

**Exploring the Mediating Role of Belongingness: Racism, Mental Health, and Migrant  
Identity**

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### Abstract

This study investigated the role of a sense of belongingness in the relationship between perceived racism and mental health in individuals with migration backgrounds (IMB) in Western Europe. Due to racialization by Western ideology, IMB face high rates of racism in Western Europe. This exposure to racism might lead to negative mental health, which can be mediated by a lack of belongingness. However, in order to feel a sense of belongingness, IMB use various identities such as ethnic and national identity. As there were differences in identities and outcomes on belongingness, the study will also look at the impact of identities on belongingness. A questionnaire with pre-existing scales and an additional open question regarding the identity was created to examine the hypotheses. Namely, perceived racism, mental health, sense of belongingness and identity were measured within a sample of 58 participants. The findings indicated no direct relationship between racism and mental health, but it suggested that sense of belonging is correlated with each of the variables separately. In other words, sense of belonging and mental health are positively correlated, while sense of belonging and perceived racism are negatively correlated. Furthermore, those identifying with the national identity had the highest sense of belonging. The mean of sense of belongingness for the national identity group was significantly different to the mean of the neither identity group. Thus, the results highlight the importance of the inclusion of IMB within Western European society by increasing a sense of belongingness.

**Keywords:** Racism, Mental Health, Sense of Belongingness, Individuals with Migration Background, Migrant Identity

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## 1. Introduction

Experiences of racism are consistently linked to negative mental health outcomes of individuals with migration backgrounds (IMB) (Metzner et al., 2022). In general, IMB are referred to as individuals (1) who migrated (in-) voluntarily from another country to their current country of residence or (2) who have at least one parent who migrated from another country into their current country of residence (Home Affairs, n.d.). Recent research highlights that IMB regularly face discrimination and social exclusion within the community. Particularly, high rates of racism against racialised groups were observed in Western European countries such as Austria, Germany, and Finland (Askew, 2023). In general, interpersonal racism in Western European societies is expressed in form of othering and exclusion of IMB (Metzner et al., 2022). Notably, racism has adverse effects on IMB's mental health and leads to a lack of belonging (Janke et al., 2023). This is amplified by the dynamic that Western European societies ignore racism and its consequences on mental health (Ball et al., 2022). As follows, there is an urgent need for research to investigate the connections between racism and mental health.

### 1.1. Racism and Racialisation

To grasp the problem mentioned, a clear understanding of racism is necessary. In this study, racism is defined as “prejudice and discrimination based on a person's racial background, or institutional and cultural practices that promote the domination of one racial group over another.” (Kassin et al., 2016, p.157). Race is a concept created by Western society and established on nationality, ethnicity, and religion, but it is often mistaken as a biological aspect (Williams et al., 2019). As shown above, racialization constructs individuals into racial groups, thereby attaching hierarchical significance to these groups (Rollock & Gillborn, 2011). Western European categorisation of non-white races as inferior has historically served to justify exploitation and oppression, including practices such as enslavement, scientific racism, and the Holocaust (Ball et al., 2022; Baltasar, 2023). Thus, the white race is visualised as superior throughout history and gets allocated more privileges (Böröcz, 2021). Thereupon, white superiority expresses racism through stereotypes (beliefs towards a whole minority group), prejudice (aversive feelings towards other races than the white race) and discrimination (derogative action against minorities) (Kassin et al., 2016). The perceived superiority of the white race leads to a devaluation of minorities within Western Europe.

Even today, white superiority is retained through mechanisms of social exclusion. Social exclusion refers to the diminished possibilities to participate fully within a society

through barriers created by that society (Boardman et al., 2022). This means that IMB often find themselves marginalised from the mainstream society due to differences such as social status and native language (Hoehne & Scharrer, 2021). The notion of exclusion links to cultural racism, which is the reflection of the preference for Western and similar cultures over non-Western civilizations. For example, Ukrainian refugees were welcomed more openly into society and thus received more support compared to refugees racialized as non-Western (Sinclair et al., 2023). Furthermore, IMB's access to resources and opportunities in social, economic, political, and cultural areas is intentionally limited (Boardman et al., 2022). This structural racism helps provide more resources and thus power to the mainstream society (Misra et al., 2021). Especially social exclusion negatively impacts IMB's psychological mental health as it decreases IMB's self-esteem and leaves the need for connection unfulfilled (Burmeister, 2012). Thus, the preservation of racism is ensured by the complex structure within Western Europe.

## **1.2. Critical Race Theory - Racism and Mental Health**

The marginalisation of IMB has consequences for their mental health. The Critical Race Theory (CRT) gives insights into how white superiority contributes to mental health issues (Delgado & Stefancic, 1993). CRT explains the relationship between racism and mental health by elaborating on racialised social inequalities (Rollock & Gillborn, 2011). The notion of mental health is defined as “[...] not merely the absence of mental illness, but it also includes the presence of positive feelings (emotional well-being) and positive functioning in individual life (psychological well-being) and community life (social well-being).” (Lamers et al., 2011, p.1). However, racialised groups' mental health suffers due to the way these groups learned to cope with social inequalities like poverty (McGee & Stovall, 2015). These stress-related experiences contribute to changes in cognition and finally to poor mental health (Brown, 2003). To be precise, multiple aspects are explained in CRT, but this study will focus on two, namely the centrality of racism and intersectionality (Delgado & Stefancic, 1993).

Firstly, there is a centrality of racist concepts within Western European societies. According to CRT, racism is normalised in Western society. In fact, these concepts are deeply rooted in sociopolitical systems (Delgado & Stefancic, 1993; Rollock & Gillborn, 2011) and retained through old pseudoscience of white researchers (Hasters, 2023). Previous studies used biased IQ tests on immigrants, resulting in false detection of 'inferiority' (Ball et al., 2023; Böröcz, 2021). As immigrants have never engaged in such tests, they performed poorly, which was support for the white researchers to assume an innate inequalities. This means that

the racism IMB are exposed to is not seen as racism itself but as a justified treatment. In line with Brown (2003), IMB can internalise these racist concepts. In other words, IMB adopt the negative beliefs and inequalities they are faced with. Consequently, this internalised racism can cause high mortality rates, self-perceived diminished health (Misra et al., 2021), depression, anxiety, distress, and psychological stress were found in IMB (Marinucci & Riva, 2020).

