CI [- .22; - .004]) compared to studies conducted in North America (r = - .07, p < .01, CI [- .12; - .02]). Fourth, sample size explains variability (r = - .08, p < .01) with only studies of 200 and more participants yielding significant and negative correlations (r = - .07, p < .01, CI [- .13; - .02]). Results demonstrated that the sampling method did not account for heterogeneity across studies (r = - .07, p = .06), whereas the explored social identity dimension and the assessment language moderators were not examined due to insufficient number of studies in the coded categories (see Appendix C). Effect sizes of the participant and methodological moderator categories are presented in Table 2.6.

Table 2.6.

Moderating Role of Participant and Methodological Characteristics on the Relationship between Social Identity and Anxiety

Moderator Variables	No. of Studies	Effect Size [95% CI]
Participant characteristics		
Student Status		
Student	11	- .10* [- .17 to - .03]
Non-student	12	- .07* [- .13 to - .006]
Methodological characteristics		
Social Identity measure		
CSES	3	- .26* [- .34 to - .18]
MEIM	11	- .09* [- .16 to - .02]
Other	9	- .04 [- .11 to .04]
Anxiety measure		
BAI	3	- .14 [- .27 to .001]
HSCL-25	3	- .003 [- .14 to .13]
STAI	7	- .14* [- .22 to - .05]
Other	10	- .06 [- .13 to .006]
Research setting		
North America	18	- .07* [- .12 to - .03]
Other	4	- .12*[- .22 to - .004]

Sample Size		
Under 200 participants	4	- .13 [- .25 to .006]
Over 200 participants	18	- .07* [- .13 to - .02]
Sampling Method		
Random	6	- .03 [- .10 to .05]
Non-random	16	- .11* [- .15 to - .06]

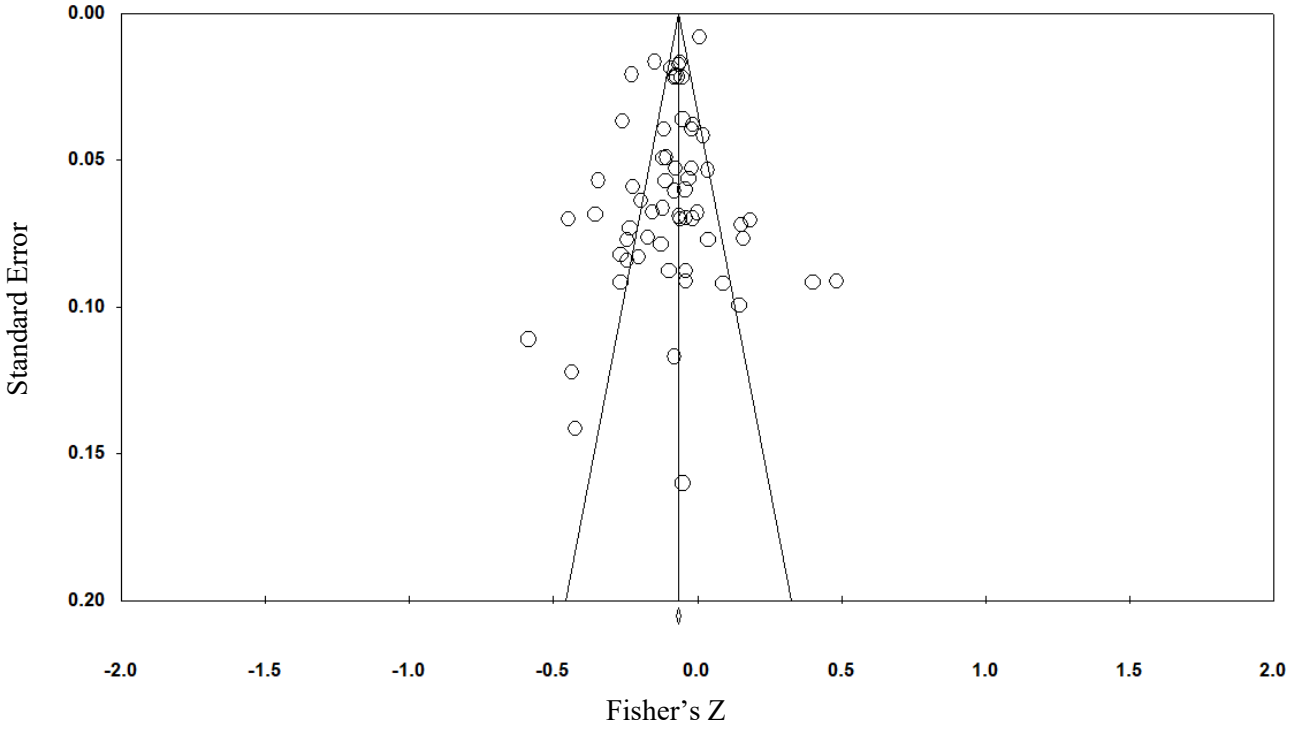
Note. *significant at $p < .05$, this analysis disaggregated different types of measurements of social identity and anxiety within studies, such that those studies with multiple measurement types had more than one effect size included in the analysis. Abbreviations: BAI, Beck Anxiety Inventory; CSES, Collective Self-esteem Scale; HSCL, Hopkins Symptom Checklist; MEIM, Multi-Ethnic Identity Measure; STAI, State-Trait Anxiety Inventory.

2.3.6. Publication Bias Analyses

The main threat to the validity and generalization of meta-analytical results is publication bias, which may occur if the study examines a potentially non-representative set of studies leading to results and conclusions in a favorable direction (Duval & Tweedie, 2000). Because the present meta-analysis included data from solely published studies, publication bias is particularly problematic, which was addressed by applying the "trim-and-fill" method. The method observed zero missing studies and demonstrated no changes in the random effects weighted average effects size (r_z = - .09, 95% CI [- .12; - .06]). In addition, the funnel plot demonstrated a relatively symmetric distribution of study results, suggesting the absence of publication bias in depression meta-analysis (see Figure 2.8.).

Figure 2.8.

Funnel Plot Estimating Publication Bias in Depression Meta-Analysis

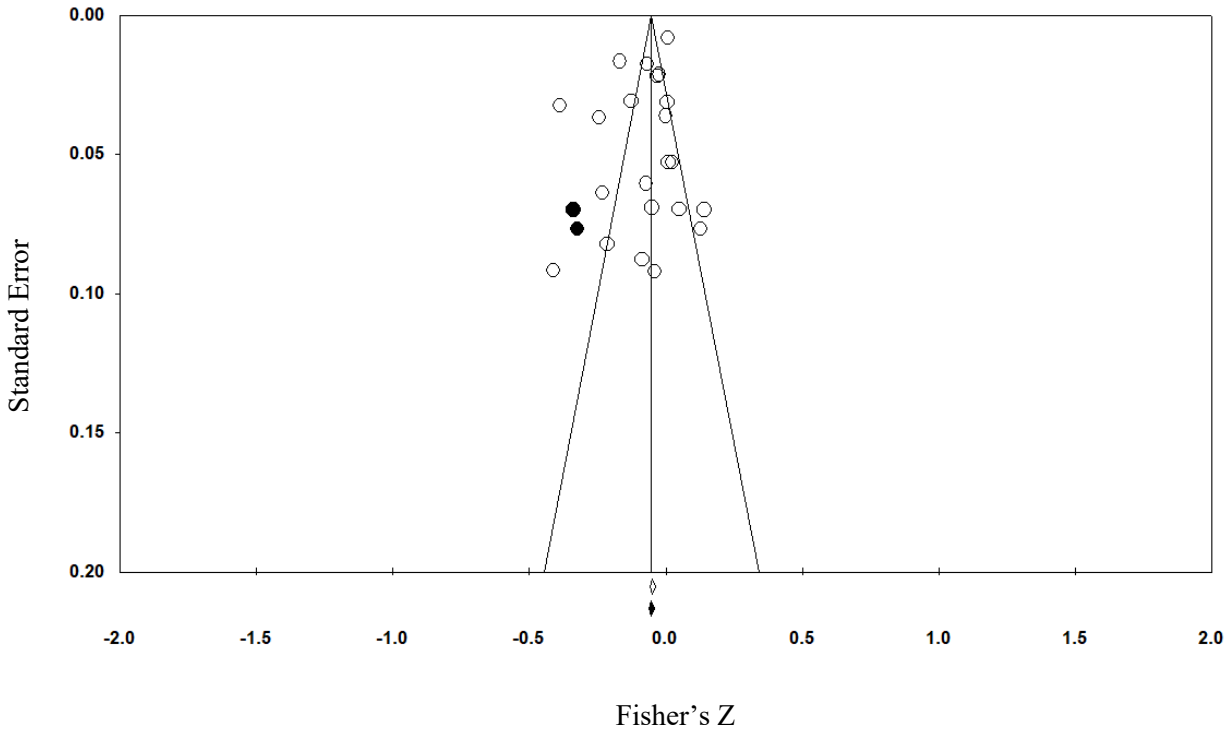


Note. Open circles represent the effect sizes of the included studies.

The "trim-and-fill" method examining anxiety meta-analysis observed two missing studies in the expected direction, demonstrating asymmetry in the funnel plot. To account for the missing studies in anxiety analysis, the method imputed two missing values to simulate data from the unpublished studies (see Figure 2.9.). Results demonstrated a slight increase in the random effects weighted average effects size (r_z = - .10, 95% CI [- .15; - .05]), suggesting that anxiety meta-analysis results are robust.

Figure 2.9.

Funnel Plot Estimating Publication Bias in Anxiety Meta-Analysis



Note. Solid circles represent imputed values; open circles represent the effect sizes of the included studies.

2.3.7. Sensitivity Analysis

Meta-analysis results on the association between social identity and depression identified six outlier studies with effect sizes suggesting that social identification is associated with increased depressive symptoms (i.e., Antonio et al., 2016; Cobb et al., 2017; Giuliani et al., 2018; Kira et al., 2017; J. Lee et al., 2013; Tummala-Narra et al., 2021). Given previous empirical research on the benefits social identity has on mental health (e.g., Çelebi et al., 2017; Livingston et al., 2007; Meca et al., 2019), studies with notably contradictory results were considered outliers. Sensitivity analysis was conducted by removing outliers, and results demonstrated a slight increase in the weighted average effect size across 55 studies (r = - .12,

95% CI [- .14, - .09]). According to Cohen's (1992) standardized criteria for effect sizes, sensitivity analysis confirmed a small negative association between social identity and depression.

After evaluating outlier studies separately, contradictory results by Antonio et al., (2016), which explored Native Hawaiians and Giuliani et al. (2018), which explored 2nd generation migrants in Italy, may be attributed to native-born populations' frequent negative social contact with the majority, which has been previously linked with mental health issues (McIntyre et al., 2019). Furthermore, the results of the three studies suggest that strong ethnic identification may increase the risk of the development of mental health issues for undocumented Latino migrants due to their negative portrayal in American society (Cobb et al., 2017), for Chinese Americans, who attend predominantly White universities (Tummala-Narra et al., 2021), and indigenous Mexicans in the US (J. Lee et al., 2013). Given indigenous Mexican lack of integration into American (Pérez et al., 2008) and mainstream Mexican (Kearney, 2000) societies, they tend to experience two-fold discrimination from both populations. Lastly, a social identity measure, which explored the level of perceived identity threat to determine the extent to which refugees identify with their Syrian identity, may explain the contradictory results (Kira et al., 2017). After reviewing each of the six outlier studies, the current review suggests that the conflicting results are influenced by confounding variables; thus, meta-analysis results on the association between social identity and depression are robust.

2.4. Discussion

The current study examined the overall magnitude of the association between social identity and common mental disorders in ethnic minority and migrant populations, demonstrating a small negative relationship between these two constructs, which supports previous findings in this research area (Cheref et al., 2019; Debrosse et al., 2018; Postmes et

al., 2018; T. B. Smith & Silva, 2011; M. T. Williams et al., 2012). However, a high degree of variation was observed across studies. Although a small negative relationship was observed, this effect was inconsistent across the included studies.

A comment about the magnitude of the effect is warranted. Although it is tempting to interpret this finding as indicating that social identity is an unimportant issue when considering the mental health of migrants, we think this would be a false conclusion for several reasons. First, a small effect across a large population could potentially amount to a large increased burden of mental ill-health. Second, social identity likely interacts with many other factors linked to ethnic minority status and migration, but it has not been possible to consider these interactions in this review, which has focused on the main effect of identity. For example, if social identity confers a protective effect, as theorized by many scholars (e.g., Ikram et al., 2016; Thibeault et al., 2018), its effect is most likely to be seen in those minorities and migrants who experience traumatic events related to discrimination or the circumstances of their movement from one place to another. In fact, evidence of these kinds of complex interactions, for example, between identity and discrimination, already exists in the literature (e.g., McIntyre et al., 2019). Finally, our study shows significant heterogeneity in the research findings, suggesting that some groups might benefit more from identity in some situations than others.

Several participant and methodological variables were considered as potential reasons for this heterogeneity. Two participant characteristics variables had no substantial influence: participant migration status and whether the study was conducted with students. Both of these findings might be considered surprising. Migrants experience substantial stress related to the causes of their migration and the relocation process, as reviewed in the introduction to this paper, whereas the same is not true for established minorities. On the other hand, students are likely to be advantaged, at least in terms of education and intelligence.

Two methodological characteristics also failed to explain the variability between the studies: the country in which the study was conducted and the dimension of the examined social identity. The latter finding might also be considered surprising, given that some studies examined identification with the minority ethnic group and others examined identification with the mainstream culture. It is certainly possible that any kind of social identity confers protection against mental ill-health, as implied by the 'social cure' hypothesis (C. Haslam et al., 2018). Alternatively, given that the majority of studies considered ethnic identity only, it is possible that there is at present insufficient data to judge which kind of identity is most protective.

However, variation across the studies could be explained by several factors. First, the ethnic group studied was important. In line with previous research (Brittian et al., 2015; Cheref et al., 2019), the association was stronger for African/African Americans, and Asian/Asian Americans compared to other groups, suggesting that the positive influence of social identity on psychological well-being varies among ethnic groups. Second, studies with a larger sample size tend to have a greater magnitude of the average effect size compared to studies with smaller sample sizes. The sample size is important when conducting quality research (Cohen, 1962, 1992). Given that the association between social identity and depression is apparently relatively small, studies with larger sample sizes had a greater probability of detecting it. Third, social identity measures significantly moderated the results, with studies using the CSES and EIS finding the largest effect sizes. The CSES is a valid and reliable measure that has been widely used in empirical research examining ethnic minority and migrant social identification (e.g., Agirdag et al., 2015; Crocker et al., 1994; Nesdale & Mak, 2003; Verkuyten, 2008), which captures social identity's multidimensionality by asking participants to evaluate all social group memberships in terms of four domains: the judgment of self-worth within the social groups, the judgment of the social groups' worth in relation to

other groups, the judgment of how positively other people view the social groups, and the judgment of how meaningful the social group memberships are to self-worth. On the other hand, EIS explores ethnic identity as one of the dimensions of people's social identity. Although the scale has three components assessing a person's exploration, resolution and affirmation of one's ethnic identity, due to the purposes of the present review, the current meta-analyses considered the affirmation component, which measures one's feelings towards ethnic identity. Yoon (2011) suggests that EIS is a "solid" measure for assessing minority populations, and it has also been shown to be a valid and reliable measure (Umaña-Taylor et al., 2004). Similarly, depression measures significantly moderated results, with studies using the BDI having a substantially greater magnitude of the average effect size compared to studies using other scales. BDI is a valid, reliable and widely used instrument, available in numerous languages and has shown to be an effective scale for assessing people with diverse backgrounds (Carmody, 2005; Sashidharan et al., 2012; Whisman et al., 2013).

In addition, slightly stronger effect sizes were obtained from those studies that did not report the language of assessment. Although the majority of the included studies assessed participants in their native language or participants were proficient in the language of assessment (83%), it is difficult to speculate about and interpret these findings. Lastly, studies which applied non-random sampling methods found greater effect sizes than those with random sampling; it is important to note that our quality coding required that studies which did not provide any information on the sampling method be assigned to the non-random sampling group. One possible interpretation of this effect is that non-random sampling leads to a biased estimation of the magnitude of the effect.

Due to the uneven distribution of studies in anxiety variable categories, the current review explored six anxiety moderators. In contrast to the findings from the depression analysis, whether or not studies were conducted with student participants moderated results,

demonstrating that studies with student samples show stronger effects. Whilst the sampling method was not a significant moderator, four other methodological variables explained variations across the studies. Firstly, in line with the results from depression analysis, the social identity measure was a significant moderator, with studies using the CSES finding substantially larger effect sizes. The measure of anxiety was also a significant moderator, and only studies with the STAI produced a significant effect size. The STAI is a well-established and widely used instrument to assess anxiety in diverse populations (A. L. Barnes et al., 2002). It is also notable that studies with the BAI produced a similar effect size, although this was not significant, possibly because only three studies were available. The third moderator was the study location, with studies outside the US (South Korea, Chile, Turkey) combined finding a slightly greater effect size. Lastly, studies with a larger sample size tend to have significant results with a greater magnitude of the average effect size compared to studies with smaller sample sizes.

2.4.1. Strengths and Limitations

To our knowledge, this is the first meta-analysis conducted to examine the association between social identity and common mental disorders in ethnic minority and migrant populations. Our findings support the previous meta-analysis conducted on social identity and depression in the general population (Postmes et al., 2018) and contribute to the literature by providing additional evidence of its association with anxiety. Although considerable variability across the studies was found, the study identified several variables that partially accounted for the variations, suggesting that the results are robust and reliable. In addition, the “trim-and-fill” method further strengthens the findings, showing that depression results were not influenced by publication bias. Although some publication bias was found in anxiety results, findings suggest that correcting the bias would strengthen the association between social identity and anxiety.

Nonetheless, the study has several limitations important to note. First, the current review primarily relied on correlational designs; thus, no causal relationships between social identity and common mental disorders can be drawn. Since studies published in English were included in the present review, the findings may under-represent studies published in non-Western countries with more diverse populations regarding ethnic background or migration statuses. Hence, this was evident in the current review, in which 56 out of 66 studies were published in North America.

2.4.2. Future Research

The benefit of social identity on ethnic minority and migrant mental health has been overlooked until recently. Due to the complexity of social identity with its many dimensions, research in this field has started to expand only in recent years, and many questions remain to be answered. While the current review identified an association between social identity and two common mental disorders, future research should explore the causal relationship between the two constructs. Given that depression and anxiety are characterized by social withdrawal and social isolation, it may prevent people from developing new group memberships and potentially lead to withdrawal from the existing social groups. On the other hand, decreased identification with social groups, and thus a lack of social support may cause people to feel socially isolated, leading to worse psychological well-being.

Future researchers should further examine social identity as a potential protective factor during significant life changes, such as immigration or perceived discrimination from society, which has been weakly supported by previous research (Schmitt et al., 2014). As already noted, it was striking that no moderating effect was observed in the present synthesis for the type of identity measured. However, as also mentioned above, the majority of research to date has focused on the positive influence that ethnic identity has on minority and migrant mental health (e.g., Burnett-Zeigler et al., 2013; T. B. Smith & Silva, 2011; Thibeault et al.,

2018) and future research should consider the multidimensionality of identities and aim to explore how they are constructed by people experiencing migration. Qualitative studies could contribute to this understanding by exploring how and why different aspects of social identity are constructed in migrants' and ethnic minorities' discourse and how they become incorporated as meaningful parts of themselves. Given that social identities are not fixed and that people leave and join new social groups over time, longitudinal studies would provide insight into how migrant social identities develop after relocation and how they influence their mental health through the different stages of acculturation.

Building on the results from the current narrative review, three additional suggestions for future research were identified. It may be crucial for future studies to differentiate between 1st and 2nd generation migrants within the sample, which may be particularly important when exploring identification with the mainstream culture. It could be argued that 2nd generation migrants are more likely to identify with the mainstream since they are native-born and face increased social contact with the nationals of the country, whereas 1st generation migrants may have stronger ties with their culture of origin and may have a greater sense of connection with those social groups which were developed prior to migration. Similarly, studies in the current review included diverse samples in terms of ethnic backgrounds. The findings show that group identification and its influence on mental health vary across cultures. Therefore, future research should aim to explore a wide range of populations. Lastly, the numbers of international migrants are on the rise worldwide (UN DESA, 2020), yet the majority (85%) of the included studies were conducted in the US. Research in this field should be expanded geographically, with further exploration of social identity continuity and the development of new group membership, examining the role that different mainstream cultures play in this process.

2.4.3. Clinical Implications

This research particularly speaks to non-governmental organizations and social services providing resources to migrants, highlighting the critical role they play in providing information on community social activities to encourage migrant social engagement in society and giving opportunities to join new social groups. Secondly, this research informs health practitioners about their vital role in addressing social groups as a source of psychological well-being. Interventions to enhance social connectedness and memberships with groups have already been developed for individuals who suffer from common psychiatric disorders (C. Haslam, Cruwys, Haslam, et al., 2016). These interventions might be adapted and other strategies devised to help migrants maintain the existing groups while assisting them in identifying and joining new social groups within society. Consequently, it is suggested that interventions emphasising building social identification may be an effective strategy to reduce ethnic minority and migrant psychological burdens and improve migrant psychological functioning during their resettlement and overall integration into societies.

2.4.4. Conclusion

In conclusion, our study suggests that social identification is linked with decreased depressive and anxiety symptoms with small effect sizes. While this effect was inconsistent across the included studies, the study identified participant and methodological characteristics that accounted for the variability. Research on social identities and their influence on psychological well-being is relatively new. However, the present review contributes to the recent efforts and suggests that social groups are a crucial source for enhancing ethnic minority and migrant mental health.

CHAPTER 3.

Perceived Discrimination and Mental Health: The Role of Immigrant Social Connectedness during the COVID-19 Pandemic

3.1. Introduction

The 2019 novel coronavirus, COVID-19, spread across the globe affecting all aspects of everyday functioning in nearly every region of the world within a few months. After the first COVID-19 case was reported in Greece in late February 2020, the Greek government implemented strict regulations across the country, such as closing all educational institutions, services and entertainment (e.g., cafes, bars, shops, and fitness facilities), leading to a complete lockdown which strictly limited movement. The unprecedented public health emergency not only led to changes in people's daily habits, social life and working environment but also changed people's attitudes and behavior, including attitudes towards minority groups. Ethnic minorities with an Asian background have been particularly vulnerable in this sense. During the initial stages of the outbreak, numerous sources reported an increase in discriminatory behaviors in various forms, such as verbal and physical attacks, suspicion, and avoidance behavior, against Asian ethnic minorities (e.g., Aratani, 2020; Campbell, 2020) with recent empirical evidence across the world confirming this (e.g., Cheah et al., 2020; Haft & Zhou, 2021; S. Lee & Waters, 2021; S. Wang et al., 2021).

Along with increased discriminatory experiences towards ethnic minorities, the pandemic exacerbated xenophobia. He et al. (2020) conducted research across 70 countries demonstrating that since the outbreak of COVID-19, 25% of Chinese immigrant respondents have experienced some form of discrimination. These results are similar to those reported by Wu et al. (2021), showing that 21% of Asian immigrant respondents in the US reported that they have encountered discrimination related to COVID-19. This is further supported by Ma and Zhan (2020). They found that, during the initial stages of the outbreak, the majority of

Chinese international students in the US were stared at due to the stigma associated with mask-wearing and experienced verbal abuse.

Although most research has focused on exploring prejudicial attitudes and discrimination towards people with an Asian ethnic background, the continuation of the pandemic arguably threatens any migrant regardless of identity. The most recent findings suggest that as the crisis and the uncertainty it has caused persists, xenophobia and anti-immigrant sentiment will likely deteriorate further for reasons such as fear (Clissold et al., 2020), perceived health threats (Yamagata et al., 2020), and rise in authoritarianism (Hartman et al., 2021). Bartoš et al. (2020), in a large nationally representative survey in the Czech Republic, found that COVID-19 related concerns increased negative attitudes and hostility towards foreigners. Similarly, in Canada, Newbold et al. (2021) demonstrated that the pandemic has also shaped Canadian views towards immigrants for the worse. The same effect has been evident among people in Japan, particularly for those who report an increase in infection-preventative behaviors (Yamagata et al., 2020).

It is important to address the increase of prejudicial attitudes and discrimination because of its negative influence on people's mental health issues, such as depression, anxiety, psychological distress, life satisfaction, and self-esteem (Pascoe & Smart Richman, 2009; Schmitt et al., 2014). Studies conducted during the pandemic align with previous research indicating that perceived discrimination among Asian Americans and Asian immigrants is linked to elevated rates of depression and anxiety (S. Lee & Waters, 2021; Wu et al., 2021). Likewise, Haft and Zhou (2021) reported that an increase in perceived discrimination during the pandemic led to increased levels of anxiety experienced by Chinese American college students.

Previous research has addressed various social and economic factors to improve immigrant mental health. However, a factor receiving increased research attention is the

sense of belonging. A sense of belonging is not only a fundamental psychological need but also enables people to live a psychologically healthy life (Cruwys et al., 2013; Cruwys, Haslam, et al., 2014; S. A. Haslam et al., 2009), offering many psychological benefits. For instance, the psychological benefits of Syrian refugees belonging to their ethnic identity were explored by Çelebi et al. (2017). They demonstrated that strong ethnic identification is linked with decreased depressive and anxiety symptoms. Other scholars have found lower levels of depressive and anxiety symptoms amongst those immigrants who report greater identification with the host culture (Meca et al., 2019; Tikhonov et al., 2019). These findings are not contradictory, as Smeekes et al. (2017) found that preserving multiple identities after migration can mitigate mental health issues, decreasing the risk of depression and increasing life satisfaction.

To date, literature exploring the effects of identity on mitigating the impact of discrimination has only focused on ethnic group belonging. Specifically, studies found that ethnic identification buffers perceived discrimination's negative impact, increasing life satisfaction, overall psychological well-being (Cobb et al., 2019), and decreasing depressive symptomatology (Thibeault et al., 2018). Consistent with these findings, the most recent study confirmed that ethnic identification alleviated the effect of COVID-19 related discrimination on immigrant mental health by decreasing depressive symptoms and increasing life satisfaction (Litam & Oh, 2020).

