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Historical Loss, Cultural Preservation, and Mental Health among Armenian Genocide

Descendant Transitional Aged Youth

A dissertation proposal submitted in partial satisfaction of the requirements for the degree of

Doctor of Philosophy in Counseling, Clinical, and School Psychology.

by

Alissa Adria Der Sarkissian

Committee in charge:

Professor Jill Sharkey, chair

Professor Maryam Kia-Keating

Professor Alison Cerezo

September 2022

This dissertation of Alissa A. Der Sarkissian is approved by:

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Alison Cerezo

_____
Maryam Kia-Keating

_____
Jill Sharkey, Committee Chair

September 2022

ACKNOWLEDGEMENTS

VITA OF ALISSA ADRIA DER SARKISSIAN

EDUCATION

University of California, Santa Barbara (UCSB)   *Expected: June 2022*
PhD - Clinical, Counseling, and School Psychology
> Advisor: Jill Sharkey
> Dissertation: mental health needs for Armenian American transitional aged youth, including the impact of mental health stigma, somatization, historical loss, and intergenerational trauma as descendants of genocide survivors and further experiences of displacement.

University of California, Santa Barbara (UCSB)   *June 2020*
MEd

University of California, Los Angeles (UCLA)   *June 2014*
BA – Psychology with Departmental & College Honors

RESEARCH EXPERIENCE

UCSB Counseling, Clinical, and School Psychology   *August 2017 – Present*
> Graduate Research Assistant / Advisor – Dr. Jill Sharkey
- Evaluate community and county programs, consult organizations, and write technical reports to reduce racial disparities in mental health
- Led SAMHSA-funded evaluation of the Santa Barbara Veterans Treatment Court
- Supervise undergraduate research assistants

USC Brain and Music Project   *May 2014 – May 2017*
> Project Coordinator / Principal Investigator – Dr. Assal Habibi & Dr. Antonio Damasio
- Coordinated a longitudinal research project investigating the effects of music training on neural, cognitive, social, and emotional development

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PEER-REVIEWED PUBLICATIONS

Der Sarkissian, A., Sharkey, J., & Cerezo, A. (2021). *Mental health stigma, community support, and somatic complaints among Latinx youth.* Manuscript submitted for publication.

Der Sarkissian, A. & Sharkey, J. (2021). *Modeling Ethical and Community-Based Considerations of School-Based Active Shooter Trainings.* Manuscript submitted for publication.

Whaling, K. M., Der Sarkissian A., Larez, N. A., Sharkey, J., Allen, M. A., Nylund-Gibson, K. (2020). Reduced child maltreatment prevention service case openings during COVID-19. *Research Square.*

Whaling, K. M., Der Sarkissian, A., Sharkey, J., & Akoni, L. C. (2019). Featured counter-trafficking program: Resiliency Interventions for Sexual Exploitation (RISE). *Child Abuse & Neglect*, 104139.

Sharkey, J. D., Der Sarkissian, A., & Bruice, W. (2019). Substance use and abuse: Helping handout for school and home. *National Association of School Psychologists Helping Handouts.*

Sachs, M., Kaplan, J., Der Sarkissian, A., & Habibi, A. (2017). Increased engagement of the cognitive control network associated with music training in children during an fMRI Stroop task. *PloS one*, *12*(10), e0187254.

Wyatt, G. E., Davhana-Maselesele, M., Zhang, M., Wong, L. H., Nicholson, F., **Der Sarkissian, A.,** … Myers, H. F. (2017). A longitudinal study of the aftermath of rape among South African women. *Psychological Trauma: Theory, Research, Practice, and Policy, 9*(3), 309.

Habibi, A., **Der Sarkissian, A.,** Gomez, M., & Ilari, B. (2015). Developmental brain research with participants from underprivileged communities: Strategies for recruitment, participation, and retention. *Mind, Brain, and Education, 9*(3), 179-186.

FUNDED RESEARCH REPORTS

Sharkey, J. D., Aragon, K. M., Mullin, A., & **Der Sarkissian, A.** (2021). *Evaluation of the Tobacco-Use Prevention Program Amongst Students in Grades 6-12 in Santa Barbara County: Year 1.* A report funded by California Department of Education.

Sharkey J. D., Whaling, K. M., Chen, M., Gonzalez, J. C., **Der Sarkissian, A.,** Lopez Santiago, J., Scott, M., & Ho, T. (2020). *Implicit Bias 102 Intervention Evaluation Report.* A report funded by Santa Barbara Behavioral Wellness.

Sharkey, J. D., Powers, J., & **Der Sarkissian, A.** (2019). *Santa Barbara Veterans Treatment Court: Year 2 Evaluation.* A report funded by the Santa Barbara Veterans Treatment Court.

Chan, M. M., Von Schalscha, K., **Der Sarkissian, A.,** O'Donnell, E., Vega, Y., Harris, T., … & Sharkey, J. D. (2019). *Investigating Social-Ecological Influences of University Substance Use: Student, Faculty, & Staff Perspectives.* A report funded by the UCSB Academic Senate Grant.

Sharkey, J. D., **Der Sarkissian, A.,** & Holbrook, J. (2019). *The Resiliency Intervention for Sexual Exploitation (RISE) Project Mini-Report: The Child Needs and Strengths Analysis.* A report prepared for the RISE Project, Santa Barbara County Department of Behavioral Wellness.

Janes, L., **Der Sarkissian, A.,** Doty, S., Stelling, A., Palacios, E., O'Donnell, E., … Sharkey, J. D. (2019). *Santa Barbara County Substance Abuse Treatment Court Intake Procedures Evaluation.* A report funded by the Santa Barbara County Probation Department.

Sharkey, J., **Der Sarkissian, A.,** Toscano, A., Scott, M., Holbrook, J., & Pacheco, D. (2018). *The Resiliency Intervention for Sexual Exploitation (RISE) Project Process Evaluation Report.* A report prepared for the RISE Project, Santa Barbara County Department of Behavioral Wellness.

Sharkey, J., **Der Sarkissian, A.,** Whaling, K., Saad, C., Gonzalez, J., Janes, L., & Jaramillo, N. (2018). *R.E.D. Mental Health Report: Behavioral Wellness Trainings.* A report funded by Santa Barbara County of Behavioral Wellness.

Sharkey, J. Saad, C., Whaling, K., **Der Sarkissian, A.,** Janes, L. & Gonzalez, J. (2018). *R.E.D. CWS Report: Investigating Racial and Ethnic Disparities in Santa Barbara County's Child Welfare Services.* A report funded by Santa Barbara County of Child Welfare Services.

Janes, L., Jaramillo, N., **Der Sarkissian, A.,** Whaling, K., Guzman, S., Toscano, A., & K. L., Sharkey, J.D., (2018). *Santa Barbara County Mental Health Treatment Court Process Evaluation: Santa Barbara Mental Health Treatment Court.* A report funded by the Public Safety Realignment Act, Santa Barbara County Probation.

Wroblewski, A., Sharkey, J., **Der Sarkissian, A.,** & Whaling, K. (2018). *Cross Collaboration at Santa Maria Juvenile Hall.* A report funded by Santa Barbara County of Behavioral Wellness.

Sharkey, J., Swami, S., Janes, L., **Der Sarkissian, A.,** Edyburn, K., Pacheco, D., … Quirk, M. (2017). *Racial and Ethnic Disparities in Mental Health Report: Parent, Youth, and Staff Perspectives.* A report funded by Santa Barbara County of Behavioral Wellness.

CONFERENCE PRESENTATIONS

Der Sarkissian, A., & Minassians, L. (2021, March). *Historical loss, community preservation, and mental health among Armenian American youth as descendants of genocide survivors* [Colloquium presentation]. UCLA Graduate Student Colloquium of Armenian Studies.

Der Sarkissian, A., & Sharkey, J. (2020, February*). Mental health stigma, community support, and somatic complaints among Latinx youth* [Paper presentation]. National Association of School Psychologists Convention, Baltimore, MD.

Sharkey, J., **Der Sarkissian, A.,** Swami, S., & Weber, M. (2020, February). *Ethical decision making on critical issues in school psychology* [Symposium]. National Association of School Psychologists Convention, Baltimore, MD.

Sharkey, J., Harper, E., & **Der Sarkissian, A.** (2020, February). *Need belonging in junior high: Risk for commercial sexual exploitation* [Paper presentation]. National Association of School Psychologists Convention, Baltimore, MD.

Der Sarkissian, A., & Sharkey, J. (2019, February). *Generating implicit bias tools for school psychologists* [Practitioners' conversation]. National Association of School Psychologists Convention, Atlanta, GA.

Der Sarkissian, A., & Habibi, A. (2016, September). *Childhood music training, executive function and self-regulation* [Poster presentation]. Flux Society of Developmental Cognitive Neuroscience Conference, St. Louis, MO.

CLINICAL EXPERIENCE

Fourth Year Externship   *September 2020 - Present*
Daily Continuation High School
  Supervisors: Shahrokh Shahroozi
- Provide weekly virtual individual counseling for both individual and IEP cases
- Collaborate with teachers and parents to ensure equity in educational opportunities despite the limitations of the pandemic
- Adapt resources for virtual platform, including creating a virtual classroom

Third Year Externship   *August 2019 – June 2020*
Cold Spring Elementary & La Cuesta Continuation High School
  Supervisors: Eve Kelemen & Emily York
- Conduct cognitive, behavioral, and emotional assessments to evaluate the needs and strengths of students, write psycho-educational reports, and present at IEP meetings
- Administer weekly individual general education counseling and IEP counseling
- Facilitate group counseling sessions on social skills and middle school preparedness; classroom-wide interventions on diversity and inclusion
- Led teacher and staff training and group sessions on secondary trauma and self-care

Second Year Externship   *August 2018 – June 2019*
El Camino & Hollister Elementary School
  Supervisors: Katherine Larsen & Elyse Naylor
- Conducted cognitive, behavioral, and emotional assessments to evaluate students' needs and strengths and special education placements
- Administered weekly group counseling sessions for social skills, anxiety, and emotion regulation
- Wrote psycho-educational reports to consider special education placement and inform intervention
- Offered classroom-based consultation to teachers on behavioral and emotional health of students

Psychology Practicum   *January 2018 – March 2018*
UC Santa Barbara Hosford Clinic
 Supervisor: Heidi Zetzer
- Provided psychotherapy to undergraduate students to practice attending skills
- Implemented evidence-based techniques and interventions
- Participated in weekly supervision sessions and attended monthly training workshops

TEACHING EXPERIENCE

Teaching Associate   *Summer 2021*
University of California, Santa Barbara: CNCSP201 Research Methods in Applied Psychology
- Hosted lectures three times a week to 80 students
- Supervised two graduate students as teaching assistants
- Created class syllabus and constructed quizzes and assignments with grading rubrics

Teaching Assistant   *Winter 2021 – Spring 2021*
University of California, Santa Barbara: PSTAT 5A Statistics
- Led weekly lab sections to teach Python and weekly discussion sections to facilitate learning on the week's material of introductory statistics
- Created quizzes and midterms

Teaching Assistant   *Fall 2020*
University of California, Santa Barbara: CNCSP255 Neuropsychological Assessment
- Led lectures on specific assessments to facilitate practice and comprehension
- Grade quizzes and provide feedback for presentations and reports of twelve students

Teaching Assistant   *Summer 2020*
University of California, Santa Barbara: CNCSP102 Research in Applied Psychology
- Led weekly section via Zoom and graded assignments for 50 students
- Created weekly quiz questions

Teaching Assistant   *Spring 2019*
University of California, Santa Barbara: CNCSP197 Special Topics – Bisexuality
- Supported the creation of this new course's syllabus: identifying relevant reading and designing assignments
- Graded all assignments for the 50 enrolled students

Teaching Assistant   *Summer 2018*
University of California, Santa Barbara: CNCSP115 College Student Peer-Helping and Leadership
- Led biweekly section to support the resident assistants' peer-helping skills
- Graded assignments for the 25 students enrolled in section

AWARDS & CERTIFICATIONS

Fellowships
2020   Central California Association of School Psychology Scholarship
2020   Ray E. Hosford Memorial Award
2020   James Hong Memorial Research Fellowship
2019   Eduard Escobedo Fellowship

Certifications
- ProACT Training – 2021
- CPI Non-Violent Crisis Intervention Training – 2019
- Psychological First Aid Training – 2019
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) – 2019
- Child Abuse Mandated Reporting Training – 2019

PROFESSIONAL AFFILIATIONS & ACTIVITIES

Armenian American School Psychologists Association (AASPA)   *March 2020 - Present*
Volunteer
- Created resources and supported presentations for psychologists in Armenia to create school-based education and mental health resources
- Produced a video resource in Armenian and English that teaches therapists in Armenia to support youth experiencing grief and loss, particularly in the context of the 2020 war

National Association of School Psychology (NASP)   *September 2017 – June 2021*
Student Leader & Student Member
- Send monthly updates to engage UCSB department in NASP events & resources
- Initiated department-wide events to support school psychology awareness

Armenian American Mental Health Association (AAMHA)   *March 2020 – June 2021*
Student Member
- Presented dissertation findings to support therapists in practicing in culturally competent approach with Armenian American youth

Arab, Middle Eastern, and North African Psychological Association (AMENA-Psy)
Student Committee Member   *January 2019 – January 2021*
Student Member   *January 2019 – Present*
- Formed a directory for MENA-affirming internship sites
- Instituted a mentorship program that connects MENA psychologists at various levels
- Created and implemented a webinar to learn strategies to disarm and counteract anti-Blackness

UCSB Counseling, Clinical, and School Psychology (CCSP)   *September 2018 – June 2019*
Associated Student Body
Student Leader – Clinical Training Subcommittee
- Implemented and presented a needs survey for students on clinical training needs and strengths
- Led meetings with faculty, directors, and students to create change in training curriculum

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Integrated Introduction

Despite international attempts to prevent future genocides through the work of the UN Convention on the Prevention and Punishment of the Crime of Genocide, perpetrators continue to commit genocide, such as one of the most recent cases against the Rohingya in Myanmar (United Nations Office of Genocide Prevention and the Responsibility to Protect, 2020). Given the modern devastation caused by genocidal acts across the world and the continued impact of historical genocides, the field of psychology must better address the mental health impact to survivors and their descendants. While most of the research on the psychological impact of genocide focuses on direct survivors, research on if and how trauma symptoms are passed down to subsequent generations is mixed. The following paper centers the sociopolitical and cultural factors crucial to understanding a community of genocide descendants and integrates them with existing guidance and gaps in the literature, using Armenian descendants as a case example.

Schools and community mental health centers that support affected communities would benefit from implementing cultural considerations in treatment and case conceptualization. As school psychology evolves, schools are no longer simply institutions of education, but also take on the responsibility to assess, diagnose, and provide appropriate interventions or referrals to students in need. A school psychologist trained in multicultural psychology is responsible to acquire knowledge of the sociopolitical context of the communities that they service and to learn the appropriate idioms of distress. Without this knowledge, they would not be able to properly identify youth in need or use the appropriate terminology to communicate effective treatment. Some school psychologists also suggest that a trauma-informed education will help school personnel respond appropriately to students with trauma exposure (Overstreet & Chafouleas, 2016). In this context, Ginwright (2018) proposes moving a step further, for schools adopt a

healing centered engagement plan, building from a trauma-informed approach, so that schools can also acknowledge the students' and their communities' strengths. For example, a teacher who use the trauma-informed approach may contextualize a student's behavioral issues in the classroom as rooted in their experiences from homelessness and involvement in the foster system. While this viewpoint may build empathy and help the school address some of the student's mental health needs, it also places the relationship in a strictly deficit-based lens. Through a healing centered framework, the school can create a more holistic expression of school-based care that incorporates culture, spirituality, and collective healing.

Transgenerational Trauma among Genocide Survivors

Transgenerational trauma is the transference of emotional, physical, mental, spiritual, and social distress that, when untreated, can be compounded within and across generations among either an individual family or a community (Atkinson et al., 2014). A meta-analysis examined the mental health impact of Holocaust survivors and their descendants included 55 studies with children of survivors and seven studies with grandchildren of survivors (Lurie-Beck, 2007). They found higher levels of depression, anxiety, and paranoia for children and grandchildren of survivors as compared to various types of control groups, including descendants of American born Jewish grandparents and pre- or post-war non-survivor immigrants. Results suggest that symptoms of unresolved trauma can be passed down to descendants directly, through symptoms such as familial conflict or parental substance use, or indirectly, such as through epigenetic transmission due to changes in how genes are expressed (Blake & Watson, 2016; O'Neill et al., 2018). Despite this evidence, some researchers posit that increased mental health need among Holocaust descendants stems from the stress of immigration and acculturation rather than from passed down and inherited trauma (Kellerman, 2001). While qualitative research suggests that

second- and third- generation descendants of genocide survivors experience transgenerational trauma and that mental health symptoms are passed down directly or indirectly, meta-analyses of quantitative studies with descendants conclude a lack of evidence for this type of transmission (Vollhardt & Bilewicz, 2013). These meta-analyses (e.g., Sagi-Schwartz et al., 2008) solely compared grandchildren of Holocaust survivors to non-Holocaust control groups in mental health outcomes. The results do not consider the full extent to which potential familial and societal factors impact whether and how trauma is inherited and passed on. For example, other ethnic groups who are genocide survivors do not have the same worldwide recognition and reparations that Holocaust survivors have benefited from and have promoted resilient growth and healing.

To parse apart the complex concept of transgenerational trauma, it is imperative to explore how different sociopolitical and familial contexts influence the outcomes of genocide survivors and their descendants. For example, second-generation Holocaust survivors reported higher levels of mental health issues if their mothers were 18 years old or younger during the genocide and survived alone (Aviad-Wilchek et al., 2013). A study on the descendants of Tutsi genocide in Rwanda found that exposure to higher number of traumatic stressors during the war, the level of physical illness, and the level of social integration all predicted symptoms of PTSD among children of survivors (Rieder & Elbert, 2013). These two findings exemplify the importance of considering the specific familial experiences of trauma in predicting the level of impact to descendants. Alternatively, the level of identification with a historically victimized group can contribute to the descendants' interpretation, and inheritance, of the trauma. For example, Wohl and Van Bavel (2011) found level of ethnic identification with their Jewish background among Holocaust descendants was positively associated with post-traumatic stress

disorder (PTSD) symptoms. In contrast, ethnic identification was *negatively* associated with PTSD among the non-genocide descendant Jewish comparison group. The authors suggest that these results indicate a possible mediating relation between ethnic identification and transgenerational trauma. However, the results could also indicate that families who experienced a greater toll from a genocide may exhibit stronger connection to their ethnic identity and also present with higher mental health symptomology among their descendants. Therefore, research needs to disentangle how and when descendants of genocide survivors continue to be impacted.

The Sociopolitical Context of the Armenian Genocide

The historical context of a genocide, such as global recognition, reparations, and further persecution from the perpetrators, could be an important consideration regarding the impact of a genocide to descendants and to members within the ethnic group in subsequent generations. For the Armenian Genocide, the modern denial of the genocide by the Turkish government and modern discrimination against Armenians on their lost homeland refuel the sense of ambiguous loss within the Armenian community (Gasparyan & Saroyan, 2019; Hovannisian, 2017). These perceived ongoing injustices may prevent community healing (Gocek, 2016). The continued destruction of architectural and art history on stolen lands from the genocide, such as 2,500 religious sites that have been destroyed and continue to be vandalized, flattened, or converted, deepen the wound of trauma for the descendants (Bevan, 2007). Brave Heart and Debruyn (1998) named this phenomenon, "historical unresolved grief," after noting the emotional reaction of the loss of lives, land, and cultural aspects among the American Indian and Alaskan Natives as similar to feelings associated with grief, such as guilt, anger, and helplessness.

Miller and Miller (1993) found six major responses of survivors and descendants to the Armenian Genocide: (1) avoidance and repression, (2) outrage and anger, (3) revenge and

restitution, (4) reconciliation and forgiveness, (5) resignation and despair, and (6) explanation and rationalization. Interestingly, second- and third-generation descendants of Armenian Genocide survivors were more likely to report anger and despair, while immediate survivors reported more feelings of avoidance, repression, and desire for forgiveness (Miller et al., 1993). In their interviews, survivors linked the denial of the genocide as the most important impediment to their reconciliation. Importantly, survivors shared a theme of powerlessness in the current political context, centered around lack of recognition, as directly connected to the dehumanization and degradation they faced during the genocide. Since current descendants respond most with anger as they continue to suffer the consequences and bear the responsibility of the genocide, it can be suggested that the lack of recognition and reparations has a long-lasting impact on the collective psyche of the Armenian community.

After the genocide, the majority of Armenian families settled in Lebanon, Iran, and Syria (Abramson, 2013; Berry, 2018). For example, many refugees settled in Bourj Hammoud in Beirut, Lebanon, a town that became known as the Armenian quarter. However, as each of these countries struggled in sociopolitical turmoil from the 1970s to today, many of these families then experienced a second and sometimes third wave of refugee displacements (Bakalian, 2011; Berry, 2018). Therefore, the Armenian American community constitutes multicultural families who often come from lineages of two to four generations of refugee experiences. Multiple generations of the family may have experienced similar types of intergenerational and transgenerational trauma. In this context, the experience of acculturation within an Armenian household can be particularly interesting to entangle, in that the "home culture" can include the food, music, customs, and values of multiple cultures.