Secondly, racialised groups experience diverse mental responses towards racism. As stated by the intersectionality concept of Kimberlé Crenshaw (1989), individuals have multiple social identities interplaying with one another and resulting in different discriminating experiences. As an example, a black female immigrant is a victim of racism and sexism, while a white gay man experiences homophobia. Eventually, the complexity and uniqueness of the individual occurrences furnish different treatment. For instance, IMB experience a shortage of allocated resources, contributing to decreased overall life satisfaction (Marinucci & Riva, 2020). Mainly, Namer et al. (2022) mentioned that minorities lack opportunities to receive adequate public health due to racialisation within the health sector and policies. Furthermore, the complexity and uniqueness of the individual occurrences furnish different coping mechanisms in IMB. McGee and Stovall (2015) argue that IMB can for example suppress their emotions or counteract against the racism. For this reason, the different characteristics of IMB help to make sense of the racism IMB face and what consequences this has on IMB's mental health.

Overall, the denial of racialisation by Western European countries makes open discussions about racism even more difficult (Hasters, 2023). Western European governments project an anti-racist identity of equality to improve their global standing considering their postcolonial history. At the same time, they still possess an unnamed 'Whiteness' identity through policies and beliefs (Böröcz, 2021). This implies that oppression and exploitation of marginalised groups are accepted by Western European societies.

### **1.3. Influence of Belongingness**

These negative mental health outcomes are accompanied by a lack of belongingness. Sense of belonging involves the perception of being included as part of the community and influences the perception of exclusion and inclusion (Hoehne & Scharrer, 2021). Equally important, Malone et al. (2021) added that belongingness is divided into feeling accepted and the absence of rejection. As social animals, humans have a general desire for social

relationships that are intended to be satisfied (Burmeister, 2012). If the need is satisfied, it diminishes feelings of loneliness and increases self-worth (Salami et al., 2019), but also improves self-esteem and gives importance to their existence (Marinucci & Riva, 2020). Additionally, belongingness seems to restore mental health outcomes, while positive mental health can increase the sense of belongingness to the country of residence (Lamers et al., 2011). Yet, Janke et al. (2023) observed that minorities with migration backgrounds felt in general less likely to belong within a Western European country. The reason for this lack of belongingness is found in racism, particularly social exclusion (Burmeister, 2012). Since IMB are racialised and experience othering, they do not see themselves as part of the mainstream society. As a result, IMB experience negative mental health outcomes such as anxiety and sadness (Burmeister 2012). Hence, racism decreases the sense of belongingness, which in turn declines mental health.

#### **1.4. Migrant Identity**

IMB must reconcile several aspects in their identification. Especially because IMB are consistently made to feel different, they inherent racial discrimination and belongingness into their identification (Giuliani et al., 2018). Similarly, the differentiation between IMB's heritage background, their country of residence, and other identifications creates a conflict for IMB as racialisation is based on the separation of races and cultures (Cobb et al., 2019; Hasters, 2023). As a result, some identify with their heritage and follow the ethnic culture (ethnic identity), while some experience more connection to the identity within the country of residence (national identity) (Hasters, 2023). However, which identity is central depends on the individual, their family, and their community (Kassin et al., 2016).

When exposure to discrimination is high, children of immigrants (second-generation immigrants) tend to group themselves to the ethnic identity rather than the national one, which is different for first-generation immigrants (Giuliani et al., 2018). Generally, first-generation immigrants felt more belongingness towards their ethnic identity (Salami et al., 2019), whereas this expands social exclusion from the mainstream society (Marinucci & Riva, 2020). Giuliani et al. (2018) support this, arguing that national identity mediated the relationship between discrimination and well-being. In fact, national identity positively influenced the feeling of inclusion, but only for children of immigrants. Nevertheless, identifying with one's ethnicity contributed to positive mental health (Salami et al., 2019). The differences in the usage of migrant identity and sense of belongingness amplify the need for further investigation.

The reason for those identifications is explained by the social identity theory. Identification with categories helps individuals to make sense of themselves (Cobb et al., 2019; Kassin et al., 2016). Social identity is based on group achievements and identifying oneself with a group, namely ingroup. Moreover, these two components can improve one's self-esteem, which is called social identity theory invented by Tajfel and Turner (cited in Kassin et al., 2016). The social identity theory predicts that if self-esteem is in danger, one favours their ingroup and discriminated the outgroup and thus create space between ingroups and outgroups (Sinclair et al., 2023). For this reason, being perceived as a member of an outgroup diminishes one's well-being (Salami et al., 2019). Cobb et al. (2019) found that ingroup association can contribute to more coping opportunities when racialised individuals experience racism. Thus, social identification creates more resilience in IMB, which in turn creates belongingness (Giuliani et al., 2018). IMB can use social identity to define who they are and to deal with racism.

### **1.5. Research Question**

It should be noted that this study used literature that is not specifically targeted to IMB, Western European contexts and racism. Previous research targeted specific ethnicities or generations and centred their studies on specific countries in Western societies. Furthermore, often (ethnic) discrimination is used to describe experiences which should be conceptualised as racism. Precisely because the findings cannot be generalised, this shows the necessity of this study. The study investigates the influence of a sense of belongingness on the negative relationship between racism and the mental health of IMB in Western Europe. Therefore, the first research question is *How does a sense of belonging influence the relationship between racism and mental health in IMB in Western Europe?*

There are three hypotheses for the first research question. Firstly, there is a negative association between perceived racism and mental health (H1). Secondly, sense of belongingness is negatively associated with perceived racism, and positively associated with mental health (H2). Thirdly, a strong sense of belongingness in IMB is hypothesised to partially mediate the negative relationship between perceived racism and mental health (H3). In Figure 1, the expected relationship is visualised. A partial mediator explains some part of a relationship and thus weakens the effect of a relationship (Van Der Kolk, 2017). As the sense of belongingness was noted to have beneficial influences on IMB's mental health, it could weaken the negative relationship between racism and mental health.