3.1.2. Present Study

As noted, most of the existing research on the impact of the pandemic on the experiences of migrants has focused on Asian migrants. The present research aims to build on previous findings by studying these effects in a more diverse migrant group. The main objective is to explore the immigrant sense of belonging during the pandemic and its benefit in mitigating mental health issues in adverse social situations. First, the study examines

whether the onset of the COVID-19 pandemic increased perceived discrimination and its effects on immigrant mental health. The study further explores immigrants' sense of connectedness to their social world. It is particularly important to study immigrant feelings of belonging in the pandemic because the social distancing and stay-at-home measures have the potential to make people feel more socially isolated and disconnected. Consequently, we aimed to examine to what extent feeling socially connected provides resilience in adverse circumstances. Given the reviewed evidence that social identity improves mental health and that perceived discrimination decreases one's sense of belonging and is associated with poor mental health outcomes, we predicted that social connectedness will mediate the association between perceived discrimination and mental health. That is, our assumption was that discrimination would disrupt the feeling of belonging and that this disruption would, in turn, have an adverse impact on mental health.

3.2. Methodology

3.2.1. Participants and Procedure

Immigrants living in Greece 18 years or older were invited to complete a survey on an online platform called Qualtrics. Prospective participants were recruited on a Facebook social media platform and through online advertisements through the City College, International Faculty of the University of Sheffield, between April and August 2020. Participants for the current study and for the reported study in chapter 4 were recruited at the same point in time. After descriptive questions that related to both populations of interest, that is, migrants in Greece (chapter 3) and Greek citizens (chapter 4), a single question regarding one's status in Greece was asked to split the two populations. This determined whether participants would answer further questions related to migrant experience in Greece, as examined in the current study, or related to Greek citizen authoritarianism and attitudes towards migrants (see chapter

4). The informed consent form was obtained from all participants (see Appendices D and E). Ethics approval was received from the University of Sheffield ethics committee (033990).

3.2.2. Design and Sampling

The current research is a cross-sectional study. Using convenience sampling, the study recruited any person who migrated regardless of reasons for migration and length of stay in Greece or descendants of migrants who resided in Greece when completing the online survey. Participants younger than 18 and those with no migration status in Greece were excluded from the study.

3.2.3. Measures

The online survey was available in English and Greek (see Appendices F and G). To employ the Greek survey version, all measures were translated to Greek by VC and back-translated to English by Dr. George Pavlidis (GP) to ensure that the meanings of the measure items were conveyed, except depression and anxiety scales for which translated standardized versions were available. Any differences in the translations were discussed between the researchers until an agreement was reached.

3.2.3.1. Social Identity

3.2.3.1.1. Social Connectedness. Sense of belonging was assessed using the Social Connectedness Scale-Revised (SCS-R; R. M. Lee et al., 2001). Participants responded to 20 items on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree), e.g., “I feel like an outsider” and “I am able to connect with other people”. A higher total score on the scale indicates greater belongingness to the social world. The SCS-R has been widely used in diverse samples demonstrating good internal consistency (R. M. Lee et al., 2001; Yoon et al., 2012), excellent content validity and good structural validity (Cordier et al., 2017). In the present study, the scale had strong internal consistency (a = .94).

3.2.3.2. Discrimination

3.2.3.2.1. Perceived Discrimination. Perceived discrimination was assessed twice using the 9-item Everyday Discrimination Scale (Williams et al., 1997). On a 4-point Likert scale ranging from 1 (never) to 4 (often), participants reported how often they experienced mistreatment both in Spring 2019 and at the time of completing the questionnaire, e.g., "You are treated with less respect than other people are", "People act as if they are afraid of you". A higher score indicates greater levels of perceived discrimination. Previous studies show good test-retest reliability (Krieger et al., 2005) and construct validity (Taylor et al., 2004) and reliability was high in this study (a = .87).

3.2.3.3. Mental health and Psychological Variables

3.2.3.3.1. Depression. Depressive symptomatology was measured using the Patient Health Questionnaire (PHQ; Kroenke et al., 2001). Participants were asked to rate nine items on a 4-point scale ranging from 0 (not at all) to 3 (nearly every day), e.g., "Little interest or pleasure in doing things" and "Feeling down, depressed, or hopeless". Responses were summed where a higher total score indicates increased levels of depressive symptoms, with a total score between 15 to 27 indicating moderately severe to severe depression. The PHQ-9 has shown excellent internal and test-retest reliability and good external validity (Kroenke et al., 2001). Reliability was strong in the present study (a = .92).

3.2.3.3.2. Anxiety. Anxiety symptoms were assessed using the General Anxiety Disorder scale (GAD-7; Spitzer et al., 2006). Participants rated seven items on a 4-point Likert scale ranging from 0 (not at all) to 3 (nearly every day), e.g., "Feeling nervous, anxious, or on edge" and "Worrying too much about different things". An increased total score on the scale indicates increased anxiety symptoms; scores between 10 to 21 show moderate to severe anxiety. Previous research suggests that GAD-7 can be used with culturally diverse samples

and has excellent internal consistency and a good test-retest validity (Sousa et al., 2015), which was confirmed in the present study (a = .95).

3.2.3.3.3. Paranoia. Paranoia was assessed using a subscale from the persecution and deservedness scale (PaDS; Melo et al., 2009). Participants rated five items on a 5-point scale, e.g., "I believe that some people want to hurt me deliberately", and "You should only trust yourself", ranging from 1 (strongly disagree) to 5 (strongly agree). The present study (a = .82) and previous studies report good reliability (McIntyre et al., 2018).

3.2.3.3.4. Loneliness. Loneliness was assessed by asking participants how often (1) they felt they lack companionship, (2) they felt left out, and (3) they felt isolated from others (Hughes et al., 2004). The three items were rated on a 3-point scale (hardly ever, some of the time, often). The present study (a =.87) and previous studies report good internal reliability (Hughes et al., 2004).

3.2.3.3.5. Sociodemographic control variables

Participants self-reported their age (in years), sex (0 = male, 1 = female) and whether they grew up (spending most of their lives up to 16 years) in Greece (1 = yes, 2 = no).

3.2.4. Data Analyses

All analyses were conducted using SPSS version 24. Pearson's correlations were used to explore associations among the main variables. Before performing statistical analyses, relevant assumptions were checked for each statistical procedure used. For Pearson's correlations, data demonstrated linear relationships between variables, data had no significant outliers, and the majority of variables were approximately normally distributed. The GAD-7, PHQ-9 and both discrimination variables were slightly negatively skewed. Because of that, we also conducted the non-parametric Spearman's rho correlation test (see Appendix H), the results of which were comparable to Pearson's correlation – numerical results displayed slightly stronger correlation coefficients as expected; however, the direction and significance

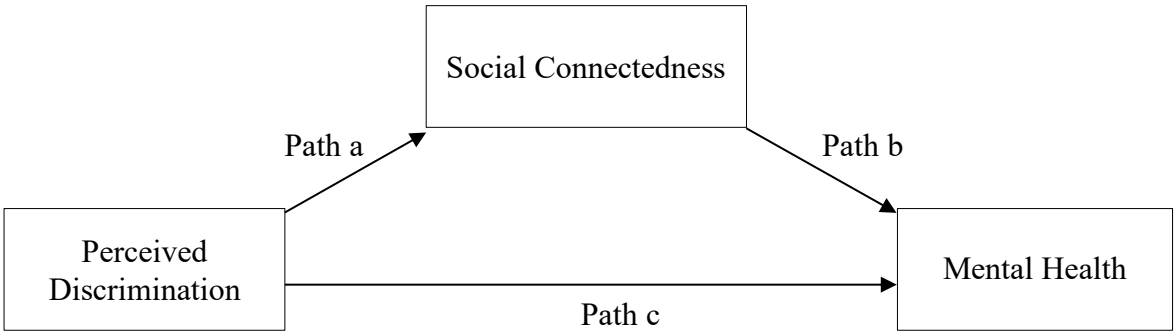
of the reported results were not impacted. Overall, because the assumptions were not markedly violated, the study reports Pearson's *r* correlations. Paired samples t-test was conducted to assess whether perceived discrimination increased during the initial stages of the COVID-19 pandemic compared to Spring 2019. Assumptions were met: observations were independent of one another, dependent variables were approximately normally distributed, and no extreme outliers were detected. Simple linear regression analyses were conducted to explore whether perceived discrimination predicts four psychological outcomes (depression, anxiety, paranoia and loneliness), entering each dependent variable separately while controlling for age, gender and time spent in Greece. Prior to performing analysis for each regression, relevant assumptions were checked. The normality assumption was checked using P-P plots for regression residuals. To check the homoscedasticity assumption, regression residuals were plotted against predicted values using a scatter plot. None of the independent-dependent variable combinations violated these assumptions, extreme outliers were not observed, and a linear relationship was observed between prediction and outcome variables (using scatter plots). Additionally, for each of the regression models, VIF (Variance inflation factor) was used to ensure that there weren't any concerns of multicollinearity. In addition, post hoc power calculations were completed using the G*Power 3.1 software.

Mediation analyses were conducted using the PROCESS Macro extension (Hayes, 2018). Model four was estimated four times to test whether social connectedness mediates the effect of perceived discrimination during the COVID-19 pandemic on four psychological variables (depression, anxiety, paranoia and loneliness, respectively; see Figure 3.1.). Mediation was assessed via bootstrapping with 10 000 resamples and using listwise deletion to account for missing values in all analyses. Assumptions were checked before conducting analyses. Scatterplots demonstrated linear relationships between variables, multicollinearity

was not a concern (none of the covariates had a VIF greater than 1.5), and no spurious outliers were detected.

Figure 3.1.

Conceptual Model of The Mediation Effect



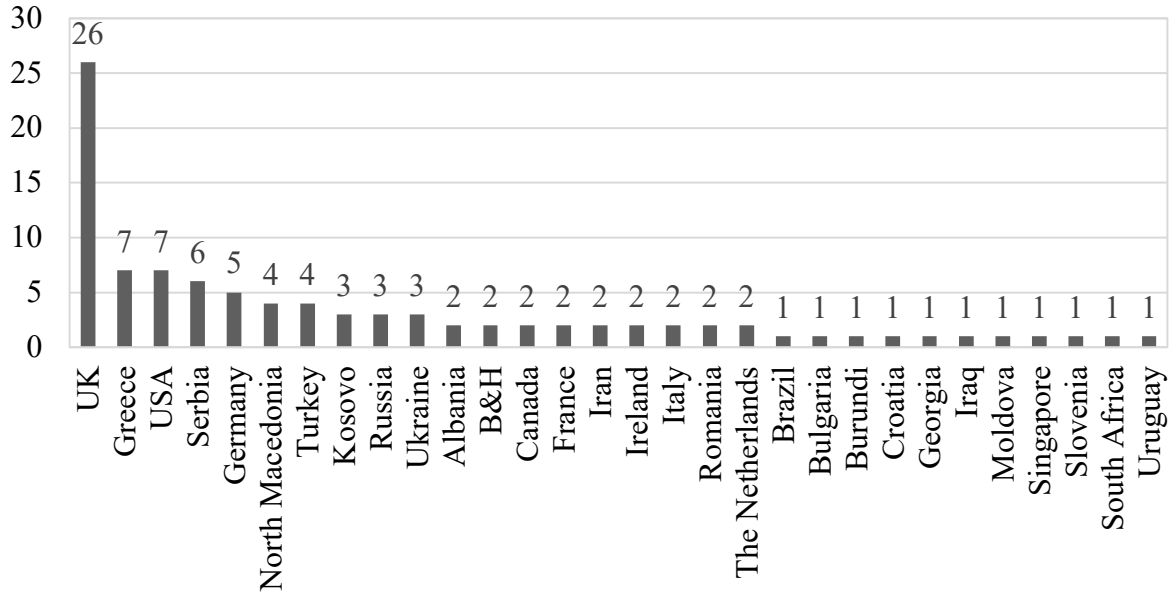
3.3. Results

3.3.1. Participant Characteristics

The final sample included 104 immigrants (77% female, M_{age} = 39.02, *SD* = 16.8). Most participants (91%) indicated they were of a White/Caucasian ethnic background. Twenty-seven percent of participants had a high school education, and 60% had a university degree. In addition, 32% of participants were students, and 34% were employed. The country of origin varies greatly, with 25% of the participants coming from the UK (see Figure 3.2.). Fifty-one percent of participants migrated to Greece for school or work purposes, 33% identified as 1st generation immigrants (born in a country other than Greece but permanently living there), 7% identified as 2nd generation immigrants (at least one of the parents born outside of Greece) and 2% as refugees. The sample also included descendants of 1st generation migrants, so sensitivity analysis was conducted. All statistical analyses were repeated without seven participants, but there were no material differences in the results. All analyses below remained significant.

Figure 3.2.

Countries of Origin of the Participants



Note. B&H – Bosnia and Herzegovina; UK – The United Kingdom; USA – The United States of America.

3.3.2. Correlation Results

Zero-order correlations between social identity, discrimination, and mental health variables are displayed in Table 3.1. Notably, there is a very high correlation between perceived discrimination during the pandemic and recalled discrimination from 2019. Paired samples t-test shows a significant difference between perceived discrimination in Spring 2019 (M = 14.84, SD = 5.07) and during the COVID-19 pandemic (M = 12.71, SD = 4.29); $t(90) = 6.02$, $p < .01$, indicating that perceived discrimination decreased during the pandemic.

Table 3.1.

Correlations for Social Identity, Discrimination and Mental Health Variables

	Variable	1.	2.	3.	4.	5.	6.	7.
1.	Social connectedness	__	-.33**	-.42**	-.50**	-.42**	-.46**	-.43**
2.	Perceived discrimination 2019		__	.76**	.27*	.35**	.58**	.36**
3.	Perceived discrimination 2020			__	.33**	.46**	.51**	.36**
4.	Depression				__	.85**	.43**	.50**
5.	Anxiety					__	.42**	.41**
6.	Paranoia						__	.48**
7.	Loneliness							__

**$p < .01$; *$p < .05$.

3.3.3. Direct Effects of Discrimination

Table 3.2. summarizes the four simple regression analyses conducted to predict depression, anxiety, paranoia, and loneliness from perceived discrimination. There were significant effects for all outcomes, but these were greater in the case of anxiety (adjusted $R^2 = .30$) and paranoia (adjusted $R^2 = .31$) compared to depression ($R^2 = .21$) and loneliness (adjusted $R^2 = .25$). All four of the post hoc achieved powers were numerically greater than a minimum threshold value of .80. Thus for these statistical parameters, there is sufficient power to support the analyses results (see Appendix I).

Table 3.2.

Simple Regression Analyses Summary for Perceived Discrimination Predicting Mental Health Outcomes and Loneliness

Independent variable	Dependent variable	Unstandardized *B*	Standard Error	Standardized *B*	t	*p*	Regression results
Perceived discrimination during the COVID-19 pandemic	Depression	.59*	.20	.32*	3.01	$p < .01$	$R^2 = .21$ R = .45 $F(4,77) = 4.74$
	Anxiety	.66**	.16	.42**	4.18	$p < .001$	$R^2 = .30$ R = .55 $F(4,78) = 8.07$
	Paranoia	.67**	.13	.52**	5.11	$p < .001$	$R^2 = .31$ R = .55 $F(4,75) = 7.85$
	Loneliness	.22**	.06	.42**	3.95	$p < .001$	$R^2 = .25$ R = .50 $F(4,73) = 5.70$

*$p < .01$, **$p < .001$.

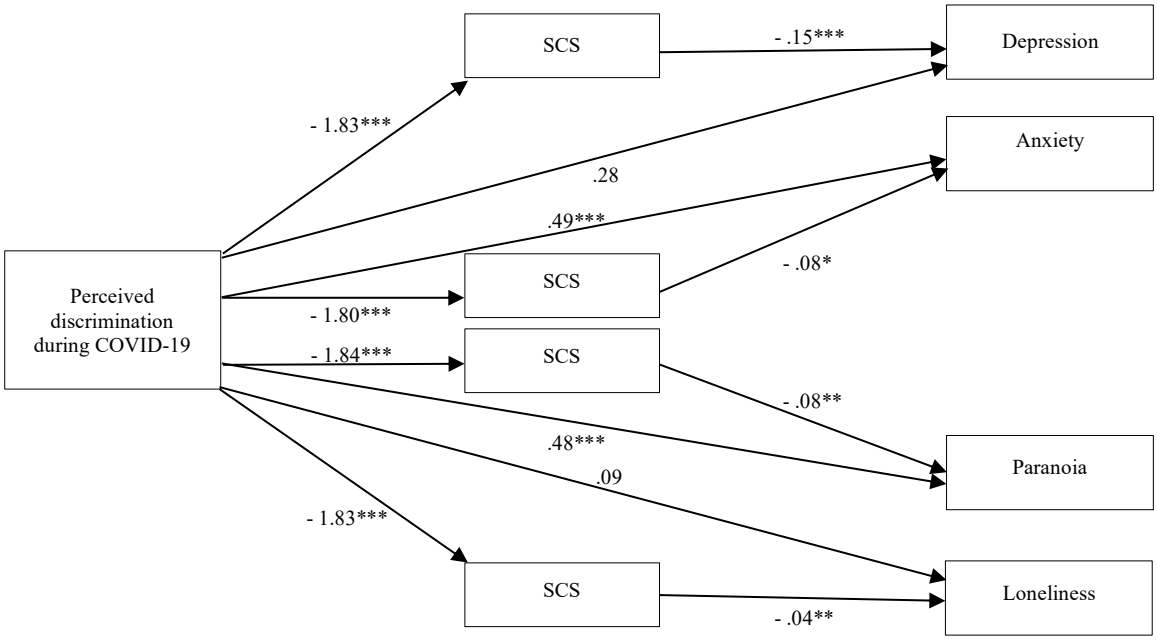
3.3.4. Mediation Models

In the case of depression, the direct effect from perceived discrimination to social connectedness (path a) is negative and statistically significant (B = - 1.83, SE = .41, $p < .001$), indicating that persons perceiving greater discrimination are more likely to score lower on social connectedness The direct effect of social connectedness on depression (path b) is also negative and significant (B = - .15, SE = .04, $p < .001$), indicating that persons with increased

social connectedness are more likely to report lower depressive symptoms. The direct effect of perceived discrimination on depression (path c) is not statistically significant (B = .28, p = .09) but the indirect effect (B = .28) is: 95% CI = [.10, .47]. The model explained 13% of the variance in depression scores (F(1,84) = 12.52; p < .001). In the case of anxiety, path a was negative and significant (B = - 1.80, SE = .42, p < .001), as was the direct effect of social connectedness on anxiety (path b; B = - .08, SE = .03, p < .05). The direct effect of perceived discrimination on anxiety (path c) was positive and statistically significant (B = .49, SE = .14 p < .001) as was the indirect effect (B = .15): 95% CI = [.01, .29]. The model explained 23% of the variance (F(1,84) = 24.95; p < .001). For paranoia, the direct effect from perceived discrimination to social connectedness (B = - 1.84, SE = .44, p < .001), and the direct effect of social connectedness on paranoia (B = - .08, SE = .03, p < .01), were both negative and significant. Both the direct effect of perceived discrimination on paranoia (B = .48, SE = .12 p < .001) and the indirect effect (B = .14: 95% CI = [.03, .27]) were significant, and the model explained 27% of the variance (F(1,83) = 31.21; p < .001). Finally, in the case of loneliness, again the direct effect from perceived discrimination to social connectedness (B = - 1.83, SE = .44, p < .001) and from social connectedness to loneliness (path b) (B = - .04, SE = .01, p < .01) is negative and significant. However, the direct effect of perceived discrimination on loneliness (path c) is not statistically significant (B = .09, p = .07) but the indirect effect (B = .07) is: 95% CI = [.03, .12], and the model explained 12% of the variance in loneliness scores (F(1,81) = 11.40; p < .001). See Figure 3.3. for the direct effects between variables.

Figure 3.3.

Mediation Effects of Social Connectedness Between Perceived Discrimination and Mental Health Outcomes



Note. SCS = social connectedness.

*$p < .05$, **$p < .01$, ***$p < .001$.

3.4. Discussion

As the pandemic endures with multiple sources reporting increased prejudicial attitudes and discrimination towards minority groups, we investigated immigrant perceived discrimination in Greece, whether discrimination experiences predict poorer mental health outcomes, and whether a sense of belonging mediated this association. This work is notable in its focus on various white European immigrants in Greece, who are often understudied compared to refugees and asylum seekers since the 2015 crisis, and its emphasis on a sense of belonging during the pandemic, which has made social connections with people more challenging.

In contrast to earlier findings during the pandemic (e.g., Bartoš et al., 2020; Cheah et al., 2020), our results did not confirm an increase in perceived discrimination among

immigrants in Greece; indeed, participants reported less discrimination during the pandemic than in 2019. Various reasons could explain this. Given that the sample consisted of predominantly white participants underrepresenting people of Asian descent, which was a group with the highest risk of experiencing discrimination during the pandemic, this could be explained due to selection bias. Similarly, results might also be explained due to memory bias. Considering the significant changes in people's social behavior and the limited physical and social contact people were allowed to have due to the COVID-19 outbreak, our results could also be explained due to the perceived discrimination measure used, which might not have assessed the particularly discriminatory situations experienced during the pandemic. Therefore, it may also be that discrimination went down because of the nationwide lockdown, which created fewer opportunities for people to be exposed to adverse social situations. Nonetheless, consistent with previous research, our results demonstrate that perceiving the self as a target of discrimination predicts depression, anxiety and paranoia (Pascoe & Smart Richman, 2009; Schmitt et al., 2014).

Regarding the proposed mediation model, our results confirm the hypothesis that perceived discrimination negatively impacts a sense of belonging, which in turn increases anxiety and paranoia symptoms. Hence both perceived discrimination and a lack of sense of belonging contribute to mental ill-health. The greater effect of the anxiety model could be explained due to the increased uncertainty about various aspects of people's lives caused by the COVID-19 pandemic. Findings contribute to the literature demonstrating that not only identification with specific group memberships, such as ethnic or national (Çelebi et al., 2017; Meca et al., 2019; Tikhonov et al., 2019) but also interpersonal closeness to the social world provides resilience in adverse experiences such as discrimination.

The study is not without limitations, primarily reflecting the requirement to conduct the research online because of the pandemic restrictions. Firstly, the present research is cross-

sectional and, based on descriptive statistics, such as migration status, occupation and ethnic background, it could be argued that participants were a relatively well-adjusted sample, perhaps underrepresenting the most vulnerable groups during the pandemic. This might be due to shortcomings of an online survey, which does not allow to speculate about the population to which the survey was distributed. Nonetheless, future research should incorporate larger and more diverse samples as well as incorporate longitudinal designs to explore changes in social connectedness over time, taking into account migration status and length of stay in the host country. Lastly, research aiming to capture discriminatory experiences during public emergencies should adapt measures to the appropriate circumstances. Nonetheless, it is novel in its focus on white European immigrants in Greece, who are often understudied compared to refugees and asylum seekers since the 2015 crisis, especially with regard to the sense of belonging during the pandemic, which has made integration and networking with people more challenging.

3.4.1. Conclusion

In conclusion, the study contributes to and extends our understanding of the role sense of connectedness plays on mental health, showing that it can protect against adverse experiences during public health emergency crises. We hope the study contributes to the importance of developing interventions that strengthen interpersonal relationships and provide a framework for social mechanisms that encourage immigrant integration and their connection with the social environment. A further implication is that public health measures need to promote social integration and a sense of belonging, especially regarding vulnerable minority groups such as immigrants.

CHAPTER 4.

Authoritarianism and Sense of Belonging during the COVID-19 Pandemic: The Effects on Anti-immigrant Sentiment

4.1. Introduction

Research shows that collective human behavior in public emergencies may vary depending on the socio-cultural context influencing public responses to the crisis. According to Strong (1990), large, unexpected pandemics that cause chaos and disrupt social order may produce fear, suspicion, panic and stigma within societies. For example, a study of a previous epidemic caused by the Zika virus found that people were more concerned for themselves and their well-being than their friends and family (Yang et al., 2018). Similarly, another study found that increased fear of contracting the Ebola virus predicted negative attitudes towards people from other countries (H. S. Kim et al., 2016). However, other scholars have challenged these findings, proposing that the collective human behavior during public emergencies is underlined by a more complex social mechanism (Drury & Tekin Guven, 2020; Drury et al., 2013) since people also express solidaristic behavior during public crises, such as caring and willingness to help one another. The defining factor for this cooperative behavior seems to be a shared sense of identity with those involved in the emergency (Aguirre et al., 2011; Drury et al., 2009).

With regards to the most recent public emergency, various sources reported racialization of the disease during the initial stages of the COVID-19 outbreak, including increased violence towards minorities, especially towards people from China (Aratani, 2020; Campbell, 2020). Indeed, research confirmed that discrimination and racism towards ethnic minorities during the pandemic increased along with negative attitudes towards immigrants (Cheah et al., 2020; S. Wang et al., 2021), which was found to be particularly true among

those individuals who reported greater existential threat in response to the current pandemic (Tabri et al., 2020).

4.1.1. Right-Wing Authoritarianism and Social Dominance Orientation

Hartman and his colleagues further explored the role of the existential threat caused by the COVID-19 pandemic and its effects on negative attitudes towards immigrants (2021). The study examined the two well-established psychological predictors of prejudicial attitudes towards outgroups, demonstrating that right-wing authoritarianism (RWA) and social dominance orientation (SDO) predicted ethnocentric attitudes. In addition, it was found that as the fear of COVID-19 increased, so did the relationship between RWA and ethnocentrism. These findings are in line with previous literature pointing to RWA and SDO as established independent predictors for intolerance and prejudicial attitudes towards outgroups (Craig & Richeson, 2014; Crawford & Pilanski, 2014; Duckitt & Sibley, 2010; Hartman et al., 2021; Oyamot et al., 2006; Perry et al., 2015; Sibley et al., 2006; Wilson & Sibley, 2013) and contribute to new evidence that existential threat to humanity increases the manifestation of authoritarianism (Stenner & Haidt, 2018).