While acculturation to the host culture may help some immigrants find a sense of belonging in their new homeland, others may sense deculturation, in which the immigrant feels loss of cultural identity and alienation (Bhugra, 2004). Clifford (1997) hypothesized that "peoples whose sense of identity is centrally defined by collective histories of displacement and violent loss cannot be 'cured' by merging into a new national community," (p.307) especially within assimilationist national ideologies such as the United States. To deculturate can feel as though the descendant is further perpetrating the last stage of their own ethnic group's genocide. To describe this sense of cultural loss, Eisenbruch (1991) defined cultural bereavement as:

> the experience of the uprooted person - or group - resulting from loss of social structures, cultural values and self-identity… who suffers feelings of guilt over abandoning culture and homeland, feels pain if memories of the past begin to fade, but finds constant images of the past (including traumatic images) intruding into daily life, yearns to complete obligations to the dead, and feels stricken by anxieties, morbid thoughts, and anger that mar the ability to get on with daily life. (p. 3)

Bhugra and Becker (2005) note the importance of cultural bereavement to the mental health of various refugee groups, particularly those who migrate to individualistic from collectivistic societies. Similarly, Bâ (2013) explored a similar experience regarding cultural bereavement among Bosnian genocide survivors. Given the history of genocide and multiple generations of displacement, Armenians have generally maintained a strong ethnic identity and an agenda to acculturate (adapt to the mainstream culture) quickly and assimilate (losing the home culture) slowly (Pawłowska, 2017). As William Saroyan (1935) said:

> I should like to see any power of the world destroy this race, this small tribe of unimportant people, whose wars have all been and fought and lost, whose structures have

crumbled, literature is unread, music is unheard, and prayers are no more answered. Go

ahead, destroy Armenia. See if you can do it. Send them into the desert without bread or

water. Burn their homes and churches. Then see if they will not laugh, sing and pray

again. For when two of them meet anywhere in the world, see if they will not create a

New Armenia. (p. 438)

This quote, famous among Armenians, exemplifies the group's assigned importance on

ethnic identity and community connectedness. Additionally, it connects the perceived fear of

acculturation to the community's resiliency against the genocide and other historical traumatic

events, such as colonization and war. The Armenian diaspora is three times larger than the

population living in current Armenia. As the language of Western Armenian continues to lose

speakers due to continued genocide and assimilation, it is now officially recognized as a

"definitely endangered language" (United Nations Education, Scientific and Cultural

Organization, 2010). In this context, Armenians feel a sense of responsibility to maintain cultural

and linguistic roots, and, therefore, collectively may feel the same sense of cultural bereavement.

Among Armenians, this fear for loss of culture or "becoming White" has been colloquially

named the "սպիտակ ջարդ" or the "սպիտակ ցեղասպանություն," which translates to the

"White break" or the "White Genocide" (Holslag, 2018). This term refers to the loss of

Armenian culture while dispersed descendants assimilate in the diaspora that reside in Western

countries. Additionally, descendants of the Armenian genocide report themes within their family

system of needing to "super-achieve" to compensate for these familial losses (Boyer, 2019).

Therefore, Armenian American youth and young adults may feel tension in choosing between

the two cultures when the American majority expects them to assimilate and become "White" or

American to succeed, while their Armenian community calls for a resistance to acculturation.

The sociopolitical factors of the genocide also contribute to the disparities that exist within the psychological research on various genocide victim groups (Vollhardt et al., 2013). As compared to over 1,300 studies that have been published regarding psychological ramifications of the Holocaust for survivors, there are fewer than fifteen studies regarding the psychological consequences of the Armenian Genocide, with only one study which is of true empirical and quantitative nature (Kay, 2015). Kay (2015) proposed multiple reasons for these disparities, which included historical factors (including the occurrence of the Armenian Genocide before the "psychologized world"), political factors (Soviet Union and Turkey's suppression of Armenian cultural identity and nationalistic activism), social factors (survivors as orphans; descendants did not have the economic means to pursue anything beyond basic survival), and professional factors (lack of Armenian representation in mental health fields). However, inclusion of the Armenian American experience within psychological knowledge is critical to help mental health providers support the health and wellbeing of the Armenian American community.

Mental Health Armenian American Descendants

Although there are more than one million Armenians living in the United States[1], the field of psychology has not invested in adequate research to inform effective mental health treatment and behavioral wellness services with Armenian Americans. Ninety percent of the Armenian population in the United States were offspring of genocide survivors (Kalayjian & Weisberg, 2002). Even one hundred years after the Armenian Genocide, collective trauma continues to impact the mental health of Armenian people. Earthquake survivors in 1988 Armenia commonly reported nightmares with images related not only to the earthquake, but to the Armenian Genocide that their ancestors had experienced (Kalayjian, 1994). These

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[1] Estimations are inexact given that Southwest Asian and North African groups are not counted as a racial group in the Census and many Armenians immigrated from various other countries (e.g., Iran, Lebanon) to the United States.

connections illustrate the noted similarities between both of these instances of collective trauma, including mass deaths, disruption of community connection, and disconnection from the motherland. Additionally, the earthquake survivors' connection to the genocide exemplifies how Armenians contextualize their modern experiences by the genocide. Karenian et al. (2011) found that 35.7% of Armenian Americans report various symptoms of trauma, with the most severe impact reported among women, the elderly, and those with more familial impact of the genocide. Some participants reported survivor guilt, while others reported pain connected to injustices, such as discrimination, prejudice, and lack of recognition. Additionally, participants with more intense traumatic experiences reported closer ties to the community. Thus, there is evidence that Armenian Americans experience symptoms of trauma related to the Armenian Genocide and resulting displacement and violent loss of cultural artifacts.

Given strong Armenian values of both familism and collectivism, the impact of the Armenian Genocide may be influenced by both direct familial exposure and cultural identity. While some researchers report that descendants with direct familial exposure, meaning a direct parent or grandparent who survived the genocide, reported significantly higher depression and anxiety ratings compared to a non-direct familial exposure group (Aintablian et al., 2018), others found that perceived cultural impact of the genocide and Armenian ethnic identity, rather than perceived familial impact, were more likely to exhibit secondary trauma symptoms (Kuzirian, 2012). Given the strong values of both familism and collectivism, impacts may be influenced by both direct familial exposure and cultural identity. With such limited research on the descendants of the Armenian Genocide, the continued impact of the Armenian Genocide on the community's mental health remains inadequately examined.

Cultural Factors on Mental Health Presentation

Another potential issue in determining the impact of transgenerational transmission of genocide trauma includes flawed clinical assessment measures of trauma-related distress among ethnic minority groups. Mental health research has historically utilized participants from Western, educated, industrialized, rich and democratic (WEIRD) societies, to make broad generalizations about mental health norms for the full extent of human diversity (Henrich et al., 2010). However, there may be essential differences in mental health presentation based on the expected forms of expressing distress in various cultures, such somatization of mental health. For example, PTSD may be underdiagnosed among Cambodian genocide survivors because of cultural misunderstandings when a Western psychologist does not know the context of idioms of distress or acknowledge somatic symptoms, such as sweating, dizziness, and "weak heart" as culturally expected forms of psychological distress (Chhim, 2012; Figge et al., 2020).

To desensitize trauma-related care and to better describe the interconnectedness of trauma to socio-economic and political contexts, practitioners have advocated for a re-conceptualization of post-traumatic distress to post-conflict eco-social adversity (Kirmayer, 2015). One suggested way to practice within this framework is to use and understand the ethnic group's idioms of distress, which are "socially and culturally resonant means of experiencing and expressing distress" (Nichter, 2010, p. 405). For example, some Cambodian genocide survivors experience an idiom of distress called, "baksbat," which means "broken courage" and refers to a persistent fear that follows a distressing or life-threatening situation (Chhim, 2012). Cambodian respondents in a qualitative study contextualized baksbat within the socio-political context of feeling powerless in an authoritarian society, thinking too much about the events of the genocide, and fearing that a similar situation could occur again (Kidron & Kirmayer, 2019). Therefore, a

culturally competent practitioner would need to not only translate the idiom of distress, but also understand the social context of the term that communicates the expected symptomology and perceived cause of the symptom. Among Latinx groups, including Puerto Ricans and other Caribbean and Latin Americans, a group of idioms of distress called "ataques" are a response to a specific emotionally stressful event and includes symptoms such as, shouting uncontrollably, trembling, difficulty breathing, dizziness, numbing or tingling sensations (Durà-Vilà & Hodes, 2012). "Ataque" is interpreted as a means to communicate feelings of anger, frustration, or sadness and the need for support. However, the use of the phrase may vary depending on the individual's specific cultural background, immigration history, and educational level (Durà-Vilà et al., 2012). Therefore, mental health practitioners should take care to not only learn the specific cultural norms around mental health but also encourage the individual patient to communicate their interpretation and needs.

Although there is no available research to date on idioms of distress among Armenians, some have been colloquially suggested. The "Komitas syndrome" is when a person involuntarily closes off parts of their ethnic identity associated with traumatic experience (Gasparyan et al., 2019). This syndrome is named after Komitas Vardapet, an Armenian priest and musicologist who was a genocide survivor and preserved ethnic music that would have been lost. He spent the last thirteen years of his life in a psychiatric hospital and would not speak in his native tongue of Armenian about his past trauma or about his family or community. Gasparyan et al. (2019) note that this same withdrawal is demonstrated in Armenian youth after a traumatic event. In these instances, just as maintaining ethnic identity is collectively recognized as resilience against the impact of the genocide, restraining from engagement with Armenian-ness has also been used as a defense against the impact of trauma, even when that part of their identity might help them to

rehabilitate. Additionally, Armenians have demonstrated many idioms of distress that draw focus on the physical responses to pain and suffering. Therefore, delineating the specific idioms of distress that are used may help practitioners learn how to support Armenian Americans and understand the connection between physical idioms of distress and somatization of mental health needs.

Somatic complaints are physical pain symptoms that accompany mental health concerns, such as fatigue and stomachaches; these symptoms associated with experiences of domestic violence, child abuse, and complex trauma (Warner et al., 2014). Past research found that ethnic minority groups, such as Asian, Southwest Asian and North African[2], and Latinx immigrants, experience more somatic symptoms to their mental health concerns when compared to WEIRD populations. Among Armenian Americans, Ayrapetyan (2013) found a strong relation between depression and somatic or vegetative symptoms. While some scholars suggest that mental health stigma may make physical symptoms easier to discuss than emotional symptoms (Bagayogo et al., 2013), relations between somatization and mental health stigma remain to be disentangled.

Future Directions of Research

This literature review delineates the current research investigating the impact of genocide on the descendants of survivors, particularly for Armenian descendants. Further research should consider incorporating diverse groups who have experienced genocide to build a cross-cultural understanding of genocide. Multiple familial, personal, and socio-political contexts play an important role in influencing the impact. Factors such as reparations, universal awareness of the genocide, and level of global recognition of the trauma may impact the mental health of the impacted group and their ability to collectively heal with the historical loss.

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[2] Southwest Asian and North African (SWANA) is a racial categorization of people to replace the term, "Middle Eastern," given the problematic origins of the term due to Orientalist and colonial implications.

Additionally, further research should investigate how a history of genocide, particularly for genocides that are politically and socially unresolved, may impact refugee populations' perception of acculturation and acculturative stress. In particular, the experience of cultural bereavement should be examined among descendant groups with a large diasporan community, in which their acculturative stress is accompanied with fears of contributing to the extermination of their cultural or ethnic identity.

Conclusion & Implications in School Psychology

This paper highlights the unique considerations when working with Armenian American youth and the need for future research to better address these needs. The sociopolitical context of transgenerational trauma and multiple generations of refugee events impact the community's experience and perception of acculturation and mental health. Current secondary trauma may also play a role in students' ability to engage in school and in their academic performance. Schools and community mental health centers that support affected communities would benefit from implementing cultural considerations in treatment and case conceptualization. As school psychology evolves, schools are no longer simply institutions of education, but also take on the responsibility to assess, diagnose, and providing appropriate interventions or referrals to support students in need. A school psychologist trained in multicultural psychology is responsible to acquire knowledge of the sociopolitical context of the communities that they service and to learn the appropriate idioms of distress. Without this knowledge, they would not be able to properly identify youth in need or use appropriate terminology.

School psychologists can also implement a multi-tier system of supports (MTSS) that integrates intergenerational trauma to best support the healthy development of communities who have experienced genocide. At the first tier, school psychologists can implement schoolwide

efforts to uphold the histories of various communities, such as holding assemblies to offer a space to heal through community or encouraging cultural groups on campus to share their culture with the school. For example, Glendale Unified in Los Angeles, with the largest Armenian population in the United States, offered the Armenian Genocide Remembrance Day, April 24th, as a day off, so that students can attend protests and commemorate with family (Mikailian, 2016). Often, schools in the U.S. teach a White-centered version of history (Lynch, 2018). Instead, school psychologists can advocate for the inclusion of social studies course content that covers genocides and other important political strife across world history. This inclusion communicates to students that their histories are acknowledged, and their identities are equally important. In the third tier, individual counseling and assessment for mental health concerns can center transgenerational assessments and treatments when deemed appropriate by the individual, such as genograms, which are family trees used in therapy to help the client understand transgenerational patterns of mental health, trauma, and resilience (Gasparyan et al., 2019; Schutzenberger, 2014). As the school psychology practice already embraces the concept of community by connecting families, schools, and communities, including transgenerational, cultural, and sociopolitical considerations will strengthen efficacy with underrepresented groups.

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Study 1

Historical Loss, Cultural Preservation, and Mental Health among Armenian Genocide

Descendant Transitional Aged Youth in the United States: A Grounded Theory Analysis

Abstract

The trauma of a genocide can transmit to subsequent generations though familial mental health, sociopolitical trauma, and cultural narratives to impact mental health and well-being. Investigating the specific mechanisms unique to each ethnic group impacted by genocide may illuminate more cultural, sociopolitical, and individual factors for the transmission. Although research on the mental health of Armenian genocide descendants is sparse, research on Native American and Cambodian genocide descendants suggests a common experience is unresolved historical loss, which is a sense of mourning over cultural losses due to genocide. The aim of this study is to identify whether and how Armenian American transitional aged youth experience historical loss. Nineteen youth, ages 16 to 24, were extensively interviewed to provide diverse experiences of familial migration experiences and exposure to trauma. Emergent themes through grounded theory suggest (1) historical loss is pertinent to the Armenian experience and is triggered by continued community trauma (2) this experience, through persistent feelings of hopelessness and anger, impact mental health experiences and help seeking behaviors, (3) cultural preservation, community connectedness, and engagement in activism act as transgenerational resiliency factors, and (4) marginalized Armenians are at particular risk for the impact of historical loss. The discussion includes application to schools and mental health practice.

Keywords: *descendants of genocide survivors, Armenian American mental health, immigrant mental health, acculturation, historical loss, cultural bereavement, transgenerational trauma, mental health stigma, help-seeking behaviors, community support*

Historical Loss, Cultural Preservation, and Mental Health among Armenian

Genocide Descendant Transitional Aged Youth in the United States: A Grounded Theory

Analysis

Approximately 90% of the 1 million Armenian Americans living in the United States are descendants of an Armenian Genocide survivor (Kalayjian & Weisberg, 2002). From 1914 to 1923, nearly 1.5 million Armenians were massacred during the Armenian Genocide, a systematic murder and expulsion in the hands of the Ottoman Empire (Adalian, 2012). Approximately 500,000 Armenian survivors fled to create diasporan communities across the world, particularly in the United States, Russia, Lebanon, and Syria. Among refugees, the trauma of a genocide transmits cross-generationally, through both familial narratives and culturally, to impact a group's identity and mental health (Vollhardt & Bilewicz, 2013). The current breadth of psychological research does not offer much to address this impact among Armenian populations. A study with Armenian descendants, found that participants with direct familial exposure to the genocide demonstrated higher levels of depression and anxiety compared to the non-direct familial exposure group (Aintablian et al., 2018). To better understand how transgenerational trauma is transmitted, research must use an ecological approach to examine multilayered factors within the individual, the family, and the community that contribute to the mental health risk and resiliency of Armenian American genocide descendants. These layers include the impact of structural factors, such as sociopolitical situations and economic resources, familial ones, such as passed down beliefs and practices, to individual ones such as epigenetic exposures and coping skills (Lehrner & Yehuda, 2018).

With particularly limited research on Armenian Americans, mental health providers are forced to rely on existing research and evidence-based practice that fail to consider the unique

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transgenerational trauma experiences of this community. This study will determine how transgenerational trauma influences immigration experiences to improve understanding of group identity development and mental health needs of Armenian Americans.

Historical Loss & Cultural Bereavement

One cultural trauma after a genocide lies in the unresolved nature of cultural identity and community. While acculturation to the host culture may help some immigrants feel integrated into their new home and acquire new resources, others may instead sense deculturation, in which they feel loss of cultural identity and alienation (Bhugra, 2004). Immigrants who move to areas without representation and space for cultural connection may be more susceptible to experiencing deculturation. To describe this sense of cultural loss among Cambodian genocide survivors, Eisenbruch (1991) defined cultural bereavement as:

> …the experience of the uprooted person - or group - resulting from loss of social structures, cultural values and self-identity… who suffers feelings of guilt over abandoning culture and homeland. (p. 674).

This sense of loss can be particularly triggering to the mental health of refugees who migrate from collectivistic to individualistic societies or who perceive the cause of their refugee status to remain politically or socially unresolved. Brave Heart and Debruyn (1998) and Bâ (2013) report the phenomenon of cultural bereavement as a response to historically unresolved grief among subsequent generations of Native Americans, Jewish, and Bosnian genocide survivors. Although sparse research exists on the topic of cultural bereavement as it pertains to Armenians, the similar experiences of cultural bereavement among various groups of descendants from other genocides suggests that Armenian Americans would be similarly impacted.

Due to displacement from the genocide, three times the number of Armenians are living in diaspora as those living in Armenia. Therefore, some Armenians, and Armenian diaspora community leaders in particular, perceive mass acculturation of the diaspora as an extension of the genocide. As a participant in a qualitative study about Armenian identity loss said, "What the Turk could not do with violence, the West will do with a smile" (Holslag, 2018, p. 266). As suggested when working with other Southwest Asian and North African (SWANA) groups, mental health research and practice must consider cumulative and historical trauma to serve Armenian Americans in a culturally-sensitive approach (Awad et al., 2019).

The lack of response worldwide and from Turkey, as the perpetrators, has contributed to the cultural bereavement of the Armenian community. Turkey continues to maintain governance of the historic homelands lost from the genocide and slowly desecrates the Armenian cultural sites (Bevan, 2007). With the support of major world powers, such as the U.S., Turkey denies the genocide took place and subsequently never provided reparations or global recognition for genocide survivors (Gocek, 2016). The transgenerational trauma of an unrecognized genocide has been suggested to impact the mental health of descendants (Holslag, 2018); however, the specific mechanisms of this collective trauma, such as collective cultural bereavement, have not been thoroughly examined. For example, while immediate survivors of the Armenian Genocide responded with repression, avoidance, and desire for reconciliation and forgiveness, their descendants instead report feeling anger and calling for justice (Miller & Miller, 1993).

Developmental Considerations for Transitional Aged Youth

This study explores the experiences of transitional aged youth, which includes the range from adolescence to emerging adults, because it is often characterized as the age period that centralizes identity exploration in various domains, including religious orientation, gender and

sexuality, political views, and ethnicity (Schwartz et al., 2013). Developing a coherent and consolidated identity in emerging adulthood is associated with better well-being, lower levels of internalizing symptoms, and lower rates of health risk behaviors, such as drunk driving and substance use (Schwartz et al., 2013). For specifically ethnic and racial identity (ERI) development, Umaña-Taylor and colleagues (2014) include considerations of identification, beliefs, and feelings about one's group, but also the process as to how somebody reaches these identifications throughout life. In this model, adolescence and emerging adulthood are highlighted as the period in which ERI development processes of contestation, elaboration, negotiation, exploration, collective self-verification, and internalization of cultural values are most salient (Umaña-Taylor et al. 2014). Therefore, experiences of enculturation, acculturative stress, discrimination, and cultural trauma may play an important role in this stage for ERI development.

The developmental period of transitional aged youth often requires the navigation of building independence without the full cognitive mastery of adulthood. There is considerable continuity in social functioning and mental health symptomology from childhood through adolescence and emerging adulthood. However, the environmental and brain developmental context of transitional aged youth, such as greater exposure to substance use and the development of the prefrontal cortex, makes this period a critical one for the onset of mental health symptomology (MacLeod & Brownlie, 2014). Through this lens, the concept of historical loss may be crucial to understanding the mental health needs of Armenian transitional aged youth as they develop their ethnic and racial identity.

Help-Seeking Behaviors & Mental Health Stigma

Historical oppression, combined with the lack of help from outside forces during particularly difficult periods, has impacted the behavior of the Armenian community. For example, Armenian patients may initially mistrust non-Armenian clinicians and withhold information about their familial struggles (Dagirmanjian, 2005). Armenians who learn of their families' tumultuous histories of displacement and trauma may not view their stressors and mental health concerns as legitimate in comparison to these stories. Future research on mental health would benefit from an improved understanding on how collective cultural experiences may impact an individual's worldview and thus, their mental health and help-seeking behaviors.

Armenian cultural values may also impact presentation of mental health and help-seeking behaviors. Armenian families tend to uphold strong values of familism and collectivism (Ghazarian et al., 2007; Phinney et al., 2000). Although there is a dearth of research with Armenian participants, research with other collectivistic cultures helps provide insight into possible variables associated with mental health. For example, higher levels of enculturation and higher identification with values such as collectivism and social conformity showed a high negative association with mental health help-seeking attitudes among Asians and Asian Americans (Sun et al., 2016). Perez and Cruess (2014) reported that familism within Latinx communities might discourage patients from seeking physical or mental health care, as the needs of the family, or of the community, take precedent over individual mental health needs. The mental health stigma of seeking external mental health support, within both the individual and the larger community, is also important to investigate among Armenians.

Mental health stigma is the collection of negative attitudes, beliefs, and behaviors that influence either the individual or the general public to fear, avoid, or discriminate against people in their community with mental health disorders (Gary, 2005). In one recent study, stronger

ethnic identity amongst Armenian parents in the United States was related to their reported stigma against mental health treatment (Ogaryan, 2017). However, it remains to be seen how ethnic identity among transitional aged youth themselves impacts their levels of mental health stigma and help-seeking behavior.