**Figure 1***Partial Mediating Relationship*

*Note.* Perceived racism negatively influences the sense of belongingness (path a), which in turn positively influences mental health (path b). In other words, the negative relationship between racism and mental health (path c) is partially explained by the variable sense of belongingness.

Moreover, social identification plays a significant role in the creation of a sense of belongingness. Hence, the study aims to answer the following research question *Which identity is used by IMB to feel more belongingness in the country of residence?*

For the second research question, it is hypothesised that categorising oneself into the national identity group leads to a stronger sense of belongingness compared to the other groups, namely ethnic, both, neither, and other identity group (H4).

## 2. Method

### 2.1. Design

The cross-sectional quantitative study analysed the relationship between racism and mental health on IMB and the influence of a sense of belonging on this relationship. In other words, the independent variable (IV) was perceived racism, and mental health was the dependent variable (DV). Sense of belonging was an IV and a mediator within the analysis. Furthermore, the effect of the variable migrant identity (IV) on the variable sense of belongingness (DV) was measured. Lastly, for the additional analysis the influence of migrant identity (IV) on perceived racism (DV) was investigated.

### 2.2. Participants

The study possessed a purposive sample of 58 participants. The participants all were individuals with a migrant background in first (FGI) or second generation (SGI). In Table 1, the demographics of the sample are represented. In the sample, the age ranged between 19 and

62 years ( $M = 30.31$ ,  $SD = 13.42$ ). Participants were excluded from the questionnaire if they were not IMB, not living in Western Europe and if they were not able to complete the study in English or German. Moreover, participants under the age of 18 years were also excluded. Included were FGI and SGI of all nationalities living in Western Europe. Nationality was categorised into continents/regions to present a clear overview.

There was a question about the generation status of the participants to verify that they indeed have a migration background. Although some participants indicated that they do not have any generation status, they were retained within the sample for two reasons. First, some of them have indicated a nationality or ethnicity other than their country of residence. Second, even though they indicated to have no generation status, they only lived in a certain country of residence for a certain period and not since they were born. As a result, these answers gave enough confidence to retain those participants as individuals with migration backgrounds, but it also shows that they do not possess migrant identity. Of the individuals that responded to live in other countries than Germany or the Netherlands, only one person indicated that they are from the United Kingdom (UK), the other two did not provide an answer.

For this study, a power analysis was executed to determine an appropriate sample size. This was done with a medium effect size of .50, a significance level of .05 and a desired power of .80. The findings indicated a sample size of 64. However, the actual findings suggested a moderate power of .58 for the regression analysis and a moderate power of .68 for the ANOVA analysis with a sample size of 58.

**Table 1**

*Sample Demographics*

Sample Characteristics	<i>n</i>	%
Gender		
Men	18	31.04
Women	40	68.97
Nationality		
Western Europe	38	65.51
Eastern Europe	4	6.90
African	6	10.35
Asian	1	1.72
Middle Eastern	2	3.45
South American	2	3.39
Dual Nationality	5	8.62

Sample Characteristics	<i>n</i>	%
Generation Status		
FGI	19	32.76
SGI	32	55.17
None	7	12.07
Country of Residence (CoR)		
Germany	39	67.24
Netherlands	16	27.59
Other	3	5.17
Duration in CoR (in years)		
Always	29	50.00
30-40	5	8.46
20-30	3	5.17
10-20	9	15.51
Under 10	12	20.69

*Note.*  $N = 58$ . The percentage of participants for a certain row is indicated through %. Dual nationality represents individuals who possess more than one nationality.

### 2.3. Materials

The questionnaire was executed in Qualtrics. It was organised in five sections (see Appendix A), namely the demographics, the Perceived Ethnic Discrimination Questionnaire Community Version (PEDQ-CV), the Mental Health Continuum – Short Form (MHC-SF), the General Belongingness Scale (GBS) and an open question regarding their migrant identity. The demographics involved six questions, namely gender, age, nationality, generation status, CoR and length of living in their CoR. In Table 2, mean, standard deviation, internal consistency and the mean score for each scale were calculated.

Requirements for the study were appropriate internet connection and a device with which the sample could participate such as a mobile phone or a laptop. The study was accessible in English and German to target a broader range of participants. While all scales were available in English, only the MHC-SF existed in German (Lamers et al., 2011). The other scales were translated from English to the researcher's native language German with revision through the translation tool *DeepL*.

#### 2.3.1. PEDQ-CV

To measure perceived racism, the PEDQ-CV was used. Even though it is named ethnic discrimination, the paper suggested that it measured perceived racism (Brondolo et al., 2005). There are other questionnaires precisely assessing perceived lifetime racism, however they were not chosen for two reasons (1) those inventories are contextually oriented on North America and exposures to racism are different in Western Europe such as police brutality, and (2) they were invented for African Americans, thus excluding other racialisations. Consequently, the PEDQ-CV assesses a broader range of racism experiences. Also, it is not targeted to a single ethnicity, but to various ethnicities (Brondolo et al., 2005). The scale comprised 22 items in four subscales with a 5-point Likert scale from never happened (1) to happened very often (5). The subscale *exclusion/rejection* possessed eight items, *stigmatization/disvaluation* had six items, and *discrimination at work/school* and *threat/aggression* both with four items. Good internal consistency and convergent and discriminant validity were found for the PEDQ-CV (Brondolo et al., 2005). In this study, only the internal consistency of the subscale *discrimination at work/school* for the German version seems to be on the weaker side. In general, the sample experienced perceived racism at least once in their life (see Table 2). This is also true for each concept of racism, namely *exclusion, stigmatization, discrimination at work/school and threats*. When comparing the values to the findings in Brondolo et al. (2005), this study reported higher values, which means more exposure to racism. Consequently, exposures to racism are perceived regularly (Brondolo et al., 2005). However, there is a high deviation between the participants' total scores ranging from 22 to 90.