Although RWA and SDO have the same effect on prejudicial attitudes and intolerance towards outgroups, the two dimensions are driven by different motivational goals and social worldview beliefs. They originate from different personality characteristics and are triggered by different social and environmental influences (Duckitt, 2001). Specifically, the motivational goal behind RWA is driven by uncertainty, believing that the world is a dangerous and unpredictable place and is characterized as a response to threat and fear. People high in RWA prefer stable, structured and secure societies and are particularly sensitive to social change. Thus, any changes are viewed as threatening social order, increasing RWA (Stenner, 2005). For instance, research shows that perceived social threat, including a threat to safety, such as in the aftermath of a terror attack, further increases the

expression of RWA (Lindén et al., 2018; Mirisola et al., 2014; Shaffer & Duckitt, 2013). People high in RWA show particularly high ingroup preferences and, as a result, are willing to support ingroup members and their values by any means, even if it involves violence and aggression towards outgroups (Fetchenhauer & Bierhoff, 2004; Jackson & Gaertner, 2010). Moreover, due to people's motivation for ingroup cohesion and support for social norms, RWA also predicts nationalism, the belief in a nation's superiority over others, and patriotism, increased attachment to the homeland (Osborne et al., 2017).

On the other hand, according to Duckitt (2001), SDO motivational goals are driven by competitiveness and a belief that groups in society are unequal. People high in SDO prefer a hierarchy of social groups, seek dominance over others and lack empathy towards those perceived as outgroups. Therefore, when those outgroups which are perceived as competitive seek equality, the expression of SDO increases. Indeed, research shows that negative attitudes towards outgroups, including immigrants, rise when they are perceived as low-status, disadvantaged, and derogated (Cantal et al., 2015; Duckitt & Sibley, 2010). Individuals high in SDO also support aggression and violence as a solution to social issues, which stems from their tendency to dehumanize the victims, resulting in decreased concern for the outgroup members (Jackson & Gaertner, 2010). In addition, previous empirical research indicates that increased levels of SDO also predict nationalism, reflected in the belief that one's nation should dominate over other nations (Osborne et al., 2017). However, SDO does not consistently predict increased attachment to one's country or, in other words, patriotism since this association greatly depends on the characteristics of the nation and, in particular, whether it supports group-based hierarchies, which is more common among high-status countries. For example, the association between SDO and patriotism has been found among studies conducted in the US (e.g., Peña & Sidanius, 2002) or in those more egalitarian nations, such as New Zealand (Osborne et al., 2017).

4.1.2. Attitudes: The Influence of Group Identification

Group memberships and a sense of belonging to these groups are an important influence on the formation of people's attitudes, including prejudice. Tajfel (1979) proposed that people define their sense of self based on group memberships, such as ethnic, national, religious groups, or any other group that a person identifies as a meaningful part of the self, also known as social identity. According to the self-categorization theory, this happens through the process of depersonalization when people do not think about themselves in terms of their personal values and beliefs as "I" and "me", but when people think about themselves as a member of social groups, such as "us Greeks" (Turner et al., 1987). When thinking as group members, people tend to lose their individuality by redefining who they are in terms of group memberships so that the group norms become central. Within this context, research has aimed to understand the role group memberships play on prejudice, testing the hypothesis that the association between authoritarian predispositions and prejudice fluctuates depending on group identity salience. Consistent with this hypothesis, some studies have found the expected effect on the association (e.g., Reynolds et al., 2001), whereas other studies were not able to replicate these findings (Bergh et al., 2010; Heaven & St Quintin, 2003). For example, Bergh et al. (2010) found no effect of national identity on the association between authoritarianism and prejudice, yet argued that national identity may not have been salient to participants. Thus, arguably, inconsistencies in results may also be due to various methodological issues, including study design and sample size. The current study aimed to take a step further by exploring the role of a sense of belonging on prejudice and investigating whether group identification may also act as a mediator between authoritarian predispositions and anti-immigrant sentiment.

4.1.3. Present study

The present study explores attitudes toward immigrants in Greece, investigating how disease-related anxiety and a sense of belonging influence attitudes during the pandemic. Firstly, the current study aims to replicate the findings of Hartman and colleagues (2021). It was expected that RWA and SDO would predict negative attitudes towards migrants and that this effect would be moderated by the existential threat for RWA but not for SDO. Secondly, given that group memberships shape prejudice, this study explores the extent to which various social identity variables, including one's sense of attachment to homeland and beliefs of nation's superiority, predict negative attitudes towards migrants. Lastly, we hypothesized that a sense of belonging would mediate the association between authoritarianism and anti-immigrant sentiment.

4.2. Methodology

4.2.1. Participants and Procedure

Greek citizens 18 years or older were invited to complete a survey on an online platform called Qualtrics. Prospective participants were recruited on a Facebook social media platform and online advertisements through the City College, International Faculty of the University of Sheffield, between April and August 2020. As mentioned in the previous chapter, participants for the current study and for the reported study in chapter 3 were recruited at the same point in time. After descriptive questions that related to both populations of interest, that is, migrants in Greece (chapter 3) and Greek citizens (chapter 4), a single question regarding one's status in Greece was asked to split the two populations. This determined whether participants would answer further questions related to authoritarianism and attitudes towards migrants, as examined in the current study, or questions related to migrant experience in Greece (see chapter 3). The informed consent form was obtained from all participants (see Appendices D and E). Ethics approval was received from the University

of Sheffield ethics committee (033990). The final sample included 190 Greek nationals. The average age of the sample was 34.50 (*SD* = 12.13), with 68% of the participants being female. Most participants (85%) indicated they were of a White/Caucasian ethnic background. Nine percent of the participants reported that they did not grow up in Greece. Twenty-five percent indicated that they had a high school diploma, and 65% had an undergraduate or graduate degree. Fifty-four percent were currently employed, while 33% of the participants identified as students.

4.2.2. Measures

The online survey was available in English and Greek (see Appendices J and K). To employ the Greek survey version, all measures were translated to Greek by VC and back-translated to English by GP to ensure that the meanings of the measure items were accurately conveyed. Any differences in the translations were discussed between the researchers until an agreement was reached.

4.2.2.1. Sociodemographic Control Variables

Participants self-reported their age (in years), sex (0 = male, 1 = female), education level (0= no degree, 1 = degree). Education level was dummy coded with those with no formal qualifications or technical qualifications as the reference category and those with educational attainment who have earned a bachelor's degree or higher.

4.2.2.2. Socio-political Views and Related Behaviors

4.2.2.2.1. Right-Wing Authoritarianism. RWA was assessed using the 6-item Very Short Authoritarianism Scale (VSA; Bizumic & Duckitt, 2018). Respondents were asked to what extent they agree or disagree, ranging from 1 (strongly disagree) to 5 (strongly agree) with items such as, "What our country needs most is discipline, with everyone following our leaders in unity" and "Our society does NOT need tougher government and stricter laws". The VSA has previously shown good internal consistency and predictive validity in diverse

samples (Bizumic & Duckitt, 2018), which was confirmed in the present study (Cronbach's *a* = .72, *M* = 14.88, *SD* = 4.18).

4.2.2.2.2. Social Dominance Orientation. Respondent orientation to support inequality between social groups was assessed using the short version of the SDO scale (Ho et al., 2015). Participants rated eight items to what extent they oppose, or favor statements, such as "An ideal society requires some groups to be on top and others to be on the bottom" and "Some groups of people are simply inferior to other groups". Responses were assessed on a 5-point Likert scale ranging from 1 (strongly oppose) to 5 (strongly favor). SDO scale previously showed good criterion and construct validity (Ho et al., 2015). In the present study the scale had good internal consistency (Cronbach's *a* = .82, *M* = 15.39, *SD* = 5.50).

4.2.2.2.3. Anti-Immigrant Sentiment. Three items were adapted from the (British Social Attitudes Survey, 2015) to assess Greek national attitudes towards migrants in Greece: 1) "Would you say it is generally bad or good for the Greek economy that migrants come to Greece from other countries?" (using a 10-point scale ranging from 1 (extremely bad for Greek economy) to 10 (extremely good to Greek economy)); *M* = 6.28, *SD* = 2.23; 2) "Would you say that Greek cultural life is generally undermined or enriched by migrants coming to live here from other countries?" (using a 10-point scale ranging from 1 (undermined) to 10 (enriched)); *M* = 5.69, *SD* = 2.68; 3) "Some migrants make use of Greek schools, increasing the demand on them. However, many migrants also pay taxes which support schools, and some also work in schools. Do you think that, on balance, migration to Greece reduces or increases pressure on the schools across Greece?" (using a 5-point scale ranging from 1 (reduces pressure a lot) to 5 (increases pressure a lot)); (*M* = 3.28, *SD* = .85).

4.2.2.3. Existential Threat

COVID-19 anxiety was measured with a single item taken from the UK COVID-19 Psychological Research Consortium longitudinal study of the impact of the pandemic on the

UK population (McBride et al., 2021). Participants were asked, "how anxious are you about the coronavirus COVID-19 pandemic?" and responded by placing a slider between 0 (not at all anxious) to 100 (extremely anxious). A higher score on the continuous scale indicated increased levels of anxiety relating to the COVID-19 pandemic (M = 44.86, SD = 26.72).

4.2.2.4. Social Identity

4.2.2.4.1. Identification with All Humanity (IWAH). Participants were asked to rate three statements for each of the three groups: people in my community, people in Greece, and all humans everywhere. The three items were adapted from the IWAH (McFarland et al., 2012) scale: (1) "How much do you identify with (feel a part of, feel love toward, have concern for each of the following?"; (2) "How much would you say you care (feel upset, want to help) when bad things happen to each other?"; (3) "When they are in need, how much do you want to help each of the following?". Responses were scored on a 5-point scale ranging from 1 (not at all) to 5 (very much). The present study reports excellent reliability (Cronbach's a = .91, M = 33.69, SD = 6.16).

4.2.2.4.2. Nationalism. Two items were adapted from Davidov (2011) to assess Greek nationalism: 1) "The world would be a better place if people from other countries were more like Greeks"; 2) "Generally speaking, Greece is a better country than most other countries". Respondents rated the two items on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The present study (Cronbach's a = .79, M = 4.72, SD = 1.76) and previous studies report good internal consistency (Hartman et al., 2021; Phinney, 1992).

4.2.2.4.3. Other Group Orientation. Respondents' attitudes and orientation towards other ethnic groups were assessed using a subscale from the Multigroup Ethnic Identity Measure (MEIM-other; Phinney, 1992). Participants rated to what extent they agree or disagree with six items, e.g., "I like meeting and getting to know people from ethnic groups other than my own" and "I often spend time with people from ethnic groups other than my own". Responses

were scored on a 4-point Likert scale ranging from 1 (strongly agree) to 4 (strongly disagree). A lower total score on the scale indicates greater identification with other ethnic groups. The present study (Cronbach's *a* = .81, *M* = 19.63, *SD* = 3.54) and previous studies report good internal consistency (Yoon, 2011).

4.2.2.4.4. Patriotism. Participant patriotism (i.e., sense of love for Greece) was assessed using three items adapted from (Davidov, 2011), asking participants to rate to what extent they feel proud of Greece in the way democracy works, Greece's contribution to culture and sciences, and Greece's fair and equal treatment of all groups in society. Responses were scored on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree).

4.2.2.4.5. Social Connectedness. Sense of belonging to the social world was assessed using the Social Connectedness Scale-Revised (SCS-R; R. M. Lee et al., 2001). Participants responded to 20 items on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree), e.g., "I feel like an outsider" and "I am able to connect with other people". A higher total score on the scale indicates greater belongingness to the social world. The SCS-R has been widely used in diverse samples demonstrating good internal consistency (R. M. Lee et al., 2001; Yoon et al., 2012), excellent internal consistency and content validity and good structural validity (Cordier et al., 2017). The current study reports excellent Internal consistency (Cronbach's *a* = .93, *M* = 84.65, *SD* = 16.79).

4.2.3. Data Analyses

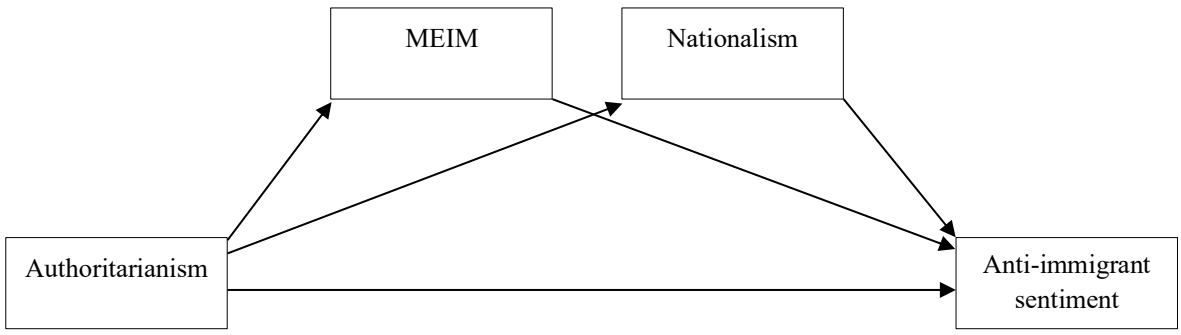
All analyses were conducted on SPSS version 24. Firstly, the three anti-immigrant sentiment variables were intercorrelated, and principle component analysis (PCA) was used to reduce them to a single variable. Pearson's correlations were conducted to examine associations between the key variables. To test whether anxiety imposed by the COVID-19 pandemic moderates the relationship between authoritarianism and ethnocentric attitudes, nationalism and anti-immigrant sentiment variables were regressed on RWA, SDO, COVID-

19 anxiety, as well as the interaction RWA with COVID-19 anxiety and the interaction SDO with COVID-19 anxiety using the multiple linear regression to estimate the regression model. Multiple regression analysis was also conducted to examine whether social identity variables (IWAH, Nationalism, MEIM, Patriotism and SCS) predict anti-immigrant sentiment

Mediation analyses were conducted using model 4 of the PROCESS extension in SPSS (Hayes, 2018). Prior to selecting social identity variables for mediation models, a regression analysis was performed to identify the parameters that showed a significant relationship with the outcome variable (anti-immigrant sentiment). Based on the results of the regression model, orientation towards other ethnic groups and nationalism were selected for mediation analyses. The study specified direct, indirect, and total effects from IVs (RWA and SDO) to DV (anti-immigrant sentiment) via two mediating variables (orientation towards other ethnic groups and nationalism). The conceptual model is presented in Figure 4.1. The model was estimated two times, testing whether orientation towards other ethnic groups and nationalism mediate the effect of RWA and SDO on anti-immigrant sentiment. Listwise deletion was used to account for missing values in all analyses. Mediation was assessed via bootstrapping with 10 000 resamples.

Figure 4.1.

Conceptual Model of the Mediation Effect



Note. MEIM = other ethnic group orientation.

4.3. Results

Zero-order Pearson's *r* correlations for all measures are presented in Table 4.1. PCA reduced the anti-immigrant sentiment variable into a single factor accounting for 65.6% variance with an eigenvalue of 1.968 (see Appendix L).

Table 4.1.

Zero-Order Correlation Matrix Among Key Variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1. Nationalism	-											
2. Patriotism	.37**	-										
3. RWA	.17*	.33**	-									
4. SDO	.17*	.16*	.47**	-								
5. IWAH	-.7	.06	.9	-.23**	-							
6. Anti-im. sent.	.36**	.17*	.45**	.46**	-.20*							
7. COVanx	-.01	.06	.09	-.01	.18*	-.05	-					
8. SCS	.05	.26**	.25**	-.08	.43**	.05	.11	-				
9. MEIM-other	-.11	.04	-.20*	-.25**	.33**	-.37**	.25**	.19*	-			
10. Age	.16*	.13	-.05	-.13	.09	-.05	.02	.12	-.03	-		
11. Gender	-.03	-.08	.05	-.19*	.19*	-.18*	.31**	-.02	.08	-.04	-	
12. Education	.15*	.21**	.05	.07	-.04	.09	.09	.11	-.03	.30**	-.07	-

Note. Abbreviations: Anti-im. sent., Anti-immigrant sentiment; COVanx, COVID anxiety; IWAH, identification with all humanity; MEIM-other, identification with other ethnic groups; RWA, right-wing authoritarianism; SCS, social connectedness; SDO, social dominance orientation. ** p <.01; *p < .05.

4.3.1. Multiple Linear Regression Analyses

Multiple linear regression analyses examining authoritarianism, COVID-19 anxiety and their interactions demonstrated that none of the RWA*anxiety and SDO*anxiety interactions are statistically significant (see Table 4.2.). While these results suggested that disease-related threat does not moderate the effect of RWA and SDO on ethnocentric attitudes, they should be interpreted with caution due to the low level of COVID-19 anxiety reported by Greek nationals (M = 44.86; SD = 26.72). Results for each anti-immigrant sentiment item are also reported separately (see Appendix M).

Table 4.2.

Regression Results for Authoritarianism, COVID-19 anxiety, Nationalism and Anti-immigrant Sentiment

	Nationalism		Anti-immigrant sentiment	
Predictors	Unadjusted Estimates	Adjusted Estimates	Unadjusted Estimates	Adjusted Estimates
RWA	.06 (.04) [-.02, .13] p = .13	.07 (.04) [-.01, .15] p = .09	.09** (.02) [.05, .13] p = .00	.09** (.02) [.05, .13] p = .00
SDO	.03 (.03) [-.03, .08] p = .35	.02 (.03) [-.05, .08] p = .62	.05** (.02) [.02, .08] p = .00	.04* (.02) [.004, .07] p = .03
COVID-19 Anxiety	-.001 (.01) [-.01, .01] p = .84	-.01 (.01) [-.02, .01] p = .38	-.003 (.003) [-.01, .002] p = .20	-.003 (.003) [-.01, .003] p = .28

RWA x Anxiety	**.003'** **(.001)** **[.00, .01]** ***p* = .052**	**.002** **(.001)** **[-.001, .01]** ***p* = .16**	**.00** **(.001)** **[-.001, .002]** ***p* = .70**	**.00** **(.001)** **[-.002, .001]** ***p* = .82**
SDO x Anxiety	.00 (.001) [-.002, .002] *p* = .77	.00 (.001) [-.002, .002] *p* = .75	.00 (.00) [-.001, .001] *p* = .88	.00 (.001) [-.001, .001] *p* = .86
Age		.08 (.13) [-.17, .33] *p* = .53		-.06 (.07) [-.12, .07] *p* = .37
Gender (Male)		-.13 (.33) [-.79, .53] *p* = .70		-.31 (.18) [-.66, .05] *p* = .09
Education (Lowest)		.60 (.34) [-.07, 1.26] *p* = .08		.29 (.18) [-.07, .65] *p* = .12
Adjusted R^2	R^2 = .07	R^2 = .10	R^2 = .29	R^2 = .31

Note. Cell entries are unstandardized estimates from multiple regression analyses, with standard errors in parentheses, 95% confidence intervals in brackets, rounded *p-values*, and R^2. Boldfaced entries show the estimates from the hypothesized RWA x Anxiety interaction. Abbreviations: RWA, right-wing authoritarianism; SDO, social dominance orientation. ** p <.01; *p < .05; 'p < .10.

Multiple linear regression analysis found that the social identity variables significantly predicted anti-immigrant sentiment ($F(5,132) = 8.526$, $p < .001$) with an R^2 of .24. However,

only nationalism (B = .15, t(137) = 3.17, p < .01) and other ethnic group orientation (B = -.09, t(137) = -4.18, p < .001) were significant predictors. Patriotism (B = .03, t(137) = .86, p = .39), IWAH (B = -.01, t(137) = -1.03, p = .31) and SCS (B = .01, t(137) = 1.56, p = .12) did not significantly predict negative attitudes towards migrants.

4.3.2. Sensitivity Analysis

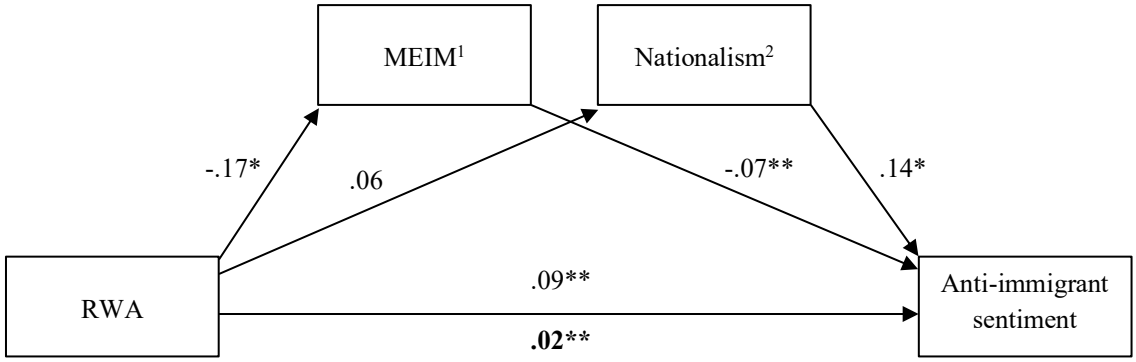
Given that 14 participants were not born in Greece and 3 participants did not indicate their country of birth, sensitivity analysis was conducted by removing them from the analysis. The multiple regression analysis results of social identity variables predicting anti-immigrant sentiment demonstrated similar results. Nationalism (B = .17, t(125) = 3.64, p < .001) and other ethnic group orientation (B = - .10, t(125) = - 4.30, p < .001) were the two significant predictors with slightly increased unstandardized beta coefficients. Consequently, these participants were included in the mediation analyses.

4.3.3. Mediation Analyses

Mediation analysis of RWA predicting anti-immigrant sentiment via other ethnic group orientation and nationalism demonstrated a significant total effect model (F(1,141) = 41.41, p < .001, R^2 = .23). As shown in the Figure 4.2., the direct effects of RWA (B = .09, p < .001) and both mediator variables, MEIM (B = - .07, p < 0.001) and nationalism (B = .14, p < .001) on anti-immigrant sentiment were significant. Results demonstrated that the indirect effect via other ethnic group orientation was significant (B = .01, SE = .01); [.001; .03]), but the indirect effect via nationalism was not significant (B = .01, SE = .01); [-.001; .02]). Overall, the total effect size of the RWA on anti-immigrant sentiment mediation model was significant (B = .11, p < .001).

Figure 4.2.

Mediation model of RWA Predicting Anti-immigrant Sentiment via Other Ethnic Group Orientation and Nationalism

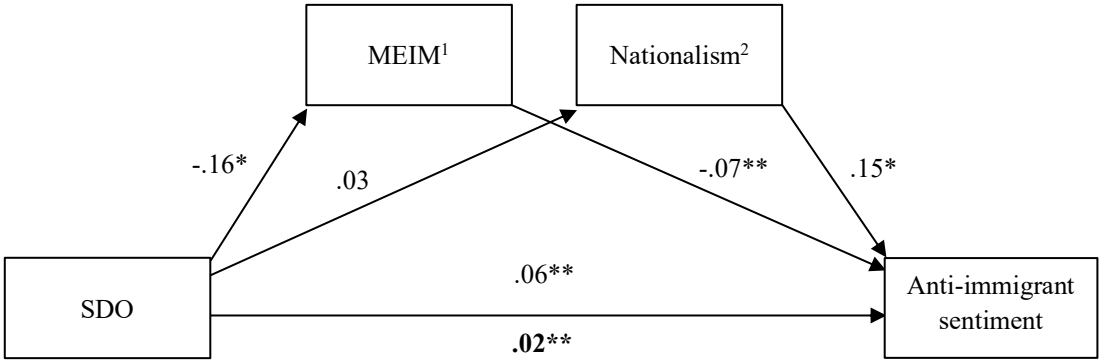


Note. The indirect effect size of the mediation model is indicated in boldface. Abbreviations: MEIM, other ethnic group orientation; RWA, right-wing authoritarianism.[1]Indirect effect via MEIM $B = .01$ ($SE = .01$); [.001; .03]); [2]Indirect effect via Nationalism ($B = .01$, $SE = .01$); [-.001; .02]).

The second mediation model of SDO predicting anti-immigrant sentiment via ethnic group orientation and nationalism also yielded a significant total effect of the model ($F(1,138) = 30.78$, $p < .001$, $R^2 = .18$). The direct effects of SDO ($B = .06$, $p < .001$) and both mediator variables, MEIM ($B = -.07$, $p < .001$) and nationalism ($B = .15$, $p < .001$) on anti-immigrant sentiment were significant (see Figure 4.3.). The indirect effect via other ethnic group orientation yielded a significant effect size ($B = .01$, $SE = .01$); [.002; .02]), but the indirect effect via nationalism was not significant ($B = .004$, $SE = .004$); [-.004; .01]). Overall, the total effect size of the SDO on anti-immigrant sentiment mediation model was significant ($B = .07$, $p < .001$).

Figure 4.3.

Mediation Model of SDO Predicting Anti-immigrant Sentiment via Other Ethnic Group Orientation and Nationalism



Note. The indirect effect size of the mediation model is indicated in boldface. Abbreviations: MEIM, other ethnic group orientation; SDO, social dominance orientation. [1]Indirect effect via MEIM (*B* = .01, *SE* = .01); [.002; .02]); [2]Indirect effect via Nationalism (*B* = .004, *SE* = .004); [-.004; .01]).

4.4. Discussion

As the pandemic endures with multiple sources reporting increased prejudicial attitudes towards minorities (e.g., Bartoš et al., 2020; Newbold et al., 2021; Yamagata et al., 2020), the study explored whether COVID-19 induced anxiety escalated Greek authoritarianism and its effect on anti-immigrant sentiment. In addition, we addressed group identification, one of the key factors which shape people's attitudes, and examined to what extent it influences the association between authoritarian predispositions and anti-immigrant sentiment.

