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From the Arab World to the United States of America: The Wellness of Arab Graduate Women Studying in the U.S.

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ABSTRACT

This study examines the wellness experiences of Arab women international graduate students in the U.S., emphasizing social, mental, physical, and financial dimensions. Based on interviews with seven participants at a Midwestern institution, the research highlights challenges such as mental health, financial stress, social stress, and difficulties maintaining physical wellness, often intensified by cultural adjustments. Social support networks, including peers, mentors, and university resources, emerged as vital for fostering holistic well-being. Using the social-ecological model, this study explores how individual, social, and institutional factors interact to shape wellness. The findings underscore the need for culturally sensitive wellness services, financial assistance, and inclusive social programs to support Arab women graduate students. These recommendations aim to enhance their academic success and overall well-being. By addressing these needs, universities can better support this underrepresented population and improve the experiences of international students broadly.

Keywords: Arab women, financial wellness, graduate students, mental wellness, physical wellness, and social wellness.

International students represent a growing demographic in U.S. higher education, and among them, Arab female graduate students constitute a unique population that often faces intersectional challenges. These students navigate the academic have distinct cultural, religious, and social identities that shape their experience in the U.S. The intersectionality of their gender, religion, ethnicity, and status as international students creates a compounded layer of challenges that impacts their overall wellness.

Wellness is a concept that has evolved from the simple absence of illness to a more comprehensive understanding of an individual's physical, mental, social, and emotional well-being (Dunn, 1959; Corbin & Pangrazi, 2001). For international students, particularly those from non-Western cultures, wellness is affected by various factors, including acculturative stress, social isolation, financial difficulties, and the psychological impact of adjusting to a new academic and cultural environment (McDaniel et al., 2021).

This study focuses on the experiences of Arab women international students, a population that is underrepresented in wellness studies but whose experiences are critical to understanding the broader context of international student well-being. Through qualitative interviews, this research examines how these students navigate the social, mental, physical, and financial aspects of their wellness while studying in the U.S. It builds on the social-ecological model (Bronfenbrenner, 1979) to analyze how individual and institutional factors interact to affect these women's well-being.

Research Questions

The following research questions were answered to address the purpose of the study.

1. What role, according to Arab women pursuing their graduate studies in the US, do social support networks, including peers, mentors, campus programs, and community organizations, play in promoting holistic wellness?
2. What are the experiences of Arab women graduate students in terms of mental wellness during their academic journey in the US, and how do they access and utilize mental health support resources on campus?
3. How do Arab women graduate students maintain and promote their physical wellness during their academic journey in the US, and what are the barriers and facilitators to maintaining their wellness?
4. What are the financial challenges and stressors that Arab women face as graduate students in the US, and how do they manage their finances?
5. What kinds of help and services do graduate Arab women students in the US perceive as necessary and helpful for supporting their overall wellness on campus?

LITERATURE REVIEW

Wellness as a Multidimensional Construct

The concept of wellness has undergone significant transformations over the past century. Originally defined as the absence of disease, wellness now encompasses a more holistic view of well-being, which includes physical, mental, social, emotional, and financial health (Dunn, 1959; Hettler, 1980). Dunn's early work on wellness emphasized the dynamic nature of wellness and the importance of individuals taking responsibility for their own well-being. This notion was

expanded by Hettler (1980), who introduced a multidimensional model of wellness that remains influential in contemporary health and education settings. Hettler's model outlines six dimensions: physical, emotional, social, intellectual, spiritual, and occupational wellness. For international students, however, additional factors—such as cultural adaptation, language barriers, and financial strain—add complexity to this model (Seligman & Csikszentmihalyi, 2000).