### 2.3.2. MHC-SF

The mental health of the sample was measured using the MHC-SF with 14 items and a 6-point Likert scale ranging from never (1) to every day (6). Positive mental health is categorized into emotional, psychological, and social well-being (Lamers et al., 2010). The MHC-SF was not only chosen for its strong psychometric properties (that is, a reliability of .83, moderate convergent validity and high discriminant validity) but also because of the consideration of one's overall life. As said above, influences that often characterise IMB's mental health are socio-economic factors. Furthermore, there was a strong association between the items and mental health, and the items and mental illnesses such as depression and anxiety, which were frequently diagnosed among immigrants (Lamers et al., 2010). In total, the sample has good mental health as the mean score indicates 'about 2 or 3 times a week' (see Table 2). In other words, the sample possesses positive mental health according to

the author of the scale. This means that the sample’s mental health is above average in comparison to Lamers et al. (2010). Nonetheless, the score interval for mental health, which is between 33 and 76, is quite wide. Especially, the scores of social mental health are distinct within the sample.

**2.3.3. GBS**

The GBS by Malone et al. (2012) indicated how connected one feels to others in general and whether they experience a sense of belongingness. This scale provided 12 items including the perception of being accepted (or included) and rejected (or excluded) within society. In this study, participants were asked to respond to the questions on acceptance and rejection in their country of residence. Each subscale possesses six items. These items were measured on a 7-point Likert scale from strongly disagree (1) to strongly agree (7). As for IMB multiple identities come into play, it was necessary to choose a scale that accounts for a broader belongingness conceptualisation. Specifically, “[...] the GBS assesses belongingness across multiple levels of specificity ranging from close friends and family to societal others, to an overarching sense of belonging that transcends interpersonal relationships.” (Malone et al., 2012, p.312). Thus, it includes the opportunity to measure a sense of belonging that is not limited to a specific group. The GBS has a high reliability of .92, next to strong convergent and discriminant validity (Malone et al., 2012). Generally speaking, the findings of this study showed that the participants feel a moderate sense of belonging (see Table 2). But this should be considered with caution as the score interval deviates within the sample between 29 and 81.

**Table 2**

*Psychometric Properties for Scales*

Variables	<i>M</i>	<i>SD</i>	$\alpha$	$\alpha_{En}$	$\alpha_{Ger}$
Racism	2.20	0.85	.95	.95	.95
Exclusion	2.42	0.84	.84	.83	.87
Stigmatization/discrimination	2.17	0.98	.89	.86	.91
Discrimination at work/school	2.36	1.07	.79	.85	.63
Threat/aggression	1.64	0.97	.90	.92	.87
Mental Health	3.91	0.81	.85	.84	.88
Emotional	4.00	0.80	.73	.73	.67
Social	3.33	1.36	.76	.79	.73
Psychological	4.39	0.90	.79	.75	.75

Variables	<i>M</i>	<i>SD</i>	$\alpha$	$\alpha_{En}$	$\alpha_{Ger}$
Belonging	5.06	1.01	.88	.85	.87
Acceptance/Inclusion	5.24	1.10	.87	.85	.86
Rejection/Exclusion	3.13	1.20	.81	.78	.74

*Note.* The En and Ger represent the English and German versions of each scale.

#### 2.3.4. Identity

Lastly, one closed question was created, namely “Which identity do you feel you belong the most?” (see Appendix A). The question was created to analyse how identity affects belongingness. Participants could choose between *ethnic* ( $n = 10$ ), *national* ( $n = 14$ ), *neither* ( $n = 12$ ), *both* ( $n = 18$ ) or *other* ( $n = 4$ ) (with text entry to indicate the other identity). The output suggested that most of the participants use both identities, the ethnic and the national, followed by the *national identity* and the *neither identity*. From the *other identity* group, one used the LGBTQIA+ community, one used the migrant community within their CoR, and another one identified with the ethnic group only partly. Finally, one did not respond to the text entry.

In Table 3, the descriptive statistics for the variables perceived racism, mental health and sense of belongingness are related to each identity group. The group *other identity* had the highest mean score for perceived racism, pointing out that they experience racism occasionally. Conversely, the *national identity* group reported the lowest frequency of perceived racism, with scores indicating rare occurrences. Notably, there is a high interval between the deviations of the groups. To illustrate, the deviation within the *national identity* group was quite low compared to those of the other groups. Moreover, mental health is high in individuals identifying with the *both identity* group, while the *neither identity* group’s mental health scores are moderate. Additionally, the *national identity* group expressed the highest sense of belonging in the CoR, suggesting a strong sense of belonging. Controversy, the other identity group had the smallest scores and reported a moderate sense of belonging.

**Table 3**

*Descriptives for Variables on the Identity Groups*

Identity (%)	<i>Racism</i>		<i>Mental Health</i>		<i>Belongingness</i>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Ethnic (17.24)	2.58	0.89	3.79	0.72	5.03	0.90
National (24.14)	1.60	0.48	4.02	0.82	5.56	0.97
Both (31.03)	2.32	1.00	4.39	0.72	5.25	0.85
Neither (20.89)	2.06	0.77	3.32	0.71	4.4	1.11
Other (6.90)	2.65	0.83	3.46	0.65	4.2	0.92

*Note.* These statistics are given for each identity group for the variables racism, mental health and belongingness.

#### 2.4. Procedure

The Behavioural Management and Social Science Ethics Committee approved the study and only after the approval, data was collected. Participants were invited to the study through the SONA system of the University of Twente and on social media platforms like Instagram, WhatsApp, and Facebook, but also in locations that offer help to immigrants and refugees in Germany. The advertisement contained information about the study and the link to Qualtrics was added.

After welcoming the participants, the intention of the study was explained briefly. All participants filled out the consent form which included information about the data usage and purpose of the study (see Appendix B). Each of them participated on their own will and was briefed about the study design, procedure and how the researcher would use their data. Then, the questionnaires were presented to the participants in the following order demographics, PEDQ-CV, MHC-SF, GBS and the open question. During and after the study, participants were able to ask questions via email. After completing the questionnaire, the participants were thanked for their participation. If participants were students at the University of Twente, they received credits in form of 0.25 SONA points.

#### 2.5. Data Analysis

To analyse the data, it was converted into an SAV file from Qualtrics, and afterwards, the analysis was administered in R-Studio. First of all, the data set was prepared by deleting participants and coding the variables. To clean the data, a Little's MCAR test was run that indicated rather missing data was related to a specific variable. Demographics were evaluated by calculating the percentage, mean and standard deviation of each variable. Afterwards, the internal consistency was measured using Cronbach's alpha for each questionnaire and the

overall scale. To assess the relationship between the subscales a Spearman's rank correlation matrix was performed. Then, the results were presented in a heatmap, which illustrates the strength of a correlation in form of the intensity of the colours. For the correlation a standard of weak ( $> .39$ ), moderate ( $.40$  to  $.59$ ), strong ( $.60$  to  $.79$ ), and very strong ( $< .80$ ) was considered (Van Den Berg, 2021).