The present research hopes to contribute to the robust literature on RWA and SDO, confirming that the two authoritarian predispositions are strong predictors of prejudicial attitudes towards immigrants (Craig & Richeson, 2014; Duckitt & Sibley, 2010; Hartman et al., 2021; Oyamot et al., 2006; Perry et al., 2015). However, with respect to the first research

goal, the current study did not support the findings of Hartman et al. (2021), demonstrating that anxiety imposed by COVID-19 does not moderate the association between authoritarian predispositions with nationalism and anti-immigrant sentiment. This may be due to the lower levels of disease-related anxiety experienced by Greeks rather than suggesting that Hartman's et al. (2021) hypothesized effect of existential threat is false. Specifically, the mean average of COVID-19 anxiety for Greeks was 44.86 (*SD* = 26.72), whereas the average of 68 (*SD* = 25) for people in the UK and 72 (*SD* = 24) for people in the Republic of Ireland (Hartman et al., 2020) was much higher. The contrasting results likely occurred for two reasons: the time span of data collection and the confirmed COVID-19 cases during the first wave of the pandemic. The present study collected data over four months, including the period of strict country lockdown measures and during the easing of restrictions afterwards. It is likely that COVID-19 anxiety decreased during the period when the lockdown restrictions were lifted. On the other hand, Hartman and colleagues (2021) collected data over six days when the strict lockdown measures were introduced. Specifically, the first day of data collection for the UK sample was on the day when the strict lockdown measures were announced by the British prime minister, whereas for the Irish sample, it was two days after the lockdown was announced in the Republic of Ireland. Therefore, it is anticipated that the data collection period is crucial in the differences in anxiety levels experienced and reported. Secondly, the confirmed COVID-19 cases in Greece during the first wave of the pandemic were lower than in the UK (Our World Data, n.d.). As a result, it could be assumed that people in Greece experienced lower levels of anxiety compared to other countries, which saw a surge of new cases every day during the first wave of the COVID-19 pandemic.

The study also investigated the extent to which a sense of belonging shapes Greek attitudes towards immigrants. Despite intercorrelations between social identity measures and anti-immigrant sentiments, only nationalism and orientation towards other ethnic groups were

significant predictors. Most likely, this is because other predictors were relatively weak in comparison. Participants' increased beliefs of their nation's superiority and decreased orientation toward other ethnic groups predict beliefs that migrants are a burden to the economy and resources and do harm to their culture. Due to these findings, we aimed to investigate further whether these two variables mediate the association between authoritarianism and anti-immigrant sentiment. While nationalism increases negative attitudes toward migrants, as do RWA and SDO, it does not act as a mediator in our findings, suggesting that nationalism is an independent predictor of anti-immigrant sentiment. On the other hand, results show that orientation towards other ethnic groups has a mediation effect between authoritarianism and anti-immigrant sentiment.

Overall, our findings are consistent with previous research showing that people with RWA desire a structured and secure society, with consequences that increased ethnic diversity may be perceived as a threat to social order so that immigrants are viewed as a threat to society and overall security. Findings also show that SDO decreases willingness to interact with other ethnic groups, which in turn predicts greater anti-immigrant sentiment. Given the motivational goals behind SDO, it seems likely that people's unwillingness to interact with other ethnic groups stems from their perception that migrants belong to a lower social status group.

4.4.1. Limitations and Future Research

The study is not without limitations. Firstly, the present study is cross-sectional in its nature. As a result, no causal relationships can be drawn from the findings. Secondly, because the first part of the study intended to replicate the findings of a large nationally representative study conducted in the UK and Ireland (see Hartman et al. 2020), the current study used the same single-item measure of COVID-19 anxiety as a proxy for existential threat. However, given the largely non-significant findings on the influence COVID anxiety had on

authoritarian predispositions and anti-immigrant sentiment, it may be one of the key limitations to the study. Therefore, findings that existential threat had no or low influence on people's attitudes during the pandemic should be interpreted with caution. It would be helpful for future studies to use standardized measures that capture people's perceived existential threat in such a public crisis as the COVID-19 pandemic. In fact, some scales have been already developed since the pandemic (e.g., Lee et al., 2020; Nikčević & Spada, 2020). Finally, the timing of the data collection is another limitation of the current study. As was addressed above, the timing likely affected current results. Consequently, future research aiming to capture people's immediate response to public emergencies should be carried out in a timely manner.

4.4.2. Conclusion

Our results show the importance of RWA, SDO and group memberships in influencing prejudice towards migrants, shedding light on the important role people in the host country may play in immigrant integration into society. Consequently, the present research speaks to policy makers and highlights the importance of not to seclude immigrants in their communities. As previous literature shows, the absence of interactions between majority and minority can build prejudicial attitudes leading to discrimination and stigmatization (Binder et al., 2009) and even dehumanization of immigrants (Bruneau et al., 2020), stemming from authoritarian predispositions (Jackson & Gaertner, 2010). Findings are significant during the time of the COVID-19 pandemic, which has made social interactions difficult and increased gaps between people, escalating xenophobia, racism and discrimination across the world.

CHAPTER 5.

Social Identity and Mental Health: Migrants' Discourse

5.1. Introduction

With the emergence of the social identity approach to mental health, an increasing number of studies demonstrate the importance of group life on mental health outcomes (e.g., C. Haslam et al., 2008; Iyer et al., 2009; McIntyre, Worsley, et al., 2018; Smeekes et al., 2017). This approach postulates that group memberships and the sense of belonging to groups are vital resources for positive psychological well-being. Leaving the usual place of residence to move abroad or within one's country of residence increases the likelihood of disrupting people's social identity because of the inevitable changes in people's social environment. That is, migrating to a new place of residence may necessitate leaving the already established group memberships and developing new social ties after migration, as has been found in previous research on people undergoing other life transitions (Iyer et al., 2009; J. M. Jones et al., 2012). Data shows that the numbers of internal and international migrants are the highest they have ever been and are still rising, with no signs of slowing in the near future (McAuliffe & Triandafyllidou, 2021). Hence, it is important to understand the impact migration has on people's social identities and mental health.

With regards to previous literature on migrant social identities, most research has focused on ethnic identity and its influence on mental health outcomes. Research suggests that maintaining identification with one's ethnicity after migration decreases depressive and anxiety symptoms (Çelebi et al., 2017) and psychological distress (Mossakowski et al., 2019). Moreover, several studies have demonstrated the role that increased ethnic identification may play in promoting resilience to the mental health effects of discrimination (e.g., Thibeault et al., 2018). Having multiple group memberships before migration has also shown to positively influence well-being due to the increased likelihood of maintaining some

of these groups after migration (Smeekes et al., 2017). Nonetheless, research also emphasizes the importance of developing new group memberships in the host country to live a psychologically healthy life after migration. For example, developing identification with the mainstream culture is linked with lower levels of depression and anxiety (Meca et al., 2019; Tikhonov et al., 2019).

5.1.1. Present Study

Any group that an individual considers as a meaningful part of self may contribute to an individual's sense of social identity (Tajfel, 1979), but little is known about dimensions of migrant social identities other than those most often studied, such as ethnic identity. This may reflect the reliance on quantitative design studies that have dominated research in this area to date. Hence, the current research applied a qualitative approach to explore how 1st and 2nd generation migrants conceptualize their social identities and the groups they identify as the most important ones. The study's objective is neither to compare nor to contrast the two migrant populations but to reflect on their life experiences and explore how migration status influences their social identities and mental health. Regarding 1st generation migrants (in other words, those migrants who underwent the migration process themselves), we set out to explore the impact of migration on their social identities and to what extent changes to these identities influence their mental health. Regarding native-born or 2nd generation migrants, we set out to explore what it is like to grow up with a dual identity, whether dual identity influences mental health and to what extent 2nd generation migrants tend to identify with their parents' culture.

5.2. Methodology

5.2.1. Participants

The sample consisted of 20 participants: 10 1st generation migrants (two males and eight females) and 10 2nd generation migrants (three males and seven females). Participants

were recruited using a snowball technique through personal acquaintances of the researchers. Regarding the 1st generation migrant participants, the study included any English or Greek-speaking person 18 years of age or older who migrated to Greece regardless of reasons for migration and length of stay and who resided in Greece permanently at the time of the interview. Participants with a student status or those who resided in Greece for touristic purposes were excluded from the study. Participants moved to Greece from Georgia (2x), Iran, Israel, Jordan, Latvia, Moldova, Russia (2x), and Ukraine.

Regarding 2nd generation migrants, the study included any English or Greek-speaking person 18 years of age or older who had at least one parent born in a country other than Greece. Participants were of Albanian (3x), Czech, Georgian (3x), Kazakhstan-Georgian and Russian (2x) descent.

5.2.2. Procedure

Data was collected using semi-structured interviews (see Appendices N and O) from February 2021 to August 2021. Three research assistants were recruited and trained from City College, the University of York Europe Campus, to conduct and transcribe interviews. After every interview was conducted by a research assistant, a debriefing meeting was conducted with KB, the lead researcher, for an overview of the interview. Interviews were conducted in English or Greek languages. Interviews conducted in Greek were first transcribed in Greek and then translated to English. Interviews took place online using Zoom software. Before each interview, participants were given time to read an information sheet and complete a consent form presented on an online survey platform Qualtrics (see Appendices P and Q). Interviews were conducted only with those participants who signed the online consent form. The length of the interviews for 1st generation migrants ranged from 16 to 53 minutes (average of 36 minutes) and for 2nd generation migrants from 13 to 41 minutes (average of 26

minutes). Ethics approval was received from the University of Sheffield ethics committee (026560).

5.2.3. Coding of Data Analysis

Thematic analysis was chosen due to its flexibility in data interpretation. First, this method was considered suitable to explore and present migrant experiences in Greece, their conceptualization of social identities, and their challenges. At the same time, it also allowed us to unravel the complexity of social identities, the various challenges migrants faced in relation to the groups they belonged to, and how these challenges impacted their mental health and integration in society.

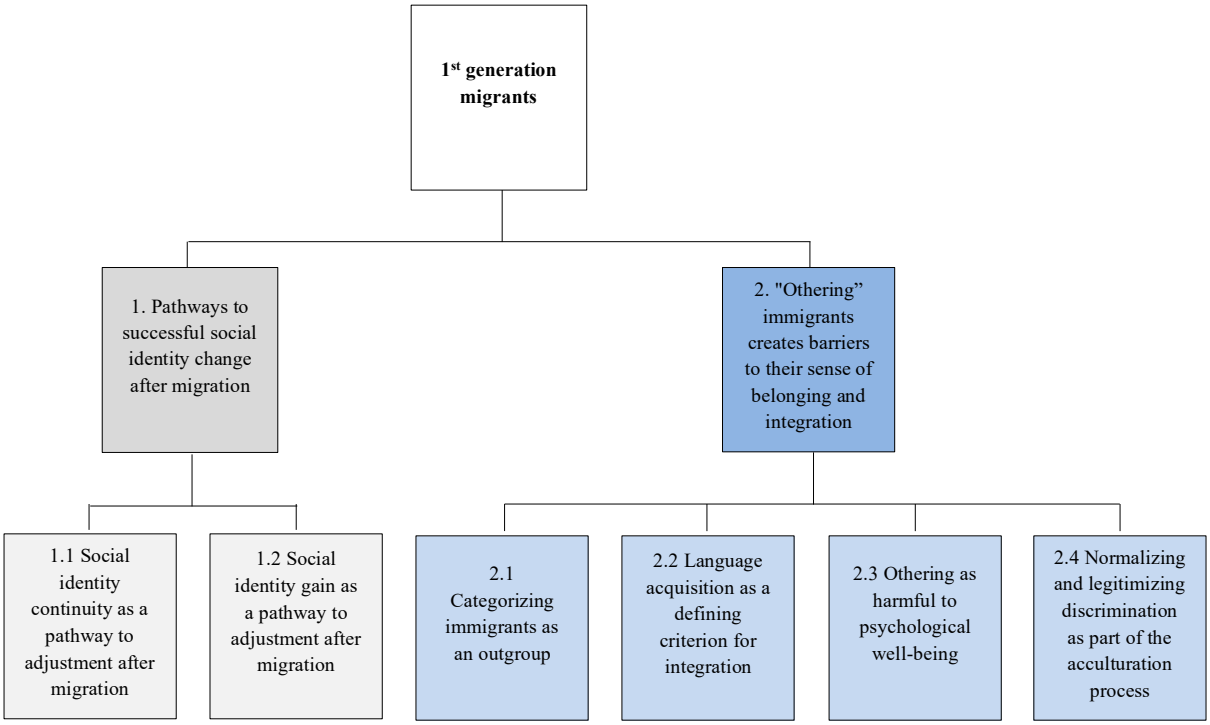
The current study used the six-step approach from Braun and Clarke's to analyze and develop emerging themes from the data (2006). (1) Familiarization of the data: audio recordings, transcripts and notes from debriefing meetings were read and re-read to obtain a broad understanding of migrant social identities and how the groups that underpin them influence their psychological well-being. Initial ideas were noted down. (2) Generating initial codes: while examining transcripts closely, initial codes were inserted in a systematic fashion across the entire data set. (3) Searching for themes: initial codes were collated into potential themes. (4) Reviewing themes: themes were reviewed by the second researcher and were further refined; when an agreement was made between the two researchers for the themes and subthemes, a "thematic map" was generated. (5) Defining and naming themes: ongoing refining of the themes and subthemes then allowed the researchers to identify a narrative relating to each theme clearly (see Figures 5.1. and 5.2.). (6) Producing the report: vivid and compelling extracts were chosen to capture the essence of arguments and overall themes.

5.3. Results

5.3.1. Results from Interviews with 1st Generation Migrants

Figure 5.1.

Themes and Subthemes from Interviews with 1st Generation Migrants



5.3.1.1. Pathways to Successful Social Identity Change after Migration

Given the various motives for migration and the different challenges people may encounter, migration can be associated with positive and negative experiences. When moving to enter university or start a new job, migration can be a positive experience as it may be associated with new opportunities, an increase in skills and knowledge and hope for a better future. On the other hand, migration, particularly when forced, can also be associated with family separation, financial worries or hopelessness. As previous literature has shown, regardless of positive or negative life changes, significant life transitions are often associated with uncertainty, requiring people to adjust and reorient themselves in the new environment, which can take a toll on people's well-being (Iyer et al., 2009; J. M. Jones et al., 2012). Within this context, the social identity model of identity change (SIMIC) identifies group memberships as powerful resources which have the capacity to provide people with key social processes, including social support, in the face of difficulties (Jetten et al., 2009). To

successfully undergo major life changes, the model's basic assumption is that belonging to multiple group memberships prior to significant life changes is critical for two main reasons. First, these multiple group memberships increase the likelihood of maintaining some of these groups after the transition. Second, previously established group memberships can also serve as a platform to widen an individual's social network after life changes. Building on the two key pathways, we portray group memberships' powerful impact on migrant adjustment in the host country.

5.3.1.1.1. Social Identity Continuity as a Pathway to Adjustment after Migration

In line with SIMIC, a way to minimize migration challenges and strive towards an adjustment in the host country is to retain already established group identities. It can be observed that 1st generation migrants tend to maintain a strong identification with their place of birth, also referred to as national identity. National identity often reflects a person's background, including where they come from and the environment they grew up in, but it may also reflect traditions, beliefs and values. As participants mentioned, the place of birth defines who they are.

(P3) I don't want to lose this connection with my home country (…) Maybe in 10 years I will move to another country and then to another one after that, so it's quite important to know your roots. I don't want to lose it all. If I go to Russia now, I may have lost some time, but it's still within me. It's who I am.

Similarly,

(P8) I am very connected because no matter how many years I have been here, I will always be a Palestinian; this will not change. Of course I feel that Greece is a second home but this is something that does not change. I was born there, I grew up there and then I came. Maybe if I had come here when I was younger it would have been different.

While it appears that, for some people, migration can weaken identification with an individual's nation, some people develop an even stronger sense of connection and pride.

(P4) I have definitely adapted here even though until my last breath I will be Georgian because I grew up there. I feel more Georgian than Georgians themselves because I am far from my homeland and it hurts.

Maintaining national identity and the connection with its group members may alleviate resettlement stress and challenges and be a great help in making steps towards successful adaptation in the host society.

(P8) Especially in the first years, it is very important to be in an environment where there are compatriots, especially those who have come before you, because they have more experience and they can help you and it is very important. I had a friend from Gaza, who had come before me and had set up a network at the university with many people and always, in whatever I needed, he helped me.

As a study by Abdulahad et al. (2014) demonstrated, loss of identification with a familiar country is associated with the development of stress. Consequently, we argue that sustaining social ties with one's nationality and its members may give a sense of familiarity and safety, which can be particularly crucial during adjustment to a new environment.

Migration and the changes it causes to previously established friendship groups proved to be a particularly sensitive topic. Participants described that the most important and meaningful social identity is the one derived from these groups; hence, the distance from friends is strongly felt.

(P5) Friendships are the most sensitive part for me because I miss my friends in Latvia even though I have friends here (…) It was a big loss for me, more than the fact that I left and my mom was left alone in Riga.

This may be because migration required adjustments in the means of communication and social support participants received from these groups. Nonetheless, participants maintain their connection with friendship groups even years after migration and recognize these groups as an important part of who they are. It also appears that social identity derived from friendships is a bridge to their connection with their cultural identity, keeping the connection between the past and present.

(P2) My connection with friends definitely got stronger. I believe it is all about our childhood, traditions, and even language. It is not like I am hunting this feeling of my country or whatever, it is inside of my blood. I don't know how to explain it. It's something very common to me. We have the same background, the same taste in music, and history. Now we discuss things we have discovered in the countries we live in. It's very important to keep this connection for me.

Friendships are an important part of people's daily life and, as previous literature has demonstrated, have a range of implications for both physical (Holt-Lunstad et al., 2010) and psychological (Holt-Lunstad, 2017) well-being. This is because healthy friendships are a frequent source of key social resources, including social support; they provide a sense of belonging and purpose in the world, as well as boost self-confidence and self-worth. Friendships may be vulnerable to deterioration and termination due to migration, which is why it is particularly important to encourage maintaining identification with friendship groups to increase the likelihood of successfully navigating through the major life transition of migration.

5.3.1.1.2. Social Identity Gain as a Pathway to Adjustment after Migration

Adjustment to the new environment also depends on the extent people are able and willing to gain new group memberships after life transitions. However, participants shared

that, despite striving to develop new group memberships, it is not an easy process and that the failure to acquire new identities made some feel alienated in the host country.

(P5) I have known my best friend here in Greece for the last 3 years, while I have lived here for 7 years. The first few years I only had acquaintances, so it was very difficult.

Despite quite often meeting new acquaintances, participants explained that they often do not replace the previously established group memberships. Participants tend to long for close, meaningful relationships, which newly met acquaintances often cannot provide.

(P3) Some things are still difficult for me because I don't have such close friends. I have lots of acquaintances, but I don't have close friends that I had in Russia (...) It's really hard to find this person when everything is new to you. I have a lot of people to talk to, but it's not the same thing.

Despite these challenges, the successful outcome of new social identity gains leads to greater life satisfaction in the host country.

(P8) I am satisfied with my life because I am really grateful for Greece. I studied here, I have lived here for so many years, I have made friends and, in general, my whole life is here now.

Female participants often shared that having a family affects their day to day interactions, expanding their social network and increasing their sense of belonging to the neighborhood. Participants discussed Greek values towards families and children in comparison to their country of origin and described the positive changes in Greek attitudes towards them since they have had children.

(P3) I know everyone who lives in my neighborhood. This is where everything started to get better (...) Now I have some new friends. I know some children, and grandmothers who live here. I really feel the difference now. (...) Everyone suddenly got acquainted with me, saying what a nice boy I have and asking many questions about me and my baby. (...) Here people smile a lot, they talk to you. It's not like in Moscow.

Similarly, people who attended university in Greece described its community as a valuable source for developing new acquaintances and facilitating the acquisition of group memberships, easing participants' way into the community. Participants talked about the university as a means of widening their social network and as a bridge for a quicker adaptation to the host society.

(P2) I met a lot really, really nice people. Actually, some very good guys from the university. I didn't have a best friend, but I met a lot of guys who helped with the course and with many other things like going out questions. (...) It's good to have that when you don't know anyone.

Another new social identity aspect among everyone who migrated is the extent to which they find a sense of belonging to the host country. As mentioned previously, participants recognize the importance of adapting to the host country and letting changes occur to their identity by integrating features of the new culture. Participants shared that, to some extent, they have adapted some characteristics from Greek culture, which eased the integration process and created a sense of belonging and feelings at home in Greece. This is in line with literature on biculturalism linking identification with the host country and maintaining a sense of belonging to their country of origin with positive mental health outcomes and better adjustment to the host society (A. M. T. Nguyen & Benet-Martínez, 2013).

(P4) My grandmother used to say that wherever you go you should wear such a hat, so I have adapted here and I have some common habits and opinions with the Greeks (...) I have definitely adapted here even though until my last breath, I will be Georgian because I grew up there.

Overall, we argue that the identity gain pathway is important for migrants because developing new identities increases the likelihood of finding a sense of belonging and grounding in the new society, thereby providing resources for social support in the face of

resettlement challenges. Therefore, building on previous findings, taking on new identities may increase the likelihood that migrants view the major life transition in a positive light (C. Haslam et al., 2008).

5.3.1.2. "Othering" Immigrants Creates Barriers to Their Sense of Belonging and Integration

5.3.1.2.1 Categorizing Immigrants as an Outgroup

Considering the socio-historical context of Greece, known for maintaining its strong national identity throughout history, it has been argued that immigrant populations and the diversity they bring may pose challenges to Greek national identity (Triandafyllidou, 1998). Within this context, a qualitative study by Sapountzis et al. (2006) explored Greek attitudes towards immigrants. They demonstrated that participants tend to draw a line between themselves and immigrants in order to protect and maintain their identity, often referring to them as *others* in the discourse of Greek society. Othering also created a platform for generating various cultural stereotypes of immigrants in Greece, characterizing immigrant populations by hostility and aggressiveness. This is despite the consistent increase of immigrants and diversity in Greece, where today, 13% of the total population are foreign-born (UN DESA, 2020).

This othering of immigrants in Greece was experienced by the participants in the current study as Greeks separating "themselves" and "foreigners".

(P7) My answer is completely subjective, but I consider that I live in a country that does not evolve, so the mindset of people here I face are 100 years back. I personally do not face any problems compared to my childhood, but from what I see in my environment, there is still a separation: I am Greek and you are the foreigner.

Participants elaborated that there is a further separation between the "good" and the "bad" migrant, which determines Greek behavior and attitudes so that migrants from all backgrounds are not treated in the same way.

(P6) When I say that I am from Russia, they tell me that I am lucky and that they love Russia and things like that. I think if I said that I am from Georgia, I would not have the same treatment though.

In fact, this is not a new phenomenon. In line with previous qualitative literature on Greek attitudes towards immigrants, we found that this may happen for two reasons. Firstly, it may be that some people tend to be more in favour of those immigrants who are perceived as "similar" to them, as it was demonstrated in a study by Sapountzis (2013). These are immigrants who share common habits and qualities and are of similar ethnic descent. In regard to this, a participant from Georgia reported the ignorance she perceived in her fellow colleagues regarding her ethnic background. Distancing herself from group members has helped as she doesn't believe that communication would be effective in resolving this issue.

(P7) I am definitely anxious with people I work with. I have met many people who are ignorant and do not understand history, and who try to categorize you. But I don't feel particularly anxious, I just try to avoid such people. They will put labels on you that you don't want to have and there is no way to explain this to them, it is pointless.

Secondly, Sapountzis (2013) demonstrated that some people might be hesitant toward those migrants who receive benefits, believing that giving benefits to these people produces inequality. As explained further, this may stem from stereotypes and prejudice in the discourse about immigrants, criticizing them for claiming benefits and not contributing to the country's development. Such cultural stereotypes were confirmed in the current study by a participant from Ukraine, who faced bureaucratic problems in regards to her staying in Greece despite being fluent in Greek and finishing a degree at a Greek university. An

acquaintance of hers seemed to be surprised about the documentation issues she faces as she compared her situation to those immigrants who have received some benefits from the Greek government.

(P2) I've heard from a lot of Greek people who are saying like "Come on, so many immigrants come here, take documents, and money from government. How come you cannot stay here after so many years?"

Interestingly, since the 2015 refugee crisis, participants have noticed that negative attitudes towards refugees and other culturally diverse migrants have increased.

(P8) In all the years I have been here I have never faced racism. But in the last years, after the big refugee wave, I started feeling it more. Of course, not everyone is racist, but perhaps as a reaction, some people started thinking this way.

5.3.1.2.2. Language Acquisition as a Defining Criterion for Integration

One of the main signals of foreignness, and cause of othering, is a lack of knowledge of the host country's language, which has been shown to be one of the main barriers to developing a sense of belonging to the host country and integrating into the host society (Esser, 2006). Hence, a long line of literature points to the central role that second language acquisition plays in the integration processes (e.g., Berry, 1997; Hawkins et al., 2022; Phillimore et al., 2018). Participants in our study discussed language as means of integration. Not being able to speak the host country's language was a key barrier to interactions with native speakers and the participants' ability to express themselves, which created feelings of not belonging.

(P1) Before I started learning Greek and when I couldn't communicate, there were times when I felt like I didn't belong there. It was a bit challenging. Not everyone speaks English in Greece, so when you are trying but can't express yourself, it is a challenge. So at times I kind

of felt that I don't belong here, but then you go through it by learning the language and the culture.

Limited social interactions with the majority due to low language proficiency also limit opportunities for receiving social support. For example, a participant, who experienced major resettlement challenges in the first year, described the barrier she faced in communicating with her fellow classmates and letting them know about the issues she faced.

(P2) It was very stressful, very stressful because a lot of things that I know in Ukrainian or in Russian, I simply couldn't explain. I couldn't write a project in the university, you know, so it was very difficult. It was even difficult with the people I studied with. They were asking "Hi, how are you", and I'm just like "ola kalo, esi [Greek to English translation: everything is good, how are you]?" *(...), but I couldn't explain how I actually felt, you know, and what I was going through.*

Participants, who eventually learned Greek, saw the benefits of it, describing the positive changes in terms of communication with Greeks and seeing life and Greek culture from a local perspective. One participant explicitly stated why she believes that acquisition of the host country's language is vital:

(P3) Language plays a really big role. The better you speak, the better you integrate in society. I really believe that.