The Social-Ecological Model of Wellness

The social-ecological model, developed by Bronfenbrenner (1979), provides a framework for understanding how various layers of social and environmental factors affect an individual's health and well-being. This model posits that wellness is not determined solely by individual behaviors but is influenced by interactions between the individual and their social, cultural, institutional, and policy environments. For international students, particularly Arab women, the social-ecological model is a useful tool for analyzing how personal experiences (e.g., coping mechanisms and cultural identity) intersect with external factors (e.g., institutional support systems and societal attitudes) to influence their wellness. Several studies have demonstrated the utility of this model in understanding the wellness challenges of marginalized populations (Bubar et al., 2016).

International Students' Wellness Challenges

The existing body of literature on international students reveals that these individuals face unique challenges that can significantly impact their wellness. Common issues include acculturative stress, social isolation, financial strain, and language barriers (McDaniel et al., 2021). Research on wellness among international students suggests that these challenges are exacerbated by cultural differences, leading to difficulties in accessing mental health services and other wellness resources (Leong, 2015; Tummala-Narra & Claudius, 2013). Acculturative stress, defined as the psychological impact of adapting to a new culture, is one of the most significant barriers to wellness for international students (Gautam et al., 2016). Similarly, Al-Krenawi and Al-Krenawi (2022) discuss how acculturative stress extends beyond students' time abroad, as many also experience reverse culture shock when reintegrating into their home cultures. This highlights the need for dual-phase support systems to address wellness challenges both during and after international education. Arab students, in particular, face challenges related to cultural and religious differences, including discrimination and marginalization (Nasir & Al-Amin, 2006). The intersection of gender, religion, and ethnicity often compounds these challenges, making Arab women more vulnerable to mental health issues, social isolation, and financial difficulties.

Additionally, students may feel overwhelmed by the power of their new community and the student self-identity versus the community's collective self-identity. For instance, these Arab students may feel out of place in a town where the entire community is passionate about football, and how the community projects certain expectations of value, while Arab students do not share the same interest or even knowledge and have trouble relating to or understanding the

community norms and expectations (Miller, 2019). These cultural mismatches can exacerbate feelings of isolation and acculturative stress, further impacting students' overall well-being.

Wellness among Arab Women International Students

Arab women face unique wellness challenges due to cultural norms that influence their social interactions, perceptions of mental health, and access to financial resources (Ali, 2014). Studies on wellness among Arab students are limited, but existing research suggests that Arab women encounter additional barriers related to their status as women in patriarchal societies. For example, many Arab women face cultural pressures that discourage them from seeking mental health services, particularly in the Western context, where mental health issues are more openly discussed (Corrigan, 2004). Additionally, Arab women often experience social isolation due to cultural differences in gender norms, making it difficult for them to integrate into campus life (Shammas, 2009).

The limited literature on Arab students highlights the need for further research on this population, particularly on how gender and cultural factors influence their wellness. This study seeks to fill this gap by providing an in-depth exploration of the experiences of Arab female graduate students in the U.S.

METHOD

Research Design

The purpose of this study was to explore the experiences and perceived wellness of Arab women international graduate students in the U.S., with a particular focus on the social, mental, physical, and financial dimensions of wellness. The study aimed to identify the unique challenges faced by this population and the strategies they employed to navigate those challenges. Ultimately, this research provides insights into how universities can better support Arab international women in their academic and social environments and may help inform policies and practices that promote the academic and personal success of Arab women studying in the U.S. This study was guided by the social-ecological model and a multidimensional understanding of wellness, considering social, mental, physical, and financial factors.

The study used a qualitative phenomenology research methodology, specifically semi-structured interviews, to collect in-depth data from participants. This approach allowed for a nuanced exploration of the participants' subjective experiences and perceptions of wellness. Given the multidimensional nature of wellness and the unique cultural context of Arab women in the U.S., a qualitative research paradigm was particularly well suited to capture the richness of their experiences (Braun & Clarke, 2019). This approach enabled the researcher to collect detailed data that might be missed by more rigid, quantitative methods.