Ethnic incongruencies between families and the mental health system contribute to the stigma towards mental health and mental health treatment commonly experienced within ethnic minority communities. Although racial and ethnic minority individuals constitute 38 percent of the population of the United States, only 12 percent of health service psychology workforce is made up of racial or ethnic minority folks (American Psychological Association, 2016; United States Census Bureau, 2015). Culturally inappropriate services and lack of representation within the mental health field can reinforce beliefs that psychology is not made for their community and can reduce help-seeking behaviors (Knifton, 2012). Additionally, Gary (2005) proposes the Double Stigma theory to explain the mental health stigma disparity. In their Double Stigma theory, individuals who are already at risk of facing prejudice and discrimination from their status as a member of an ethnic minority group may be more hesitant to accept a mental health diagnosis. The fear of being labelled may impact both personal and community stigma towards mental illness and in seeking mental health support. The label may compound the stereotypes and prejudice they already face in their daily life. Additionally, ethnic minority groups are more wary in seeking mental healthcare due to potential maltreatment and misdiagnosis from the predominantly White mental health system (Gary, 2005).

Barriers to Access

Along with mental health stigma, several other barriers to mental health services may be experienced by Armenian American transitional aged youth. Among other immigrant groups,

lack of insurance and financial constraints were identified as the most influential barrier to mental health treatment in a meta-analysis (Derr, 2016). Immigrant communities tend to live in the most condensed areas, which tend to have longer wait times and lower supply of local providers. Even among more commonly spoken languages, such as Spanish, there is a dire disparity in Spanish-speaking therapists. In California, while 39% of the population is Spanish-speaking, only 23% of mental health providers are fluent in Spanish (Baily & Hogan, 2019). There are no statistics for the disparity of Armenian-speaking patients to mental health providers in California or Los Angeles, thus, this disparity cannot be quantified. However, it is likely that immigrant populations with more sparsely spoken languages, such as Armenian, would have an even harder time finding a therapist who speaks their language.

Another potential area of barriers to mental healthcare access may stem from cultural miscommunication between Armenian clients and American clinicians. In a review of adolescent refugee mental health, Lustig et al. (2004) warn clinicians of the significance of cultural idioms of distress that may differ from the mainstream culture they practice in. Idioms of distress are the various modes of expressing mental health distress connected to personal or cultural meaning (Desai & Chaturvedi, 2017). These cultural variations might not meet the psychological diagnostic criteria created based on Western forms of expression. For example, among other SWANA, somatization of mental health issues, rather than emotional symptoms, may be missed or misunderstood by the school or community mental health efforts or result in misdiagnosis by mental health professionals (Gearing et al., 2013). However, this literature review included only one study with Armenian participants and focused on research conducted in SWANA countries, not on immigrants to the U.S. Therefore, future research is needed to identify culturally adaptive idioms of distress needs of Armenian Americans.

Community Support

In examining potential barriers to mental health, it is essential to also consider potential resiliency factors to adolescent emotional and social development. A focus on resilience is particularly important among immigrant youth, who seem to decline in academic achievement and mental health by length of familial residence in the United States in a trend called the immigrant paradox (Vaughn et al., 2014). In the immigrant paradox, newly immigrated families, who typically have fewer resources than the subsequent United States-born generations, present with better outcomes in various developmental categories, including academic achievement and social emotional health. It is imperative to identify how this trend of resiliency and risk came to be among immigrant communities. Current research suggests that acculturation erodes certain essential resiliency factors, such as cultural factors of spirituality and familism and community support, while still maintaining risk factors, such as discrimination (Marks et al., 2014).

The National Longitudinal Study of Adolescent Health found that specific family factors, such as higher parental supervision, lack of parent-child conflict, and religious security, serve as protective factors for immigrants across various ethnic groups (Harker, 2001). Stronger supportive relationships at school among first-generation immigrants as compared to second- or third-generational has been shown to significantly mediate the relation between immigration status and outcomes (Suárez-Orozco et al., 2009). Katsiaficas et al. (2013) found that emotional and academic social support from peers, family, and school personnel mediated the relation between acculturative stress and internalizing symptomology, such as depression, for first but not second generation immigrant youth. Therefore, community support from various sources may have different impacts depending on the needs of the students. Second and third generation

immigrants may still be experiencing the discrimination that accompanies an ethnic minority identity but may not have the community support that benefits first generation immigrants.

While not much research exists on social support systems in the Armenian American community, one dissertation manuscript notes the importance of activism among the community as a source of fighting for justice, connecting to cultural history, and building community (King, 2013). King (2013) also described these movements as primarily rooted in nationalism, meaning advocating for Armenia's right for self-governance and in anti-assimilation for the diaspora. Therefore, community connectedness would be beneficial to Armenian American youth and may play a role mediating the relation between acculturation and mental health issues.

Study Purpose

With this past literature in mind, this study aims to understand Armenian American transitional aged youths' experiences of historical loss, cultural preservation, and mental health through a lens of community trauma and resilience. The sociopolitical context with a lack of justice or recognition for the Armenian community and multiple generations of refugee experiences will be explored as it relates to the impact of transgenerational trauma. This approach will center the consideration of community-based values, such as collectivism, mental health stigma, and specific idioms of distress. Lastly, existing community supports may act as a source of resiliency against the above-mentioned risks of cultural bereavement. Transitional aged youths' suggestions for how to improve these supports and increase help-seeking behaviors will be discussed.

Relevant Contextual Events

Given that these interviews happened between August to December 2020, the COVID-19 pandemic and the Nagorno-Karabakh War of 2020 are both relevant world events to understanding and contextualize the study's results.

Artsakh War of 2020 (AKAA Nagorno-Karabakh War)

The Nagarno-Karabakh War of 2020 was an armed conflict between Azerbaijan, backed by Turkey, and the Republic of Artsakh, which is a breakaway state in the South Caucasus predominantly occupied by Armenians for centuries (Jones, 2020; Geukjian, 2016). This conflict has been long and ongoing, including a previous war between Artsakh and Azerbaijan from 1991 to 1994 after the people of Artsakh declared their independence (Altstadt et al., 2020). Clashes were reported throughout the summer, but an Azerbaijani offensive attack in September 2020 started a war, ending in November with Azerbaijan gaining control of various territories that threaten the safety and self-determination of the Armenian majority group in the region (Altstadt et al., 2020; Kucera, 2020). As of summer 2021, Armenian prisoners of war continue to be held and tortured (Human Rights Watch 2020; Human Rights Watch, 2021).

Experts highlight human rights violations throughout the war, including cluster munitions in civilian areas, targeting historic and cultural sites and artifacts, and use of chemical warfare. For these reasons, the Genocide Watch consider Azerbaijan to be in the "Stage 9: Extermination" and "Stage 10: Denial" of genocide because Azerbaijan's dictatorial leadership "forcibly deport[s] the Armenian population of Artsakh by committing genocidal massacres that will terrorize Armenians into leaving Artsakh" (Genocide Watch, 2020; Ochab, 2020). The Armenian community view these ongoing threats to the Armenian people as remnants to the unresolved nature of the denied Armenian Genocide of 1915 (Getzoyan, 2021). Additionally, the lack of journalists in the region led to an "information war" in that disinformation spread across the

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internet about the war and the perpetrators (Giles & Bhat, 2020). This lack of proper coverage is important to consider in how these current events may impact the Armenian diaspora's processing of events and further perception of historical loss.

COVID-19 Pandemic

The COVID-19 (coronavirus) pandemic is an ongoing global pandemic which began in December 2019. This pandemic had a devastating impact, including the cause of 600,000 deaths reported in the United States by August 2021 (Centers for Disease Control and Prevention, 2021). The pandemic also led to widespread impactful social and economic crises, particularly for communities with fewer resources (Buheji et al., 2020). In March 2020, the United States instated stay-at-home orders. While these orders slowed the spread of the virus as intended, it also increased the unemployment rate and suffering of mental health among emerging adults in the U.S. (Larson et al., 2020; Kujawa et al., 2020). All interviews were conducted throughout the pandemic; therefore, all interviews were conducted on Zoom, a video chat platform.

Research Questions of Study 1

1. How does the Armenian diasporan identity, as genocide survivors, impact participants' perceptions and experiences of acculturation and immigration?

    a. In what ways do Armenian American transitional aged youth (referring to 16-25 years old) experience historical loss and preservation?

2. How do displacement patterns and transgenerational trauma impact experiences of historical loss?

3. How can mental health providers, schools, and the community better support transitional aged youth as it relates to historical loss and mental health stigma?

Methods

Grounded theory methodology allows examination of an understudied area to uncover a process and generate a theory (Tie et al., 2019). In grounded theory, the researchers begin with a question, then retrieve emerging ideas or concepts from the data to create a new theory. This data driven approach allows ecological validity, meaning that the theory can truly reflect the participants' experiences. Ecological validity is particularly important for study questions that address cultural considerations. Creswell (2007) recommends grounded theory if there is no prior established theory or if the prior theory used different population(s). The mental health impacts of cultural bereavement or historical loss have been studied with other ethnic groups, but not with an Armenian population. Additionally, the approach allows the freedom to generate new concepts in psychology, which works well for a research topic without much previous research.

Research Team

The research team consisted of an Armenian American graduate student and three Armenian American undergraduate students. The graduate student led the research efforts and the undergraduate research team members assisted in the qualitative analysis. The analysis team, consisting of one graduate student and three undergraduate students, lend some strengths and weaknesses to the validity of the study. All the researchers identified as Armenian, which can be both a strength and a limitation. As a strength, the group spoke both Eastern and Western dialects and were in families from a diverse range of sub-Armenian communities, including immigration histories from Iran, Armenia, Lebanon, Iraq, and Syria. One team member is a first-generation immigrant (moved from Lebanon) while the other three were second-generation (parents moved to the U.S.). This range of experiences allowed for researchers to empathize with different participants' shared experiences and understand slang and context. As a limitation,

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representation of non-Armenians may have allowed more nuanced "outsider" lens of the participants' experiences. Additionally, the team consisted of all women who are progressive leaning in their politics, live in California, and are college educated, which may have impacted interpretations. Refer to Appendix A for further reflection on the team's biases.

Participants

Participants (demographics described in Table 1) identified as Armenian, lived in Los Angeles County, and ranged from ages 16 to 24 years old. Creswell (2007) recommend choosing the number of cases for a case study based on the concept of "theoretical sampling," which means to alternate between collection and analyzing the data with a constant comparative method until reaching saturation. For recruitment, the researcher sent flyers to and collaborated with leaders of the Armenian Student Associations at colleges (ranging from community colleges to four-year colleges) and through popular Armenian or SWANA community Instagram pages, such as @AnahitOfErebuni (Armenian clothing small business), @MakourMemes (Armenian meme page), and @SWANALA (SWANA activist group in LA). The flyers are displayed in Figure 1. Given the tight-knit nature of the Armenian community, the researcher did not select participants who expressed interest if there was a direct relationship to the interviewer. She also disclosed potential connections (through organizations or through two or more degrees of separation) to recruits to allow them to consider these connections when consenting to participate. Additionally, the participants' identities were disclosed only to the interviewer and the transcriber. The rest of the research team only received the transcript and the participant ID. When research assistants identified the identity of a familiar participant through context clues, the team discussed the importance of confidentiality and switched the team member who coded that interview.

Nineteen participants were interviewed from August 2020 to December 2020. These participants represented a range of diverse immigration patterns to the U.S. (e.g., from Iran, Lebanon, Syria, Soviet Union) and with varying gender, sexual orientation, and immigration status. Table 2 presents individual participants' details. The diversity in identity and familial immigration patterns allowed for a more complex analysis of the impact of transgenerational trauma and how current contextual factors impact mental health. Additionally, participants represented some range in their connectedness with community, with some living in cities without access and other participants whose work, social circle, and activism is imbedded within the largest Armenian community in the country.

The researcher received consent from minors' parents and provided them with an additional copy for their records. The consent/assent forms were reviewed with each participant before beginning interviews. Each interviewee was compensated with a $30 gift card of their choice (e.g., Starbucks, Amazon; with attempt to accommodate specific requests) or payment through a payment application (i.e., Venmo, Cashapp).

Data Collection

Each participant participated an approximately one-hour interview over Zoom, a video chat platform. The interviewees also completed a demographics questionnaire that included age, immigration status, gender identity, and parental education status. The interviews were audio recorded and then transcribed.

The interviews were semi-structured and open-ended. The questions focused on familial experiences during the genocide and subsequent generations' refugee experiences. The interviewee interpreted how these historical losses have impacted family member's mental health. Discussions also covered how community traumas and historical loss (such as continued

genocide denial) impacts ethnic identification, experiences of acculturation and enculturation, community activism, discrimination, experiences as genocide descendants, acculturative stress, acculturative generation gap, cultural preservation, and cultural bereavement. The interviewee was also given an opportunity to explore how these narratives may be connected to current experiences of mental health stigma, barriers to treatment, familial engagement, help-seeking behaviors, and experiences of community support to better understand other mental health needs of Armenian American transitional aged youth. Given that a constructivist approach was applied, the interviewer paid special attention to reducing assumptions, especially about cultural or community experiences, and instead asked the participants to describe and make meaning of their own experiences.

Data Analysis

Data were analyzed using the four stages proposed by Corbin and Strauss (2008). MAXQDA v. 20.1 was used for the coding and analysis processes (VERBI Software, 2020). After the first two interviews, the researchers began open coding, which is to code specific texts and identify major categories (Birks & Mills, 2015). This coding was done line by line, meaning that chunks of codes were created based on meaning. Coding for each transcript was conducted in teams of three researchers in live meetings on Zoom. The teams agreed for most codes. However, when there was a disagreement, the team would pause and discuss their reasoning for their code selection. This study was part of one of the team member's dissertation project and the other three team members were all undergraduate research assistants. Therefore, discussions about a potential power dynamic were highlighted in the training portion of grounded theory and a plan was created together on how to combat this power dynamic. During each coding session, the team was reminded that each team member's view needs to be considered with equal

importance for this analysis method to be most effective. With three researchers coding together, consensus was established by majority vote. During most disagreements, majority vote was not necessary as consensus by all three researchers was often reached by discussion.

Once all transcripts were coded, the researchers reviewed all transcripts to ensure reliability. The researchers created categories and evaluated how these major categories are interconnected through axial coding to identify "core" phenomena. Then, selective coding allowed the development of propositions, or hypotheses, that connect the categories. The researchers first cleaned the coding system for clarity. The researchers then used the visualization and theory testing features on the MAXQDA program to generate connections between codes based on the proximity of the codes in the transcripts. For example, the code relation theory mapping program, based on an analysis of the distance between codes, allowed for an analysis to examine which codes were frequently discussed together and therefore may be related in participants' experiences. Based on the memos written by the team members throughout the grounded theory process and the results from the code relation theory mapping program, a theory was created that considered causes and consequences and how identity and community connectedness impacted historical loss and cultural preservation, and ultimately mental health.

Results

Armenian American Identity

The 19 participants reflected on their families' highly diverse immigration histories and how it impacted their cultural identities. For example, Participant 15 shared how the hodgepodge of Armenian culture can be confusing to non-Armenians, "it definitely can be hard to explain, like why are you eating Iranian food, speaking Armenian, and dancing to Arabic music? We're

like citizens of the world." They described how the exposure to multiple cultures influenced their experiences and worldviews as well. For example, one participant reflected that the "Soviet Armenia life has impacted [my family] for sure, like everyone is very stoic… You know Armenians are very warm people obviously, but at first, they're quite cold." While another participant whose family lived in Iraq and Iran emphasized the warmth and emotionality of their family.

All participants also noted experiences of discrimination. Some participants reflected that in their adolescent years, they carried more internalized xenophobia, particularly influenced from the discrimination that they experienced in middle and high school. Additionally, participants who attended majority White schools experienced more stereotype threats and exclusion. One participant reflected that some teachers told her she should not be in an AP English class because she is Armenian and an immigrant. Another female participant shared, "A part of me felt so alienated because I was just learning English, and I speak with quite a strong accent. And I feel like so, so many people teased me for it" (Participant 11). However, even participants who went to diverse schools still shared stories of discrimination. One student from Glendale, which is a highly populated Armenian area, shared that in high school, many students commonly used the term, "whitewashed," as a compliment and "FOB" (Fresh off the Boat) as an insult. Most female participants, particularly those with features that more strongly reflected their Armenian descent (curly and/or dark hair, larger nose, olive skin, body hair, more curvy shape), shared the struggles of fitting into Western beauty standards that impacted their body image and self-esteem as a teenager. Another participant shared that they remembered feeling ashamed by their curly hair and unibrow beginning as early as first grade and would try to convince peers that they were Greek to avoid the negative stereotypes associated with being Armenian (Participant 10).

Most of the participants reflected that they experienced a complexity of the Armenian American racial identity in that they acknowledged the benefits of white privilege for some Armenians while also espousing experiences of discrimination. Some participants shared that they only identify with an "Armenian" identity and feel disconnected from the culture of the United States, while others shared that they were comfortable with a multi-hyphenated identity. For example, Participant 9 reflected that Armenians have white privilege "[in the U.S.] to be able to speak out about things that we care about, to assert our rights, and we are lucky because America isn't like that for everyone." While Participant 10 shared her frustration with racial labels:

I know there is this is broader debate of what Armenians are racially, but even if Armenians are categorized as White; it's not like a White Whiteness, that's typically associated with being Western European and that's something I feel like a lot of Armenians, at least in the experiences that I shared with my friends.

Participants who represented the older range of the sample (in their twenties) shared that this discomfort with identity dissipated with age.

Second and third generation immigrants described experiencing familial strain because of an acculturative gap between themselves and their parents and/or grandparents, meaning that various family members clashed over differing values, expectations, and cultural norms. Given that these families have often been displaced or relocated one to four times, the families balanced a mix of many cultures and values. However, all participants maintained that regardless of immigration history, the Armenian culture is fixated as the core culture, in that the families emphasize that the language and cultural ways are maintained. Participants connected their ethnic identity to their values of community, hospitality, and familism, and activism. All

interviewees emphasized that the responsibility to represent remained at the forefront of their

perspective and decisions, with an awareness that their success, failures, adherence to harmful

stereotypes, and behaviors reflect Armenians as a whole and determine policy towards the future

of Armenians. For example, one participant reflected on this responsibility:

> I would do all the possible projects on the Armenian Genocide in high school, and I was
>
> generally the token Armenian friend… I was the first Armenian from Armenia to go to
>
> [small private university]. And you feel this you know weight on your shoulders that I'm
>
> representing my country at all times. Like no one elected me to this. No one appointed
>
> me to this yet, here I am at a frat party, and I can't do what others do or mess up because
>
> you know me as the only Armenian so you're going to draw conclusions on my entire
>
> group, based on your interactions with me. I think because of that I was generally very
>
> restrained or disciplined and maybe didn't do things I would have potentially wanted to
>
> do. (Participant 8)

Historical Loss

When the participants described feelings of historical loss, they centered feeling of

history repeating and cultural bereavement, which ultimately connected to feelings of

hopelessness and anger. Participants shared feelings of being "constantly erased" and constantly

feeling a "…sick to the stomach kind of feeling" about cultural loss, especially around

commemorative times such as the month of April. Codes that created and represented historical

loss as a grounded theory are represented in Figure 2. Participants' families' experiences of

displacement or migration (ranging among the participants from one to five times during the past

three generations) led to a desire for stability and a mourning for loss of homeland. The

following subsections highlight themes within this category.

Cultural Bereavement

For cultural bereavement, participants described a guilt associated with a fear of cultural extinction, obligation to preserve what could have been lost during the genocide, and a sense of duty to their ancestors. One participant described this responsibility as, "our ancestors fought and died because they were Armenian solely, that for me to make a personal choice that would result in my children being less connected to the culture would be a shame honestly." In describing their cultural bereavement, participants emphasized loss of lands, Armenian music and art (particularly the somber sound of a duduk), loss of cultural artifacts, loss of language, and general acculturation as triggers for historical loss. Participant 12 shared:

> We also have this, you know, sometimes not so explicit, I guess, sometimes it's a little bit more nuanced this feeling that we're going extinct almost and so everyone is just constantly like trying to hold onto the culture so much, especially in the diaspora, or at least in Sacramento. Our parents are like terrified we're going to assimilate and completely forget our roots, so we're constantly feeling this - I don't want to call it pressure because it's not necessarily a negative thing - but we feel like the effects of really wanting to hold on to our culture as much as possible.

Participants emphasized that the loss of lands and artifacts are not only referring to those lost in the genocide, but also during destruction, war, and raids throughout the 20th and 21st century, including the losses from the Artsakh War of 2020. Participant 9 shared about loss of land:

> I don't know if this will ever happen but like in a perfect world, we want our lands back. We want a united Armenia, with Western Armenia, with Artsakh, we want. I want to be able to go visit my grandparents' villages and homes without feeling loss and grief.

Many interviewees from the U.S. West Coast emphasized more concerns over language loss as the largest trigger of guilt for contributing to cultural loss. For example, Participant 5 explained, "there's a language aspect, like I am worried about losing my language. It's an anxiety. It's something I guess I'm attached to, and I think about… I need to preserve this like I can't let this just disappear after being preserved for so long and after so much." Participant 15 shared similar sentiments:

> But people like are like leaving Lebanon and that's starting to become like not as much of a center of Armenian culture. But when people immigrate to different places, I think it becomes a little bit harder to retain our culture and language. And Western Armenian is already like a dying language.

Meanwhile, three out of four of the interviewees from the East Coast emphasized concerns over religious loss. They were more likely to be third generation and thus emphasized the church as the uniting center of the community while those from the West Coast described language as the uniting factor. Therefore, these discrepancies between how subcommunities of the U.S. align these triggers of historical loss with how each region centralizes their community. Overall, participants also described ambiguous losses, such as loss of family history and family names. A few participants described the entire month of April as a reminder of these losses and concern for the future of their community.