Language serves to facilitate migrant integration (Ager & Strang, 2008), and thus lack of language proficiency creates barriers to positive social interactions between the minority and majority (Kónya, 2007; Phillimore, 2011). As a result, due to the limited community engagement language incompetence creates, it is also, arguably, a barrier to developing new group memberships in the host country, which is one of the key pathways discussed previously to achieving positive social identity and as a result psychological well-being after life transitions.

5.3.1.2.3. Othering as Harmful to Psychological Well-Being

Literature on migrant othering has mostly focused on barriers it creates to migrant integration in the host society. Nonetheless, we would also like to point out the harm othering may have on migrant psychological well-being even when the desired level of integration has been achieved. One participant believed that, regardless of the achieved level of integration into the host society, there are always things that remind them that migrants are different.

(P2) I lived here for so many years. I did so many things. I learned the language. I finished university. I'm almost a local, but I cannot stay here. It's like they want to remind you that you are different. That's very stressful and I think it's unfair. The system is like disgusting (...) I remember when I found out that I cannot stay I was crying. I went to a psychologist because I was so stressed.

Cultural stereotypes that construct immigrants as aggressive can be hurtful and have damaging effects on immigrant mental health, especially when fellow colleagues use them as a reason for withholding trust.

*(P10) I went to girls and said in a friendly way, that "be careful, this word means this ***, it's not nice. These two interpreters are calling you in bad words in front of the beneficiary, that's why other people are laughing at you". They didn't believe me, they reported me to the office for accusing colleagues. (...) How can I trust now? I went to a psychologist for six months because I couldn't stop crying. When I saw that things are not in my control, I was not crying, but the feeling I had was like crying. I didn't want to communicate with people. When I came back home, I couldn't sleep, I was crying until 5 or 6 in the morning and had 2 to 3 hours of sleep.*

It is evident that such othering has made participants lose their sense of psychological security, leading to the development of depressive and anxiety symptoms.

It is important to note here that the level of migrant integration does not solely depend on their willingness and ability to do so, but it also depends on the extent the host society is willing to accept and include them as valuable members of society. The persistence of negative social interactions between immigrants and the majority may create a barrier to migrant integration to the host society, preventing migrants from achieving positive psychological well-being.

5.3.1.2.4. Normalizing and Legitimizing Discrimination as Part of the Acculturation Process

Despite long efforts to address and reduce discrimination towards minorities, it appears that immigrants have and continue to accept such discrimination, which they regard as part of the acculturation process. Participants in our study evidenced the tendency to normalize discrimination. Whether a participant has or hasn't experienced maltreatment, including discrimination, social exclusion or sexual harassment, participants constructed such attitudes and behavior as a social norm and part of the integration process. Some participants mentioned that it is not specific to Greece or Greek people but happens everywhere.

(P4) Every Greek, every Georgian or every Russian in their country wants to be dominant, it is a fact. It is not exactly racism; we all have it a little inside us too. We all pretty much have it, just like when I was little I did not want to see Tatars and Muslims in my country, so clearly people look at me strangely. Even now that I am successful in my life, I still receive jealousy and racism. I cannot say that Greeks are racists because racism exists in every nationality. For example, Greeks in Germany face racism, so it's not something that bothers me.

Similarly, another participant shared:

(P10) A whole situation was that they were teasing me for coming from Iran, from an Islamic country, and now I have a T-shirt for 78 euros and they have clothes from the second-hand shop, so after that I never saw racism. Generally, it is okay. Everywhere we have racism.

The participant continued to share another instance when she was directly discriminated against because she was a refugee, from which she learned to avoid social situations that might reveal her migration status. When it's not possible, she tends to accept the way people treat her.

(P10) We rented a house, a very expensive one because no one trusted us. You know, we were refugees. I don't judge them, the way that I'm thinking - I can understand them. They were afraid to rent a house to someone who had this card because they would probably face some problems because of that.

With an aim to understand the reasons behind the legitimacy of group-based discrimination in our interviews, we draw upon the model of responses to exclusion as proposed by Jetten et al. (2013). The model conceptualizes the processes behind appraisal forming to understand when group-based rejection is perceived as legitimate or illegitimate and the consequences it may have on people's well-being. It has been argued that group-based rejection will be perceived as illegitimate when (1) people realize that rejection is targeted towards individuals as group members and (2) people realize that there are no valid reasons behind this. It is in these circumstances that people engage in a collective response, challenging rejections and drawing from the resources of group memberships to cope and protect their well-being. What we see from our interviews is that, despite perceiving rejection as group-based, people tend to believe that there are valid reasons for this. The literature points to the range of adverse consequences this can have on people's well-being, suggesting that perceiving oneself as a target of discrimination negatively impacts mental health (e.g., Chen et al., 2017; Tinghög et al., 2017). However, what we see in our study is that participants tend to deny any emotional

effects that discrimination has had on them, often mentioning that such adverse social situations do not trouble them anymore.

(P5) I generally do not care what people think of me. When I start talking they look at me strangely but it does not always happen. At first I did not like it at all and obviously I do not like it now but I do not care anymore.

Similarly, another participant said:

(P9) The good thing about Greece is that I faced racism two or three times, but I always felt okay (...) It didn't affect me at all. I know that racism can even be in your house sometimes. It's something individual. It doesn't represent a country or a group of people. Maybe we can see a group of people that are racists, but it's something very individual. I've never seen that being a racist is connected with nationality or something like that. I was okay with it. I faced these incidents in Italy as well. I have Italian nationality by blood, so I've never been affected by it because I know there are people like that.

Considering that discrimination and its effects on their well-being was a topic of discussion in all interviews and often talked about in an ambiguous way, for example,

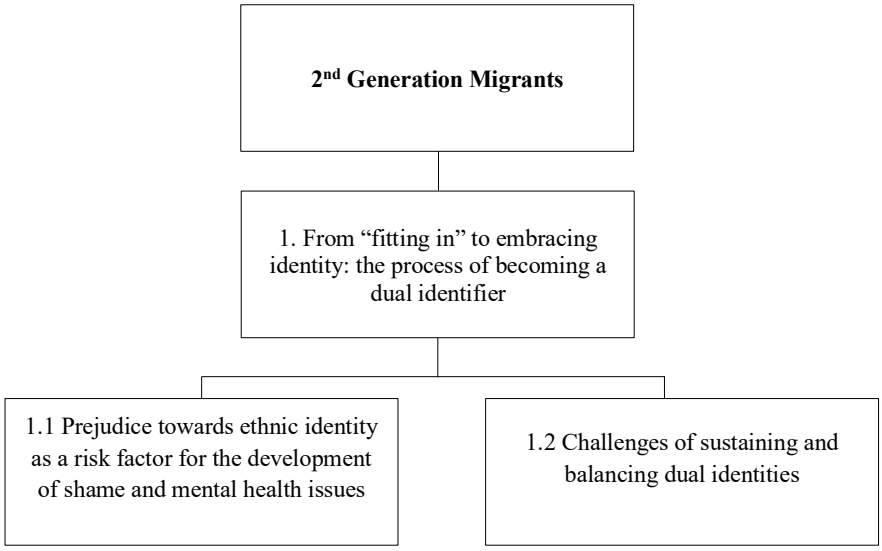
(P5) At first, I did not like it at all and, obviously, I do not like it now, but I do not care anymore.

It may be that constructing a stance of indifference towards discrimination is used as a form of defense mechanism to avoid the more distressing feelings that these socially adverse situations would otherwise have caused.

5.3.2. Results from Interviews with 2nd Generation Migrants

Figure 5.2.

Themes and Subthemes from Interviews with 2nd Generation Migrants



5.3.2.1. From "Fitting In" to Embracing Identity: The Process of Becoming a Dual Identifier

5.3.2.1.1. Prejudice Towards Ethnic Identity[4] as a Risk Factor for the Development of Shame and Mental Health Issues

The question "who am I?" is a primary question during adolescence, which psychologists have regarded as a critical period for personal and social identity formation. The main objective of youth is fitting in or, in other words, to be accepted by peers, which is why friendship groups during this period of life become increasingly important (e.g., Hogg et al., 2011). Worries about fitting in and consciousness of differing identity compared to peers were consistently observed across all interviews, contributing to the development of participants' shame about their identity.

[4] For 2nd generation migrants, we refer to ethnic identity as the heritage identity. The identity of parents/family and its culture, tradition, values and beliefs.

(P15) In my childhood, I was a little ashamed. For example, when I was little and my grandmother used to take me to school and talk to me in Pontian[5]*, I was ashamed. I do not know why. Or when, for example, my mom, my grandma and I were going out and they were speaking in Russian, I was also ashamed. As a child, I had this in me – shame. I do not know why, I wanted to say that I am Greek.*

Validation from peers is critical during early adolescence and may determine the extent to which 2nd generation migrant children will develop the identity of their parents (Gharaei et al., 2018; Santos et al., 2017). Encounters with peer discrimination because of one's identity often inhibit adolescents from developing and embracing a strong ethnic identity, encouraging youth to engage in further identity exploration (del Toro et al., 2021).

(P16) There were times when I was little that I said I did not like being from another country. There was also prejudice against us then. I was already ashamed to say that I am Pontian. Inside the house, however, it did not harm us (…) it was when I was in the primary school.

Adverse social experiences also shaped the way migrants build their social networks. That is, participants belonging to prejudiced ethnic/national groups in Greece, particularly Albanians (Iosifides & Kizos, 2007), often try to avoid developing friendship groups of people from the same background. Some participants explicitly said that this was a strategy for escaping adverse social situations, which they often experienced while growing up.

(P11) Most of my friends are Greek or from other countries, but not many are from Albania. Maybe it was because of my harsh childhood and racism. A child who was playing with an Albanian child was rejected somehow from other social groups, so I was feeling ashamed with other Albanians. I guess I tried to hide myself and, maybe as years went by, I

[5] Pontian Greeks are ethnically Greek group, who traditionally lived in Greece in certain regions. Due to historical events, many of the Pontians lived in the Soviet Union and after its collapse repatriated to Greece (see Kokkinos, 1991).

subconsciously developed a thought that I cannot have Albanian friends. I cannot have and I don't want to have. I told myself that I don't want to have a wall in front of me.

It was observed that prejudice and the associated trauma also contributed to the development of psychological symptoms. This is in line with research demonstrating that perceiving the self as a target of discrimination is detrimental to mental health in adult (Schmitt et al., 2014) and adolescent populations (Benner & Wang, 2018), but it may be particularly detrimental when discriminated against by people of the same identity group (Giuliani et al., 2018). This is because, as Haslam et al. (2018) note, "A person will generally experience the health-related benefits or costs of a given group membership only to the extent that they identify with that group" (p. 17). Hence, for 2nd generation migrants, born and raised in Greece, strong identification with Greek identity seems natural and being rejected by Greeks, therefore, particularly impacts their mental health.

(P11) Crying a lot of times. It was really hard because I was trying to adapt to society. The adaptation came easily, but came easily because I was telling myself that this is your life now, your parents are from Albania. It's not something bad, cultural differences are around us, so stick with this and live a life, knowing that there a lot of people, a lot of types of people around us. You are not the only one that faces racism. So, yes, a lot of crying, a lot of thinking, thinking again.. why, why, why? I had always this in my head – why? Why are my parents Albanians? Why are we poor? Why do they have to live in exile and come here? Why do people having this perception about us? But what is their perception? Is it that Albanians are bad people? It was like a dark, gray cloud over me, and drops of rain were the thoughts that I had all the time. They were falling on my shoulders, and I was feeling really stressed, really depressive for many years. I was in the closet and not in the closet because of my homosexuality, but also because of this.

5.3.2.1.2. Challenges of Sustaining and Balancing Dual Identities

Early adulthood is a vital period in migrant lives as they transition from hiding to embracing their identity. The significant changes in identity occur for reasons such as leaving the school's environment, widening the individual's social network and gaining knowledge of ethnic and cultural diversity. As presented below, the participant's self-perception of being an alien in Greek society changed into becoming a person with an embraced dual identity.

(P11) I don't have to hide my identity and that my parents are Albanians anymore. It's something that is not easy, but I'm just trying to adapt and say to myself when is the safe place, that safe time to let people know that I am Albanian (...) The first time when I came across people and had this interaction with people from a lot of cities around Attica was in the university. People from different cultural, social and financial backgrounds. So I was finally receiving this information, let's say, safety, you know, that there are other people around who are different as well. I told myself that I am not living in that closed society anymore. I was able to attend lectures, to learn more things about psychology and social psychology, which helped me still nowadays to understand some things. Also here in Thessaloniki, there are so many people here from abroad. That also helped me. It was like a big hug from people without them knowing that. I told myself that you are safe, that there are other people like this, so don't be afraid, just live a beautiful life. It's so nice to have cultural differences around.

Dual identity is a complex concept. The term is not only used for different purposes but also operationalized in different ways in psychology, so there is no consensus on its definition. Building on data from our interviews, the current study operationalizes it as the person's identification with ethnic and national groups, which appears to be the most commonly used approach in literature (Fleischmann & Verkuyten, 2016). Scholars often argue that, in order to be dual identifiers, people have to identify with both ethnic and

national groups highly. Nonetheless, the current study takes a different approach, in line with (Simon & Ruhs, 2008), arguing that a person does not have to identify equally highly with both groups to be considered a dual identifier. What we see in our interviews is that 2nd generation migrants have strongly developed identification with their birth country and, without a doubt, call themselves Greeks. Participants described their strong sense of belonging to the Greek mentality and Greek way of life.

(P13) I do not feel very close to Russians. I feel closer to Greek culture, it's like I'm of Greek descent.

Similarly another participant shared:

(P18) My parents, in particular my father, are constantly discussing that he wants to go back to Russia, I have clarified my position that I do not want to leave. It does not even exist as a thought in my mind. I would say that I do not feel connected enough with my Russian identity, I belong here.

On the other hand, ethnic identification or, in other words, identification with the identity of their parents appears to be much more complex. Despite growing up in a family with a mixture of traditions and often having the culture of origin as the main one in large family gatherings, participants believe that a strong sense of identity is not a given. Participants clarified that eating family's traditional food, listening to music and following other family traditions do not mean highly identifying as Albanian, Russian, or Armenian, for example.

(P12) I am not much influenced because I no longer go to Albania and because I have grown with the local mentality. But when relatives come and play Albanian music, or speak in the dialect they speak there, I enjoy it. It sparks joy from your homeland (...) I have certainly adopted many pieces from them, but the Greek culture, of course, gives me a different energy.

What we see across the interviews is that lack of ethnic identification could be explained by two main reasons. First is the incompatibility of the two identities. Most

participants from Albania and the former Soviet Union describe the challenges of growing up in an old-traditional family but, at the same time, living in a modern Greek world. Participants particularly point out the laid-back mentality of Greek people and the modern way of thinking and behaving. It has been a challenge to equally adapt the identities since they come into a great conflict. Cultural differences can be particularly noticed when interacting with family members, as participants describe instances of feeling misunderstood by their family.

(P11) Sometimes it is frustrating because Albanians are more traditional, Greeks are also traditional, but they are trying to adapt to modern times. So I am trying a little bit to balance this. Traditionalism and modernist, so yea it's kind of frustrating, but I can describe myself as modern-traditionalist.

The importance of identity compatibility has been demonstrated in previous research (Iyer et al., 2009). Particularly, it was found that the more incompatible an identity is perceived compared to already established identities, the more people tend to reject it.

Secondly, it seems that family plays a vital role on 2nd generation migrant ethnic identities, with participants often "blaming" parents for their lack of identification with their ethnic group. Considering the length of a family's time in Greece, it may also be that the more families integrate into Greek society, the more the family's culture becomes mixed with Greek, leading to a lack of ethnic identification among immigrant descendants.

(P14) Now, as the generations go by, the manners and customs will probably be forgotten, or at least they will not be the same. Our parents have not passed it on to us 100%, so that we can continue the traditions (...) Specifically, my mom and dad did not have this culture in them. They adapted to Greece so much that it is as if they were born here.

The balance between the two identities becomes particularly challenging in large family gatherings, such as weddings. Participants avoid being perceived as "too Greek",

which often creates conflict between the family members. Particularly, they might be perceived as outsiders who reject their ethnic identity.

(P17) If you do not switch between identities there will be a problem. Family looks at you strangely because you are essentially rejecting or that you are ashamed of your origin, when this is not the case. So just change your character and your behavior depending on the occasion. (...) I went to a Greek school, at home I spoke Greek and not Russian, I did not speak Pontic, while the rest of the family spoke. I was clearly the "Greek" of the family. Although I participated in all the Pontian events, I was always different from the rest.

There is a lack of evidence to speculate about the effects external pressure on ethnic identity has on mental health. However, data from our interviews show that such pressure comes at a cost to participants' psychological well-being, making participants feel uncomfortable, frustrated and judged about who they are. While most participants seem to cope with the family's pressure so far, forced identity switching may not be a long-term solution as it may reduce the sense of belonging to family members.

(P17) I believe that a person has their limits. You cannot always wear a mask and feel comfortable everywhere. I believe that if the older generation cannot understand that the younger generation is different and we cannot have the same habits as the older ones, at some point the younger generation will "explode" and "revolt". At the moment, I feel fine, but I feel that I am not comfortable.

5.4. Discussion

The current study sought to extend knowledge on migrant social identities, explore their connection to their most significant social groups and how a sense of belonging to these groups influences their psychological well-being. It is important to emphasize that the main objective of the study was neither to compare nor to contrast 1st and 2nd generation migrant social identities with respect to the extent to which they have a sense of belonging to Greece

or the different challenges they face. The objective was rather to explore the different life experiences of the two seemingly similar but very different migrant groups and demonstrate that migration status plays a role in both social identity and mental health outcomes.

With regards to 1st generation migrants, this study sought to explore the influence migration has on migrants' social identities and to what extent any changes to social identities influence their mental health outcomes. We found that migration affects 1st generation migrant social identities in various ways. Firstly, for those people who belonged to meaningful groups at their previous place of residence, migration means losing the sense of bond with group members. Nevertheless, people seek to maintain identification with those groups that they strongly identified with prior to migration, such as family and friend groups, while developing even stronger identification with one's culture of origin as people become increasingly prouder of their roots. Despite maintaining one's connection to group memberships, leaving meaningful groups behind has consequences for migrant well-being. Participants described feelings of loss and emptiness as they reflected on their life before migration. Secondly, moving to a new place of residence also means meeting new people and developing new identities. This seems to be more challenging than maintaining group memberships, and although people tend to develop a sense of belonging to new groups, such as student communities or the neighborhood, often these groups do not become an internalized part of the self. They are rather characterized as a bridge to integrating into the host society. Integration itself is a complex process with barriers often rooted in the host country and its tendency to perceive migrants as others rather than members of its society. In the discourse on immigrants in Greek society, they are usually perceived as others unless fully integrated (Sapountzis et al., 2006). However, one of the main barriers to integration identified by both the majority (Sapountzis et al., 2006) as well as by the minority (i.e., participants in our interview) is language. Low language proficiency feeds into the majority's

perception of immigrants as others, limits immigrants' interactions with the majority, and may create misunderstandings and reduce a sense of belonging to the host society. Another main barrier is discrimination, limiting migrants' will to engage and communicate with the majority.

Regarding 2nd generation migrants, the study sought to explore what it is like to grow up with a dual identity, whether this influences their mental health and to what extent they tend to identify with their ethnic group. Our findings show that, despite growing up in a family that cultivates ethnic identity by listening to music, cooking traditional food or following other traditions, 2nd generation migrants tend to distance themselves from their ethnic identity in their childhood and adolescence years. Due to adverse social situations, including prejudice, discrimination and social exclusion experienced in schools, participants wanted to hide their identity and developed feelings of shame because of it. Young adulthood appears to be a critical period in 2nd generation migrant lives as they strive towards embracing their dual identities. Nonetheless, this comes with challenges of its own. Firstly, participants often find the two identities incompatible, making it difficult to balance them. Secondly, pressure to pretend to identify with one's ethnic group strongly makes participants feel uncomfortable and frustrated, which in the long term may become detrimental to their psychological well-being.

With respect to the main object of the current thesis to untangle the role of social identity on migrant mental health, the study enriched the current understanding of the influence migration and migration status have on people's social identity and mental health. Our findings revealed a number of associated factors that acted either as facilitators (e.g., university community) or barriers (e.g., discrimination) to 1st generation migrant social identity change. However, the biggest burden to mental health appears to be associated with the challenges of taking on new group memberships in the host society. Participants unable to

join new meaningful groups after migration are likely to develop symptoms of depression, such as feelings of sadness. Therefore, group memberships established prior to migration also set high relationship expectations, particularly in terms of connectedness, for the new social groups in the host society; thus, not being able to develop such close relationships has made people feel frustrated, lonely and hopeless.

Regarding 2nd generation migrants, the most detrimental period to their mental health appears to be the childhood and adolescent years. Participants described persistent symptoms of depression, such as crying and feelings of sadness, as a result of discrimination and social exclusion they experienced in schools, as well as shame in association with their differing identities compared to the majority of school children. Nevertheless, even young adults, who embrace their identities despite the challenges they face while growing up, still tend to experience some mental health burdens, such as anxiousness and frustration. This is most often due to the pressure they experience from families to develop and maintain the heritage identity of the family.

The study is not without limitations. Firstly, interviews were conducted only in Greek and English languages, limiting the range of potential participants to those who could speak at least one of the two languages. This may be particularly reflected in the 1st generation migrant findings, which will have been affected by the exclusion of migrants who face even greater language barriers and even greater difficulties in developing new group memberships and a sense of belonging to the host country. Future research should incorporate interviews in other languages and potentially focus on 1st generation migrants and their descendants from one cultural background, which may give insights into social identity change over generations. Furthermore, despite qualitative research being known for its quality and depth of interviews, another potential limitation to the current study is the small number of participants in each migrant group.

Given that interviews were conducted with migrants in Greece, it is important to consider the socio-cultural context of Greece and the discourse on immigration attitudes. Culturally constructed stereotypes of immigrants may not be generalized to other cultures.

Similarly, it is also important to consider the socio-cultural context of Greece, when considering the culture and ethnicity of the participants included in the study. It could be that the 1st generation sample in the current study was a well-adjusted sample or that they may share more similar values and culture, making the process of integration and development of social connections in the host society less challenging than it would be for people from more distant cultures to Greek. On the other hand, given that the 2nd generation sample also consisted of people with an Albanian background, it is important to consider the well-documented history of Albanian migrants in Greece, and the culturally constructed stereotypes and prejudice towards them (e.g., Iosifides & Kizos, 2007), which could have the potential to influence our findings in relation to 2nd generation migrant experiences of growing up in Greece. Thus, these experiences might differ across ethnic and cultural groups. Lastly, another limitation of the study is its limited findings on deeper migrant mental health issues. In addition to the fact that conducting interviews on such a sensitive issue is challenging, participants in the current study seemed particularly hesitant to open up and talk about the influence adverse experiences related to their identities have had on their mental health. As a result, the findings of the present study mostly focus on social identity challenges, its changes, as well as various facilitators and barriers to identity continuity or new group membership development.

Overall, findings from the current study contribute to and strengthen the social identity approach to migrant mental health and have wider implications for psychological interventions and policy. Irrespective of migration reasons, changes to social identities and to the social environment in general is a common denominator for all people who undergo

migration. We used the perspective of the SIMIC, which helped us to understand migrants' experience of resettlement and adjustment in a new country. Building on data from our interviews and contributing to the social identity approach, we highlight that working with people's social identity and understanding how they have changed in response to migration is vital to a person's adjustment. Considering the pressure migration may take on people's well-being, we believe that sustaining social connections after migration should be a primary focus when addressing migrant mental health. In addition, we emphasize the importance for migrants of receiving community and social support since one of the main hurdles identified in the current study is taking on new social identities after relocation. Overall, immigrants with wider social networks and meaningful group memberships will be better able to draw on the resources groups provide to cope with resettlement challenges.

With regards to 2nd generation migrants, struggles with ethnic identity, identity questioning and a will to hide their family roots were common. School years, in particular, have been characterized as the most emotionally challenging period in their lives. Therefore, interventions aimed to encourage adolescents to embrace their identities early on are vital for their psychological well-being, helping them untangle identity confusion, which often develops due to their social environment. Changes in social policy to address bullying and social exclusion in Greek schools are vital to protect the mental health of children and adolescents with migrant status. In addition to institutional changes in curriculum, aimed to educate students about ethnic and cultural diversity promoting diversity and social inclusion in schools. Generally, practical initiatives promoting positive social interactions between migrant and majority groups should be encouraged.

CHAPTER 6.

General Discussion

Migration is an established risk factor for the development of mental health issues (Bas-Sarmiento et al., 2017). The constantly rising number of migrants on a global scale (McAuliffe & Triandafyllidou, 2021) increases concerns and raises questions about how to better protect the psychological well-being of those affected. Much of the work in this research area has addressed various traumatic pre-migration factors (Cantekin & Gençöz, 2017; Matos et al., 2022) and resettlement factors, such as discrimination (Alemi & Stempel, 2018), housing (Kashyap et al., 2019), or limited employment opportunities (Tinghög et al., 2010). These socio-economic determinants are certainly important in managing and improving migrant mental health. However, this large volume of available empirical work has tended to overlook the importance of migrant social relationships. Social groups and a sense of belonging to these groups are vital resources for positive mental health (C. Haslam et al., 2018; Jetten et al., 2012). Irrespective of the reasons for migration, migration poses inevitable changes to people's social environment and potential changes to social identities, which may threaten their psychological well-being. Given that social identity is a vital determinant of mental health, the main objective of the current thesis was to contribute to the growing research on the topic and extend knowledge on the role that group memberships and a sense of belonging to groups have on migrant psychological well-being. Within this context, the first aim of the thesis was to systematically summarize the existing research on the association between social identity and common mental disorders among migrants and ethnic minorities. The second aim of the thesis was to examine whether a sense of connectedness improves resilience in the face of adversity. The third main goal of the thesis was to explore the extent to which migration status influences people's social identities as well as the associated challenges and effects this has on psychological well-being.