As a phenomenology approach, it focuses on exploring the lived experiences of individuals and the meanings they ascribe to those experiences (Van Manen, 2016). Phenomenology was especially appropriate for this research because it

centers on how Arab women graduate students in the U.S. understand and interpret their own wellness in relation to their cultural and academic experiences.

This design allowed the researcher to uncover the essence of the participants' experiences and gain deep insights into their perceptions of wellness. Phenomenology emphasizes the importance of subjective experience, providing a framework for understanding how participants perceive and interact with their environment. This approach allowed the researcher to explore how cultural, social, and academic factors influence Arab women's wellness in a context far removed from their home countries. The design was guided by the need to uncover the hidden meanings within participants' narratives, making it a powerful tool for exploring complex phenomena such as wellness in a multicultural setting (Padilla-Diaz, 2015).

Participants

A purposive sampling method was employed to select participants who met the following criteria: (a) Arab, (b) currently enrolled full-time graduate student status at either the master's or doctoral level, (c) women, and (d) international students studying in the U.S. on F1 or J1 visas. The criteria ensured that the sample was relevant to the research question and that participants shared common experiences related to their identity as Arab women international students. The total number of participants was seven, which is consistent with recommendations for phenomenological studies, where sample sizes typically range from 5 to 10 participants (Creswell & Poth, 2016).

Participants were recruited via snowball sampling. The researcher initially identified an alpha participant, who then connected the researcher with other women in her network who met the inclusion criteria. Snowball sampling was particularly appropriate for this study because it allowed access to a hard-to-reach population and built trust between the researcher and participants through peer referrals (Moser & Korstjens, 2018). Given the cultural and personal nature of the study, this method ensured that participants felt comfortable sharing their experiences with a trusted intermediary, resulting in richer, more candid data.

The final sample included Arab women from a range of countries, including Egypt, Iraq, Saudi Arabia, and Morocco. The participants were between the ages of 24 and 35, and all had been living in the U.S. for at least one year. This ensured that they had experienced a significant period of adjustment to their new environment and could reflect on their academic, social, and personal wellness.

Data Collection

Semi structured interviews were conducted to gather data from the participants. This method allowed for open-ended questions that guided the conversation while still allowing participants to express themselves in their own words. The semi structured nature of the interviews enabled the researcher to explore specific dimensions of wellness while allowing participants to introduce topics that they felt were important to their experiences. Each interview lasted between 60 and 90 minutes, providing ample time for in-depth exploration of participants' experiences.

The interview protocol was developed on the basis of the research questions and the conceptual framework of the study, which focused on the four dimensions of wellness: social, mental, physical, and financial. The questions were designed to explore participants' initial experiences of transitioning to the U.S., their use of social support systems, and how they maintained their physical and mental wellness in a foreign academic environment. The protocol also included questions about participants' financial stressors and the coping strategies they employed to manage these challenges.

Before the main data collection, the interview protocol was piloted with one participant to ensure the clarity and relevance of the questions. Feedback from the pilot interview was used to refine the protocol, improve question clarity and ensure that the questions were culturally sensitive and appropriate for the target population. The pilot interview data were not included in the final analysis.

All the interviews were conducted in English, but the participants were given the option to use Arabic for any part of the interview in which they felt more comfortable. This flexibility ensured that language barriers did not hinder the depth of the data collected. The interviews were audio-recorded with participants' consent and transcribed verbatim to ensure accuracy during data analysis.

Data analysis

The interview data were analyzed following the six-step process outlined by Braun and Clarke (2006). This method was chosen for its flexibility and ability to generate rich, detailed insights from qualitative data. Thematic analysis involves identifying, analyzing, and reporting patterns (or themes) within the data, which in this study helped to identify commonalities and differences in participants' experiences of wellness.