Post-Genocide Collective Traumas & Secondary Trauma

In the interviews, participants contextualized feelings of historical loss by connecting the past events to the modern sociopolitical context and current collective traumas. For example, Participant 7 shared that the continued genocide inhibits healing:

Also feel like the fact that it hasn't entirely stopped. And also, you know, when I talked to, like, a lot of my friends are Jewish, when they think of like the Holocaust it's a lot different than when I think of the genocide, because you know there was like instant recognition instant like oh, we're going to go through and we're going to make these the death camps into museums. We're going to like bring justice in every component that we can but like, even if it was recognized, which would be amazing, there's still those like aspects that won't happen you know even a few days ago in Ankara they desecrated an Armenian cemetery and … what Azerbaijan's been doing with the khachkars [cultural artifacts]… takes a toll on Armenians in general because it's like this constant like a genocide happened, plus this, plus this, plus this. And it's like, how much more as a nation, can we take, you know what I mean?

When discussing current collective traumas, participants included events around the world in hotspots of the Armenian diaspora, such as the 2020 earthquake in Lebanon and the Syrian war, as they witnessed how these events led to further displacement of Armenians and disconnection of communities. However, this conversation centered most around the Artsakh conflict. For example, Participant 3 shared:

What's happened within the Armenian and Azeri clashes recently, I again, when I say I felt like that that sadness and that frustration and guilt, just like overwhelming spew from me, I can't explain what that was, but it was so strong and I just felt so like just exhausted for my people, I think, and constantly having that kind of Like non deliverance of justice, again, is the reason why these things continue to happen and then just understanding that I just grew very frustrated and very emotional. I guess that within that conflict. Then I mean I was in high school, when the three-day war started, I was a freshman in high

school. Um, so I felt, you know, in attending the protests that was I think it was July 22 was the protests. In going there because it wasn't the same location that it was three years ago, I just felt so again like overwhelmed and frustrated and thinking, you know, three years ago today I was here again protesting the exact same thing. And here we are again and so on and understanding that it was just very difficult.

Some participants, although living in the United States, knew soldiers in Armenia who were enlisted in the war and felt guilt and hopelessness as they watched videos of war crimes and the subsequent misinformation and lack of action. Participant 15 described her survivor's guilt caused by the feelings of history repeating:

I felt this way because it happened to my family. Like when the maternity hospital was cluster bombed... and I immediately remembered when, sorry this is graphic, but my grandpa watched his mom's pregnant stomach cut open in front of him. And I couldn't stop thinking about the video of those people.... And their kids and how it's going to impact, like affect their family for generations again. And this time, I'm alive and... this time I'm here and I can't stop it. I just watch as people I know in Armenia like kids go to war to get traumatized. I thought now people would care, it would be different. Basically, just watching my phone feeling all of that, crying then trying to pretend to be ok to join my class Zooms or whatever.

Participant 18 also highlighted feelings of history repeating:

[Impact on mental health] had a lot to do with just the genocide in general like the fact that as children, we would, you know, march and really try to get the recognition and things like that. And we, I don't think any of us realized what this--Another hit would do to us. And I feel like that really pushed us over the edge because it didn't matter at that

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point if we had never visited the place. It was just that feeling you have underneath your heart where it's you feel sad because you think about your ancestors, what they went through during the genocide and then now that's happening again in your generation. It's just a crazy like full circle effect that it just like really traumatized me because I'm what was the… now, what was the point, but what can we do if this is happening again after like 105 years? What can we do that's going to really change these things and can we even do anything? So that I was… I was really bothered by that.

When asked how she deals with the mental health toll of the secondary trauma, Participant 16 shared the guilt that prohibits her from enacting in self-care or boundaries with the news:

It's just this heartbreak that I know so many families are going through right now. You know, in Hayastan [Armenia], and Artsakh in particular, I don't know how to get past that, I don't know how you're supposed to just be a normal person. You know, other than let me try to try to suppress it and then it doesn't even feel fair to suppress it, you know. So, every time I've had this urge, I just have to unplug, I just have to check the news, I'm like what a privilege that is to even be able to say that. I don't feel like that's fair to just unplug, that is privileged to be able to say that. So, I think that it's just grief… Like, I feel so much grief for our kids, for their families, for homeland, for just our culture that has been going through this just cyclically.

Genocide Denial

Continued genocide denial by the governments of Turkey, Azerbaijan, and the United States fueled a sense of historical loss. Participant 6 felt that the denial, and in particular the systemic nature of the denial, has resonated a "collective pain for many generations and many to

come." A couple of participants described experiencing physical violence or fear of violence from counter protestors and genocide deniers. Participants overall emphasized social media as an omnipresent source of both exposure to Armenophobia and denialists but also as an opportunity to connect to Armenians and ally communities, particularly for those who did not grow up near the community. Lack of awareness, recognition, and apathy from the general public about the genocide denial also fostered feelings of injustice and hopelessness. Participant 14, who's family were refugees from both the genocide and from Azerbaijan in the 80's, shared how the secondary trauma of denial impacted her family:

> [My mom] told me can't sleep, like you feel like it's all over again… there's always that thought, you know, in the back of her head. Like, when is this gonna end? I am so sick of it. So, and just also the… I don't know. It just the reaction we were getting or the lack of reaction we're getting from America and the world is just so injuring. And I think that's what she is also injured by it's like the world of silence repeated. She says… I don't know. There's a feeling of helplessness for us. We're having a very hard time.

Many participants reflected that they often felt like they are "screaming into the abyss" in their activism for their community and for their homeland. Inequity in resources when fighting genocide denial and the general use of Armenian human rights as a pawn by world powers exasperated that hopelessness. Participants provided examples of the injustice in resources, including the Turkish lobby's gag rule on U.S. politics, blocking of films that depict the genocide (Shakarian, 2016), and the use of U.S. lobbying firms (Meyer, 2020).

Consequences of Unresolved Historical Loss

The perception of apathy from the non-Armenian community has triggered feelings of isolation in Armenian activism and mistrust of institutions and non-Armenians. Participant 4 described it as:

When it comes to their outlook on the world so negative, so cynical, so like, we're on our own and it's just us and our people and nobody else has been there, except for, like your family, and your immediate community. Us against the world type of mentality.

Participants reflected on a range of the impact of transgenerational trauma for Armenian activism. Five participants described experiences of transgenerational trauma to cause some Armenians to become hyper-focused on Armenian issues. For example, Participant 18 reflected that:

I feel like us being Armenian and trying to maintain our culture has become so important to us that we forget about other people in the world. So, I feel like trying to only be around Armenians and marry Armenians and be friends with Armenians, eat Armenian, dress Armenian, talk Armenian all of that stuff. And it has kind of hurt our community in the way we are not able to connect with others and understand the way other people are feeling. Things like that and be accepting of different people from different backgrounds. So, like, maybe that's part of the grief I get for not for being with an odar [person from another ethnicity] or whatever. So, I think if there is anything being taught. It's that we should be more accepting.

Fifteen participants described the impact of transgenerational trauma as a stronger sense of empathy and connection with groups or individuals who have experienced systemic oppression or genocide. For example, Participant 9 shared:

I think that the experiences that we've had as a community really have a lot of power in that they help you kind of feel more empathetic when you're thinking about the struggles and challenges that other ethnic and racial groups face in the United States and all over the world. Right, so like what we've been through… the ethnic cleansing, the persecution, the discrimination based off of religion or race, ethnicity… The stories of our families are always in like our brains, like they are like a part of us. Right? So, when we see other groups being mistreated people saying harmful discriminatory things. I think because of the experiences that our families have had it's easier.

One high school aged girl described her sensitive emotional responses to other genocides:

You know I wasn't even there for the genocide, clearly, I wasn't born around that time, but still, it haunts me up to like such a large degree. I would think that - I don't even know where to start with how much it bothers me and hurts me on a daily basis. Just to know all these different facts to have been exposed to, like, let's see so many like gruesome pictures or hearing terrible stories. It really just I think it's shattered my heart in so many different ways. And I'm very sensitive to this topic. I remember in eighth grade when we were learning about the Holocaust in school, I was the only person in the class that was so touched at heart like all the other American kids just didn't care… I think about it so much. And in many ways, it makes me feel guilty for so much. I feel guilty for, let's say if I don't succeed at something I need to do well at or if I'm not grateful for something or if I take something for granted. (Participant 11)

Another consequence to collective fears of extinction was the pressures to marry another Armenian to carry on the culture. One participant shared that a family member said she is

"killing the culture" to be dating a non-Armenian and experienced intense internal turmoil about these tensions. These pressures of being and acting "Armenian enough" compounded the acculturative stresses that already exist for immigrant transitional aged youth.

Community Resilience and Cultural Preservation

Participants shared experiences of community resiliency and attempts of historical and cultural preservation that have grown from the transgenerational impact of trauma. This post-traumatic growth centered around values of resilience, pride for their culture, passion for activism, and community connectedness and support. Codes that created and represented cultural preservation as a grounded theory are represented in Figure 3. Participants reflected that these experiences of displacement and loss of community built a culturally ingrained understanding of how to mourn, celebrate, and build through collective trauma.

Culture & Language

When discussing cultural preservation, participants shared attempts to preserve Armenian food, arts, language, religious practices, familial and Armenian history, including building traditions of generational remembrance and engaging in activism to expand the general public's knowledge. Participants, especially those who were connected to community, shared that although the responsibility to represent and preserve can be stressful, they also described it as an honor to be a part of the preservation of a longstanding community and culture. Some participants made effort to learn and connect with their roots and history. For example, one participant shared that learning about her familial history "made her roots more visible rather than like something that I've heard about or studied or just connected with. It made it more personal visible." and another shared that she "tried to read as much as [she] can about different

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Armenian poets…. Like William Saroyan and have Armenian tattoos and I'm trying to support the culture as much as I can."

Language was emphasized in efforts, as Western Armenian has been deemed an endangered language (United Nations Educational, Scientific and Cultural Organization, 2010). Interviewees who spoke Armenian emphasized efforts to engage in opportunities to maintain their language and those who did not speak Armenian were eager to find spaces where they could learn Armenian. For example, Participant 17 shared how important cultural preservation is to him:

> I think the biggest value that I want to uphold is making sure that I keep whatever I can that is relevant to my Armenian-ness alive. So, I definitely never want to forget the language. So that's always been something on top of my plate, making sure I'm familiar with the language. Whether that's through taking classes or I'm trying to read some Armenian here and there.

One high school student shared that she chose a university specifically because of the opportunity to learn Armenian there. Participant 16 shared that she couldn't even read and write Armenian so we got one of my grandma's friends who was an Armenian teacher back in [Iran] to come and teach me and it was great. And I learned it, and I still, you know, know how to read and write. And I'm very grateful for that. But yeah, I didn't really have a lot of Armenian friends until I came to [university] and joined the ASA [Armenian Student Association] and everything. Participant 1 shared her passion for preservation through Armenian art as:

> I just, I think that's really important because culture is not just about that survival (or revival, not sure what she said) like it is about art and music and food. I think a big thing [to help with mental health] is creating spaces for Armenian youth to make art, you

know, and make our art and dance our dances and listen to our music and eat our food
and celebrate our culture, outside of the pain and suffering. That's not all it is, you know
there's so much more, we are so much more than just that… I definitely really felt like art
really allowed me to feel like when I make something. I'm like, that was Armenian art, I
made Armenian art. I mean I preserved something and like it is an act of resistance to just
like be Armenian. (Participant 1)

Value of Resilience

Some participants described their Armenian-ness as a driving force for their motivation.
For example, Participant 3 shared that her descendent identity set the perspective for what she
"want[s] to do and giving back to my community as something that is a priority to my life."
Participants also emphasized the value of resilience among their communities and families
because of their transgenerational trauma. Participant 2 shared how his family history lends to a
view of resilience:

My great-grandfather is someone that I look up to a lot. Someone that survived the
genocide, but not only survived the genocide went on to find a great institution of the
diaspora of one of our strongest diasporas have his life's work sort of destroyed in a
reckless explosion. Of course. Though the nature of Armenians is that we rebuilt. It's
what Armenians, do we rebuild, no matter how much we're knocked down. So, I look
forward to seeing the office and to its former glory and the newspaper recover from this
tragedy.

With the lens of historical resilience, participants connected to the strength of their
ancestors when they experienced something difficult, such as discrimination or a trauma. For

example, Participant 8 described her experience with postpartum depression and suicidal ideation:

I experienced such severe postpartum depression… but I just think, like, even at your

weakest, you're like, I have to do… like I am resilient, not because I want to be. But

because I have to be because I am because and then suddenly this weight of your

ancestors comes crashing down on, you're like, 'Holy shit.' They didn't go through all of

this for my ass to give up after childbirth like they've done this.

Community Connectedness as Transgenerational Resilience

Participants viewed each experience, whether positive or negative, as rooted in

community and history. With such a collectivistic outlook on self, many participants also

highlighted community support as a form of resilience, that community connectedness and

support is what has "helped us survive over the years, over the centuries" (Participant 19). In

response to the Artsakh war, many participants described a sense of unity with initiatives to raise

awareness and fundraise as essential to their mental health. One interviewee described it as

"everybody suddenly had a side gig to raise awareness and money for Artsakh. Armenians who

were not as involved were finding ways to be involved. Life otherwise stopped for everybody."

Participants described their connection to the community as a strong and automatic attachment

with trust, mentorship, support for each other, and built on shared experiences. For example,

Participant 9 shared, "the first thing that comes to mind is home. And so when I meet other

Armenians. It feels like home." Participant 16 reflected on how she felt when she was able to

join an Armenian organization:

I had made a lot of friends from there. And I think that like having that community finally

was really, really nice. So, I think that's where it started to change where I didn't feel like

I looked different, acted different or, you know, felt differently about certain things anymore and I got acceptance.

Participant 18 described the community connection as a strength, sharing that she felt community was "the most valuable thing I've gotten from being Armenian it's that we're very strong and passionate and we, no matter what, love and care for each other wherever we may be." She also shared an example of the unity and support from the community during collective crisis:

I think through this experience, like we have all learned to, you know, really be there for each other and like check up on each other love each other, things like that. I feel like [Armenian community organization] in general, like here, there was like a meeting… where people could go the day Pashinyan signed the agreement [that resulted in land loss], or whatever you want to call it. And they went and they discussed, cried, and mourned their together.

Some participants described their connection as an "instant family" or "automatic understanding" when they meet another Armenian. For example, a participant described the connection as:

I think just knowing that you have family in Armenians everywhere… It's insane to think about how you can go anywhere in the world and see an Armenian and oh my god, that's so sweet, they're my people. And I always see that like my boyfriend laughs at me because I'm like, "Oh my god, my people." He's like, when I see another Argentinian, I don't do the same thing. I'm like, yeah, you don't you don't have the same connection with all your people, and I don't want to like hurt his feelings but it's so different.

Participant 13 described feeling a need to help "anybody with a last name of '-ian' or '-yan.' I feel like I can go to them if I need anything, whether emotional or an emergency." Another participant shared that she has been hosting newly immigrated families at her home just like a family hosted her when she and her mother arrived in the United States. These examples demonstrate how interviewees felt that the community spaces that had grown in effort of community preservation, such as Armenian schools around the world, grew from the shared experiences of transgenerational trauma.

Activism

Activism experiences included efforts to raise awareness about historical and modern oppressions and fighting for recognition or reparations. Some participants made a connection that their experiences with activism provided some sense of agency to battle feelings of hopelessness and as the space that allowed feelings of historical preservation to bloom out of the feelings of historical loss.   Participant 13 reflected on the community's passion for activism:

> [The community emphasizes] making sure everybody is on board, fighting with at the same level, doing the same [activism]. So, we can like maximize the amount of like our voice. I would say because of our history and like already we're diasporan and so it's like already with all the disadvantages are on our side.

> Another participant shared:

> I try to educate people. I think that helps me regained my power in a sense. So, I don't know if you've been posting a lot of stuff or anything, but I've been posting a lot of stuff and I get mad when people don't ask questions and don't take an active effort in social justice, social justice does not exist in the United States. It exists across the globe.

While many other participants shared this frustration from others for apathy, they also shared the power of solidarity from non-Armenians. For example, one participant shared her friends' responses:

> [My friends said] thank you for sharing [information about the Armenian cause] with us and that kind of verbal support meant a lot to me. But I mean, like people were engaged. They were listening. They were asking questions, but the conversation is kind of about it specifically kind of ended after that week. As you know, like you… we don't expect everybody to talk about it every day forever, but yeah, it was overall good.

Participant 19 shared that although he struggles to talk about the community trauma with most people, he had one friend that supported him through the war. He described:

> I have one friend who is Chinese, and he was wondering every single day, every single week, "What is going on? How is your brother? Did anything change? Did Russia do something?" Every day, he called me ask you something. "What is new? What is new?" It didn't seem like, "oh he's just a friend who is asking how is it going" because he really cared for and I feel that's awesome.

Some participants explained that their activism also deepened their connection to their ethnic identity and to their community. For example, Participant 10 shared how she felt about activism within the Armenian community:

> I felt that I needed to do this, but it's more so something I just feel because I have tools and resources and because this is the community [that] I grew up in. I need to support it just sort of fueled my desire but also there's kind of... it's like a membership… pay your dues, you know?

All participants described how experiencing the Armenian struggle and hearing stories of colonialism and oppression and going to protests with the Armenian community from a young age encouraged their empathy for other groups and introduced their passion for social justice. Participant 3 described her passion for social justice:

When I see or hear different injustices around the world occurring especially like human rights violations, I get very, very frustrated and angry and I feel almost helpless and like I wish I could divide myself into a million parts and just like go and attend to all of these things that are happening. And I just feel like a very weird personal guilt, and again, I don't necessarily understand what that is, but I just feel like everything is repeating in seeing those things happen.

Some participants shared a fear of Armenophobia that kept them from engaging in activism. For example, Participant 17 shared that his family discouraged him from putting an Armenian flag on his car during the war for fear of vandalization or harassment.

Most participants reflected on how transgenerational trauma and a deep connection to community encouraged them in finding their interests, career, and/or study choices. For example, Participant 3 reflected on her choice to work for Armenian advocacy as her career:

But for me, and then why I still choose to work within. Giving back to the Armenian community, necessarily, because you can feel a connection to the community and that is pretty adamant for a lot of Armenian youth, and we'll continue on. But I think that, um, for me, it was really the idea that no matter the progress that we're making within our community, whether that's within the homeland or throughout the diaspora, that there are still instances of injustices that are served towards us. And if that isn't resolved in some way in some time, like it hasn't been especially regarding the genocide, um, I feel as

though that that's going to continue to be an intergenerational trauma trigger for a lot of people... It's been pretty heavy, but, um, and I wanted to cater my work to that and try to try to absolve that as much as possible within our people.

Another participant connected the Armenian community's strong emphasis on supporting youth today to hearing about orphans' difficult experiences during the genocide. She shared how the Armenian community motivated her:

A lot of Armenians, so many of us are going into some kind of service work right like something right if it's not a doctor, it's something where they're working with kids in school, psychology, right… and so much of this feeling of I don't want to of course generalize to people, but it's something that I've perceived as it this sense of serving the community… So, I think that [our history] now it has been almost a driving force for me kind of... in my adulthood, I want to, you know, go to medical school. I want to finish medical school. I want to be a doctor, I want to be a good doctor for people and serve them and be a member of the community that people can rely on and I can take care of all you know all kids, I'm being becoming a pediatrician, but you know, serve all these kids, but also like I want people to know me as you know that Armenian girl who did all those things. And I think that, in large part, it's, it's that. It's that it's that juxtaposition of survival with thriving.

Three other participants worked in Armenian political organizations and found passion in political science or history. One participant described her interest in archaeology, specifically in uncovering artifacts from the regions in Syria that hosted the death marches, as "coming home." She shared how involvement in work connected to the Armenian cause helped her:

I think it's healing because like I'm able - I know that there will be a point where I can do something about it and the fact that, like I'm sitting here, and I feel like I'm doing nothing about it like that makes me feel horrible. But I know that because of this, like, I will be able to help the victims who were killed, you know, give them burials, maybe even connect them with family members, if the technology allows for, which it would be great. Like, knowing that you know - I have family who's out there in Der Zor [where death marches occurred] too."

These stories exemplify how participants can build passion and purpose from their family's suffering if given opportunities and support.

Full Model of Historical Loss, Preservation, and Mental Health

Figure 4 visualizes the grounded theory of historical loss, historical preservation, community connectedness, and mental health constructed through the code relation analysis on MAXQDA. Although participants were asked about historical loss and preservation in separate questions, this relational analysis highlighted how often they described these experiences as intertwined, in that interviewees who identified more as Armenian were more likely to experience both. Experiences of historical loss for Armenians, including survivalist mindset, fear of contributing to cultural loss, and feelings of history repeating itself, that may have been slightly dormant before, were heightened during the 2020 war crisis in Artsakh. For example, participants suffered from a wide range of trauma responses, including difficulty focusing, randomly crying, feeling anxious, constantly checking their phone for messages from loved ones, and sleeping issues. For example, Participant 16 described, "I recognize this is like absolutely not a unique experience to me. I go to bed every night thinking about it. I wake up every morning thinking about it."

Participant 15 also reflected on her feelings:

I feel like I was sad. I was upset. I was angry that it was happening. I kind of felt

powerless, hopeless. I was just reading the news so much. I was having so much trouble

sleeping, like just couldn't sleep. To be honest, I was even having like night terrors all of

a sudden, stomachaches, trouble focusing.

Participants contextualized these secondary trauma symptoms to their family's history of

genocide and displacement. This context centered the genocide, but also included other

community trauma events, such as the Lebanese Civil War and the Iranian Revolution. One

participant shared that her father's PTSD from his experiences in Lebanon, which were typically

triggered by fireworks or planes, was further triggered by the news from Artsakh. Another shared

that her mother from Azerbaijan did not sleep for one month because of the connection to her

memories of deportation. These familial stresses compounded feelings of hopelessness and

secondary trauma.