6.1. What Role Does Social Identity Play on Migrant Mental Health?

After summarizing the existing empirical evidence in this research area, results from our meta-analysis demonstrated the positive influence social identification has on migrant mental health, which is in line with the growing research on the social identity approach to mental health (C. Haslam et al., 2018) and with a recent meta-analysis on the association between social identity and depression in the general population (Postmes et al., 2018). We demonstrated that an increased sense of identification is associated with lower depressive and anxiety symptoms. Though the small negative effect sizes observed may make one interpret these results as unimportant, we argue that the significant heterogeneity across the studies could indicate that there may be certain migrant groups that may benefit more from social identity in some situations compared to other groups. Previous literature indicates that social identification not only helps in the face of work stress (S. A. Haslam et al., 2005), financial difficulties (Elahi et al., 2018), and in the transition from high school to university (Iyer et al., 2009), but can also help overcome some serious life-threatening situations for particularly vulnerable populations, such as stroke patients (C. Haslam et al., 2008) or people suffering from brain injuries (Jones et al., 2012). We speculated that social identification may be particularly vital and beneficial to traumatized migrants, for instance, for those migrating from war-torn countries. The psychological coping resources that groups can provide may be particularly important when confronting adversities in the face of feelings of loss and disruption that are associated with seeking refuge in another country (Killikelly et al., 2021; Lacour et al., 2020). As our meta-analysis demonstrated in Chapter 2, only a small number of studies have specifically examined refugee populations so far. Yet, while findings from these few studies yield mixed results, the most recent ones (Çelebi et al., 2017; Smeekes et al., 2017) support the claims that group memberships can provide vital psychological resources to heal past trauma as well as confront adversities during resettlement. It can also be argued

that social identification could be beneficial when facing discrimination. It should be noted that discrimination is a notable challenge among migrants and a fairly common experience for them (Atkin & Tran, 2020; Brittian et al., 2015). Greece is not an exception since both 1st and 2nd generation migrant participants in our interviews (see Chapter 5) quite often described occurrences when they have been treated unfairly due to their migrant status. We argued that this is due to migrant othering, which is an ongoing issue in the discourse on immigrants in Greek society, which feeds from prejudice, stereotypes and discrimination against them (Sapountzis et al., 2006). Initial reports during the COVID-19 outbreak and later supported by empirical research demonstrated that the pandemic exacerbated anti-immigrant sentiment in some countries (Hartman et al., 2021; Marchi et al., 2022). However, our findings did not replicate this effect in Greece. Firstly, in Chapter 4, we demonstrated that COVID-induced anxiety did not increase authoritarianism and, as a result, negative attitudes towards migrants in Greece. Secondly, after comparing migrants' perceived discrimination in 2019 and during the pandemic, there was no increase in discriminatory experiences, as demonstrated in Chapter 3. Nonetheless, being discriminated against is likely to be detrimental to psychological well-being, with long-standing literature linking discrimination with mental health issues, including depression, anxiety and psychological distress (Pascoe & Smart Richman, 2009; Schmitt et al., 2014). Findings from Chapter 3 of the thesis align with previous literature, demonstrating that perceived discrimination predicts depressive, anxiety and paranoia symptoms and increases loneliness. Nevertheless, building on our qualitative findings from Chapter 5, we suggest that the extent to which discrimination affects mental health is more complex and may depend on one's perception of whether it is a group-based rejection and whether people tend to justify the reasons behind it (Jetten et al., 2013). Applying the group-based rejection conceptual model by Jetten et al. (2013), we suggest that due to 1st generation migrants' tendency to legitimize discrimination may minimize the

negative effects on their mental health. Nevertheless, indifference towards discrimination could also point to a form of defense mechanism for avoiding the distressing feelings this may have caused. However, the inability to make sense of the unfair treatment by the majority has had significant negative consequences on 2nd generation migrant psychological well-being. This has also been demonstrated by Giuliani et al. (2018); therefore, we build upon the social identification hypothesis explaining that when people face rejection from their in-group members in these circumstances, group identification can adversely affect people's well-being.

To address the adverse effects discrimination has on mental health issues, scholars have theorized about the protective role social identity may play in overcoming such negative experiences (e.g., Ikram et al., 2016; Thibeault et al., 2018). To date, most research has explored the role of ethnic identity, as demonstrated by our meta-analysis in Chapter 2, in which it was shown that 50 out of 66 studies assessed ethnic identification. However, findings on the protective effect of ethnic identity on mental health yield mixed results. Some studies support the buffering hypothesis (e.g., Çelebi et al., 2017; Mossakowski, 2003) yet, while others also support it, they also note that this effect is not consistent for all migrants and, for example, might differ across minority ethnic groups (Ikram et al., 2016) or that the buffering effect might play a stronger and more positive role on women's mental health (Thibeault et al., 2018). On the other hand, Cobb et al. (2017) demonstrated that ethnic identification may be a risk factor for undocumented Latino migrants in the US. This is in line with an observation from our qualitative study and Phinney (1990) showing that the specific characteristics of a particular society can have adverse effects on one's identity depending on culturally constructed stereotypes.

Other potential identity protective factors have been researched to a lesser extent.

For instance, Straiton et al. (2019) recently demonstrated that, for immigrants in Norway, identification with the mainstream and maintaining identification with one's country of origin buffer the negative effects of perceived discrimination on mental health. Similarly, Marinucci et al. (2022) found the buffering effect of identification with the majority in the face of social exclusion. While the issue of which identities may be the most protective in times of adversity is still debated, we demonstrated that staying socially connected to those groups identified as the most meaningful ones is important in fostering resilience to the negative effects of discrimination. This finding is particularly notable given the strict regulations imposed by the Greek government on social distancing and stay-at-home measures, which physically and socially isolated people from each other, creating the potential for people to feel isolated and disconnected even from their closest friends and family members (e.g., Sidani et al., 2022).

6.2. Strengths and Weaknesses

The key strength of this thesis is the application of a mixed methodology, which allows a holistic perspective on the research topic. Using a mixed-methods design, the thesis corroborated its findings to draw conclusions on the role social identity plays on migrant mental health. First, a meta-analysis was conducted to summarize the existing evidence in this field and identify research gaps which should be filled in order to enrich our understanding of migrant mental health and their sense of belonging. With increased studies and claims on the protective role social identity may play, the second study of the thesis was set to explore the importance of a sense of belonging in times of adversity. Chapter 3 demonstrated that people who felt socially connected during the worldwide health crisis experienced fewer psychological symptoms. However, most importantly, it demonstrated that in times when social connections were challenged, people's sense of belonging was linked to the level of discrimination they experienced, which in turn was related to mental health.

Chapter 4 tackles the issue of prejudicial attitudes and discrimination from a different perspective, aiming to emphasize the role majority plays in migrant mental health and their integration. Often studies solely focus on the extent migrants are willing to adjust to the majority and their culture and migrant willingness to contribute and participate in society. Such an approach tends to ignore the fact that also society plays a role on migrant mental health by determining the extent to which migrants feel welcomed, accepted and considered as valuable members of society, all being determinants for mental health. Lastly, chapter 5, adopting a qualitative methodology, builds on the meta-analysis findings (chapter 2) to address the need to understand how migrants construct their social identities and the impact migration and migration status have on social identity and, as a result, mental health. Given its qualitative nature, the study deepens the understanding of social identity development and group processes and their impact on psychological well-being. Overall, due to the multimethodological approach, the current thesis provides a holistic perspective on the role social identity plays on migrant mental health.

Despite its comprehensive approach, the research in the thesis is not without limitations. First of all, the research focused on a broad migrant group rather than specific groups (e.g., refugees, asylum seekers). To some extent, this limitation was imposed by the circumstances in which the work was conducted; the original intention was to study those who had crossed the Mediterranean in the 2015 migrant crisis, but the COVID-19 pandemic made this impossible. In any case, this limitation is not specific to the current thesis but is applied to a large number of studies in this field, as identified by our meta-analysis in Chapter 2. Much previous research has also focused solely on ethnic identity, but our qualitative study (see Chapter 5) attempted to overcome this limitation by investigating how migration status impacts multiple social identities, particularly on dimensions such as ethnic and national identities, and how challenges associated with these identities affect mental health. In

addition to migration status, future research should also address confounding variables, such as reasons for migration, traumatization, socio-economic background, post-migration stressors or time since relocation, which may give a better understanding of the particular circumstances in which some migrant groups may benefit more from social identification.

Second, the online studies have the obvious limitation that they were of limited sample size with convenience samples; these studies were conducted during the COVID-19 lockdown in Greece, and therefore, this limitation simply reflects the extreme restrictions on what was possible at the time. Third, it is important to consider that the current thesis focused on migrants in Greece; hence results may not be generalizable to migrants living in other countries. Fourth, our cross-sectional research designs do not allow us to draw causal inferences between social identity and mental health. Feeling depressed or anxious might also affect one's perception of social identities and sense of identification with social groups, so there might be mutual directions of influence. The lack of experimental studies is a major limitation in this research area, though such studies would pose some practical challenges. Furthermore, because people leave and join new groups throughout their lifetime, our findings highlight the need for longitudinal studies to explore the change of migrant social identities over time. For example, assessing social identities before and after migration would provide a better understanding of the identity change and might allow researchers to detect some of the key factors that help migrants sustain or lose their bond with previously established identities. Nonetheless, such a longitudinal study would pose some substantial challenges. For example, it may be challenging to identify a target population that plans or will be forced to move. If targeting the most vulnerable populations, this would mean assessing people in war-torn countries, such as Syria or Afghanistan. One way to address such challenges would be to interview migrants as they arrive, thus repeatedly observing their

psychological well-being in relation to identity continuity and new identity development in the host country over time.

6.3. Implications

Findings from the current thesis are in line with the theoretical framework of social identity theory, particularly the social identity approach to mental health, demonstrating that shared social identity is the basis for promoting mental health outcomes. In line with this fundamental argument, our findings demonstrate that positive social identification is associated with better psychological well-being, including lower levels of depressive, anxiety and paranoid symptoms and decreased loneliness (C. Haslam et al., 2018; Jetten et al., 2014). At the same time, our research contributes to our understanding of under which circumstances migrant social identity can compromise mental health outcomes, indicating that being rejected by in-group members has adverse effects on depressive and anxiety symptoms. Furthermore, we contributed to one of the key questions in understanding the underlying processes which explain why groups and a sense of belonging promote positive psychological well-being. In addition to the range of key social processes such groups provide, such as communication (Greenaway et al., 2015), a sense of connection and trust (Reicher & Haslam, 2006), social support and coping resources (C. Haslam, Cruwys, Milne, et al., 2016), we extended knowledge by demonstrating that meaningful groups also provide resilience and the ability to bounce back from challenging life events even in times of global emergency crisis.

Research on social determinants has driven the growing willingness of policymakers to address the various social factors, for example, economic strain or poverty (Bogic et al., 2012), that are important determinants of psychological well-being. The current thesis emphasizes that people and the groups with whom we interact, spend time and find a sense of belonging throughout our lives have an important influence on our well-being. Recognizing

the importance for migrants to sustain their already established social identities, policies should strive toward protecting migrants' existing social environments while, at the same time, encouraging and providing the means and possibilities to take on new identities as they resettle. Practically, this could be achieved through broader advertisements of cultural centres and social clubs that migrants could take part in. This would increase migrants' social engagement and sense of place in communities, allowing them to maintain a stronger cultural identity. Such opportunities for migrants to practice and enhance their cultural identity are important not only for 1st generation migrants' mental health but also for generations to come to sustain their heritage identity, with research showing that it is an important determinant for positive psychological well-being (Berry & Hou, 2021).

With regard to identity gain, policies should also address the ongoing issue of othering immigrants. As our findings show, it is a key barrier to the identity gain required to alleviate the consequences that prejudice and discrimination have on migrants' psychological well-being. At the individual level, this requires informing societies on the role they play on migrant well-being and how social connections migrants develop in mainstream cultures improve their lives. Awareness could be raised as early on as in schools, universities and workplaces or through mental health awareness campaigns which also address the social determinants of mental health. In addition, policy should also strive towards institutional changes in addressing bullying and social exclusion of migrant children in schools, which is a critical factor for detrimental mental health problems, as findings demonstrated in chapter 5. A way towards achieving this may require curricula changes to raise awareness and educate children about ethnic and cultural diversity. Overall, the thesis suggests that raising awareness of the importance of the social lives of migrants will not only promote better migrant psychological well-being but also build and sustain healthier societies.

With regards to addressing migrant mental health issues, we suggest that, in addition to traditional therapeutic methods, interventions should focus on facilitating migrant social life and increasing social connectedness to meaningful groups. We suggest that one of the most appropriate approaches could be the G4H, the recently developed psycho-educational intervention within the framework of the social identity approach to health (C. Haslam, Cruwys, Haslam, et al., 2016). This intervention raises awareness of the important resources social identity can give and teaches skills for harnessing existing group memberships and developing new social ties in a way that is beneficial for positive mental health. The intervention also aims to help people identify groups that may be valuable to them and to develop a social plan which can be acted upon. Preliminary evidence shows that G4H is beneficial for improving mental health outcomes (C. Haslam, Cruwys, Haslam, et al., 2016; C. Haslam et al., 2019) and could also be a practical tool to address psychological issues among migrants. Given our findings of people's loss of their social identity and lack of sense of belonging after migration, as well as difficulties in joining new meaningful groups, it is vital to adapt G4H for migrant populations.

6.4. Final Conclusions

The work in this thesis contributes to growing evidence on the value of the social identity approach to mental health (Greenaway et al., 2016; C. Haslam et al., 2018) and has shown that migrants can draw on their social groups to maintain and enhance positive psychological well-being. After conducting the first meta-analysis to summarize existing evidence in this field, we suggest that, while there is great variability in the studies focusing on different migrant and ethnic groups, exploring different identity dimensions, and using a range of different measures, the evidence supports the social identification hypothesis and suggests that identification with groups enhances migrant mental health as reported by previous researchers (e.g., Çelebi et al., 2017; Lee & Williams, 2013). As observed from our

qualitative data, migration associated with either positive or negative experiences has consequences for social identities. These may include the loss of bonds with previously established groups or challenges to taking on new identities in the host society. There is plenty of room for advancement in this area. Future researchers should strive towards a better understanding of which groups, in which circumstances and by which mechanisms are critical for promoting positive psychological well-being. Nonetheless, we can confidently conclude that maintaining psychological bonds and a sense of connection with meaningful groups in times of challenge and adversity is critical to ensuring positive mental health in migrants.

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Appendix A

Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA)

Section and Topic	Item #	Checklist item	Section where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	2.
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	-
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	2.1.3.
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	2.1.3.
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	2.2.2. and 2.2.3.
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	2.2.1.
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	2.2.1.
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	2.2.4.
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	2.2.5.
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	2.2.8.
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	2.2.5.
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	2.2.7.
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	2.2.8.
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	2.2.8.
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	2.2.8.

Section and Topic	Item #	Checklist item	Section where item is reported
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	2.3.
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	2.2.8.
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	2.3.4.1. 2.3.4.2. 2.3.5.1. 2.3.5.2.
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	2.3.7
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	2.3.6.
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	2.3.7.
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	2.3.1.
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	2.3.1.
Study characteristics	17	Cite each included study and present its characteristics.	2.3.2.
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	2.3.3.
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	2.3.4. 2.3.5.
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	2.3.4. 2.3.4.1. 2.3.4.2. 2.3.4. 2.3.5.1. 2.3.5.2.
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	2.3.4. 2.3.5.
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	2.3.4.1. 2.3.4.2. 2.3.5.1. 2.3.5.2.
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	2.3.7.
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	2.3.6.
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	2.3.6.

Section and Topic	Item #	Checklist item	Section where item is reported
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	2.4.
	23b	Discuss any limitations of the evidence included in the review.	2.4.1.
	23c	Discuss any limitations of the review processes used.	2.4.1.
	23d	Discuss implications of the results for practice, policy, and future research.	2.4.2. 2.4.3.
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	2.2.1.
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	2.2.1.
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	-
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	-
Competing interests	26	Declare any competing interests of review authors.	-
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	-

Appendix B

Methodological Quality Assessment of the Included Studies

Table B1

Methodological Quality Assessment of each Study

Author(s)	Sampling Method		Sample Rep.	Response Rate	Measures	Language	Total
	(a)	(b)					
(Ai et al., 2021)	1		1	0	1	1	4
(Alemi et al., 2017)		0	0	0	0	0	0
(Anglin et al., 2018)		1	0	0	1	1	3
(Antonio et al., 2016)		0	0	0	0	1	4
(Arbona & Jimenez, 2014)		1	1	0	1	1	4
(Atkin & Tran, 2020)		1	0	0	1	1	3
(Begeny & Huo, 2018)		1	1	0	1	1	4
(M. N. Beiser & Hou, 2006)	1		1	1	0	1	4

(Birman & Tran, 2008)	1	1	0	1	1	4
(Bombay et al., 2010)	1	0	0	1	1	3
(Braby et al., 2020)	0	0	0	1	1	2
(Brittian et al., 2013)	1	0	0	1	1	3
(Brittian et al., 2015b)	1	0	0	1	1	3
(Calzada & Sales, 2019)	0	1	0	1	1	3
(Carden et al., 2021)	1	1	0	0	1	3
(Çelebi et al., 2017)	1	1	0	1	1	4
(Chang & Samson, 2018)	1	1	1	1	1	5
(Cheng et al., 2016)	1	0	0	1	1	3
(Cheref et al., 2019)	1	1	0	1	1	4

(Choi et al., 2017)	1	0	0	1	1	3
(Cislo et al., 2010)	1	1	1	0	1	4
(Cobb et al., 2017)	0	1	0	1	1	3
(D. K. Cooper et al., 2020)	1	1	0	1	1	4
(David et al., 2009) Study 2	0	0	0	1	1	2
(David, 2008)	1	1	0	1	1	4
(Debrosse et al., 2018)	0	1	0	1	0	2
(Ghabrial & Andersen, 2021)	1	0	0	1	0	2
(Giuliani et al., 2018)	1	1	0	0	0	2
(Gonidakis et al., 2011)	1	1	1	1	0	4
(Gonyea et al., 2018)	1	0	1	1	1	4
(Gummadam et al., 2016)	1	0	0	1	1	3

(H. Lee & Williams, 2013)	1	0	0	1	1	3
(Holttum, 2017)	1	1	1	0	1	4
(Hovey et al., 2006)	1	0	0	1	1	3
(Hun et al., 2021)	1	1	0	1	1	4
(Huynh et al., 2011)	1	0	0	1	1	3
(Iturbide et al., 2009)	0	0	0	1	1	2
(J. Lee et al., 2013)	0	1	0	1	1	3
(S. K. Jones et al., 2018)	0	0	1	1	1	3
(S. Kim & Rew, 1994)	0	1	0	1	1	3
(Kira et al., 2017)	0	1	0	1	1	3
(Lam, 2007)	0	0	0	1	1	2
(Lane & Miranda, 2018)	0	1	0	1	0	2
(Lantrip et al., 2015)	0	0	0	1	1	2

(Lewin et al., 2011)	1	1	1	1	1	5
(Livingston et al., 2007)	1	0	1	0	0	2
(Marks et al., 2021)	0	0	0	1	1	2
(Meca et al., 2019)	1	0	0	1	1	3
(Monk, 2020)	1	1	1	1	1	5
(Mossakowski, 2003)	1	1	1	1	1	5
(Mossakowski, 2007)	1	1	1	1	1	5
(Perreira et al., 2015)	1	0	1	0	1	3
(R. M. Lee, 2005)	0	0	0	1	1	2
Sanchez et al., 2012)	0	0	0	1	1	2
(Santos & VanDaalen, 2016)	1	1	0	1	1	4
(Santos & VanDaalen, 2018)	1	1	0	1	1	4
Smeekes et al., 2017)	1	1	0	0	1	3

(st. Louis & Liem, 2005)	1	1	1	1	1	5
(Suh et al., 2019)	0	0	0	1	1	2
(Thibeault et al., 2018)	1	0	0	1	1	3
(Tikhonov et al., 2019)	1	1	0	1	1	4
(Tineo et al., 2021)	1	0	0	1	1	3
(Tucker et al., 2016)	0	0	0	1	1	2
(Tummala-Narra et al., 2018)	1	1	0	1	0	3
(Tummala-Narra et al., 2021)	0	0	0	1	1	2
(Weisskirch et al., 2016)	1	0	1	1	1	4

Note. Rep. = sample representativeness.

Appendix C

Anxiety Moderators with an Insufficient Number of Studies

Table C1

Number of Anxiety Studies by Participant and Methodological Characteristics for the Unexplored Moderators

Moderator variables	No. of studies
Participant characteristics	
Migration Status	
1st generation	2
2nd generation or later immigrants	2
Ethnic minorities	5
Refugees	3
Mix of immigration statuses	10
Ethnicity/Race	
African/African American	3
Asian/Asian American	9
Hispanic/Latin	3
Middle Easterner	2
Mix of ethnic backgrounds	7
Methodological characteristics	

Social identity dimensions	
Collective identity	2
Ethnic identity	17
Identification with the mainstream culture	2
National identity	1
Other	3

Appendix D

Online Consent Form - Social and Psychological Effects of the COVID-19 Pandemic

(English)

Please read and tick the statements below to indicate your consent to take part in the research.

You must agree to all of these statements in order to participate

Please tick the appropriate boxes

Taking Part in the Project

I have read and understood the project information page. (If 'No' survey terminated.)

- ○ Yes (1)
- ○ No (2)

I understand that my taking part is voluntary and that I can withdraw from the study at any time while I am completing the survey; I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw. (If 'No' survey terminated.)

- ○ Yes (1)
- ○ No (2)

I understand that some of my data is going to be collected as part of demographic information and that this data will be treated as strictly confidential. (If 'No' survey terminated.)

- ○ Yes (1)
- ○ No (2)

How my information will be used during and after the project?

I understand and agree that other authorized researchers will have access to the data from this survey only if they agree to preserve the confidentiality of the information as requested in this form.

- ○ Yes (1)
- ○ No (2)

I understand that no information that identifies me will be revealed in any reports or publications that arise from this survey.

- ○ Yes (1)
- ○ No (2)

Project contact details for further information:

Kristine Brance (Lead Researcher; email: kbrance1@sheffield.ac.uk)

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Dr. Suzie Savvidou (Head of Psychology Department; email: ssavvidou@citycollege.sheffield.eu)

Address: Proxenou Koromila 13, Thessaloniki, Greece, 54622

Appendix E

Online Consent Form - Social and Psychological Effects of the COVID-19 Pandemic (Greek)

Παρακαλώ διαβάστε και επιλέξτε τις ακόλουθες δηλώσεις για να δώσετε την συγκατάθεσή σας στο να συμμετέχετε στην έρευνα

Πρέπει να συμφωνήσετε με όλες τις δηλώσεις για να συμμετέχετε

Παρακαλώ συμπληρώστε τα ακόλουθα κουτιά Συμμετοχή στην έρευνα

Έχω διαβάσει και κατανοήσει τις πληροφορίες για την έρευνα. (Αν «Όχι» η έρευνα τερματίζεται.)

- ○ Ναι (1)
- ○ Όχι (2)

Κατανοώ πως η συμμετοχή μου είναι εθελοντική και είμαι ελεύθερος/-η να αποσυρθώ από την έρευνα οποιαδήποτε στιγμή μέχρι το τέλος του Μαΐου 2020. Δεν χρειάζεται να αιτιολογήσω την απόσυρσή μου και δεν θα υπάρξει καμία αρνητική συνέπεια αν επιλέξω να αποσυρθώ. (Αν «Όχι» η έρευνα τερματίζεται.)

- ○ Ναι (1)
- ○ Όχι (2)

Κατανοώ πως τα προσωπικά μου στοιχεία, όπως το όνομά μου, η ηλεκτρονική μου διεύθυνση, κτλ. δεν θα αποκαλυφθούν σε άτομα εκτός της ερευνητικής ομάδας. (Αν «Όχι» η έρευνα τερματίζεται.)

- ○ Ναι (1)
- ○ Όχι (2)

Πως θα χρησιμοποιηθούν τα στοιχεία μου κατά τη διάρκεια και μετά την ολοκλήρωση της έρευνας.

Καταλαβαίνω και συμφωνώ πως άλλοι εξουσιοδοτημένοι ερευνητές θα έχουν πρόσβαση στα δεδομένα της έρευνας μόνο αν συμφωνήσουν να τηρήσουν την εμπιστευτικότητα των δεδομένων όπως εξηγήται σε αυτή τη φόρμα.

- ○ Ναι (1)
- ○ Όχι (2)

Κατανοώ πως καμία πληροφορία που με ταυτοποιεί δεν θα κοινοποιηθεί σε δημοσιεύσεις που μπορεί να γίνουν από τα αποτελέσματα αυτής της έρευνας.

- ○ Ναι (1)
- ○ Όχι (2)

Στοιχεία επικοινωνίας για περεταίρω πληροφορίες:

Kristine Brance (Βασική ερευνήτρια; εμαιλ: kbrance1@sheffield.ac.uk)

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Διεύθυνση: Προξένου Κορομηλά 24, Θεσσαλονίκη, Ελλάδα, 54622

Appendix F

Online Questionnaire for Study "Perceived Discrimination and Mental Health: The Role of Immigrant Social Connectedness during the COVID-19 Pandemic" (English)

1. Demographics

1.1. What is your age?

1.2. What is your gender?

- Male
- Female

1.3. If gender is 'Other', please self-identify in the box below

1.4. Were you born in Greece?

- Yes
- No

1.5. Please list the country in which you were born in the box below

1.6. What is your migration status in Greece?

- Greek citizen
- Temporary resident (student or for work purposes)
- Refugee
- Asylum seeker
- 1st generation immigrant (born in another country than Greece)
- 2nd generation immigrant (at least 1 parent born outside of Greece)
- 3nd generation immigrant (at least 1 grandparent born outside of Greece)
- Undocumented immigrant
- Other

1.7. If 'Other', please indicate your migration status in Greece in the box below

1.8. Did you grow up (spend most of your life up to 16 years) in Greece?

- Yes
- No

1.9. Ethnicity

- White/Caucasian
- African
- Asian
- Indian
- Middle Eastern
- Latino
- other

1.10. If ‘Other’, please self-identify your ethnicity in the box below

1.11. Is Greek your native language?

- Yes
- No

1.12. Please specify your native language in the box below

1.13. What is your highest qualification?

- No qualification
- Highschool diploma
- Undergraduate degree
- Master’s degree
- Professional degree
- Doctorate
- Other qualification

1.14. If ‘Other qualification’, please specify in the box below

1.15. What is your occupation

- Unemployed
- Employed part-time
- Employed full-time
- Self-employed
- Student
- Retired
- Other

1.16. If ‘Other’, please specify your occupation in the box below

2. Social Identity

2.1. Social Connectedness

Please read each item below and choose how much you agree or disagree with that item.