For the first research question, three hypotheses were tested. The first hypothesis tested a simple linear regression with perceived racism as IV and mental health as DV. Similarly, the second hypothesis stated two simple linear regression models, namely (1) perceived racism as IV and sense of belonging as DV, and (2) sense of belonging as IV and mental health as DV. The assumptions linearity, independence, normality, and equal variance were tested, but they some were not met for both hypotheses. As follows, Kendall's tau analyses were conducted to investigate the associations. A golden standard of weak ( $> .29$ ), moderate ( $.30$  to  $.49$ ), and strong ( $< .50$ ) was used for Kendall's tau associations.

Thirdly, a sense of belongingness is hypothesised to partly influence the negative relationship between perceived racism and mental health. As the assumptions for the mediation analysis were not met either, a generate additive model (GAM) should give insight about a nonparametric mediation.

To test the hypothesis of the second research question, a two-sided ANOVA analysis was done to assess the differences in the means of the sense of belongingness between the migrant identity groups. While the assumptions were met for ANOVA, the rule of thumb of 20 participants per group could not be met. Yet, the power analysis gave confidence to use the analysis (see section 2.2. Participants). Furthermore, the post-hoc analysis Tukey's Honestly Significant Difference (HSD) was executed to assess the differences between the group means. The null hypothesis was that there is no significant difference in the sense of belonging among different identity groups. The alternative hypothesis suggested that at least one identity (national identity) felt more belonging within the country of residence. Therefore, the mean for belongingness of the *national identity* is expected to be significantly different from at least one of the groups, particularly *ethnic identity*, *both identity*, *neither identity*, and *other identity*.

During the study, questions regarding the influence of migrant identity on perceived racism came up. Another ANOVA was done to see if the means for perceived racism are different for the migrant identity groups. The null hypothesis would indicate that there is no significant difference in perceived racism among different identity groups. The alternative hypothesis was that at least one identity perceives more racism than the other groups. For all



tests, the significance was set at .05 per cent, meaning that the if the p-value is higher than the critical value of .05, a hypothesis can be rejected (Van Den Berg, 2021).

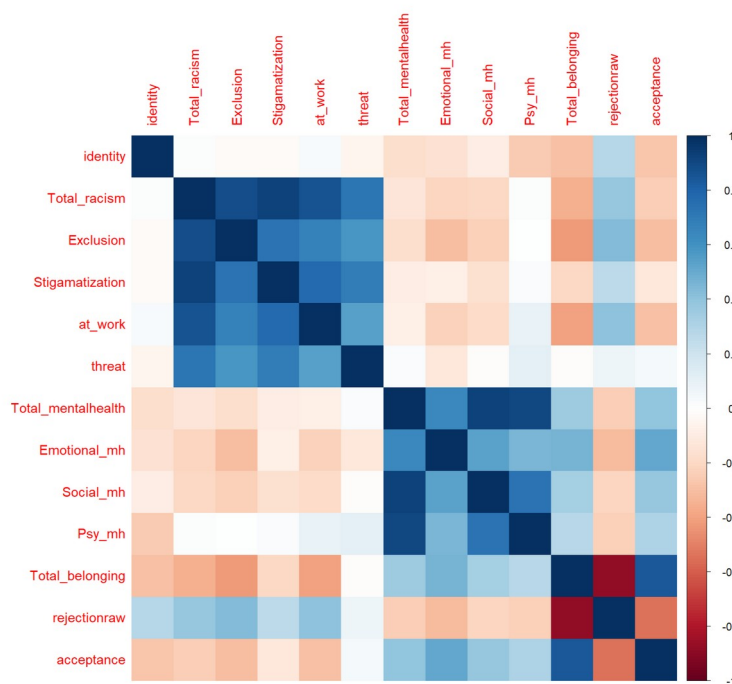
### 3. Results

#### 3.1. Relationship between Subscales

In Figure 2, the correlations between the subscales within a scale were moderate to strong. This is illustrated through the rectangle shapes for each scale. Moderate and positive correlations were found outside of the scales between *emotional mental health* and *belongingness* ( $\rho = .46$ ), *emotional mental health* and *acceptance/inclusion* ( $\rho = .52$ ), *mental health* and *acceptance* ( $\rho = .40$ ), *rejection* and *exclusion* ( $\rho = .43$ ), and *rejection* and *discrimination at work/school* ( $\rho = .40$ ). Some moderate, but negative correlations were observed between *belongingness* and *exclusion* ( $\rho = - .43$ ), and *belongingness* and *discrimination at work/school* ( $\rho = - .40$ ).

**Figure 2**

*Heatmap – Spearman’s Rank Correlation Matrix*



*Note.* Three obvious rectangles that suggest the scales namely PEDQ-CV, MHC-SF, and GBS. For the GBS the correlations between rejection and belongingness, and rejection and acceptance are negative as rejection means that one does not feel belongingness or acceptance.

### 3.2. Testing of H1 and H2

Kendall's tau indicated no significant association between the variables perceived racism and mental health,  $\tau = -0.09$ ,  $p = .33$ . As a result, H1 was rejected. Interestingly, a positive significant association is found for a sense of belonging and mental health using Kendall's tau,  $\tau = 0.25$ ,  $p < .01$ . This correlation can be perceived as weak. Similarly, Kendall's tau for the variables perceived racism and a sense of belonging was also significant and weak, but negative,  $\tau = -0.24$ ,  $p = .01$ . Therefore, H2 was retained.