Participants also described feeling a survivor's guilt for these trauma responses as they

were not in direct danger like the citizens of Artsakh or the young soldiers. For example, one

participant shared feelings of guilt as he mourned for three of his family and childhood friends to

have died in the war, as his family fled Armenia to avoid the military draft. This guilt made it

difficult for him to advocate for himself at school to receive services meant to support

undocumented youth such as himself. Additionally, participants reported these feelings of guilt

as a constant throughout their lives. Participant 16 shared she felt guilty because:

Entire generations of my family wiped out because of this thing because of their being

Armenian... And that, for me, has been such a source of guilt growing up because I was

kind of like, well, here I am living in America, you know, going to school and like doing

all these things. And I think that for a long time. It was like, wow, how it could have been me. You know, had I been born earlier, it would have been me.

Participants also noted heightened sense of anxiety and depression when their environment, in the United States, dissociated with their inner turmoil. They connected the perceived apathy from non-Armenian and false Western news sources were connected to the generations of denial of the Armenian genocide. These feelings of rejection led to a feeling of hopelessness. Almost all participants shared reactions of anger and hopelessness. Participant 18 described her feeling of hopelessness:

I had trouble getting up, things like that. Just sadness, not wanting to do anything. There's nothing to do. The world doesn't want to help, that type of thing.

Participants, particularly those who did not have access to an Armenian community, expressed that these consistent feelings of hopelessness, guilt, and anger led to worsened depression or anxiety and difficulty to function in their academic or social spaces.

Participant 18 shared:

I was just emotionally overwhelmingly sad or I couldn't sleep. And I was like, really bothered by what was going on. And it was a helpless feeling. I don't know anything. What is my post gonna [sic] do. No one's even looking at it.

Connectedness to community and relationship to the community also greatly impacted how participants experienced this secondary trauma, general feelings of historical loss, and envisioned healing. During the 2020 war in Artsakh, interviewees who had community were able to engage in spaces to mourn, heal, fundraise, and participate in protests. These opportunities allowed a channel for the pent-up hopelessness and for feelings of agency. Participants framed this connection to community, and the innate desire to connect and support, as generational

strengths. One participant who grew up in an Armenian organization shared, "We were raised for this moment."

Marginalized Armenians

While most participants viewed the Armenian community as a "family" with innate and prioritized support systems, they also described sometimes feeling excluded or rejected from the community for "not feeling Armenian enough." Both the intensive community connection and the experiences of exclusion stemmed from the collective historical loss and fear of cultural extinction. Mixed Armenian[3] and LGBTQ+ participants shared how bullying from the community and rejection of their dual identities compounded the negative impacts of both Armenophobia and homophobia. Participant 17 reflected on the impact of rejection from the community for being gay:

> It's always been a source of resentment from my culture... Why would I be condemned
>
> for a choice that I can't make. It's been a root of a lot of like existential dread. You know,
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> I do so much for Armenians, and I do, so much to help my fellow Armenian but to know
>
> that I can be rejected from my community is so displeasing to think about... That's been a
>
> different kind of; it's always been a background thought of mine. it's also been such a
>
> hindrance of development for me. Thinking of how alternatively, I could have developed
>
> as an Armenian or just as, like, a young person in America, if it weren't for the amount of
>
> self-depreciation and the way that I hold myself back.

These LGBTQ and mixed Armenian participants who already battling this transgenerational trauma, then experiencing further rejection caused not only identity issues, but

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[3] "Mixed Armenian" will be used to refer to Armenians who identify with other ethnic backgrounds. While all participants identified with multiple cultural backgrounds, the participants termed "mixed Armenian" had one parent who did not identify as ethnically Armenian. Biracial is not used as some participants are of SWANA background as their second identity.

also withheld the opportunity for healing in community spaces. Participants shared feeling like they cannot be two parts of themselves at once and felt pressure to choose between their identities. For example, a mixed Armenian participant shared that her church youth group hosted a debate about whether Armenians, as a post-genocide group, should have mixed race marriages. This event communicated to this young woman that she is unwanted or harmful to her community.

Mental Health Stigma

While a sense of community and transgenerational resilience brought a sense of agency and hope to many participants, this value was also connected to heightened sense of mental health stigma in the community. Many families shared stories of overcoming struggles, such as experiences of starvation, rape, and severe violence during the genocide and persecution and major disasters and poverty in subsequent generations. Therefore, some participants shared that they did not "deserve" to take breaks or struggle with mental health needs. For example, Participant 9 shared that it can be difficult to talk her parents about mental health because they "literally suffered through displacement, lived through a war, you know, had this whole experience immigrating here and saying, I still would want to talk to a therapist about my anxiety... they just wouldn't get it." Therefore, this cultural belief that being Armenian means resilience can encourage some participants to get support, it can also make others more ashamed of their needs.

Although the majority the participants described experience with either depression, anxiety, or other form of mental health need (e.g., anorexia), only a couple of them had received any kind of mental health support. Participants cited many different cultural expectations or norms that fostered mental health stigma, particularly among their parents. Some parents

preferred alternative medicine or religious spaces to seek support. Three participants suggested that the familism among Armenians causes many parents to feel that any mental health issues in their children is derived from parental failure, particularly as it relates to autism and anxiety. For example, four participants shared that their family was concerned about how seeking support may lead to community gossip. This fear was particularly pertinent if the therapist is also Armenian within a big Armenian community. Half the participants shared views that their parents lacked psychoeducation about mental health treatment. For example, their parents believed it was only for severe needs, such as psychosis, or that therapy involved hypnosis. Participants described that their generation shared less stigmatized views of mental health, and attributed these differences to generational changes, American acculturation, and to various levels of education. However, they did notice higher levels of mental health stigma amongst themselves and among Armenians in general when compared to their White American peers. When participants discussed their own biases towards mental health resources, they highlighted alienation from mental health services and lack of access. For example, one participant shared that when he looked for therapists and saw only White names, he worried they would understand his family and culture. Importantly, a couple of participants also shared that they or their family hold a cultural belief that talking or thinking about bad memories can spread negativity, which prevented them from wanting to speak openly about their experiences. Understanding these influences of mental health stigma unique to the Armenian American community are essential to combat mental health stigma and encourage help seeking.

Participants shared that mental health stigma impacted various family decisions or experiences. For example, all participants shared that while their families discussed familial trauma casually and factually, they rarely ever discussed the impact of that trauma, meaning the

mental health and trauma symptoms. Interestingly, none of the participants were able to name a

mental health terminology used in their household, except for the vague use of հիվանդ,

meaning "sick," to describe mental illness. In some cases, families denied diagnoses or did not

support participants who wanted to seek counseling. For example, one participant shared that the

family still denies the uncle's autism diagnosis, despite the apparent impact on his functioning.

Some parents reduced their fears towards mental health services when hearing of another

community member that benefited from support. Addressing the impact of stigma on how

families talk about and react to mental health needs are important to creating culturally sensitive

approaches to psychoeducation and intervention.

Discussion

Although previous research has demonstrated the impact of historical loss and cultural

bereavement on the mental health of various genocide descendant groups, such as amongst

Native Americans and Cambodians, research has neglected to address specific experiences and

impacts on mental health among Armenian American genocide descendants. This study

addressed this gap by analyzing interviews from 19 Armenian American transitional aged youth

through grounded theory. Participants, from various parts of the United States and representing

various intersectional identities, all shared experiences that highlighted the impact of unresolved

historical loss to their daily lives. This developmental period, between 16 to 24 years old, offered

a unique lens to transgenerational trauma, in that participants' general identity development, but

in particular ERI development, influenced their views of their Armenian identity and their role in

the community. Feelings of history repeating, fear of cultural loss, and impacts of the unresolved

nature of the genocide fueled feelings of historical loss. As transitional aged youth are often

exploring their identity and making meaning of life, some enculturated participants centered

historical loss and community connectedness in their reflections. Participants also connected historical loss to mental health concerns through intense and unresolved feelings of hopelessness and anger. Community connectedness, values of resilience, activism, and opportunities to preserve culture allowed participants to transform feelings of historical loss to historical preservation. However, values of resilience also can be funneled by families and youth as further stigmatizing mental health.

Strengths & Limitations of the Current Study

The current breadth of psychology research offers mental health practitioners' little guidance for Armenian clients, and even less so for Armenian American transitional aged youth. A grounded theory approach, as an exploratory method, allowed the researchers to build a theory directly from the participants' experiences. The use of three researchers while coding each transcript created an environment that checked for biases and considered multiple interpretations of the direct quotes.

Due to the COVID-19 pandemic, all interviews were hosted on Zoom. The online format allowed recruitment of participants from all over the country; thus, the recruited participants offered more diverse experiences than if interviews were limited to in person meetings. However, a virtual format may have also introduced some limitations in that the potential participants who did not have access to a private space may not have felt comfortable to volunteer. This limitation of privacy impacted interviews, particularly for participants living at home with their parents, grandparents, or family, when discussing more personal topics, such mental health, family relations, trauma, and LGBTQ+ identity. The researchers informed all participants of the research topics during the consent process. Therefore, a couple of participants

combatted this limitation by choosing a day/time that they knew they would be home alone, by taking the call in their car, or by using the chat feature for particularly difficult topics.

The representation of the research team should also be considered. All five researchers identified as Armenian-American women. Given limited representation of Armenians in the field of psychology, this representation in the research team offered the ability to understand and empathize with the participants' experiences. The researchers ranged in their connectivity to the Armenian-American community. Community connectivity can be considered both a strength, in that participants communicated feeling more comfortable sharing about their experience to a fellow Armenian and that the research team inherently understood experiences, slang, and references. However, the connectivity also introduces the possibility that participants did not share important information or even participate in the interview in fear of information spreading. To combat this threat, the researchers explained confidentiality and risks carefully, highlighted the reasons for the study, and outlined how they would respond in various situations. Additionally, all researchers as women and hosting progressive social and political views may have not only influenced the interpretation of the interviews, but also the recruitment and engagement. For further analysis of the research team's reflections, refer to Appendix A.

Diversity among the participants in terms of geographic location, familial immigration history, and sexual orientation allowed a nuanced approach to how intersectional identity, immigration status, and community connectedness might play into experiences of historical loss and preservation. However, most of the participants (73.7%) identified as women. We hypothesize this skew in the recruitment process may be due to the nature of the topic, in that men, particularly from a community that holds such mental health stigma, may be more hesitant to discuss topics of family trauma and mental health. Given that the lead researcher also

identifies as a woman, the recruitment material and social media sources for recruitment may have also been subconsciously targeted for other women. This gender discrepancy may lead to a bias that was more progressive towards gender roles and towards mental health acceptance. Additionally, most recruited participants, except one, were primary English speakers, which may limit the generalizability to non-English speaking immigrants. There seemed to be a range in acculturation and enculturation, which reduced potential bias towards specific experiences related to more recent immigration, such as language barriers and discrimination. Given that some recruitment was done through organizations and popular Armenian social media pages, participants that volunteered to participate were also more likely to be involved in Armenian organizations or engaged in Armenian activism. The higher levels of community engagement may have biased responses to highlight the impact of engagement. However, some participants were engaged on social media, but not in community organizations, which allowed for a different perspective. Lastly, participants were only interviewed about one hour, which did not allow more in-depth discussions with each participant that another analysis method, such as case study analysis, would have allowed.

Implications for Mental Health Practitioners

Participants shared a desire to seek mental health support, but worried about familial judgment and cultural mismatch between themselves and mental health professionals. Given the mistrust towards American institutions and those outside of the Armenian community, non-Armenian therapists seeking to build rapport and trust may require more time, particularly when discussing community-rooted traumas. Cultural considerations imbedded into the mental health field and campaigns that combat mental health stigma and portrays mental health services as

confidential, welcoming, non-judgmental, and culturally sensitive can ease the hesitancies of Armenian potential clients.

Participants provided suggestions that can support the unique mental health needs of Armenian transitional aged youth. Psychoeducation can combat mental health stigma and misinformation of what mental health and therapy involves. Already trusted community centers can imbed mental health resources in their offerings to make community members more comfortable seeking services. For therapists that are not Armenian, attempts to understand the family and cultural norms without judgment or assumptions can help build rapport. For example, one participant shared that a therapist judged her choice to live with her family to support them through college, touting the importance of individualistic exploration. This example demonstrates the importance of cultural humility, in that the therapist should have considered the importance of family values for this individual. Armenian communities are present across the world, and many have been displaced for many generations. Therefore, this population, in particular, needs to be approached with cultural humility, as opposed to cultural competency, given that each Armenian family may hold a mixture of cultures and norms that reflect their immigration history and exposure.

Additionally, a therapist who is trauma-informed, particularly through a lens that incorporates generational and collective trauma, would best support the mental health needs of Armenian American transitional aged youth. Trauma-informed therapists can use the ADAPT model by Atkinson et al. (2014) to help participants identify familial patterns that may be impacted by transgenerational trauma. These patterns can include many of the experiences described by participants in this study, including grief for culture and community, meaning of life and worldview, attachment styles from parental mental health, and role confusion.

Additionally, therapists who are trauma-informed should gain awareness over current sociopolitical conditions, to understand the context of the secondary and collective trauma. One male participant shared that having an Armenian therapist at school was healing because he did not have to explain his collectivistic nature and the impact of transgenerational trauma on his mental health. More than half of the participants emphasized that they would be more open to trying therapy if the therapist was Armenian or from another SWANA or ethnic minority background. However, participants also shared concerns with an Armenian therapist over gossiping given the small and close community. In response, Armenian therapists should relay the importance of confidentiality in therapy. Participants also suggested that group therapy and resilience-focused therapy may be more culturally conducive. Lastly, one participant created a family tree to process their family history. Therefore, genograms, which are family trees used in therapy to help the client process how transgenerational experiences of trauma, resilience, and mental health impacts their mental health today, may be a helpful practice to help the therapist contextualize the impact of generational trauma on the family (Goodman, 2013).

Suggestions for Community Leaders

Participants also shared valuable reflections on how the Armenian community can better serve their needs. Almost all participants shared experiences in Armenian school or a community center where they were shamed for not being "Armenian enough." For example, one participant described their first week at Armenian school as shameful to the point of tears because the teachers chastised him publicly every day as "letting the ancestors down" for not being able to read or write in Armenian. This experience often led them to disconnect from Armenian community or feel less connection or pride. Some participants described this experience as part as ամօթ ("amot") culture. While amot literally translates means "shame," Baghramian (2020)

demonstrated the complexity of the "amot" cultural norms in the Armenian community and how much they permeate into behavior and life decisions as a collectivistic culture. For example, he related amot culture to familial honor and found that it associates with acculturation and depression. Therefore, community organizations can encourage engagement by reducing this pressure of amot and instead reframe their participation in the community and culture as an act of resistance and resilience.

Youth organizations can offer experiences of cultural preservation, such as Armenian music, dance, or food to further transform feelings of historical loss to resilience. These activities will also increase community connectedness and support, which youth described as a source of comfort and resilience to combat mental health concerns. In particular, LGBTQ+, mixed race, and financially limited Armenian participants found it difficult to find community spaces where they feel accepted and supported. These marginalized Armenians still experienced high rates of historical loss, but they struggled with fostering community connectedness to build cultural preservation feelings as well. Community organizations can combat this exclusion by teaching their participants to be inclusive, and explicitly stating how they will make their programs accessible and accepting. For example, donations can cover costs of youth under the poverty level or leaders can be trained in pronoun use. Lastly, participants shared that solidarity with other ethnic groups with similar histories fostered feelings of mutual empathy and support and built hope. Therefore, Armenian organizations, particularly those of a political or social justice nature, will benefit from partnering with other organizations, particularly those that fight for genocide recognition.

Future Directions

  This study offers the Armenian experience to complement the already existing research on the impact of historical loss on mental health that already existed among Jewish, African American, Native American, and Cambodian communities. Future research should also consider historical loss among other unstudied groups who have also experienced genocide or unresolved historical loss, such as the Assyrians, Palestinians, and Rohingyas. Each studied group provides new perspectives on sociopolitical, familial, collective, and individual factors that contribute the cultural experience of unresolved historical loss. For example, this Armenian sample demonstrated the impact of genocide recognition and secondary trauma to ongoing sociopolitical conflict to the participants' world perspective and ultimately to their mental health. This study also provided a new perspective of transgenerational resilience that can be grown through community connectedness and cultural preservation efforts. Future research endeavors can investigate these types of restorative experiences with other groups experiencing historical loss.

  Future research would benefit from exploring experiences among Armenians in the homeland and parts of the diaspora outside of the United States. Participants emphasized the healing nature of being able to participate in activism and practice their cultural traditions openly in the United States. However, Armenians in Turkey, referred to as the "leftovers of the sword" by the Turkish government (Bulut, 2011), are often forced to hide their Armenian identity, and are not extended the same freedom of expression, particularly when it comes to Armenian issues (Hadjian, 2018). Research is needed to explore how these environmental conditions, such as the growth of nationalistic pan-Turkism that pushes ideals of social Darwinism and imperialism in the region, might impact feelings of historical loss. Additionally, historical loss was exasperated among families that were displaced for multiple generations. Therefore, this experience can be

examined amongst Armenian populations that have had to recently relocate, such as the refugees displaced by the Nagarno Karabakh war of 2020.

Finally, research should focus on developing measures to consistently and efficiently study constructs identified in this grounded theory model of historical loss, cultural preservation, mental health, and community relationships. Just as Whitbeck et al. (2004) created a Historical Loss Scale to measure perceived loss to Native American populations, future research can adapt the information gained from these interviews to create a quantitative scale that applies to the specific context and needs of Armenians. Cromer et al. (2018) found that the loss captured from this scale was associated with acculturation and history of familial trauma. A historical loss scale for Armenians could investigate whether these relations are significant for Armenians as well. Additionally, participants emphasized that transgenerational resilience, in community connectedness and cultural preservation, was connected to experiences of historical loss. Therefore, a scale that can effectively measure healing experiences is important as well. Improving the understanding and how and when these resiliency factors are fostered can support mental health professionals and community organizers in creating culturally-sensitive interventions and prevention programs.

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Table 1.

Summary of Participants' Demographics

Characteristic	*N*	% of Participants	Average
Age (years)			20.47
Highest Parental Education			2.48*
LGBTQIA-identifying	6	31.6%	
Mixed race	3	15.8%	
Gender			
Woman	14	73.7%	
Man	4	21.1%	
Gender Non-binary	1	5.3%	
Immigration Status			
First Generation	5	26.3%	
Second Generation	13	68.4%	
Third Generation	2	10.5%	

* Parental Education was coded with High School Education as a "1" up to Professional Degree or Graduate School as a "4." Therefore, on average, participants' parents held a community college or vocational degree.

Table 2.

Sociodemographic Characteristics of Each Participant

Participant	Age	Gender	Immigration Status	Other Identities	Current Location	Immigration History*
Participant 1	19	Girl	Second	Jewish, Biracial, LGBTQ+	Southern CA	Lebanon, Armenia
Participant 2	18	Boy	Second		Southern CA	Syria, Lebanon
Participant 3	19	Girl	Second	LGBTQ+	Southern CA	Syria, Lebanon, Canada, Armenia
Participant 4	22	Girl	Second		Southern CA	Lebanon, Syria, Greece, Cyprus, Canada
Participant 5	21	Boy	Second		Southern CA	Iran, Russia, Armenia
Participant 6	22	Girl	Second		Southern CA	Greece, Armenia
Participant 7	18	Girl	Third	Biracial	East Coast	Greece, Germany, Syria, Lebanon
Participant 8	25	Girl	First		East Coast	Armenia
Participant 9	23	Girl	Second		Southern CA	Lebanon, Syria
Participant 10	20	Non-Binary	Second	LGBTQ+, Bi-ethnic	East Coast	Iraq, Soviet Union, Lebanon
Participant 11	16	Girl	Second		East Coast	Soviet Union, Iran, Armenia
Participant 12	21	Girl	First	LGBTQ+	CA	Armenia
Participant 13	19	Girl	First		Southern CA	Syria, Lebanon, Armenia
Participant 14	22	Girl	Second	LGBTQ+	Midwest	Iran, Azerbaijan
Participant 15	24	Boy	Second		Southern CA	Lebanon, modern Turkey, Iran
Participant 16	23	Girl	Second		Southern CA	Iran, Iraq, Lebanon, Soviet Union/Armenia
Participant 17	21	Boy	First	LGBTQ+	Southern CA	Armenia
Participant 18	18	Girl	Second		Southern CA	Iran, Austria
Participant 19	18	Boy	First		Southern CA	Armenia, Ukraine, Bulgaria

*Countries that their family moved post-genocide from Western Armenia, which was occupied by the Ottoman Empire (now modern day Eastern Turkey), to the United States.

Figure 1.

Flyer for Recruitment in English and Armenian

Figure 2.