Response options (strongly disagree/ disagree/ slightly disagree/ slightly agree/ agree/ strongly agree)

1. I feel distant from people.
2. I don't feel related to most people.
3. I feel like an outsider.
4. I see myself as a loner.
5. I feel disconnected from the world around me.
6. I don't feel I participate with anyone or any group.
7. I feel close to people.
8. Even around people I know, I don't feel that I really belong.
9. I am able to relate to my peers.
10. I catch myself losing a sense of connectedness with society.
11. I am able to connect with other people.

12. I feel understood by the people I know.
13. I see people as friendly and approachable.
14. I fit in well in new situations.
15. I have little sense of togetherness with my peers.
16. My friends feel like family.
17. I find myself actively involved in people's lives.
18. Even among my friends, there is no sense of brother/sisterhood.
19. I am in tune with the world.
20. I feel comfortable in the presence of strangers.

3. Perceived Discrimination

3.1. Perceived Discrimination in Spring 2019

In Spring 2019, how often did any of the following things happened to you?

Response options (Never/ Rarely/ Sometimes/ Often)

1. You were treated with less courtesy than other people were.
2. You were treated with less respect than other people were.
3. You received poorer service than other people at restaurants or stores.
4. People acted as if they thought you were not smart.
5. People acted as if they were afraid of you.
6. People acted as if they thought you were dishonest.
7. People acted as if they were better than you were.
8. You were called names or insulted.
9. You were threatened or harassed.

3.2. Perceived Discrimination during COVID-19

How often have you experienced the following things within the last month?

Response options (Never/ Rarely/ Sometimes/ Often)

1. You are treated with less courtesy than other people are.
2. You are treated with less respect than other people are.
3. You receive poorer service than other people at restaurants or stores.
4. People act as if they think you are not smart.
5. People act as if they are afraid of you.
6. People act as if they think you are dishonest.
7. People act as if they're better than you are.
8. You are called names or insulted.
9. You are threatened or harassed.

4. Mental Health

4.1. Depression

How often have you experienced the following things within the last month?

Response options (not at all/ several days/ more than half the days/ nearly every day)

1. Little interest or pleasure in doing things.
2. Feeling down, depressed, or hopeless.
3. Trouble falling or staying asleep, or sleeping too much.
4. Feeling tired or having little energy.
5. Poor appetite or overeating.
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down.
7. Trouble concentrating on things, such as reading the newspaper or watching television.
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.
9. Thoughts that you would be better off dead or of hurting yourself in some way.

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Response options (Not difficult at all/ Somewhat difficult/ Very difficult/ Extremely difficult)

4.2. Anxiety

Over the last 2 weeks, how often have you been bothered by the following problems?

Response options (not at all/ several days/ more than half the days/ nearly every day)

1. Feeling nervous, anxious, or on edge
2. Not being able to stop or control worrying
3. Worrying too much about different things
4. Trouble relaxing
5. Being so restless that it is hard to sit still
6. Becoming easily annoyed or irritable
7. Feeling afraid, as if something awful might happen

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Response options (Not difficult at all/ Somewhat difficult/ Very difficult/ Extremely difficult)

4.3. Paranoia

Please indicate the extent to which you agree or favor the following:

Response options (strongly disagree/ slightly disagree/ neither agree nor disagree/ slightly agree/ strongly agree)

1. My friends often tell me to relax and stop worrying about being deceived or harmed.
2. I'm often suspicious of other people's intentions towards me.
3. People will almost certainly lie to me.

4. I believe that some people want to hurt me deliberately.
5. You should only trust yourself.

4.4. Loneliness

Please answer the following questions to tell us how you feel about your relationships with other people.

Response options (hardly ever/ some of the time/ often)

1. How often do you feel that you lack companionship?
2. How often do you feel left out?
3. How often do you feel isolated from others?

Appendix G

Online Questionnaire for Study "Perceived Discrimination and Mental Health: The Role of Immigrant Social Connectedness during the COVID-19 Pandemic" (Greek)

1. Demographics

1.1. Ποια είναι η ηλικία σας;

1.2. Ποιο ειναι το φύλο σας?

- Άντρας
- Γυναίκα

1.3. Αν το φύλο σας είναι "άλλο", παρακαλώ αυτό προσδιορίστε το στο ακόλουθο κουτί

1.4. Γεννηθήκατε στην Ελλάδα;

- Ναι
- Όχι

1.5. Παρακαλώ γράψτε τη χώρα στην οποία γεννηθήκατε στο ακόλουθο κουτί

1.6. Ποια είναι η μεταναστευτική σας κατάσταση στην Ελλάδα;

- Έλληνας πολίτης
- Προσωρινός κάτοικος (φοιτητής ή για επαγγελματικούς λόγους)
- Πρόσφυγας
- Αιτών άσυλο
- Μετανάστης 1ης γενιάς (γεννημένος σε άλλη χώρα από την Ελλάδα)
- Μετανάστης 2η γενιάς (τουλάχιστον ένας γονέας γεννήθηκε εκτός Ελλάδας)
- Μετανάστης 3ης γενιάς (τουλάχιστον ένας παππούς η γιαγιά σας γεννήθηκε εκτός Ελλάδας)
- Μετανάστης χωρίς χαρτιά
- Άλλο

1.7. Αν "Άλλη", παρακαλώ σημειώστε την μεταναστευτική σας κατάσταση στην Ελλάδα στο κουτί από κάτω

1.8. Μεγαλώσατε (περάσατε το μεγαλύτερο κομμάτι της ζωής σας μέχρι τα 16 χρόνια) στην Ελλάδα;

- Ναι
- Όχι

1.9. Φυλή

- Λευκός
- Αφρικανός
- Ασιάτης
- Ινδός
- Από τη Μέση Ανατολή
- Λατίνος
- άλλη

1.10. Αν “άλλη” παρακαλώ αυτο προσδιορίστε την ιθαγένειά σας στο ακόλουθο κουτί

1.11. Είναι τα Ελληνικά η μητρική σας γλώσσα;

- Ναι
- Όχι

1.12. Παρακαλώ προσδιορίστε τη μητρική σας γλώσσα στο ακόλουθο κουτί

1.13. Ποια είναι το ανώτατο επίπεδο εκπαίδευσης ;

- Χωρίς πιστοποιητικό
- Απολυτήριο λυκείου
- Πτυχίο Πανεπιστημίου
- Μεταπτυχιακό
- Πτυχίο Ι.Ε.Κ.

- Διδακτορικό
- Άλλο πιστοποιητικό

1.14. Αν ‘άλλο πιστοποιητικό’, παρακαλώ προσδιορίστε το στο ακόλουθο κουτί

1.15. Ποια είναι η επαγγελματική σας κατάσταση

- Άνεργος
- Εργαζόμενος μερικής απασχόλησης
- Εργαζόμενος πλήρους απασχόλησης
- Αυτοαπασχολούμενος
- Φοιτητής
- Συνταξιούχος
- Άλλο

1.16. Αν ‘Άλλο’, παρακαλώ προσδιορίστε το στο ακόλουθο κουτί

2. Social Identity

2.1. Social Connectedness

Παρακαλώ διαβάστε κάθε δήλωση παρακάτω και επιλέξτε κατά πόσο συμφωνείτε ή διαφωνείτε με κάθε δήλωση

Response options (Διαφωνώ έντονα/ Διαφωνώ/ Σχεδόν διαφωνώ/ Σχεδόν συμφωνώ/ Συμφωνώ/ Συμφωνώ έντονα)

1. Νιώθω απομακρυσμένος από τους ανθρώπους.
2. Δεν νιώθω ότι σχετίζομαι με τους περισσότερους ανθρώπους.
3. Νιώθω σαν ξένος.
4. Βλέπω τον εαυτό μου ως μοναχικό.
5. Νιώθω αποσυνδεδεμένος από τον κόσμο γύρω μου.
6. Δεν νιώθω ότι συμμετέχω με κάποιον ή με κάποια ομάδα.
7. Νιώθω κοντά με τους ανθρώπους.

8. Ακόμα και με κόσμο που γνωρίζω, δεν νιώθω ότι πραγματικά ανήκω.
9. Νιώθω ότι είμαι ικανός να σχετιστώ με κόσμο.
10. Πιάνω τον εαυτό μου να χάνει την αίσθηση συνδεσιμότητας με την κοινωνία.
11. Είμαι ικανός να συνδεθώ με άλλους ανθρώπους .
12. Νιώθω κατανοητός από ανθρώπους με που ξέρουν.
13. Βλέπω τον κόσμο ως φιλικό και προσεγγίσιμο.
14. Ταιριάζω καλά σε καινούργιες καταστάσεις.
15. Έχω μικρή αίσθηση σύμπνοιας με άτομα της ηλικίας μου.
16. Νιώθω τους φίλους μου σαν οικογένεια .
17. Βρίσκω τον εαυτό μου ενεργά εμπλεκόμενα στη ζωή άλλων ανθρώπων.
18. Ακόμα και ανάμεσα στους φίλους μου, δεν υπάρχει αίσθηση συντροφικότητας.
19. Είμαι συντονισμένος με τον κόσμο.
20. Νιώθω άνετος στην παρουσία ξένων.

3. Perceived Discrimination

3.1. Perceived Discrimination in Spring 2019

Την άνοιξη του 2019, πόσο συχνά συνέβησαν τα ακόλουθα πράγματα σε σας;

Response options (Ποτέ/ Σπάνια/ Μερικές φορές/ Συχνά)

1. Σας συμπεριφέρθηκαν με λιγότερη ευγένεια από άλλους ανθρώπους
2. Σας συμπεριφέρθηκαν με λιγότερο σεβασμό από άλλους ανθρώπους
3. Δεχτήκατε χειρότερη εξυπηρέτηση από άλλους ανθρώπους σε εστιατόρια ή μαγαζιά
4. Οι άνθρωποι συμπεριφέρθηκαν σαν να σκέφτονταν ότι δεν είστε έξυπνοι
5. Οι άνθρωποι συμπεριφέρθηκαν σαν να σας φοβόντουσαν
6. Οι άνθρωποι συμπεριφέρθηκαν σαν να σκέφτονταν ότι είστε ανειλικρινείς
7. Οι άνθρωποι φέρθηκαν σαν να ήταν καλύτεροι από εσάς

8. Σας αποκάλεσαν με άσχημους χαρακτηρισμούς ή σας πρόσβαλαν
9. Σας απείλησαν ή σας παρενόχλησαν.

3.2. Perceived Discrimination during COVID-19

Πόσο συχνά βιώσατε τα ακόλουθα πράγματα μέσα στον τελευταίο μήνα

Response options (Ποτέ/ Σπάνια/ Μερικές φορές/ Συχνά)

1. Σας συμπεριφέρθηκαν με λιγότερη ευγένεια από άλλους ανθρώπους
2. Σας συμπεριφέρθηκαν με λιγότερο σεβασμό από άλλους ανθρώπους
3. Δεχτήκατε χειρότερη εξυπηρέτηση από άλλους ανθρώπους σε εστιατόρια ή μαγαζιά
4. Οι άνθρωποι συμπεριφέρθηκαν σαν να σκέφτονταν ότι δεν είστε έξυπνοι
5. Οι άνθρωποι συμπεριφέρθηκαν σαν να σας φοβόντουσαν
6. Οι άνθρωποι συμπεριφέρθηκαν σαν να σκέφτονταν ότι είστε ανειλικρινείς
7. Οι άνθρωποι φέρθηκαν σαν να ήταν καλύτεροι από εσάς
8. Σας αποκάλεσαν με άσχημους χαρακτηρισμούς ή σας πρόσβαλαν
9. Σας απείλησαν ή παρενόχλησαν.

4. Mental Health

4.1. Depression

Τις τελευταίες 2 εβδομάδες πόσο συχνά ενοχληθήκατε απ' οποιοδήποτε από τα παρακάτω προβλήματα;

Response options (Καθόλου/ Αρκετές μέρες/ Περισσότερες από τις μισές μέρες/ Σχεδόν κάθε μέρα)

1. Μικρό ενδιαφέρον ή λίγη απόλαυση στις δραστηριότητές μου.
2. Νιώθετε καταβεβλημένος(η), καταθλιμμένος(η) ή απελπισμένος(η).
3. Έχετε πρόβλημα να αποκοιμηθείτε ή να συνεχίσετε τον ύπνο σας ή κοιμάστε υπερβολικά.

4. Νιώθετε κουρασμένος(η) ή έχετε λίγη ενέργεια.
5. Έχετε λίγη όρεξη ή τρώτε υπερβολικά.
6. Νιώθετε άσχημα για τον εαυτό σας ή ότι έχετε αποτύχει ή ότι έχετε απογοητεύσει τον εαυτό σας ή την οικογένειά σας.
7. Έχετε πρόβλημα συγκέντρωσης σε κάποιες ενέργειες, όπως όταν διαβάζετε την εφημερίδα ή όταν παρακολουθείτε τηλεόραση.
8. Κινείστε ή μιλάτε τόσο αργά που άλλοι άνθρωποι θα το παρατηρούσαν Ή το αντίθετο – είστε τόσο ανήσυχος(η) ή νευρικός(ή), που κινείστε πολύ περισσότερο από το συνηθισμένο.
9. Σκεπτόσαστε ότι θα ήταν καλύτερα αν είχατε πεθάνει ή σκεπτόσαστε να προκαλέσετε κακό στον εαυτό σας με κάποιο τρόπο.

Εάν επιλέξατε κάποια προβλήματα, πόση δυσκολία προκάλεσαν τα προβλήματα αυτά στη δουλειά σας, στις οικιακές εργασίες σας ή στην επικοινωνία σας με άλλα άτομα;

Response options (Καμία δυσκολία/ Μερική δυσκολία/ Μεγάλη δυσκολία/ Υπερβολική δυσκολία)

4.2. Anxiety

Τις τελευταίες 2 εβδομάδες πόσο συχνά σας ενόχλησαν τα παρακάτω προβλήματα;

Response options (Καθόλου/ Μερικές *μέρες/ Περισσότερες από τις μισές μέρες/ Σχεδόν κάθε μέρα*

1. Αισθανθήκατε νεύρα, άγχος ή ένταση
2. Δεν μπορούσατε να σταματήσετε ή να ελέγξετε το άγχος σας
3. Ανησυχούσατε υπερβολικά για διάφορα πράγματα
4. Δυσκολευόσασταν να χαλαρώσετε

5. Είχατε τόσο μεγάλη ανησυχία που δεν μπορούσατε να καθίσετε ακίνητος(η)
6. Νιώθατε εύκολα ενόχληση ή εκνευρισμό
7. Φοβόσασταν ότι κάτι φρικτό μπορεί να συμβεί

Εάν επιλέξατε κάποια προβλήματα, πόση δυσκολία προκάλεσαν τα προβλήματα αυτά στη δουλειά σας, στις οικιακές εργασίες σας ή στην επικοινωνία σας με άλλα άτομα;

Response options (Καμία δυσκολία/ Μερική δυσκολία/ Μεγάλη δυσκολία/ Υπερβολική δυσκολία)

4.3. Paranoia

Παρακαλώ υποδείξτε το βαθμό στον οποίο συμφωνείτε τα ακόλουθα:

Response options (Διαφωνώ έντονα/ Σχεδόν διαφωνώ/ Ούτε συμφωνώ ούτε διαφωνώ/ Σχεδόν συμφωνώ/ Συμφωνώ έντονα)

1. Οι φίλοι μου, μου λένε συχνά να χαλαρώσω και να σταματήσω να ανησυχώ για το αν εξαπατηθώ ή βλαφθώ
2. Νιώθω συχνά ύποπτος για τις προθέσεις άλλων ανθρώπων προς εμένα
3. Οι άνθρωποι σχεδόν σίγουρα θα μου πουν ψέματα
4. Πιστεύω ότι κάποιοι άνθρωποι θέλουν να με βλάψουν εσκεμμένα
5. Θα έπρεπε να εμπιστεύεσαι μόνο τον εαυτό σου

4.4. Loneliness

Παρακαλώ απαντήστε τις ακόλουθες ερωτήσεις για να μας πείτε πως νιώθετε για τις σχέσεις σας με άλλους ανθρώπους

Response options (Σχεδόν ποτέ/ Μερικές φορές/ Συχνά)

1. Πόσο συχνά νιώθετε ότι σας λείπει συντροφικότητα
2. Πόσο συχνά νιώθετε ότι σας παραλείπουν;
3. Πόσο συχνά νιώθετε απομονωμένος από τους άλλους;

Appendix H

Spearman's Rank Correlations

Table H1

Spearman's rho Correlations for Social Identity, Discrimination and Mental Health Variables

	Variable	1.	2.	3.	4.	5.	6.	7.
1.	Social connectedness	__	-.39**	-.48**	-.45**	-.40**	-.47**	-.41**
2.	Perceived discrimination 2019		__	.74**	.40*	.40**	.61**	.41**
3.	Perceived discrimination 2020			__	.44**	.50**	.53**	.46**
4.	Depression				__	.81**	.47**	.49**
5.	Anxiety					__	.45**	.40**
6.	Paranoia						__	.48**
7.	Loneliness							__

**$p < .01$; *$p < .05$.

Appendix I

Post Hoc Power Calculations

Table I1

Post Hoc Power Calculations for Simple Regression Analyses of Perceived Discrimination Predicting Mental Health Outcomes

Dependent variable	R^2	Effect size f^2*	Sample size	Number of predictors	Power
Depression	21	.315	78	4	.98
Anxiety	30	.654	79	4	.99
Paranoia	31	.67	76	4	.99
Loneliness	25	.578	74	4	.99

Note. G*Power software used to calculate the post-hoc power, significance level alpha = 0.05; *Cohen's f^2 formula was used (1992).

Appendix J

Online Questionnaire for Study "Authoritarianism and Sense of Belonging during the COVID-19 Pandemic: The Effects on Anti-immigrant Sentiment" (English)

1. Demographics

1.1. What is your age?

1.2. What is your gender?

- Male
- Female

1.3. If gender is 'Other', please self-identify in the box below

1.4. Were you born in Greece?

- Yes
- No

1.5. Please list the country in which you were born in the box below

1.6. What is your migration status in Greece?

- Greek citizen
- Temporary resident (student or for work purposes)
- Refugee
- Asylum seeker
- 1st generation immigrant (born in another country than Greece)
- 2nd generation immigrant (at least 1 parent born outside of Greece)
- 3nd generation immigrant (at least 1 grandparent born outside of Greece)
- Undocumented immigrant
- Other

1.7. If 'Other', please indicate your migration status in Greece in the box below

1.8. Did you grow up (spend most of your life up to 16 years) in Greece?

- Yes
- No

1.9. Ethnicity

- White/Caucasian
- African
- Asian
- Indian
- Middle Eastern
- Latino
- Other

1.10. If ‘Other’, please self-identify your ethnicity in the box below

1.11. Is Greek your native language?

- Yes
- No

1.12. Please specify your native language in the box below

1.13. What is your highest qualification?

- No qualification
- Highschool diploma
- Undergraduate degree
- Master’s degree
- Professional degree
- Doctorate
- Other qualification

1.14. If ‘Other qualification’, please specify in the box below

1.15. What is your occupation

- Unemployed
- Employed part-time
- Employed full-time
- Self-employed
- Student
- Retired
- Other

1.16. If 'Other', please specify your occupation in the box below

2. Socio-political views and related behaviors

2.1. Right-Wing Authoritarianism

Please read each item below and choose how much you agree or disagree with that item

Response options (Strongly disagree/ Somewhat disagree/ Neither agree nor disagree/ Somewhat disagree/ Somewhat agree/ Strongly agree)

1. It's great that many young people today are prepared to defy authority
2. What our country needs most is discipline, with everyone following our leaders in unity.
3. Strict rules about abortion, pornography, and marriage are necessary for a healthy society.
4. There is nothing wrong with premarital sexual intercourse.
5. Our society does NOT need tougher government and stricter laws.
6. The facts on crime and the recent public disorders show we have to crack down harder on troublemakers, if we are going preserve law and order.

2.2. Social Dominance Orientation

Show how much you favor or oppose each idea below by selecting a number from 1 to 7 on the scale below. You can work quickly; your first feeling is generally best.

Response options (Strongly oppose/ Somewhat oppose/ Neutral/ Somewhat favor/ Strongly favor)

1. An ideal society requires some groups to be on top and others to be on the bottom.
2. Groups at the bottom are just as deserving as groups at the top.

3. We should do what we can to equalize conditions for different groups.

4. It is unjust to try to make groups equal

5. We should work to give all groups an equal chance to succeed.

6. Some groups of people are simply inferior to other groups.

7. Group equality should not be our primary goal.

8. No one group should dominate in society.

2.3. Anti-Immigrant Sentiment

On a scale of 1 to 10, where 1 is extremely bad and 10 is extremely good, would you say it is generally bad or good for Greek economy that migrants come to Greece from other countries?

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

Extremely Bad for economy Extremely Good for economy

And on a scale of 1 to 10, would you say that Greek cultural life is generally undermined or enriched by migrants coming to live here from other countries?

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

Undermined Enriched

Some migrants make use of Greek schools, increasing the demand on them. However many migrants also pay taxes which support schools and some also work

in schools. Do you think that, on balance, migration to Greece reduces or increases pressure on the schools across Greece?

Response options (Reduces pressure a lot/ Reduces pressure a little/ Neither reduces nor increases pressure/ Increases pressure a little/ Increases pressure a lot)

3. Existential Threat

How anxious are you about the coronavirus COVID-19 pandemic?

Move the slider below to indicate how anxious you feel where 0 = not at all anxious and 100 = extremely anxious

	0 10 20 30 40 50 60 70 80 90 100
Degree of anxiety	

4. Social Identity Measures

4.1. Identification with All Humanity

How much do you identify with (feel a part of, feel love toward, have concern for) each of the following?

Response options (Not at all/ Just a little/ Somewhat/ Quite a bit/ Very much)

1. People in my community
2. People from Greece
3. All humans everywhere

How much would you say you care (feel upset, want to help) when bad things happens to each of the following?

Response options (Not at all/ Just a little/ Somewhat/ Quite a bit/ Very much)

1. People in my community
2. People from Greece
3. All humans everywhere

When they are in need, how much do you want to help each of the following?

Response options (Not at all/ Just a little/ Somewhat/ Quite a bit/ Very much)

1. People in my community
2. People from Greece
3. All humans everywhere

4.2. Nationalism

Please read each item below and choose how much you agree or disagree with that item

Response options (Strongly disagree/ Somewhat disagree/ Neither agree nor disagree/ Somewhat agree/ Strongly agree)

1. The world would be a better place if people from other countries were more like Greeks.
2. Generally speaking, Greece is a better country than most other countries

4.3. Other Ethnic Group Identification

Please read each item below and choose how much you agree or disagree with that item.

Response options (Strongly agree/ somewhat agree/ somewhat disagree/ strongly disagree)

1. I like meeting and getting to know people from ethnic groups other than my own.
2. I sometimes feel it would be better if different ethnic groups didn't try to mix together.
3. I often spend time with people from ethnic groups other than my own.
4. I don't try to become friends with people from other ethnic groups.
5. I am involved in activities with people from other ethnic groups.
6. I enjoy being around people from ethnic groups other than my own.

4.4. Patriotism

Please read each item below and choose how proud you feel with that item.

Response options (Strongly disagree/ Disagree/ Neither Agree nor disagree/ Agree/ Strongly agree)

1. I am proud of Greece in the way democracy works?
2. I am proud of Greece's contribution to culture and science?
3. I am proud of Greece's fair and equal treatment of all groups in society?

4.5. Social Connectedness

Please read each item below and choose how much you agree or disagree with that item.

Response options (strongly disagree/ disagree/ slightly disagree/ slightly agree/ agree/ strongly agree)

1. I feel distant from people.
2. I don't feel related to most people.
3. I feel like an outsider.
4. I see myself as a loner.
5. I feel disconnected from the world around me.
6. I don't feel I participate with anyone or any group.
7. I feel close to people.
8. Even around people I know, I don't feel that I really belong.
9. I am able to relate to my peers.
10. I catch myself losing a sense of connectedness with society.
11. I am able to connect with other people.
12. I feel understood by the people I know.
13. I see people as friendly and approachable.

14. I fit in well in new situations.
15. I have little sense of togetherness with my peers.
16. My friends feel like family.
17. I find myself actively involved in people's lives.
18. Even among my friends, there is no sense of brother/sisterhood.
19. I am in tune with the world.
20. I feel comfortable in the presence of strangers.

Appendix K

Online Questionnaire for Study "Authoritarianism and Sense of Belonging during the COVID-19 Pandemic: The Effects on Anti-immigrant Sentiment" (Greek)

1. Demographics

1.1. Ποια είναι η ηλικία σας;

1.2. Ποιο ειναι το φύλο σας?