### 3.3. Testing of H3

Furthermore, the mediation of sense of belongingness on the relationship between perceived racism and mental health was calculated with GAM. The indirect effect of sense of belongingness on the relationship between perceived racism and mental health was significant, ACME = -0.09, 95% CI [-0.15, -0.02],  $p = .01$ . However, the direct effect of perceived racism on mental health was not statically significant, ADE = 0.05, 95% CI [-0.08, 0.18],  $p = .50$ . Similarly, the total effect of perceived racism on mental health was not significant, Total Effect = -.03, 95% CI [-0.18, 0.09],  $p = .60$ . Lastly, the Proportion Mediated by belongingness was also not statistically significant, Prop. Mediated = 2.48, 95% CI [-18.05, 14.37],  $p = .61$ . Even though, the ACME was found significant, H3 was rejected as there is no mediating relationship between the variables.

### 3.4. Testing of H4

The two-sided ANOVA analysis revealed a significant effect of migrant identity (IV) on the responses to a sense of belonging (DV),  $F(4,53) = 2.91$ ,  $p = .03$ . A post-hoc analysis using the Tukey HSD test showed that the mean for sense of belongingness in the *national identity* group was significantly different from the *neither identity* group,  $p = .03$ , 95% CI = [-26.12, -0.84]. No other pairwise comparisons were found statistically significant. Consequently, these results gave confidence to support the alternative hypothesis (H4).

### 3.5. Additional analysis

To analyse if there is a difference in means of perceived racism (DV) between the identity groups (IV) an ANOVA was executed. Based on the output, we can say that there is no significant difference in the means for perceived racism between the identity groups,  $F(4,53) = 2.01$ ,  $p = .11$ . In this manner, the analysis supported the null hypothesis.

## 4. Discussion

The aim of this study was to investigate the influence of a sense of belonging on the relationship between perceived racism and mental health. Belongingness was found to potentially influence perceived racism and thus mental health outcomes. Importantly, different identifications could be used to achieve the general need to belong. Therefore, the study also explored that national identity is used by the sample to achieve a strong sense of belongingness.

### 4.1. First Research Question

The study does not find the expected relationship between perceived racism and mental health within this sample. Notably, likely, the dimensions of mental health that are measured in previous research influenced the findings. For instance, most studies such as Çeri et al. (2017) solely used specific dimensions of mental illness as depression and anxiety. This study however focuses on positive mental health. Although mental health and mental illness are closely related, findings in the context of one concept cannot be generalised for the other. Therefore, the mental health scores are higher than expected.

Another plausible explanation is that IMB may perceive racism as normal or internalise the stigmatisation associated with them. According to CRT, racist attitudes and behaviours are deeply rooted in Western systems to the extent these attitudes are normalised (Delgado & Stefancic, 1993). Even though the sample regularly experiences exclusion and discrimination at work or in school, the racism scores are quite low, especially threat exposures. Moreover, in Western European countries, racism may not be explicitly labelled as such (Hasters, 2023). In fact, rather than using a scale classified for racism, the study needs to employ a scale named perceived ethnic discrimination. Thus, although racism is proven to be a stressful experience for an individual (Brown, 2003), participants coped in one way or the other with the racism they experience.

Moreover, evidence suggest that there is a positive, but weak association is observed between sense of belongingness and mental health. Consistent with the findings of Salami et al. (2019), a sense of belonging is correlated with positive mental health outcomes. Feeling part of the ingroup creates an increased self-worth and gives purpose to the individual, and thus affecting their well-being (Kassin et al., 2016). In particular, emotional mental health and belongingness are found to be correlated in this study. This implies that individuals feeling part of their community report happiness and satisfaction (Burmeister, 2012; Lamers et al., 2011). Taken together, the findings state positive mental health and a moderate sense of

belongingness in the sample. Yet, the social well-being value is quite low compared to emotional and psychological well-being. This means that the sample's feelings concerning society are rather low compared to their personal functioning, explaining the strength of the association between mental health and a sense of belongingness. Altogether, these findings suggest a mutually reinforcing correlation between sense of belonging and mental health among the sample.

Additionally, a negative, and weak association between perceived racism and sense of belonging was significant. Specifically, if participants possess increased feelings of belongingness, experiences of exclusion and discrimination in institutions decrease. This aligns with previous research by Hoehne and Scharrer (2021), who similarly observes that a heightened sense of belonging diminishes perceptions of social exclusion. However, the sample feels rejected, if they are excluded and discriminated at work or in their school. This phenomenon may be explained by the social identity theory (Kassin et al., 2016). IMB do not feel like they belong since they are defined as outsiders (outgroup) rather than members of the CoR community (ingroup). So, acceptance/inclusion reduces social exclusion, but high racism experiences create rejection or exclusion in the study.

Finally, there is no significant mediation in the analysis. The mediation is not significant as there is no relationship between perceived racism and mental health. Furthermore, the wide confidence intervals suggest that the analysis is not adequate for the sample. One possible explanation for these findings is the sample size. Based on the wide confidence interval and the small estimates, one can see that 58 participants are too small to execute the GAM analysis (see 4.3. Limitations). In conclusion, the relationship between the variables needs to be investigated further.

While previous research often emphasised a direct link between perceived racism and negative mental health outcomes, the current results suggest a different association. This implies the need for community interventions that go beyond the understandings of racism and mental health among IMB. In the current study exclusion and discrimination at work and in school played a significant role in the sense of belongingness. Therefore, more support should be given to non-governmental organisations (NGOs) engaging with inclusion and diversity. These initiatives often provide workshops around anti-discrimination practices. Overall, these interventions should be transformed into anti-racism workshops as obligatory events every 3 months in companies and schools. The goal is to inform bystanders how to react when IMB experience racism and create exchanges for IMB to talk about their

experiences. This could make people aware of racism and might increase the sense of belongingness for IMB. To illustrate, Dare2Care is an NGO that provides workshops to improve the emotional competencies of students, teachers and parents that are beneficial for the inclusion of all.

#### 4.2. Second Research Question

For the second research question, the data indicated a significant effect of migrant identity on the sense of belongingness. The national identity group had the highest values for sense of belonging, which were significantly different to the values of the neither identity group. Oppositely, the group other identity had the lowest scores for sense of belonging and the highest for perceived racism. Since most participants identified with the national identity or both identities, racism scores were lower than expected and mental health and belongingness scores were higher than predicted.