Grounded Theory Codes of Historical Loss for Armenian American Transitional Aged Youth
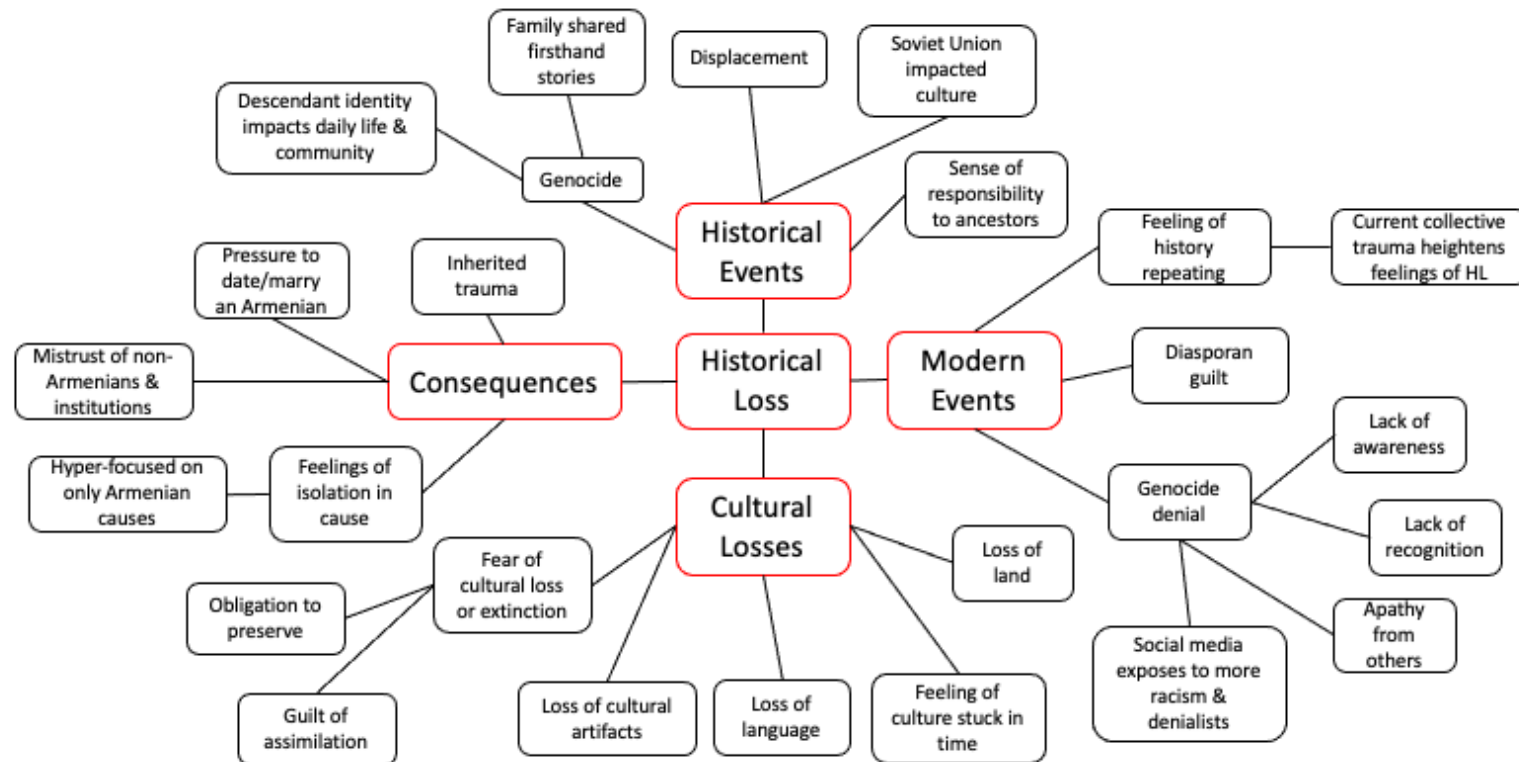
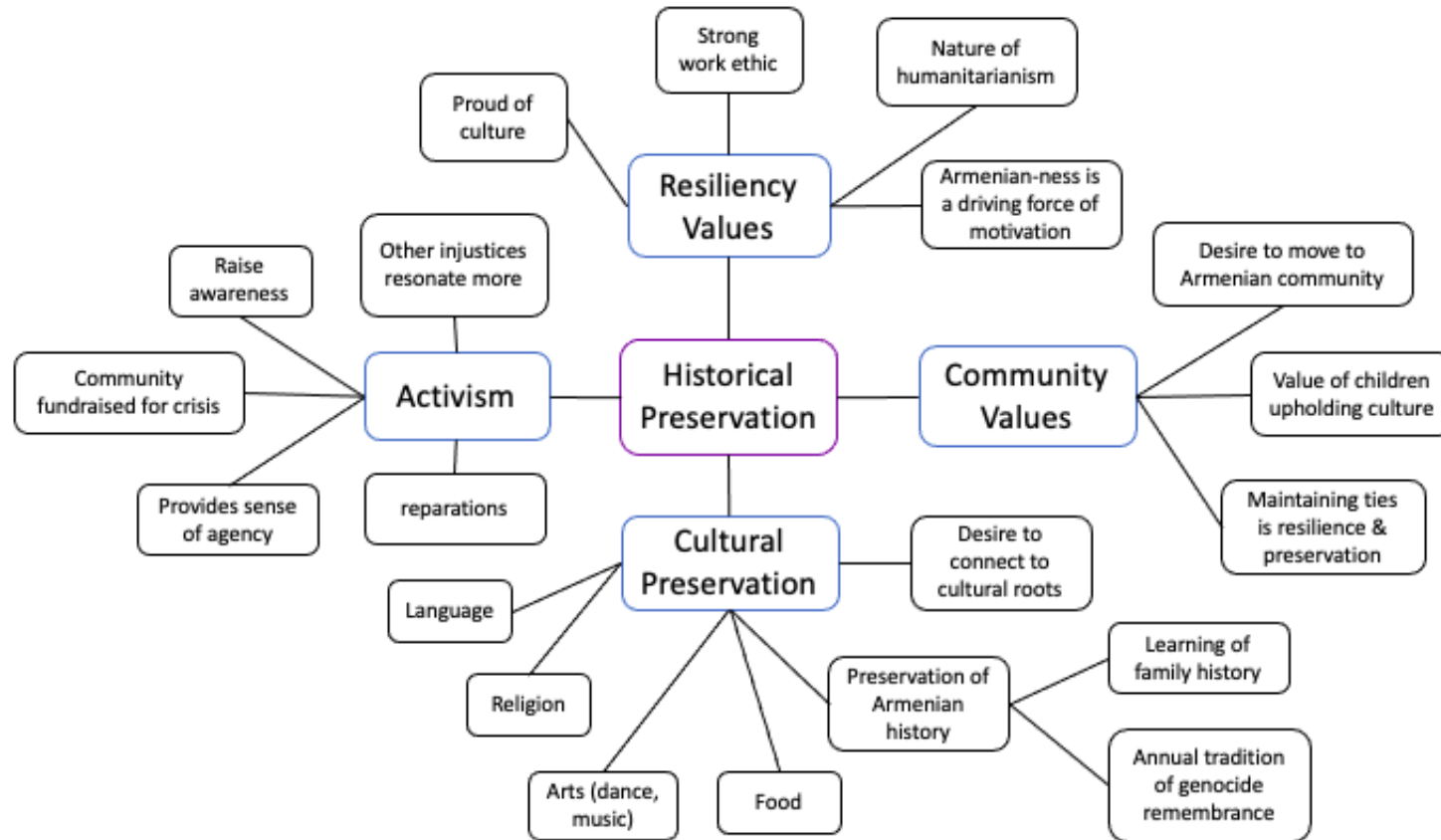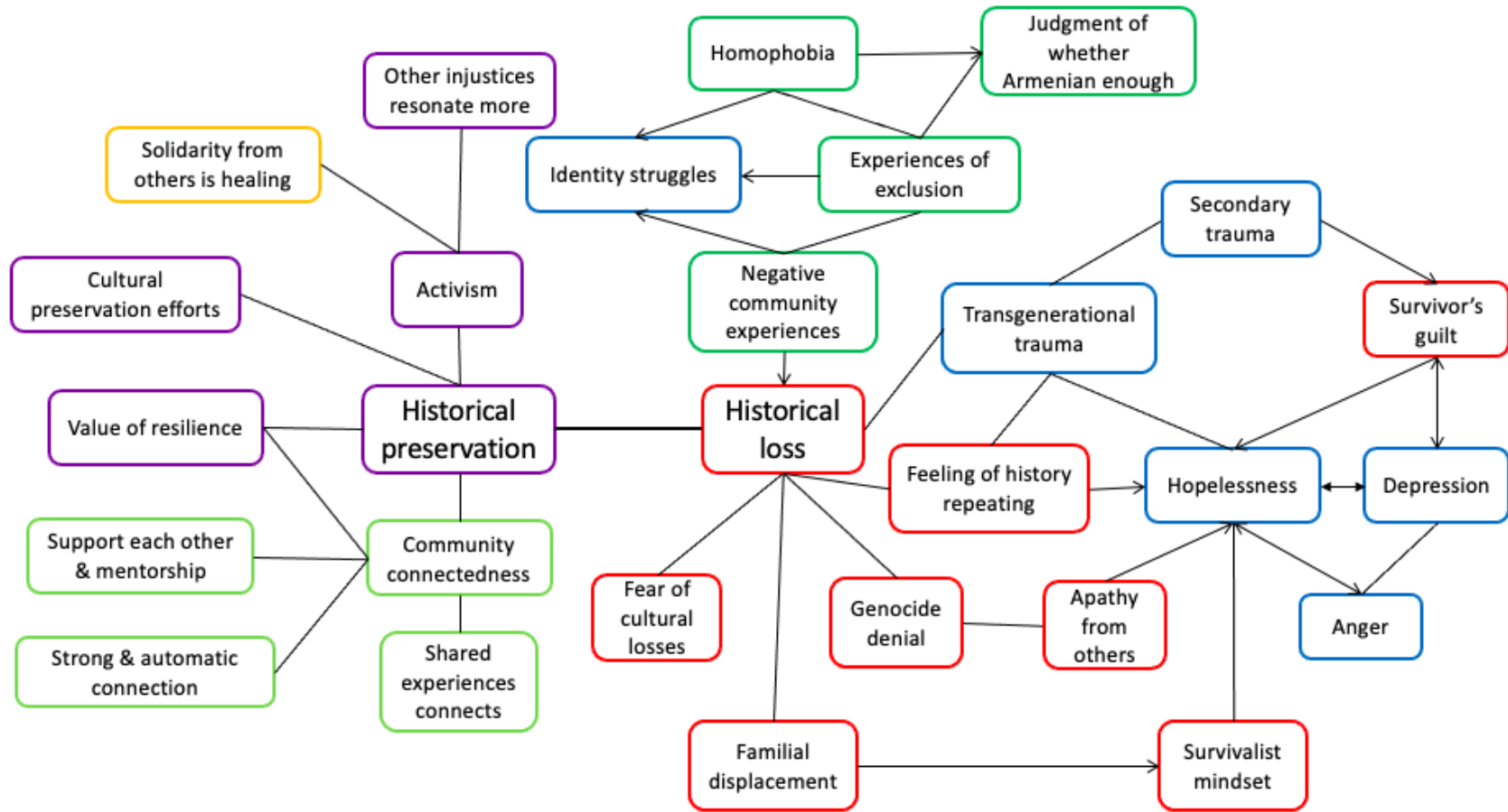**Figure 3.**

Grounded Theory Codes for Cultural Preservation

Figure 4.

Grounded Theory Model of Historical Loss, Cultural Preservation, Mental Health, Community Relationships among Armenian American Youth

Appendix A

Reflexive Statements

Alissa A. Der Sarkissian

I am Armenian Iranian American, which means I am born and raised in Los Angeles with an Armenian ethnic background, with parents and grandparents who immigrated from Iran. My extended Armenian family and friends represent various subcultures of the homeland and the diaspora. These multicultural exposures may support the analysis of other Armenian participants who are similarly navigating multiple cultures. My Armenian identity will also allow participants to feel comfortable sharing experiences and frustrations as they know I am more likely to understand and empathize with their experience. However, this background may present with potential cultural gaps towards participants with families who immigrated from countries other than Iran. To combat this bias, I will attempt to apply cultural humility in all discussions, meaning I will allow the participants to make meaning of their own cultures and identities and how they impact their well-being and mental health. Also, with such a small community, some participants may fear gossip to disclose information, which I will try to address by emphasizing confidentiality.

I also identify as a heterosexual, cisgender woman, which may implicitly impact the way I interact with participants and recruit for the study. I will try to address this bias by explicitly stating that this study is a safe space for LGBTQ+ individuals and by ensuring that the questions are open-ended to allow for diverse experiences different than mine to be shared. I am also older than the recruitment age range and may be more educated given the age difference. As a result, I will be cognizant of the vocabulary level I employ during interviews and refer to my younger research assistants to ensure that I am comprehending a slang terminology used.

The lack of peer-reviewed psychology research on the Armenian community in general elicited my sense of historical loss. In a way, this dissertation topic itself is an act of historical perseverance and community support, which are some of the core areas of study in this project. Given that this project explores personal topics on a group that I am a member, I have implicit biases and desires to show this group in a positive light and to reflect on my experiences of and goals for the community. I plan to reduce the impact of these implicit biases by discussing these biases with the research team extensively both before the start of the process and throughout the coding experience. With this reflection in mind, I hope to process these emotions throughout the project to ensure that the analysis will be as reflective to the participants' experiences as possible.

Lara Ani Minassians

My experience as an Iranian-Armenian female studying psychology while growing up and residing in Los Angeles played a role in my experience in this group and influenced the analysis. As an Armenian emerging adult in the U.S., I was experiencing feelings similar to the participants, which helped me better understand and relate to their experiences. My participation in this project helped me cope with the state of the Artsakh war and anxiety felt from the pressures I faced as an Armenian young adult, but also provided me a safe space I was lacking in my own community at large. Listening to the stories of youth explicate their pains, anxieties, pressures and fear they were facing served as a coping mechanism for me due to my resonating feelings throughout the entire project -- before, during, and after the war in Artsakh. For these reasons, I am certain that my Armenian identity along with my access to higher education, liberal political beliefs, and gender identity played a role in the analysis of the quantitative data we collected as I was able to identify with their struggles and discuss how this impacts one's mental

health because of the feelings that I was also experiencing. Perhaps making assumptions about their perspective based on my own as well that could have been different if a non-Armenian, non-heterosexual female, or conservative individual was analyzing it. My identity could have resulted in biased opinions as well because I cannot provide an outsider's point of view, one that may trigger differing feelings or emotions as they would not be as affected. I felt affirmed by the emotions of the participants therefore mine is an inherently biased opinion. I believe this did not skew the data, but perhaps provided a more deep and rich analysis that can be further analyzed and reviewed by non-Armenian research assistants in the future to provide less biased opinions.

Roset Halwadjian

Throughout the process of coding while being involved as a research assistant, one of the main forms of identity that impacted my bias while coding was my upbringing. Though I am Lebanese Armenian and grew up in a household that held onto strong Lebanese Armenian values, growing up in a non-Armenian community and in a family where past traumas about the Armenian genocide were never discussed, created bias in the way I perceived the interviews. Growing up, I was taught about the Armenian genocide but never felt the connection that many of the interviewees did when they were talking about how it has affected them and their families, making it sometimes difficult to completely understand the pain and trauma that. They were experiencing. However, I counteracted that bias by opening up the topic with my parents and my grandma who still lives in Lebanon to gain a deeper understanding of my own family's experience with the Armenian genocide. Though it was difficult to express for my grandmother to express what her mom had went through, it did allow me to understand the more intimate emotional connection that all of the participants were bringing forth to the research. Not only that, but the discussion with my parents also brought light that many of the ways that they deal

with their own emotions are because of transgenerational trauma i.e., the lack of placing an importance on the topic of mental health and the reality of it. By finally having this discussion with my family, allowed me to counteract my own biases that I had in the beginning of this research project.

Arpy Assadourian

This statement is a reflection of my personal experience while working alongside the other research assistants and Alissa on her dissertation, the biases and challenges I faced, and what steps I took to overcome them. I grew up in Lebanon, thus I identify myself as a Lebanese Armenian woman, regardless of my mother's Eastern Armenian background. My parents have constantly reminded me of the importance of being a diasporan Armenian. They took every measure possible to keep me connected to my Armenian roots. They only allowed Armenian to be spoken in the house, enrolled me in an Armenian school, sent me to the Armenian Youth Federation's youth centers where I was and continue to be heavily involved in. Regardless of my total immersion into Armenian culture, I have also had moments where I have felt disconnected and sometimes tired from my identity as an Armenian. Thus, while coding the interviews, I realized I sometimes gravitated towards making conclusions and connections on some of the data. That is, because I related to certain things said about their experiences as an Armenian, I would unconsciously try to attach my own interpretation to the data and make connections that might not have been present. But these experiences are not universal to all diasporans. Our team consisted of Armenians with different backgrounds, who grew up under different circumstances, such as different countries and different cities, where we were either strongly connected to or isolated from the Armenian community. Discussing the data amongst us before and during coding allowed us to be as unbiased as possible, stopping one another from unconsciously

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attaching their own experiences and making excessive assumptions about the data. This is not to say that being Armenian was a hindrance to our contribution, it is quite the opposite. Sharing the same ethnic background with the participants allowed me to better understand and relate to what the participants had to say. It allowed them to be more comfortable with sharing their experiences with us. My Armenian identity allows me insight on certain tendencies and relational dynamics within the community, which helped me better grasp some of the concepts brought up.

Stephanie Kazaryan

My experiences as an Armenian woman, with family who immigrated from Armenia and Syria in the late 1900s, may have allowed me to relate and empathize more with the participants in our research study. However, my cultural background may also result in some gaps in my ability to understand the experiences of Armenians from differing cultural backgrounds. I have no knowledge of family members of mine who may or may not have descended from genocide survivors. Thus, it is possible that my ability to fully understand the participants who recounted their experiences as descendants of genocide survivors may not have been entirely comprehensive. Though in my analysis of the participant interviews I may have found myself relating to certain participants more than others, I trust that I have done my best to meet each of their experiences with as much neutrality and open-mindedness as possible. Additionally, I am someone who holds relatively progressive and socially liberal views. I consider myself to be rather politically active, so as a result, this could affect my perception of interviewees who may hold views that counter my own. In order to combat this bias, I kept an open mind and remembered that participants' differing backgrounds and life experiences are justified in their own right.

Study 2

Influence of Enculturation, Historical Loss, and Cultural Preservation on the Mental

Health of Armenian American Transitional Aged Youth: A Path Analysis

Abstract

The unresolved nature of genocides and subsequent collective trauma may lead some genocide descendants to center their community's transgenerational trauma as the lens in which they experience mental health, identity, and acculturation. While other sources of transmission for transgenerational trauma, such as genetics, substance use, and familial relations, have been thoroughly explored, unresolved historical loss has been less addressed in the mental health field. With 215 Armenian American transitional aged youth ages 16-21, this study examined the direct and indirect effects of acculturative and historical loss experiences on mental health and the resiliency factors that may protect against these stressors. Measures were adapted for this population for both historical loss and cultural preservation based on interviews from a previous qualitative study. The results demonstrated that the Armenian participants experienced high rates of historical loss in that they, on average, thought about various types of losses almost weekly. A path analysis revealed that perceived historical loss and acculturative stress both were associated with higher rates of mental health distress. Additionally, community connectedness and cultural preservation acted as resiliency factors. This model predicted 42% of the variance in mental health outcomes. For indirect paths, community connectedness played a role as the strongest mediator in the association between enculturation and mental health, while historical loss and mental health stigma were significant between acculturative stress and mental health. Implications for mental health praticiners, schools, and community leaders working with Armenian transitional aged youth are discussed.

Keywords: *Armenian mental health, genocide descendants, historical loss, transgenerational resilience, enculturation, community connectedness*

Influence of Enculturation, Historical Loss, and Cultural Preservation on the Mental Health of Armenian American Transitional Aged Youth

The wide variety of cultural, socioeconomic, and linguistic backgrounds among immigrant families in the United States presents a unique challenge to creating a mental health system that adequately addresses these diverse needs. The Federal Collaborative Health Disparities Research (Safran et al., 2009) highlighted mental health disparity in the United States as one of the four most important topics, out of 165 different health disparity conditions, that need immediate attention from national research efforts. Research that investigates mental health disparities for SWANA populations are sparse, partially due to the racial classification of the United States Census that puts these groups under the umbrella of White (Awad et al., 2019). One such understudied group within the SWANA categorization is the Armenian population. Some initial findings suggest that SWANA immigrants experience higher rates of psychological distress as compared to European immigrants (Dallo et al., 2013). Despite these higher rates of distress, Armenian Americans are less likely to access mental health services (Ogaryan, 2017).

Disparity within the mental health field can be sourced from many reasons, including experiences of discrimination from the mental health field, language and barriers, stigma, cost and insurance barriers, and lack of diverse representation among researchers and clinicians (Primm et al., 2010). For example, Henrich et al. (2010) delineate the field of psychology's use of primarily participants from Western, educated, industrialized, rich and democratic (WEIRD) societies as problematic to generalize about norms for the full extent of human diversity. This lack of representation skews research, psychological theory, treatment, and assessments to center the experiences of Western and individualistic cultures. Assessment and diagnostic criteria based on culturally nonvalid research could cause clinical harm to clients, resulting in

misdiagnosis and inappropriate treatment. Various immigrant communities may express mental health issues in different ways and be influenced from different factors. For example, a mental health field that centers individualistic and Western values overlooks sociopolitical macro level factors that are critical to conceptualizing the mental health needs of SWANA descendants in the United States, "including historical trauma, institutional discrimination, and a hostile national context" (Awad et al., 2019, p. 76).

In the Armenian context, multiple generations of forced displacement and an unresolved and continuing genocide, along with collective traumas in major diasporan regions (including Iran, Lebanon, Iraq, and Palestine) contextualize Armenian identity and mental health. For example, Aintablian et al. (2018) demonstrated the effect of transgenerational trauma with increased prevalence of depression, anxiety, and PTSD of Armenian genocide descendants. Research on *how* this transgenerational trauma is transmitted can help schools, community centers, and therapists better support affected communities. Past research has emphasized familial and individual factors such as transmission through genetics, secondary traumatization of offspring, familial dysfunction and substance use when discussing the impact of transgenerational trauma (Skinner, 2014; Grand & Salberg, 2021). The impact of the current sociopolitical context and cultural narratives should also be examined, particularly when the root of the transgenerational trauma is collective and socio-politically unresolved. For example, Barron et al. (2016) demonstrate how the current context for Palestinians, including land grabs, sanctions, and bombings, exasperates the transmission of transgenerational trauma on identity and mental health of youth. In a similar approach, this study examines the impact of a specific form of transgenerational trauma on mental health symptoms of Armenian American transitional aged youth, through experiences of perceived historical loss and cultural preservation.