- Άντρας
- Γυναίκα

1.3. Αν το φύλο σας είναι "άλλο", παρακαλώ αυτό προσδιορίστε το στο ακόλουθο κουτί

1.4. Γεννηθήκατε στην Ελλάδα;

- Ναι
- Όχι

1.5. Παρακαλώ γράψτε τη χώρα στην οποία γεννηθήκατε στο ακόλουθο κουτί

1.6. Ποια είναι η μεταναστευτική σας κατάσταση στην Ελλάδα;

- Έλληνας πολίτης
- Προσωρινός κάτοικος (φοιτητής ή για επαγγελματικούς λόγους)
- Πρόσφυγας
- Αιτών άσυλο
- Μετανάστης 1ης γενιάς (γεννημένος σε άλλη χώρα από την Ελλάδα)
- Μετανάστης 2η γενιάς (τουλάχιστον ένας γονέας γεννήθηκε εκτός Ελλάδας)
- Μετανάστης 3ης γενιάς (τουλάχιστον ένας παππούς η γιαγιά σας γεννήθηκε εκτός Ελλάδας)
- Μετανάστης χωρίς χαρτιά
- Άλλο

1.7. Αν "Άλλη", παρακαλώ σημειώστε την μεταναστευτική σας κατάσταση στην Ελλάδα στο κουτί από κάτω

1.8. Μεγαλώσατε (περάσατε το μεγαλύτερο κομμάτι της ζωής σας μέχρι τα 16 χρόνια) στην Ελλάδα;

- Ναι
- Όχι

1.9. Φυλή

- Λευκός
- Αφρικανός
- Ασιάτης
- Ινδός
- Από τη Μέση Ανατολή
- Λατίνος
- Άλλη

1.10. Αν “άλλη” παρακαλώ αυτο προσδιορίστε την ιθαγένειά σας στο ακόλουθο κουτί

1.11. Είναι τα Ελληνικά η μητρική σας γλώσσα;

- Ναι
- Όχι

1.12. Παρακαλώ προσδιορίστε τη μητρική σας γλώσσα στο ακόλουθο κουτί

1.13. Ποια είναι το ανώτατο επίπεδο εκπαίδευσης ;

- Χωρίς πιστοποιητικό
- Απολυτήριο λυκείου
- Πτυχίο Πανεπιστημίου
- Μεταπτυχιακό
- Πτυχίο Ι.Ε.Κ.

- Διδακτορικό
- Άλλο πιστοποιητικό

1.14. Αν ‘άλλο πιστοποιητικό’, παρακαλώ προσδιορίστε το στο ακόλουθο κουτί

1.15. Ποια είναι η επαγγελματική σας κατάσταση

- Άνεργος
- Εργαζόμενος μερικής απασχόλησης
- Εργαζόμενος πλήρους απασχόλησης
- Αυτοαπασχολούμενος
- Φοιτητής
- Συνταξιούχος
- Άλλο

1.16. Αν ‘Άλλο’, παρακαλώ προσδιορίστε το στο ακόλουθο κουτί

2. Socio-political views and related behaviors

2.1. Right-Wing Authoritarianism

Παρακαλώ διαβάστε κάθε ακόλουθη δήλωση και επιλέξτε κατά πόσο συμφωνείτε ή διαφωνείτε

Response options (Διαφωνώ έντονα/ Διαφωνώ/ Ούτε συμφωνώ ούτε διαφωνώ/ Συμφωνώ/ Συμφωνώ έντονα)

1. Είναι σπουδαίο που τόσοι πολύ νέοι άνθρωποι σήμερα είναι έτοιμη να αψηφήσουν την εξουσία
2. Αυτό που χρειάζεται περισσότερο η χώρα μας είναι πειθαρχία, με τον καθένα να ακολουθεί τους ηγέτες μας με ενότητα
3. Οι αυστηροί κανόνες σχετικά με τις εκτρώσεις, την πορνογραφία και το θεσμό του γάμοι είναι αναγκαίοι για μια υγιή κοινωνία
4. Δεν υπάρχει τίποτα άσχημο στις προγαμιαίες σεξουαλικές επαφές

5. Οι κοινωνία μας ΔΕΝ χρειάζεται πιο σκληρή κυβερνηση και πιο αυστηρούς νόμους
6. Τα γεγονότα στα εγκλήματα και στις πρόσφατες κοινωνικές αναταράξεις δείχνουν ότι πρέπει να είμαστε πιο αυστηροί σε αυτούς που προκαλούν κοινωνικές αναταράξεις, αν θέλουμε να διατηρήσουμε τους νόμους και την τάξη

2.2. Social Dominance Orientation

Δείξτε πόσο υποστηρίζετε ή διαφωνείτε με κάθε ακόλουθη ιδέα, επιλέγοντας ένα αριθμό από το 1 ως το 7 στην ακόλουθη κλίμακα. Σας προτείνεται να επιλέξετε άμεσα με την πρώτη σας σκέψη καθώς συνήθως η πρώτη σας σκέψη είναι και η πιο αληθινή

Response options (Διαφωνώ έντονα/ Διαφωνώ μέτρια/ Ουδέτερος/ Συμφωνώ λίγο/ Συμφωνώ έντονα)

1. Μια ιδανική κοινωνία χρειάζεται κάποιες κοινωνικές ομάδες στην κορυφή και άλλες στον πάτο
2. Κοινωνικές ομάδες στον πάτο αξίζουν το ίδιο με αυτές στην κορυφή
3. Πρέπει να κάνουμε ό,τι μπορούμε για να εξισορροπήσουμε τις κοινωνικές συνθήκες για κάθε ομάδα
4. Δεν είναι δίκαιοι να προσπαθούμε να κάνουμε κάθε κοινωνική ομάδα ίση
5. Θα πρέπει να δουλέψουμε ώστε να δώσουμε σε όλες τις κοινωνικές ομάδες τις ίδιες ευκαιρίες για να πετύχουν
6. Κάποιες κοινωνικές ομάδες είναι απλά κατώτερες από άλλες
7. Η εξίσωση μεταξύ των κοινωνικών ομάδων δεν θα έπρεπε να είναι η πρωταρχικός μας στόχος
8. Καμιά κοινωνική ομάδα δεν θα έπρεπε να κυριαρχεί στην κοινωνία

2.3. Anti-Immigrant Sentiment

Από μια κλίμακα 1 μέχρι το 10, όπου 1 είναι εξαιρετικά κακό και 10 εξαιρετικά καλό, θα λέγατε ότι σε γενικές γραμμές οι μετανάστες που έρχονται στην Ελλάδα κάνουν κακό η καλό στην Ελληνική οικονομία;

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

Εξαιρετικά κακό για την οικονομία — Εξαιρετικά καλό για την οικονομία

Και από μια κλίμακα 1 ως το 10, θα λέγατε ότι η Ελληνική κουλτούρα σε γενικές γραμμές υπονομεύτηκε ή εμπλουτίστηκε από τους μετανάστες που ήρθαν να ζήσουν στην Ελλάδα;

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

Υπονομεύτηκε — Εμπλουτίστηκε

Κάποιοι μετανάστες κάνουν χρήση των Ελληνικών σχολείων, αυξάνοντας τις απαιτήσεις του εκπαιδευτικού συστήματος. Παραταύτα κάποιοι μετανάστες επίσης πληρώνουν φόρους που υποστηρίζουν τα σχολεία και κάποιοι επίσης εργάζονται σε σχολεία. Πιστεύετε ότι έτσι, η μετανάστευση στην Ελλάδα μειώνει ή αυξάνει την πίεση στα σχολεία σε όλη την Ελλάδα;

Response options (Μειώνει την πίεση πολύ/ Μειώνει την πίεση λίγο/ Ούτε τη μειώνει ούτε την αυξάνει/ Αυξάνει την πίεση λίγο/ Αυξάνει την πίεση πολύ)

3. Existential Threat

Πόσο αγχωμένος/η είστε για την πανδημία του κορονοϊού COVID-19;

Κουνήστε τον κέρσορα για να δείξετε πόσο αγχωμένος/η νιώθετε, όπου 0= καθόλου αγχωμένος/η και 100= εξαιρετικά αγχωμένος/η

0 10 20 30 40 50 60 70 80 90 100

Βαθμός άγχους	

4. Social Identity Measures

4.1. Identification with All Humanity

Σε ποιο βαθμό ταυτίζεστε (νιώθετε μέρος από, αισθάνεστε αγάπη σε, νιώθετε ενδιαφέρον) κάθε από το ακόλουθα

Response options (Καθόλου/ Λίγο/ Μέτρια/ Αρκετά/ Πολύ)

1. Άτομα στην κοινότητά μου
2. Άτομα στην Ελλάδα
3. Όλους τους ανθρώπους παντού

Πόσο θα λέγατε ότι ενδιαφέρεστε (νιώθετε upset, θέλετε να βοηθήσετε) όταν άσχημα πράγματα συμβαίνουν σε κάθε ένα από τους ακόλουθους;

Response options (Καθόλου/ Λίγο/ Μέτρια/ Αρκετά/ Πολύ)

1. Άτομα στην κοινότητά μου
2. Άτομα στην Ελλάδα
3. Όλους τους ανθρώπους παντού

Όταν βρίσκονται σε ανάγκη, πόσο θέλετε να βοηθήσετε κάθε ένα από τους ακόλουθους;

Response options (Καθόλου/ Λίγο/ Μέτρια/ Αρκετά/ Πολύ)

1. Άτομα στην κοινότητά μου
2. Άτομα στην Ελλάδα
3. Όλους τους ανθρώπους παντού

4.2. Nationalism

Παρακαλώ διαβάστε κάθε ακόλουθη δήλωση και επιλέξτε σε τι βαθμό συμφωνείτε ή διαφωνείτε με κάθε δήλωση

Response options (Διαφωνώ έντονα/ Διαφωνώ/ Ούτε συμφωνώ ούτε διαφωνώ/ Συμφωνώ/ Συμφωνώ έντονα)

1. Ο κόσμος θα ήταν καλύτερος αν οι άνθρωποι στις άλλες χώρες έμοιαζαν περισσότερο στους Έλληνες
2. Σε γενικές γραμμές η Ελλάδα είναι καλύτερη χώρα από τις άλλες

4.3. Other Ethnic Group Identification

Παρακαλώ διαβάστε κάθε δήλωση παρακάτω και επιλέξτε κατά πόσο συμφωνείτε ή διαφωνείτε με κάθε δήλωση

Response options (Συμφωνώ απόλυτα/ Σχεδόν συμφωνώ/ Σχεδόν διαφωνώ/ Διαφωνώ απόλυτα)

1. Μου αρέσει να συναντώ και να γνωρίζω ανθρώπους από εθνικές ομάδες διαφορετικές από τη δικιά μου
2. Μερικές φορές νιώθω ότι θα ήταν καλύτερα αν διαφορετικές εθνικές ομάδες δεν προσπαθούσαν να αναμειχθούν μαζί
3. Συχνά περνάω χρόνο με άτομα από διαφορετικές εθνικές ομάδες από τη δικιά μου
4. Δεν προσπαθώ να γίνω φίλος με άτομα από άλλες εθνικές ομάδες
5. Εμπλέκομαι σε δραστηριότητες με άτομα από άλλες εθνικές ομάδες
6. Απολαμβάνω να βρίσκομαι μεταξύ ανθρώπων από διαφορετικές εθνικές ομάδες

4.4. Patriotism

Παρακαλώ διαβάστε κάθε ακόλουθη δήλωση και επιλέξτε πόσο περήφανος/η νιώθετε για κάθε δήλωση

Response options (Διαφωνώ έντονα/ Διαφωνώ/ Ούτε συμφωνώ ούτε διαφωνώ/ Συμφωνώ/ Συμφωνώ έντονα)

1. Είμαι περήφανος/η για τον τρόπο που δουλεύει η δημοκρατία στην Ελλάδα;
2. Είμαι περήφανος για την Ελληνική προσφορά στην κουλτούρα και επιστήμη;
3. Είμαι περήφανος για τη δίκαιη και ισότιμη αντιμετώπιση της Ελλάδας σε όλες τις κοινωνικές ομάδες

4.5. Social Connectedness

Παρακαλώ διαβάστε κάθε δήλωση παρακάτω και επιλέξτε κατά πόσο συμφωνείτε ή διαφωνείτε με κάθε δήλωση

Response options (Διαφωνώ έντονα/ Διαφωνώ/ Σχεδόν διαφωνώ/ Σχεδόν συμφωνώ/ Συμφωνώ/ Συμφωνώ έντονα)

1. Νιώθω απομακρυσμένος από τους ανθρώπους.
2. Δεν νιώθω ότι σχετίζομαι με τους περισσότερους ανθρώπους.
3. Νιώθω σαν ξένος.
4. Βλέπω τον εαυτό μου ως μοναχικό.
5. Νιώθω αποσυνδεδεμένος από τον κόσμο γύρω μου.
6. Δεν νιώθω ότι συμμετέχω με κάποιον ή με κάποια ομάδα.
7. Νιώθω κοντά με τους ανθρώπους.
8. Ακόμα και με κόσμο που γνωρίζω, δεν νιώθω ότι πραγματικά ανήκω.
9. Νιώθω ότι είμαι ικανός να σχετιστώ με κόσμο.
10. Πιάνω τον εαυτό μου να χάνει την αίσθηση συνδεσιμότητας με την κοινωνία.
11. Είμαι ικανός να συνδεθώ με άλλους ανθρώπους .
12. Νιώθω κατανοητός από τους ανθρώπους πού ξέρω.
13. Βλέπω τον κόσμο ως φιλικό και προσεγγίσιμο.
14. Ταιριάζω καλά σε καινούργιες καταστάσεις.

15. Έχω μικρή αίσθηση σύμπνοιας με άτομα της ηλικίας μου.

16. Νιώθω τους φίλους μου σαν οικογένεια .

17. Βρίσκω τον εαυτό μου ενεργά εμπλεκόμενα στη ζωή άλλων ανθρώπων.

18. Ακόμα και ανάμεσα στους φίλους μου, δεν υπάρχει αίσθηση συντροφικότητας.

19. Είμαι συντονισμένος με τον κόσμο.

20. Νιώθω άνετος στην παρουσία ξένων.

Appendix L

Principle Component Analysis

Table L1

Eigenvalues, Percentages of Variance and Cumulative Percentages for Factors for 3 Anti-immigrant Sentiment Items

Component	Eigenvalue	% of variance	Cumulative %
1. Would you say it is generally bad or good for the Greek economy that migrants come to Greece from other countries?	1.968	65.6	65.6
2. Would you say that Greek cultural life is generally undermined or enriched by migrants coming to live here from other countries?	.752	25.1	90.7
3. Some migrants make use of Greek schools, increasing the demand on them. However, many migrants also pay taxes which support schools, and some also work in schools. Do you think that, on balance, migration to Greece reduces or increases pressure on the schools across Greece?	.280	9.3	100

Appendix M

Multiple Linear Regression Analysis on Each Anti-immigrant Sentiment Item Separately

Table M1

Regression Results for Authoritarianism, COVID-19 Anxiety, and Anti-immigrant Sentiment

	Nationalism		Economy		Resources		Culture	
Predictors	Unadjusted Estimates	Adjusted Estimates	Unadjusted Estimates	Adjusted Estimates	Unadjusted Estimates	Adjusted Estimates	Unadjusted Estimates	Adjusted Estimates
RWA	.07' (.04) [-.01, .15] *p* = .09	.09' (.05) [-.002, .17] *p* = .06	.17** (.04) [.09, .25] *p* = .00	.19** (.05) [.10, .28] *p* = .00	.06 (.04) [-.02, .15] *p* = .15	.08' (.05) [-.01, .18] *p* = .08	.20** (.04) [.12, .28] *p* = .00	.20** (.05) [.11, .29] *p* = .00
SDO	.04 (.03) [-.02, .10] *p* = .23	.03 (.03) [-.04, .09] *p* = .42	.08** (.03) [.02, .14] *p* = .01	.07* (.03) [.002, .13] *p* = .04	.01 (.03) [-.05, .08] *p* = .73	-.02 (.04) [-.09, .05] *p* = .60	.13** (.03) [.07, .19] *p* = .00	.12** (.04) [.06, .19] *p* = .00
COVID-19 Anxiety	.00 (.00) [-.01, .01] *p* = .99	.00 (.00) [-.01, .01] *p* = .53	-.01' (.01) [-.02, .001] *p* = .09	-.01 (.01) [-.02, .00] *p* = .15	.00 (.01) [-.01, .01] *p* = .77	.00 (.01) [-.01, .02] *p* = .72	-.01* (.01) [-.02, .001] *p* = .04	-.01 (.01) [-.02, .00] *p* = .19
RWA x Anxiety	**.00* (.00) [.00, .006] p = .05**	**.00 (.00) [.00, .01] p = .14**	**.00 (.00) [.00, .00] *p* = .77**	**.00 (.00) [.00, .00] *p* = .52**	**.00 (.00) [.00, .00] *p* = .87**	**.00 (.00) [.00, .00] *p* = .98**	**.00 (.00) [.00, .00] *p* = .73**	**.00 (.00) [.00, .00] *p* = .67**
SDO x Anxiety	.00 (.00) [.00, .00] p = .85	.00 (.00) [.00, .00] p = .80	.00 (.00) [.00, .00] *p* = .95	.00 (.00) [.00, .00] *p* = .93	.00 (.00) [.00, .00] *p* = .46	.00 (.00) [.00, .00] *p* = .77	.00 (.00) [.00, .00] *p* = .77	.00 (.00) [.00, .00] *p* = .99
Age		.01 (.02) [-.02, .04] p = .66		-.03* (.02) [-.06, -.01] p = .02		.02 (.02) [-.01, .06] p = .14		-.01 (.01) [-.04, .01] p = .32

Gender (Male)		.31 (.37) [-.42, 1.04] p = .41		.48 (.37) [-.23, 1.2] p = .19		.77' (.41) [-.03, 1.56] p = .06		.70' (.37) [-.02, 1.42] p = .06
Education (Lowest)		-.84* (.38) [-1.58, -.1] p = .03		-.54 (.37) [-1.27, .18] p = .14		-.65 (.53) [-1.50, .19] p = .13		-.47 (.37) [-1.20, .26] p = .21
Adjusted R^2	R^2 = .08	R^2 = .13	R^2 = .25	R^2 = .30	R^2 = .03	R^2 = .12	R^2 = .37	R^2 = .38

Note. Cell entries are unstandardized estimates from an ordinary least squares regression, with standard errors in parentheses, 95% confidence intervals in brackets, rounded *p-values*, and Nagelkerke R^2. Boldfaced entries show the estimates from the hypothesized RWA x Anxiety interaction. Abbreviations: RWA, right-wing authoritarianism; SDO, social dominance orientation.

** p <.01; *p < .05; ‘p < .10.

Appendix N

Interview Topic Guide for 1st generation Migrants

1. Tell me about your journey to Greece
2. Where were you born and raised?
3. Tell me about your journey to Greece? When did you decide to come to Greece? How long have you been here? Was it your decision to come to Greece? Do you speak Greek? Any other languages? Which language on daily basis?
4. Why Greece? Why did you come here? What are you doing here? What did you know about Greece before coming here? What was your first expectation of Greece when you came? What do you think Greek people think about migrants?
5. How welcomed did you feel when you came here? How adapted do you feel to the new environment? Were there any specific challenges that you faced?
6. Since you came to Greece, how difficult or easy has it been for you to meet new people?
7. How would you describe yourself in terms of the different groups that you belong? How important and meaningful are they to you? To what extent do you think these groups define who you are as a person? Have you met people there?
8. How often do you interact with Greeks; people from your culture, and other minorities?
9. How often do you keep in touch with other people who were important to you before you immigrated? With who? Do you feel that your bond with these people has strengthened or weakened since leaving? How close do you feel to the identity of your culture of origin? Do you have any friends here who share your culture of origin? Do you ever feel homesick?

10. When you think about yourself before and after migration, how have you changed, if at all? Do you ever find yourself switching between identities? Do you feel comfortable when this happens/is this automatic? Has this affected your mood in any way? Have you had any difficulties concentrating/feeling of sadness? Have you felt discouraged about the future?
11. How does meeting new people make you feel? Has meeting new people make/made you anxious/nervous? If yes, were you able to control these feelings? If positive, ask why is this: is it about them or Greek culture that makes them feel good
12. Do you feel like you fit in with Greek people? Can you think of times when you felt particularly stressed or nervous when being around certain people? Overall, how satisfied do you feel living here?
13. When you walk about the streets, do you ever wonder what Greek people are thinking about you? Can you describe a particular time when you were worried about this?
14. How safe do you feel here? Have you ever worried that people here in Greece might want to hurt you or your family? Any particular people and circumstances?

Appendix O

Interview Topic Guide for 2nd Generation Migrants

1. Where were you and your parents born? Family's journey to Greece. How long has your family been here? What languages do you and your family speak? In which language do you communicate with them?
2. What was it like to grow up in ____ family in Greece?
3. What was the culture like within your family when you were growing up (traditions, cuisine, music etc.)? What about now? How similar or different do you find it to Greek culture?
4. Do you have any people that you care about/are close to in the country where your parents came from? If yes, who? How often do you keep in touch with them? How close is your bond with them?
5. Speaking about your friends here in Greece, are they mostly Greeks? Do you have any friendships or consider anyone close to you with the same heritage culture apart from your family here in Greece?
6. How would you describe yourself in terms of the groups that you belong to? How important and meaningful are these groups to you? To what extent do you think these groups define who you are as a person?
7. To what extent do you identify with your heritage identity? How difficult or easy is it for you to switch between the 2 identities depending on the situation? Have you ever found yourself in conflict between the identity of your parents/family and the one you have developed growing up in Greece? Has this affected your mood in any way? Have you had any difficulties concentrating/feeling of sadness? Have you felt discouraged about the future?

8. Do you like meeting new people? How easy or difficult is it for you? Has meeting new people make/made you anxious/nervous? If yes, were you able to control these feelings?
9. Do you feel like you fit in with Greek people? Can you think of times when you felt particularly stressed or nervous when being around certain people? Overall, how satisfied do you feel living here?
10. When you walk about the streets, do you ever wonder what Greek people are thinking about you? Can you describe a particular time when you were worried about this? (Possibly probe for ideas of reference – events such as glances from others that may be innocuous but which are attributed special significance).
11. How safe do you feel here? Have you ever worried that people here in Greece might want to hurt you or your family? Any particular people and circumstances?

Appendix P

Online Consent Form for the Qualitative Study (English)

Please read the statements below to indicate your consent to take part in the research.

You must agree to all of these statements in order to participate

I have read and understood the project information page.

I have been given the opportunity to ask questions about my participation in the project.

I agree to take part in the project. I understand that taking part in the project will include being interviewed including topics related to my migration experience, belonging to Greek and integration in Greek society. I also understand that the interview will be audio recorded.

I understand that my taking part is voluntary and that I can withdraw from the study at any time during the interview; I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw.

I understand that my personal details will not be revealed to people outside the project and that it will be treated as strictly confidential.

I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs unless I specifically request this.

I understand and agree that other authorized researchers will have access to my data only if they agree to preserve the confidentiality of the information as requested in this form.

I give permission for the interview that I provide to be deposited on a password-protected laptop so it can be used for future research and learning.

Participant's signature (First and Last name)

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Appendix Q

Online Consent Form for the Qualitative Study (Greek)

Διαβάστε τις παρακάτω δηλώσεις για να υποδείξετε τη συγκατάθεσή σας να συμμετάσχετε στην έρευνα.

Πρέπει να συμφωνήσετε με όλες αυτές τις δηλώσεις για να συμμετάσχετε.

Έχω διαβάσει και κατανοήσει τη σελίδα πληροφοριών της έρευνας.

Μου δόθηκε η ευκαιρία να κάνω ερωτήσεις σχετικά με τη συμμετοχή μου στην εργασία.

Συμφωνώ να συμμετάσχω στην έρευνα. Καταλαβαίνω ότι η συμμετοχή στην έρευνα θα περιλαμβάνει συνέντευξη, συμπεριλαμβανομένων θεμάτων που σχετίζονται με τη μεταναστευτική μου εμπειρία, που ανήκουν στην ελληνική και την ένταξη στην ελληνική κοινωνία. Κατανοώ επίσης ότι η συνέντευξη θα ηχογραφηθεί.

Κατανοώ ότι η συμμετοχή μου είναι εθελοντική και ότι μπορώ να αποχωρήσω από τη μελέτη ανά πάσα στιγμή κατά τη διάρκεια της συνέντευξης. Δεν χρειάζεται να δώσω λόγους για τους οποίους δεν θέλω πλέον να συμμετάσχω και δεν θα υπάρξουν αρνητικές συνέπειες εάν επιλέξω να αποχωρήσω.

Κατανοώ ότι τα προσωπικά μου στοιχεία δεν θα αποκαλυφθούν σε άτομα εκτός του έργου και ότι θα αντιμετωπίζονται ως αυστηρά εμπιστευτικά.

Κατανοώ και συμφωνώ ότι τα λόγια μου μπορεί να αναφέρονται σε δημοσιεύσεις, εκθέσεις, ιστοσελίδες και άλλα ερευνητικά αποτελέσματα. Κατανοώ ότι δεν θα κατονομαστώ σε αυτές τις διακινήσεις, εκτός αν το ζητήσω συγκεκριμένα.

Κατανοώ και συμφωνώ ότι άλλοι εξουσιοδοτημένοι ερευνητές θα έχουν πρόσβαση στα δεδομένα μου μόνο εάν συμφωνούν να διατηρήσουν την εμπιστευτικότητα των πληροφοριών όπως ζητούνται σε αυτήν τη φόρμα.

Δίνω άδεια για τη συνέντευξη που παρέχω να κατατεθεί σε φορητό υπολογιστή με κωδικό πρόσβασης, ώστε να μπορεί να χρησιμοποιηθεί για μελλοντική έρευνα και μάθηση.

Υπογραφή συμμετέχοντα (Όνομα και επώνυμο)

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List of Footnotes

[1] Emigration is defined as movement from one's country of nationality or usual place of residence to a different country, which then becomes the new usual place of residence (IOM, 2019).

[2] Healthy immigrant effect – the observation that immigrants on average are in better health than native-born populations (IOM, 2019).

[3] We refer to a bicultural person who internalizes two distinct cultures, the mainstream and the culture of origin (A. M. T. Nguyen & Benet-Martínez, 2007).

[4] For 2nd generation migrants, we refer to ethnic identity as the heritage identity. The identity of parents/family and its culture, tradition, values and beliefs.

[5] Pontian Greeks are ethnically Greek group, who traditionally lived in Greece in certain regions. Due to historical events, many of the Pontians lived in the Soviet Union and after its collapse repatriated to Greece (see Kokkinos, 1991).