Consistent with the hypothesis, IMB who identified with the *national identity* reported greater feelings of belongingness in their CoR. This finding aligns with the study of Giuliani et al. (2018), who reported that those identifying with the national identity have more positive feelings about integration. The *national identity* group was not exposed to racism as much as the *other identity* and *ethnic identity* groups, because those identifying with the national identity are categorised into the ingroup by themselves and others. As a result, this identification makes them more resilient to exposures of racism (Cobb et al., 2019). Being a member of the ingroup (majority) created a greater sense of belongingness in the CoR for the sample.

Further, the *neither identity* group's mean for belongingness was significantly different from the mean of the *national identity* group. IMB identifying with the *neither identity* group are marginalised and possess limited social resources. Notably, the notion acculturation describes that on an individual level, the culture of a person changes if consistently exposed to the mainstream society. This affects the individual in various dimensions such as socially, politically, and biologically (Berry, 1992). As follows, those participants categorised into the outgroup by society have restricted opportunities to bolster the negative mental health outcomes (Kassin et al., 2016). Similarly, the sense of belongingness is also disrupted when IMB belong to other marginalised identities such as LGBTQIA+. Both, the *neither identity* and the *other identity* groups face multiple risks of discrimination and exclusion as being part of minorities and having other social identities contributing to other experiences (Ball et al., 2022; Crenshaw, 1989). It should be noted that the size for each group is not adequate for

ANOVA. Nonetheless, moderate power of 0.68 was found, which gives some confidence about the findings.

The results imply that social identity plays a crucial role in shaping belongingness, mental health, and perceptions of racism among IMB. In particular, it helps if IMB could be understood with their diverse identities and not only targeted to one aspect (Crenshaw, 1989). To clarify, incorporating intersectionality could emphasise the discrimination that IMB are facing individually such as sexism, racism, or homophobia. As seen in this study, participants also have other identities they use to describe themselves such as the LBTQIA+ community. Obviously, the goal of reducing racial discrimination is not a solution that can be applied easily in Western European countries as it is rooted in the structure of the society (Delgado & Stefancic, 1993). Therefore, interventions should focus on creating spaces, where individuals can exchange with various community groups.

For example, the Whynot café in Hamburg is a get-together coffee which focuses on the integration of IMB. They usually equip café services but also provide migration counselling and create events for diverse cultural backgrounds. These are not only targeted to IMB but should invite the whole community in Hamburg to share their stories (Delgado & Stefancic, 1993). In that way, individuals get to meet each other in a safe environment and can exchange. This gives especially IMB that identify with the neither identity group the opportunity to connect with individuals possessing similar backgrounds. To conclude, supporting those initiatives and creating more of these spaces could contribute to an improvement of the sense of belongingness, which in turn positively affects mental health.

### **4.3. Limitations**

This study identified three limitations within the methodology. One limitation is that no back translation of the scales was created. The PEDQ-CV and the GBS were only available in English, which is why they had to be translated into German for greater inclusion of participants. The researcher relied solely on their language skills and created just one translation with the help of *DeepL*. In general, this can lead to errors in the questions' meaning and thus influence the participants' answers. As follows, the questions in the scales might not measure what should be measured. Back translation is a tool often used in research and converts translations back into their original form to verify the meaning. Nevertheless, even back translation is criticised for being inaccurate, and studies suggest expertise of certified translators (Ozolins et al., 2020). In the scope of this bachelor thesis, hiring expert translators was not possible. Nonetheless, the internal consistency for the German versions of

each (sub-)scale is good to excellent, except for the subscale *discrimination at work/school*. Therefore, the translations seem to be appropriate.

Another shortcoming is the usage of migration identity. The study did not consider that migrant background can be identified as migrant identity. As stated before, the whole conceptualisation of race and migration background is based on the racialisation of Western societies (Misra et al., 2021). Thus, participants may not align with this conceptualisation. In a similar vein, the concept of intersectionality states that everyone possesses multiple social identities leading to various exclusive experiences because of the intersection of these identities (Crenshaw, 1989). So to say, the complexity of a person is limited by restricting different characteristics to one concept, namely the migration background. Consequently, the confusion about migration background and migrant identity could result in a measurement error and ultimately to a limited understanding of the phenomenon. However, given that IMB is a commonly used term to refer to this specific population, this study adopted the concept. Also, most of the participants answered the related questions, suggesting some identification with the conceptualisation.

Finally, the sample is not representative. On the one hand, there is an overrepresentation of SGI and individuals born in the CoR. This overrepresentation may have implications for the generalisability of the findings for FGI. Moreover, findings might suggest an underestimation of the mental health. Similarly, in research, FGI are often healthier than the native society of the country of residence, known as the healthy immigrant effect (Newbold & Danforth, 2003). But FGI are regularly faced with microaggressions and need to adapt to the new culture (Marinucci and Riva, 2020). On the other hand, the sample size is too small for ANOVA and GAM. Particularly, the sample is skewed as there are small observations per migrant identity group, the groups are not balanced. This is also shown by the wide confidence interval in the GAM. Even though this is considered by the use of a non-parametric test, the sample size is too small. Next to a lack of generalisability, there might be a Type II error, which means that there is risk of lacking to detect a true effect. In conclusion, research should be cautious with generalising the findings for further research.

#### **4.4. Future Research**

Even though this study does not have the financial and time resources to use additional reliability tools for the translation, future researchers should prioritise using effective measures to check the translation. While back translation has its limitations, consulting certified translations can give valuable insights. Moreover, using questionnaires that already

exist in multiple languages could even save more time. In general, it would be beneficial to present the questionnaire in various languages, especially if individuals are involved who only live in a country for a brief period. These methods would provide more construct validity and would be easily accessible to a diverse population such as in the study by Brondolo et al. (2005).

In terms of future studies, researchers could put more focus on the concept of migrant identity. Researchers should recognise the subjectivity of migrant identity and consider the diverse perspectives and experiences of participants. A systematic review that investigates the effects of using concepts describing this population in a study. An example is 'Identity, subjectivity, and the access to the community of rights' by Gozdecka (2015). Based on that research, additional open-ended questions can be added to allow participants to identify themselves and articulate their categorisation by themselves. Future research could provide this information in form of a mixed methods study to benefit from the flexibility to answer the sensitive topic in private (questionnaire), but also elaborate more on the thoughts of the participants (focus groups). To conclude, using a mixed methods study could provide more insight into the complexity of migrant identity and its effects on perceived racism, mental health, and sense of belongingness.