Theoretical Orientation

To address concerns of culturally nonvalid research, researchers attempted to assess whether certain measures can be used to evaluate specific populations. However, this practice can quickly turn into overgeneralization or simplistic categorical labels, called "ethnic glossing" (Trimble & Bhadra, 2013). When researchers lump outcomes together in race-specific groups, this practice can ignore intragroup differences and can dilute important subgroup differences that guide group member's experiences (Lee et al., 2015; Umaña-Taylor & Fine, 2001). Therefore, this paper will also be informed by critical race theory, which is a paradigm that centers an understanding of how race and power systematically impact society and culture (Delgado & Stefancic, 2001). Although beginning in the field of legal studies, critical race theory's scope of use has expanded to many social sciences. Brown (2008) argues that the application of critical race theory to applied psychology would allow for research that reduces racial and ethnic disparities by addressing systemic issues. To incorporate this lens, this study incorporates considerations concerning the impact of oppression, in forms of systematic genocide denial by global powers, discrimination, and secondary trauma of continued genocide, on the Armenian community's mental health.

An intersectional framework allows the examination of how structural inequalities compound for intersectional marginalized identities (Rosenthal, 2016). Even within a single ethnic group, many intersectional identities and subethnic group experiences may play important roles in behavioral and emotional development. For example, people experiencing multiple marginalized identities, such as an ethnic minority woman, may experience intersectional invisibility, as they do not fit in the prototypes of each respective identity group (Purdie-Vaughns & Eibach, 2008). Similarly, immigrant transitional aged youth, particularly those who are first-

and second-generation immigrants, are lodged between two or more cultures that influence their behaviors and values. Therefore, considering intersectionality and the full spectrum of acculturation and enculturation may help more accurately understand the cultural impact of immigrant experiences and the mental health symptoms of immigrants from multicultural backgrounds.

Unresolved Historical Loss

Historical loss refers to the loss of culture, land, and people because of colonization or genocide (Armenta et al., 2016). Referring to this loss as "unresolved" highlights that these losses are not only rooted in the past but have ongoing impact to the sociopolitical context of the group and to collective, unresolved grief. Given that not much research exists in the psychological field on the historical loss experiences and the impact of mental health on Armenian populations, research among Jewish, Native American, and Cambodian communities, who have all experienced genocide, can be used to create a similar model that fits the sociocultural needs of Armenian genocide descendants.

Early research on transgenerational trauma on genocide focused primarily on Jewish Holocaust descendants. These studies with Holocaust descendants brought to light conceptualization of collective traumas to the field of psychology. For example, research indicated that "survivor syndrome" plights first and second-generation refugees of genocide with symptoms of survivors' guilt, anxiety, nightmares, somatization, and depersonalization (Niederland, 1981).

Unresolved historical loss for Native Americans stemmed from four hundred years of genocide, discrimination, and forced assimilation policies, such as boarding schools (Brown-Rice, 2013). Brave Heart and colleagues adapted the Holocaust Jewish model of

transgenerational trauma to create a model that reflects on the experience of historical loss

among indigenous Americans (see Brave Heart et al., 2011; Brave Heart & DeBruyn, 1988).

These researchers emphasized experiences of unresolved grief, and subsequent mental health

symptomology and substance use. Whitbeck et al. (2004) then administered a qualitative study

with indigenous Americans to establish how cultural understandings connect their current plight

to the impact of genocide and to the forced assimilation policies. In these interviews, they

identified that participants felt a sense of guilt over many modern-day losses from unresolved

historical contexts, including loss of language, loss of community and family ties, and loss of

lands and broken treaty promises. For example, one participant shared the sense of hopelessness

towards their and their community's language loss, "it takes years to learn, probably two or three

years. We could get all of that back, but nobody wants to put out the effort. Something has to

change, otherwise we are going to break all of our spirit" (Whitbeck et al., 2004, p. 122). These

interviews also identified feelings of depression and anger as strongly related to and triggered by

these collective and cultural losses. For example, one participant in the study by Whitbeck et al.

(2004) shared that he had trouble emotionally coping with these collective losses:

> I am trying to teach him (grandchild) not to be angry. I am teaching myself not to be
>
> angry anymore, but I have a long way to go. That is the only emotion I felt was a lot of
>
> anger and it was so easy to lash out on someone or blame someone . . . As I got older, my
>
> kids saw that and it was just passed on . . . (p. 123)

These interviews demonstrated the daily impact of perceived historical loss on the

participants' lives and well-being. These similar experiences exist amongst other marginalized

groups as well. For example, amongst the Cambodians, a sense of mourning and grief for

cultural loss from unresolved historical loss is termed "cultural bereavement" (see Eisenbruch,

1991; Eisenbruch, 1992; Bhugra & Becker, 2005). Hach (2020) interviewed participants who viewed the transgenerational trauma from the Khmer Rouge as "hauntings," to describe how the genocidal past impacts their identities and enacts complex emotions of sadness, guilt, pain, and joy for heritage. Despite different terminologies, a clearly similar root plays a role in these distinctive cultural phenomena of guilt towards cultural loss and grief over unresolved historical traumas.

Impact of Historical Loss on Mental Health

Building upon their qualitative studies, Whitbeck et al. (2014) created a Historical Loss Scale and a Historical Loss Associated Symptoms Scale, which allowed study of the relation between perceived loss and associated reactions, such as overwhelming feelings of anger, loss of sleep, and shame among indigenous adolescent youth (Whitbeck et al., 2014). A multivariate analysis revealed that higher levels of perceived historical loss were significantly associated with substance use dependency, but not with antisocial personality disorder/conduct disorder, or anxiety/affective disorders (Ehlers et al., 2013). Ehlers et al. (2013) elaborate that the emphasis on substance use dependency as a manifestation of individual, community, and historical trauma has been well documented, specifically among Native Americans. For adolescent populations, Armenta et al. (2016) validated the longitudinal metric of this scale and found significant association between historical loss and increased anxiety. This association was equivalent from early to late adolescence among their sample, suggesting that frequent thoughts of historical loss can be regarded as a consistent stressor towards the development of mental health issues.

Historical Loss Among Armenians

Research on the experience of historical loss among Armenian Americans is currently limited. A dissertation by Kuzirian (2012) with a small sample (n=30) of Armenian American

adult genocide descendants examined the relation between ethnic identification and secondary trauma symptoms and how familial attachment styles (as a form of transgenerational trauma) may moderate these experiences. They found that ethnic identification both predicted trauma symptoms and served as a moderator between perceived impact of the genocide and trauma symptoms (Kuzirian, 2012). The results were not significant for attachment style. These results suggest that while for other ethnic groups, family functioning may be an important area of transgenerational transmission of trauma, other factors, such as ethnic identification, are more central for Armenian populations. Another study similarly found that Armenian adults who had a genocide survivor relative expressed higher level of secondary traumatic stress, but also found that within that survivor group, participants who identified more with Armenian ethnic orientation also presented with higher levels of secondary traumatic stress (Mouhibian, 2016). Therefore, like the work on Native Americans, both studies highlight the importance of enculturation in inheriting this collective, secondary trauma. The interviews from Study 1 of this dissertation highlight cultural experiences that might bridge the explanation as to why those who are more enculturated may experience more perceived historical loss. For example, many participants shared a fear of cultural extinction, and a responsibility to honor their ancestors by keeping their language and culture alive. They also expressed how prevalent genocide denial and ongoing sociopolitical conflict exasperates their feelings of hopelessness and survivor's guilt.

Whitbeck et al. (2004) distinguish an important difference amongst Jewish Holocaust and Indigenous American genocide that impacted the transmission of transgenerational trauma: while most Jewish refugees were relocated in the United States, Indigenous Americans were moved to reservations and were still subjugated to the perpetrators' continued oppression. In comparison, most Armenian families found refuge in Iran, Lebanon, Syria, and the Soviet Union and endured

further displacement and collective trauma through civil wars and revolutions (Sahakyan, 2015). This context of multiple generations of displacement is essential to understanding the fear of assimilation and impact of subsequent generations.

Acculturation, Enculturation, Acculturative Stress

Acculturation and immigration can be a stressful experience for a variety of reasons including family separation, economic stress, and prejudice. Acculturation is the process in which an individual or group experiences social or cultural changes when balancing two cultures, especially when they acquire a mainstream culture that is different from their home cultural values and traditions (Alamilla, 2010). In contrast, enculturation describes the process of adherence to a person's culture of heritage. Acculturation and enculturation constitute separate and independent processes and each family and individual may vary in their process (Schwartz et al., 2010). Golash-Boza (2006) proposes that acculturation does not progress linearly as previous research has suggested, but rather develops in a segmented fashion in which people often maintain a hyphenated and "othered" identity due to discrimination, based on research with Latinx Americans. Berry (2003) suggests that the interaction between acculturation and enculturation can be envisioned in a two-by-two matrix: integration (a bicultural individual with high identification in both heritage and U.S. culture), separation (an immigrant with high identification with heritage culture and low identification with U.S. culture), assimilation (one with high identification with U.S. culture and low identification with U.S. culture), and marginalization (low identification in both cultures). A meta-analysis examining the associations between constructions of acculturation, enculturation, and mental health found that acculturation was favorably associated with both negative and positive mental health outcomes, while enculturation was favorably related only to positive ones (Yoon et al., 2013). In relation to

historical loss, A multivariate analyses among indigenous adults found that while participants who identified more with an "American Indian way of life" were significantly more likely to experience historical loss, there was no significant association between "high identification with the White way of life" and historical loss (Ehlers et al., 2013). The participants who were more enculturated may have been more aware of historical events and more involved in their community, and thus, more aware of the current impact of these traumas. However, research on the "immigrant paradox" has shown that minority status without enculturation is associated with poor mental health outcomes (Marks et al., 2014). Therefore, transitional aged youth in communities that have experienced unresolved historical loss may be at risk for mental health concerns across the spectrums of acculturation and enculturation without access to resiliency factors, such as community support.

One potential stressor associated with acculturation is acculturative stress, which is defined by the variety of stressors that accompany immigration and arise from the adaptation process of combining the influence of two or more cultures (Castillo et al., 2008). Research indicates that acculturative stress worsens mental health status, especially anxiety and depression, through feelings of marginalization, alienation, and psychosomatic symptomology (Rudmin, 2009). For example, Ahmed et al. (2011) found an association between greater acculturative stress and greater anxiety and depression among a sample of Arab American adolescents. However, it remains to be examined whether the relation between acculturative stress and mental health found among other immigrant groups holds true for Armenians.

For transitional aged youth from diverse immigrant groups, the acculturation gap between themselves and their families, may contribute to poorer family functioning and thus, mental health issues. Acculturative gaps in the specific domain of cultural values have been shown to

produce the largest impact on the family (Jung, 2013). Another important consideration for acculturative stress and acculturative gap is the impact on mental health stigma and how the gap may influence various family member's views on mental health and therapy. In a qualitative study, almost all the SWANA patients agreed that "taking a problem outside of the family" is only an option as a last resort, for a very serious mental health illness (Boghosian, 2011). Therefore, mental health stigma may not only influence mental health, but also help-seeking behaviors. In this lens, mental health stigma may act as a mediator between acculturative stress and mental health distress, in that transitional aged youth who may need support to navigate through acculturation and discrimination, may be less likely to seek support.

Cultural Preservation and Community Connectedness

While transgenerational trauma is heavily studied, transgenerational resilience is a slightly newer psychological phenomenon. Braga et al. (2012) attributed experiences of art creation, humor, historical preservation, humanistic values, activism, and collective bonding as cultural transmissions of transgenerational resilience among Holocaust descendants in Brazil. Aydin (2017) argued that without genocide recognition, a group will have difficulty processing a transgenerational trauma as it will continue to impact current sociopolitical issues. This centralized feature of healing explains why Armenians have focused their healing from the genocide on political involvement. Given that genocide recognition may never happen, this study hopes to explore other experiences that can support the growth of positive well-being and act as a barrier towards the negative impact of perceived historical loss and subsequent hopelessness.

In a descriptive and cross-sectional study on the collective trauma transmission and trauma reactions among 689 Armenians residing in Greece and Cyprus, participants continued to share collective feelings of anger, guilt, and grief like other studies on transgenerational trauma.

Interestingly, descendants with at least subclinical PTSD also had higher rates of collective resiliencies as well as analyzed through t-tests (Karenian et al., 2010). These resiliency areas included enhanced community bonds, reinforced family bonds, and greater empathy towards other persecuted people. Additionally, interviews from Study 1 of this dissertation also expressed that their experienced transgenerational trauma also fostered collective posttraumatic growth, such as understanding the importance of community, engaging in solidarity towards other marginalized groups, and maintaining family values. They attributed these values to experiencing a collective trauma together. Participants described the Armenian community as instant connection and understanding and a feeling of "being at home." Other forms of shared transgenerational resilience centered around cultural preservation, in which spaces that participants were able to freely engage in Armenian culture were found to be healing against the fears of cultural loss. One participant described the importance of her artwork, "I thought, 'I made Armenian art.' I mean I preserved something and like, it is an act of resistance to just like be Armenian." Many participants shared reflecting on their community's and ancestor's resilience to find strength to get through difficult times in their lives. Participants also shared how their family's history influenced their careers and passion, such as archaeology to uncover historical losses in Western Armenia (occupied Eastern Turkey) or a lawyer specializing in human rights issues. Other examples of mentioned transgenerational resilience included engaging in community activism or practicing or relearning Armenian language or dance.

Relevant Contextual Events

Student completed the surveys from March to May 2021. Therefore, the COVID-19 pandemic and the Nagorno-Karabakh War of 2020 are both relevant world events to understanding and contextualizing the study's results.

Artsakh War 2020 (Also known as the Nagorno-Karabakh War)

The Nagarno-Karabakh War started by Azerbaijan in the summer of 2020 that threatened the self-determination of the Armenian majority in the Republic of Artsakh, which is a breakaway state in the South Caucasus (Jones, 2020; Geukjian, 2016). The violence ending in November with Azerbaijan gaining control of various territories (Altstadt et al., 2020; Kucera, 2020). Major human rights violations were reported throughout the war, including cluster munitions in civilian areas, loss of cultural or historical buildings and artifacts, and use of chemical warfare. In response, the Genocide Watch categorized the actions of Azerbaijan to be in the "Stage 9: Extermination" and "Stage 10: Denial" of genocide because Azerbaijan's dictatorial leadership "forcibly deport[s] the Armenian population of Artsakh by committing genocidal massacres that will terrorize Armenians into leaving Artsakh" (Genocide Watch, 2020; Ochab, 2020). While a ceasefire was signed, violence and skirmishes continue to happen across the border through 2021. Many Armenians across the world connect this war to the unresolved nature of the denied Armenian Genocide of 1915 (Getzoyan, 2021). Participants who responded to this survey and their families may have been impacted by this modern-day genocide, such as the impact of lost family members or secondary trauma.

COVID-19 Pandemic

The COVID-19 pandemic is an ongoing global pandemic starting in December 2019. The virus resulted in countless loss of lives, including over 600,000 in the United States by August 2021 (Centers for Disease Control and Prevention, 2021). The pandemic also led to mass disruptions across the world, including social and economic crises, particularly for impoverished communities (Buheji et al., 2020). In March 2020, the United States instated stay-at-home orders, which slowed the spread of the virus but also contributed to additional stressors for

emerging adults in the U.S., including increased mental health concerns and unemployment (Larson et al., 2020; Kujawa et al., 2020).

Research Questions of Study 2

The current study aimed to address the following research questions:

1) How do feelings of historical loss, cultural preservation, acculturative stress, and mental health stigma predict mental health?

2) How is acculturation and enculturation levels associated with feelings of historical loss, cultural preservation, and mental health stigma?

3) Can community support act as a resiliency factor against mental health symptomology?

Methods

Participants

Participants for the survey were recruited from the Glendale Unified School District in Glendale, CA, Armenian clubs in universities/colleges, community centers in the Los Angeles County area, and popular Armenian social media pages. Given that the flyer was shared in multiple and varied settings, exact numbers of posts or announcements are not available. The flyers (in Armenian and English) used for recruitment is demonstrated in Figure 5. Once approved by the district, teachers and students agreed to share in their classrooms, on social media, and other spaces in school, such as school club meetings. Students who participated in the study's recruitment efforts received community service hours. In exchange for allowing me to recruit through their high schools, I offered to present my findings to their school psychologists, counselors, and any other interested school personnel.

Demographic information on the 215 participants included in the analysis are included in Table 3. Participants averaged 16.95 years old. Most identified as women (67.0%) and as

second-generation (57.7%) or first-generation immigrants (30.2%). A smaller portion of the sample identified as LGBTQIA+ (7.1%) and as mixed ethnicity or race (14.4%).

Measures

Demographics. Participants were asked their gender identity, LGBTQ+ identity, generational immigration status, parental education, whether they are a descendent of an Armenian genocide survivor, and familial country of origin. Participants who selected yes to the question about mixed ethnicity or race but then described only mixed cultural background (e.g., both Armenian parents immigrating from Iran) were removed from the mixed group and placed into the Armenian group.

Mental health symptomology. The Pediatric Symptom Checklist – Youth Report (Y-PSC) was used to measure mental health symptomology as it has been suggested as a screener at schools (Gall et al., 2000). This 35-item self-report screener has shown a sensitivity of 94 percent, a specificity of 88 percent, and correlation with teacher and parent reports (Pagano et al., 2000). As an example statement, participants were asked how much they "feel sad, unhappy" or "have trouble concentrating." Questions using the phrase "other children" were re-written as "other students" for this adolescent sample. With this sample, the Y-PSC demonstrated excellent internal consistency with a McDonald's omega of .92.

Mental health stigma. To measure mental health stigma, a research-derived scale assessed barriers to and interest in using mental health services by adolescents (Green et al., 2019). This scale asked participants to rate 10 statements on a three-point Likert scale about mental health stigma, such as "Even if I had problems, I would be too embarrassed or scared to talk about it." This new scale does not have published validity or reliability yet; however, the researchers created the scale by conducting focus groups and receiving feedback from school

staff and high school students. This scale demonstrated a McDonald's omega of .91 with the current sample.

Acculturation and enculturation. Acculturation Rating Scale for Armenian Americans (ARSAA; Ayvazian, 2008) was modified from the original scale that assessed acculturation among Mexican Americans (Cuellar et al., 1995). These acculturation scales break down acculturation into four factors: language use and preference, ethnic identity and classification, cultural heritage and ethnic behaviors, and ethnic interaction. For example, participants rated how much they identified with the statements, "I enjoy English language music" and "I enjoy English language music." Two questions regarding letter writing were updated to describe social media exposure to better match modern experiences. Additionally, each instance of "Anglo Americans" was changed to "Americans" to reflect local terminology. The scale is comprised of two subscales, the Armenian Orientation Subscale (ARMOS), with 17 items, and the Anglo Orientation Subscale (AOS), with 13 items. This study demonstrated a McDonald's omega of .86 for the ARMOS subscale and .73 for the AOS.

Acculturative stress. The Societal, Attitudinal, Environmental, and Familial Acculturative Stress Scale (SAFE) includes 17 items that measure acculturative stress on a five-point Likert scale. For example, participants rated how much they relate to the statement, "Because of my ethnic background, I feel that others often exclude me from participating in their activities." With this sample, the SAFE demonstrated a McDonald's omega of .88.

Historical loss. A scale to assess historical loss was adapted from a previous scale for historical loss among Native Americans in which participants identify how much they experience thinking about different community or cultural losses on a five-point Likert scale from "never" to "several times a day" (Whitbeck et al., 2004). Examples of items include "Losing our historic

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landmarks (ex: churches, khachkars)" or "losing our language." Questions were modified to apply appropriately to the Armenian experience based on themes discovered in Study 1. For example, the statement, "The loss of our family ties because of boarding schools" was changed to "the loss of our family ties because of forced migration." This sample demonstrated an excellent internal consistency with a McDonald's omega of .95. All items and response options (along with aggregate responses) are presented in Table 4.

      Cultural preservation. To accompany the historical loss scale, the researcher created a scale to measure cultural preservation in response to transgenerational trauma. Based on interviews with Armenian American transitional aged youth, questions covered topics of appreciation for culture, language, values as well as cultural preservation efforts. For example, the scale asked participants how much the experiences of unresolved historical losses "made [them] proud to be Armenian" or "encouraged [them] to maintain Armenian culture." The scale demonstrated good reliability through a McDonald's omega of .89 with this sample. All items and response options (along with aggregate responses) are presented in Table 5.

      Community connectedness. Multiple measures were used to assess community connectedness. The Inclusion of Community in Self Scale (ICS) was used to assess connectedness to the community (Mashek et al., 2005). The ICS is a single-item pictorial measure and asks participants to select the circles that best represent the participant's relationship with their community.

Survey Procedures

      Participants accessed the survey through a weblink or QR code. They completed the 112-item survey in English on the Qualtrics website, which estimated that the survey would take approximately 13 minutes to complete.

All participants, regardless of age, signed a consent form before beginning the survey. The survey was anonymous for all participants. After finishing the survey, 200 participants opted in to provide their email address or phone number on a second form to receive a $5 gift card. This reimbursement was funded by the Ray E. Hosford Memorial Research Award. The use of a second form allowed for their survey data to stay anonymous and was not linked to their contact information. Using the display logic on Qualtrics, only participants who finished the survey had access to the sign-up link for the reimbursement. To evaluate the authenticity of self-report responses, participants were asked how honest they were in completing the survey. 51 respondents were removed from the data as they responded that they did not answer all the questions honestly. Furlong et al. (2017) found that this type of honesty identification question detected participants who finish the survey quickly and answer multiple question with unusual responses. Additionally, 49 respondents were removed if they did not complete the survey. Twenty participants, out of these 49, did not respond to the survey past the eligibility questions, five stopped after the acculturation questionnaire, eight after the acculturative stress questionnaire, six after the YPSC, two during the historical loss and cultural preservation questionnaire, two after the community connectedness question, and six missed crucial questions throughout the survey. Therefore, there was variability in where dropped participants stopped completing the survey. Although listwise deletion leads to greater loss in data, it is the less problematic method for information missing randomly (Allison, 2001).