If researchers strive to include a broader range of participants across generations and migration statutes, then the sample's representativeness is ensured. Specifically, purposive sampling can be used to include FGI and SGI equally. The study was primarily available at platforms that reach SGI. To illustrate, SGI are more represented at the University of Twente and thus had better opportunities to access the study. Future research could extend their advertisement to places that are visited by potential FGI. For example, future research could be advertised in multiple refugee and immigrant centres within Western European countries. Also, snowball sampling can be used, where initial participants can be asked to forward the study to their families and friends. Simultaneously, the inclusion of more FGI would also lead to a larger sample size, which improves the reliability of the findings.

## **5. Conclusion**

The study aimed to analyse the interplay between sense of belongingness, perceived racism, and mental health of IMB in Western European countries. Although the generalisability of the findings must be verified by future research, the current study has contributed to the insight that a sense of belongingness can potentially help to increase IMB's mental health and decrease the perception of racism in Western Europe. Not only is a sense of



belongingness a significant factor in increasing emotional well-being, but it can also decrease the exclusion and discrimination at work and in schools perceived by IMB in Western European countries. Furthermore, the findings provide evidence that IMB's identification with the national identity is another factor that helps to feel more connected to the country of residence. We hope to encourage further research in the field of inclusion of racialised groups in Western Europe.

**AI Statement**

During the preparation of this work, I used DeepL to translate some of the scale items from English to German. Furthermore, Word Spelling was used to optimise the grammar of the thesis. Lastly, ChatGPT gave some advice if errors occurred during the analysis of the data in R-Studio. After using these tools/services, I thoroughly reviewed and edited the content as needed, taking full responsibility for the final outcome.

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## Appendix A

### Study

#### Demographics

What gender do you identify as?

Male

Female

non-binary

Trans man

Trans woman

Prefer not to answer

How old are you?

What is your nationality? Nationality means to which country you belong to, which is characterised through birth, naturalisation, or legal citizenship.

What is your generation status? This question is related to your migration.

First-generation immigrant (Migrated yourself)

Second-generation immigrants (Children of migrants)

None

What is your country of residence?

Germany

Netherlands

Other:

Since when are you living in the country of residence?

Always (since I was born)

Under 10 years

10-20 years

20-30 years

30-40 years

**PEDQ-CV**

Please answer the following questions below about how often you experienced the following scenarios due to your ethnicity. Because of my ethnicity...

...people been nice to face but said bad things behind my back.

...people made you feel like an outsider because of my appearance.

...those speaking a different language made me feel like an outsider.

...people ignored me.

...people hinted I am stupid.

...a clerk or waiter ignored me.

...people called me bad names.

...people made rude gestures.

...people hinted I must be lazy.

...people hinted I must not be clean.

...people hinted I were dishonest.

...people not trusted me.

...people hinted I must be violent.

...people not taken me seriously.

...I was treated unfairly by coworkers.

...my boss or supervisor was unfair.

...I was treated unfairly by teachers.

...people thought I could not do things.

...people actually hurt me.

...people threatened to hurt me.

...people actually damaged my property.



...people threatened to damage my property.

### **MHC-SF**

Please answer the following question about how you have been feeling during the past month.  
During the past month, how often did you feel...

... happy.

...uninterested in life.

...satisfied with life.

...that you had something important to contribute to society.

...that you belonged to a community (like a social group, or your neighbourhood).

...that our society is a good place, or is becoming a good place, for all people.

...that people are basically good.

...that the way our society works makes sense to you.

...that you liked most parts of your personality.

...good at managing the responsibilities in your daily life.

...that you had warm and trusting relationships with others.

...that you had experiences that challenged you to grow and become a better person.

...confident to think or express your own ideas and opinions.

...that your life had a sense of direction or meaning to it.

### **GBS**

Please answer the following questions of how you have been feeling in your country of residence.

When I am with other people, I feel included.

I have close bonds with family and friends.

I feel like an outsider.

I feel as if people do not care about me.

I feel accepted by others.

Because I do not belong, I feel distant during the holiday season.

I feel isolated from the rest of the world.

I have a sense of belonging.

When I am with other people, I feel like a stranger.

I have a place at the table with others.

I feel connected with others.

Friends and family do not involve me in their plans.

**Identity Question**

Which identity do you feel you belong the most?

Ethnic

National

Both

Neither

Other

## **Appendix B**

### **Consent Form**

Welcome to the questionnaire, your participation in this questionnaire is greatly appreciated.

You are invited to take part in the research study, titled “Exploring the Role of Sense of Belongingness: Racism, Mental Health, and Migrant Identity”. This study was created by Tyra Nwabugwu from the Faculty of Behavioural, Management, and Social Sciences at the University of Twente.

The study aims to examine whether belongingness could decrease the consequences of racism on one’s well-being. It should take approximately 20 minutes to complete, and the collected data will contribute to my bachelor thesis. In the upper corner on the right-hand side, you can select English or German, to execute the study in one of these two languages.

Participation is entirely voluntary, and you can opt out at any time. It would be highly appreciated if all questions were answered truthfully. However, you are able to skip any questions. Initially, we will ask for some demographic information, followed by questions about racism, mental health, and community.

While we believe there are no foreseeable risks involved, as with any online activity, there is a potential for breaches. Your responses will be treated confidentially to the best of my ability. The collected dataset will not entail any private information and only will be used in its original form to validate research findings. for future research purposes. Thus, it will not be published for any other reason. Results will be included in my bachelor thesis, which is overseen by my two supervisors.

Contact details for further information:

Tyra Nwabugwu [t.i.nwabugwu@student.utwente.nl](mailto:t.i.nwabugwu@student.utwente.nl)

You can also contact my supervisor Yudit Namer [y.namer@utwente.nl](mailto:y.namer@utwente.nl)

The Ethics Committee of the Faculty of Behavioural, Management, and Social Sciences of the University of Twente can be contacted for questions regarding participants rights [ethicscommittee-bms@utwente.nl](mailto:ethicscommittee-bms@utwente.nl)

Click on ' I consent' to accept the consent form and proceed to the questionnaire.