Power Analysis

The proposed path model yielded 22 degrees of freedom. A power program on R, a statistical software, suggested a sample of at least 156 participants for adequate power (R Core Team, 2017). The current sample included 215 participants.

Statistical Analysis

The proposed model was specified based on past theory and current hypotheses. To analyze the model built from empirical evidence and the theoretical orientation, a path analysis was conducted using Mplus 8 (Muthén & Muthén, 2017). The model-data correspondence was evaluated relative to the number of fit indices. The chi-square was used to examine the hypothesis of exact fit (Barrett, 2007). Following the recommendations by Hu and Bentler (1999), a cutoff value of .95 was used for the TLI and CFI, .08 for SRMR, and .06 for RMSEA.

Results

Descriptive statistics are presented in Table 6 and correlations among study variables are shown in Table 7. Path analysis revealed that the model was a good fit to the data on the basis of goodness of fit statistics ($\chi^2 = 16.76$, $df = 12$, $p = .16$; CFI= .99, TLI=.97; RMSEA = .04 [RMSEA confidence interval= .00 - .087]; SRMR = .05.

A visualization of the path analysis and the standardized path coefficients are displayed in Figure 6. All paths were significant, except for the one between acculturation and mental health stigma. Each path coefficient demonstrates the strength of the direct effect, in that a value less than .1 is generally considered a "small" effect, around .3 is a "medium" effect, and greater than .5 is a "large" effect (Suhr, 2008). As expected, more highly enculturated participants were more likely to report more connectedness to community (standardized coefficient = .48, $p <$ .001) and to perceive an impact of both historical loss (standardized coefficient = .24, $p < .001$) and cultural preservation (standardized coefficient = .33, $p < .001$). Acculturation was not as predictive in the model as compared to enculturation but did significantly reduce the risk of perceived historical loss (standardized coefficient = -.14, $p = .04$). Interestingly, contrary to expected results based on previous research, acculturation was associated with higher rates of

acculturative stress (standardized coefficient = .15, p = .02). Mental health stigma (standardized coefficient = .49, $p < .001$), acculturative stress (standardized coefficient = .16, p = .008), and perceived historical loss (standardized coefficient = .14, p = .02) all predicted higher rates of mental health distress. Additionally, both community connectedness (standardized coefficient = -.14, p = .02) and cultural preservation (standardized coefficient = -.13, p = .04) acted as resiliency factors against mental health concerns. This path model explained 42% of the variance in the mental health outcomes, as derived from the R-square analysis. The model explained 35% of the variance in cultural preservation and 19% of the variance in historical loss.

The significance of proposed indirect effects was also tested. We predicted historical loss, cultural preservation, and community connectedness to act as mediators for enculturation to indirectly predict mental health symptoms. While historical loss and cultural preservation were not significant (but close to significance) in their indirect impact, community connectedness significantly mediated the association between enculturation and mental health needs ($\beta = .07, SE = .03, p = .02$). From acculturative stress to mental health, two significant indirect effects were identified through historical loss ($\beta = .05, SE = .02, p = .03$) and mental health stigma ($\beta = .25, SE = .04, p < .001$). The indirect effect of cultural preservation between community connectedness and mental health was not significant ($\beta = -.02, SE = .01, p = .09$). Whereas the indirect path through stigma (from acculturation to mental health) was insignificant, the indirect path from acculturation to acculturative stress to mental health stigma to mental health symptomology was significant ($\beta = .07, SE = .02, p = .03$).

Discussion

This is the first quantitative study to examine the impact of unresolved historical loss as an agent of transgenerational trauma and transgenerational resilience for the mental health of

Armenian Americans. Given the sparse amount of research on Armenian American mental health, the results are critical for informing mental health professionals about key cultural and community considerations in working with Armenian immigrant communities, such as the importance of historical loss, mental health stigma, and community support. The main findings of the study were that (1) acculturation, enculturation, and acculturative stress play a role in perceived historical loss and cultural preservation, (2) historical loss, acculturative stress, and mental health stigma predict mental health distress, and (3) cultural preservation and community connectedness can act as resiliency factors.

Limitations

Several limitations should be considered when interpreting our findings. First, this study was completed during the COVID-19 pandemic, and this context limited recruitment efforts. Due to the pandemic, the researchers could not physically show up to classrooms and community organizations to ask participants to complete the survey in real time. However, this limitation was addressed by working through popular Armenian social media pages and through teachers, psychologists, and students at public schools to spread the survey link.

As the path model explained 42% of the variance in mental health, other crucial variables, which were excluded for privacy and sample size concerns, may help explain the remainder of the variance. Future research should incorporate current individual, family, and community traumas to consider how they influence feelings of historical loss and mediate the relation to mental health. For example, experiences of modern displacement, such as those experienced by Syrian Armenian, Artsakhsti, or Palestinian Armenian families, may exacerbate feelings of historical loss. Secondary trauma and connection to the war in Artsakh, as demonstrated in Study 1, should be examined in quantitative research as well. Mental health was

measured by a composite factor for a fuller comprehension of impact on well-being. However, examination of specific subscales of mental health, such as internalizing symptoms, externalizing symptoms, school functioning, somatic complaints, and attentional concerns, may illuminate how the measured factors impact specific forms of mental health presentation.

Path analysis allows for the analysis of multiple dependent and independent variables to extract direct and indirect paths based on theory. However, as with all analyses, path analysis offers some limitations as well. There is a one-way causal flow with path analysis which may not always be the best representation of reality. For example, although we hypothesized that historical loss predicts mental health based on theoretical interpretation, it's also possible that mental health reciprocates an impact on perceived historical loss, meaning that Armenian Americans with more mental health issues, particularly depression, may be more likely to feel greater impact of structural and historic injustices.

Interpretations

The present study found that Armenian participants presented with high rates of historical loss feelings (shown in Table 3). On average, participants thought about the various types of historical losses mentioned in the scale almost weekly. Respondents most reported thinking daily or several times a day about the impact of losing land (41.6%), of lost historic landmarks in Western Armenia (34.4%), and of the lack of awareness about the genocide (30.2%). These high rates should be interpreted in the context of the collective trauma of the war in 2020, that participants from Study 1 strongly situated to the continued transgenerational trauma of Armenians as directly caused by lack of genocide recognition and continued oppression of the Armenian people. Participants in Study 1 reported that feelings of historical loss and current secondary trauma associated with the current war and other collective traumas triggered higher

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rates of hopelessness and anger. These unresolved feelings also further perpetrated mental health concerns, including depression and anxiety. These qualitative results were replicated in this study. Since path analysis does not truly measure causality (directionality is purely theoretical), an alternative interpretation is that higher mental health distress may lead them to perceive the impact of the historical losses as greater or deliberate these thoughts more thoroughly. Regardless, of directionality, these significant relations emphasize the need for mental health professionals to be cognizant of the sociopolitical context of the cultural communities they serve.

Our findings also highlight the importance of centering transgenerational resilience factors when discussing the impact of collective and transgenerational trauma to deduce better ways to support the transitional aged youth in the Armenian community. Experiences of cultural preservation and community connectedness both acted as protective factors against mental health concerns. Fast and Collin-Vézina (2010) reviewed several studies that showed cultural preservation as a similar protective factor for indigenous Americans (described as "cultural or spiritual orientation"). On the new cultural preservation scale, participants on average reported high rates of cultural pride, cultural preservation, and community values. Among the items, respondents most endorsed their encouragement to maintain language. Our path analysis identified community connectedness as a significant indirect path from enculturation to mental health outcomes. This finding was also reflected in the Study 1 interviews; participants who described high rates of perceived historical loss, without community connection, struggled the most in feelings of hopelessness and mental health as they did not have spaces to engage in activism, art, or collective support.

These findings also further illustrated the complexity of acculturation and enculturation experiences. When comparing the significance and impact in this path analysis, enculturation

played a more important role than acculturation in the development of both historical loss and cultural preservation. This relation is expected as more enculturated participants are more likely be aware of both historical and current events and their impact and are more likely to be connected to the global Armenian community. This difference highlights the importance of using a multidimensional approach to acculturation, such as the two-dimensional model proposed by Berry (2003). These findings also contribute to the conversation surrounding the "immigrant paradox," in that more highly acculturated immigrants have less optimal outcomes in a range of developmental variables as compared to more newly immigrated youth (Coll & Marks, 2012). Researchers stress the importance of considering a wide variety of risk and resiliency factors that lead to these outcomes, some of which are included in this analysis, such as community support (Marks et al., 2014; Suaárez-Orozco et al., 2009). In our study, both enculturation and acculturation offered risk and resiliency factors that are essential in the development of mental health concerns or well-being.

Within the acculturation variables, acculturative stress played a more significant role than acculturation itself. This distinction can be explained when looking at the specific experiences that these constructs measure. While acculturative stress measures the specific stressors, such as discrimination and lack of resources, that would impact mental health, acculturation simply measures connection to American culture. Thus, the stressors included in acculturative stress would have a greater impact on mental health than simply assimilating. Interestingly, acculturative stress positively associated with acculturation and negatively with enculturation. Other studies on acculturative stress among other ethnic minority groups (including Asian, Black, and Latinx groups) presented with the opposite associations, e.g., Hwang and Ting (2008); Torres et al. (2012); Alamilla et al. (2020). However, these authors did emphasize the

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importance of multiple factors in the experience of acculturation that contribute to acculturative stress, including pressures to assimilate, pressures to maintain heritage culture, and experiences of discrimination. Therefore, the context of the group may be crucial to understanding these differences. One possible explanation for this paradox could be the specific location of our recruitment. Los Angeles hosts a large proportion of immigrants from various ethnic groups, potentially creating a peer system that understands and supports acculturative stresses. However, those who are more acculturated may be living in areas with less of these connections and less protective factors against these stressors, and thus, more exposed to discrimination experiences. Examples of the questions on the acculturative stress survey include, "It bothers me that family members I am close to do not understand my American values" or "Because of my ethnic background, I feel that others often exclude me from participating in their activities." Participants who are more enculturated, may be surrounded by either those of similar ethnic background and/or those from other immigrant backgrounds, and may not feel as excluded. Another potential explanation is that participants who are more acculturated are more aware of discrimination and systemic issues. Similarly, Torres et al. (2012) found that Latinx participants with higher rates of Anglo orientation perceived more discrimination.

For participants in this sample, historical loss and mental health stigma indirectly mediated the effect of acculturative stress on mental health. Therefore, acculturative stress and historical loss can be interpreted as compounding stressors, and mental health stigma may act as a barrier against seeking support for those mental health needs. These results support the double stigma model suggested by Gary (2005), in which she proposes a systemic and intersectional approach to understanding the mental health stigma and treatment seeking disparity for ethnic minority groups in the United States. This model proposes that since members of ethnic minority

groups already face discrimination, the burdens of mental illness act as a double stigma, meaning that folks that are already experiencing one form of oppression are inherently going to be less willing to accept the label of a mental illness. This theory shifts the blame from the individual or community to systemic power imbalances. The results of this analysis support this theory, in that mental health stigma mediates the association between acculturative stress and mental health stigma.

Implications for Mental Health Practitioners and Schools

Pracitioners and organizations that engage with Armenian American transitional aged youth may want to incorporate these findings into their work. For example, school can adopt healing centered engagement plan as proposed by Ginwright (2018), which builds off a trauma-informed approach, but also acknowledges the strengths of the students and their communities. For the Armenian population, the found association in this study between historical loss and mental health outcomes highlights the importance of sociopolitical conditions of a community and how they can influence a lens in which they experience identity development, transgenerational trauma, and mental health. Therefore, practitioners should be aware of the historical and current context of the populations that they serve and actively ask about their impact in treatment. A cultural humility approach, in which the practitioner does not assume the client's experience but instead allows them to build their narrative, can allow clients to make meaning of these experiences.

For schools, a healing centered engagement plan would incorporate cultural considerations into the classroom and extracurricular activities. Identified resiliency factors, such as cultural preservation and community organization, can be fostered to support students through feelings of unresolved historical loss. School psychologists can ensure that their students have

opportunities to highlight their culture to their peers and share their history in their classrooms and extracurricular activities. Inclusionary actions that allow Armenian students to feel supported can be particularly important for those who do not have opportunities to connect with the Armenian community. Given that this study found that Armenian transitional aged youth who were more acculturated were more likely to experience acculturative stress. Therefore, although schools that host Armenian students who are more acculturated may not feel the need to consider culturally specific needs, all immigrant youth need the support to succeed. Lastly, mental health stigma was shown to be associated with mental health needs, signifying the importance of creating education efforts to address mental health stigma. The values of community connectedness and resiliency can be incorporated into efforts to reduce mental health stigma and to increase engagement in mental health treatment within the Armenian community. For example, mental health care can be publicized as a means to better support the community. Additionally, therapy groups can center cultural resiliency to engage transitional aged youth and speak the language that feels comfortable to them.

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Table 3.

Demographics of the 215 Participants Included in the Analysis

Characteristic	%	Mean	SD
Age (years)		16.95	2.24
LGBTQIA-Identifying	7.1%		
Mixed Ethnicity/Race	14.4%		
Genocide Descendant			
Yes	55.3%		
No	13.0%		
Not Sure	31.6%		
Gender			
Woman	67.0%		
Man	32.6%		
Gender Non-Binary	0.5%		
Immigration Status			
First Generation	30.2%		
Second Generation	57.7%		
Third Generation	10.2%		
Before Third Generation	1.9%		

Note: Participants that responded that they did not answer all the questions honestly were

removed from the analysis and thus, not included in this table.

Table 4.

Frequency of Thoughts of Historical Loss from the Armenian Historical Loss Scale.

Item	Never	Yearly or at special times	Monthly	Weekly	Daily	Several times a day
The impact of the denial of the Armenian Genocide	2.8%	27.0%	23.3%	23.3%	15.8%	7.9%
The impact of the lack of awareness of the genocide	4.2%	19.5%	24.2%	21.9%	18.6%	11.6%
Losing our art (ex: music, dance, etc.)	11.2%	19.1%	25.6%	21.4%	14.4%	8.4%
Losing our language	10.2%	18.1%	18.6%	20.5%	18.6%	14.0%
Losing our values	12.6%	17.2%	17.2%	20.0%	20.0%	13.0%
Losing our land	4.2%	13.6%	22.0%	18.7%	21.0%	20.6%
Losing our historic landmarks in Western Armenia (e.g., churches, khachkars)	4.2%	20.9%	16.7%	23.7%	17.2%	17.2%
Losing our traditional religious ways	16.4%	17.3%	19.6%	20.6%	14.5%	11.7%
The loss of our family ties because of forced migration	13.0%	20.0%	18.1%	20.0%	13.5%	15.3%

Table 5.

Participants' Responses on the Impact of Transgenerational Trauma as Cultural Preservation and Transgenerational Resilience from the

Armenian Cultural Preservation Scale

Item	Not at all	A little bit	Sometimes	Often	Always
Made me value connection to an Armenian community	1.4%	6.5%	22.4%	28.0%	41.6%
Made me proud to be Armenian	2.3%	2.8%	11.3%	16.4%	67.4%
Made me more interested in activism	3.8%	3.8%	18.9%	23.6%	50.0%
Helped me be more understanding of other communities' struggles	1.9%	4.7%	14.6%	26.9%	51.9%
Encouraged me to maintain Armenian language	0.9%	0.9%	10.3%	18.2%	69.6%
Encouraged me to maintain Armenian culture (values, music, etc.)	1.4%	3.8%	10.4%	22.6%	61.8%
Encouraged me to connect with or keep relationships with Armenians around the world (ex: with family in Armenia)	3.7%	2.8%	14.0%	19.6%	59.8%

Note: Participants responded to the question, "how much have the experiences of unresolved historical loss, such as genocide and displacement, affected you in the following ways?"

Table 6.

Descriptive Statistics for Study Variables

	Mean	**SD**	**Range of Possible Scores**	**McDonald's ω**
Enculturation	3.21	0.59	0 - 4	.86
Acculturation	2.60	0.59	0 - 4	.73
Acculturative stress	1.21	0.81	0 - 4	.88
Historical loss	2.58	1.25	0 – 5	.95
Cultural preservation	3.29	0.75	0 - 4	.88
Stigma	1.88	0.92	0 - 4	.91
Community connection	3.01	1.69	0 - 6	-
Mental health symptoms	23.03	11.76	0 - 66	.92

Table 7.

Correlations Among Study Variables

	1	2	3	4	5	6	7	8
1. Enculturation	-							
2. Acculturation	-.31***	-						
3. Acculturative stress	-.14*	.15*	-					
4. Historical loss	.24***	-.16*	.29***	-				
5. Cultural preservation	.49***	-.10	-.01	.39***	-			
6. Stigma	-.08	-.03	.49***	.27***	.03	-		
7. Community connect	.48***	-.12	-.07	.09	.38***	-.12	-	
8. Mental health symptoms	-.23**	.07	.44***	.25***	-.03	.61***	-.24**	-

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Figure 5.

Recruitment Flyer for the Survey

Participants Needed!

For a survey to learn about the community needs
& strengths of Armenian youth in L.A.

Are you eligible?

1. Armenian
2. 14-21 years old
3. Live in LA County

If you have any questions,
please contact:
Alissa Der Sarkissian

adersarkissian@ucsb.edu
(805) 364-2992
Doctoral Candidate - UC Santa Barbara

IRB #48-20-0483

**GET $5 FOR A 10
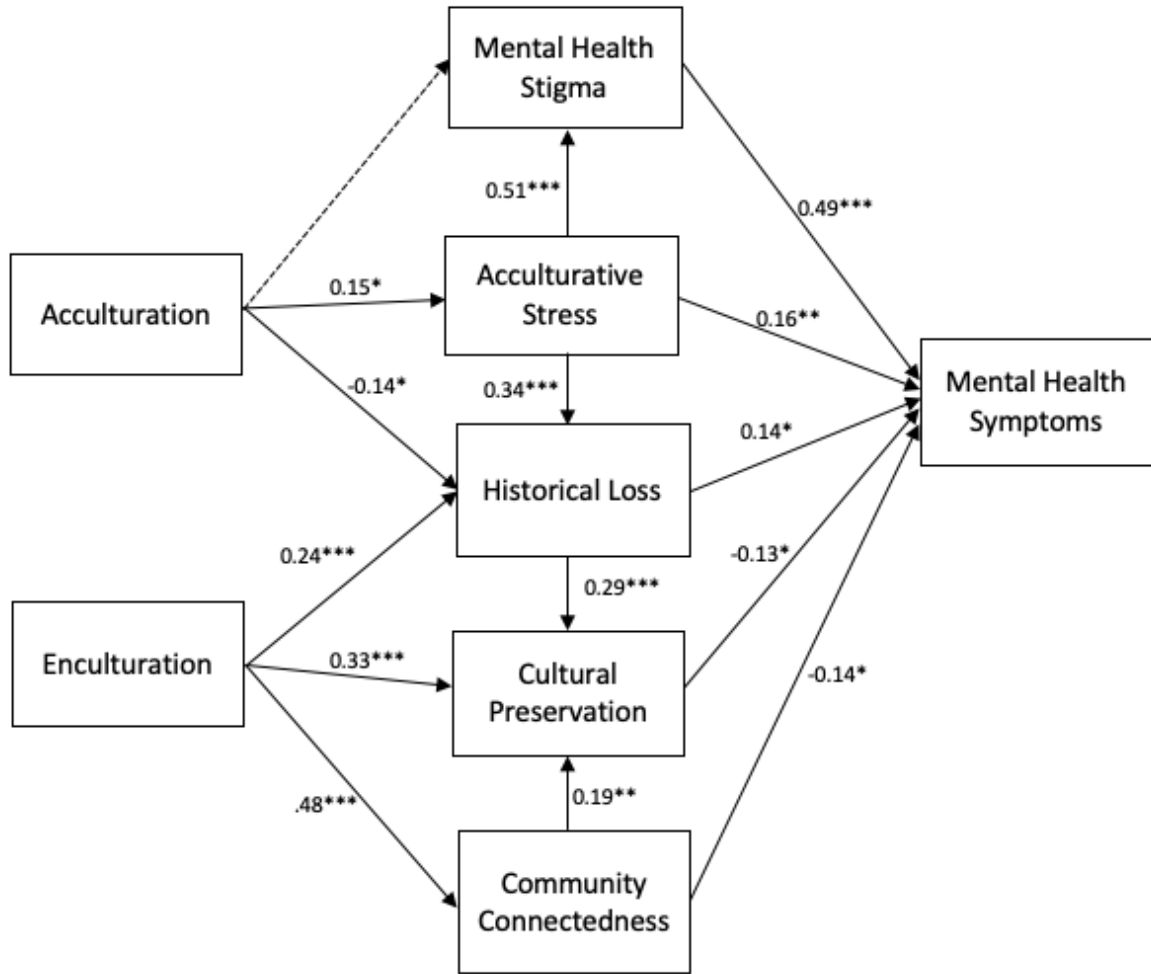MINUTE SURVEY**

TO ACCESS SURVEY:
tinyurl.com/1je2d20n

Figure 6.

Path Model of the Casual Relation Between Enculturation, Historical Loss, Resiliency Factors, and

mental health among Armenian American Transitional Aged Youth.

Note: Coefficients are standardized. Non-significant connected are represented with dashed arrows.
p<.05, **p*<.01, ***p*<.001