The analysis proceeded through the following steps:

1. **Familiarization with the data:** The researcher immersed herself in the data by reading and rereading the transcripts, making initial notes about recurring ideas and potential themes.
2. **Generating initial codes:** During this phase, the researcher systematically coded the data by identifying segments of text related to specific dimensions of wellness or other relevant aspects of participants' experiences.
3. **Searching for themes:** The researcher reviewed the initial codes and grouped them into broader themes that captured significant patterns in the data. Themes such as "cultural stigma around mental health," "social isolation," and "financial stress" emerged as key factors influencing participants' wellness.
4. **Reviewing themes:** Themes were refined to ensure that they were distinct from one another and that they accurately captured the data. This process involved going back to the original transcripts to ensure that the themes reflected the participants' experiences.

5. **Defining and naming themes:** Each theme was clearly defined and supported by representative quotes from participants to illustrate how the theme was expressed in the data.
6. **Writing:** The final step involved integrating the themes into a coherent narrative that addressed the research questions and provided a rich, detailed account of participants' experiences.

Positionality and Reflexivity

The researcher's positionality and reflexivity were integral to this study, given the personal and cultural connections between the researcher and the participants. As an Arab woman and doctoral candidate, the researcher shared certain cultural and academic experiences with the participants, which had the potential to influence both data collection and analysis. The researcher remained aware of this potential bias throughout the study, documenting personal reflections and maintaining an audit trail to ensure transparency in the research process.

Positionality was addressed through reflexive journaling, in which the researcher reflected on her own assumptions and biases after each interview. These reflections helped the researcher remain conscious of how her own experiences might shape the interpretation of the data. Peer debriefing was also employed to enhance the credibility of the findings, as colleagues reviewed the coding and theme development process to ensure consistency and validity.

Ethical considerations

This study adhered to ethical guidelines as outlined by the university's Institutional Review Board (IRB). Informed consent was obtained from all the participants before the interviews, and the participants were assured of the confidentiality and anonymity of their responses. The participants were informed of their right to withdraw from the study at any time without penalty. The researcher ensured that participants' privacy was protected by assigning pseudonyms and securely storing all the data.

RESULTS

Social Wellness

The participants consistently emphasized the importance of social support networks in promoting their wellness. Relationships with peers, mentors, and faculty played a vital role in helping participants navigate the challenges of graduate school. As Mona shared, "My professors were not just professors... they were much more; they became my mentors, and (eeeh) I sometimes felt they are friends, you know?" These social connections provided emotional support and practical assistance, such as helping participants adjust to the academic system and offering advice on how to manage cultural differences. Similarly, friendships played a critical role in fostering a sense of safety and well-being, as Nadia recounted, "My friends took care of me. I once got very, very sick and had a fever,

very high. Every day, one of my friends would come check on me and bring food.” However, some participants reported feelings of isolation, particularly in environments where there were few other Arab students. This isolation was often exacerbated by cultural differences in social norms, as Yosra explained, “My academic advisor was hard to talk to. He seemed hard to talk to, and I always felt he thinks I am weird. I avoided him, always. But I never knew who should I go to.” These challenges made it difficult for participants to fully integrate into campus life.

Mental Wellness

Mental health emerged as a significant concern for participants, many of whom expressed reluctance to seek counseling services due to cultural stigma. As Marwa explained, “I want to make myself so strong to deal with everything and overcome all the difficulties by myself rather than talking with someone about my problems or anything like that.” The participants reported feeling pressure to present themselves as strong and self-sufficient, both to their families and peers, making it difficult to admit when they were struggling. Mai shared, “I felt lonely and that my support system was not there anymore. The distance made me feel on my own, which was the case. What made it even more... bad is that I had to show I’m okay to not worry my family, and this was very hard.” This finding is consistent with existing research on mental health stigma in Arab cultures, which suggests that individuals are often discouraged from seeking help for fear of being perceived as weak or unstable (Corrigan, 2004). The participants in this study expressed dissatisfaction with the lack of culturally competent mental health services. Hadeer highlighted this issue, saying, “The counselor is excessively sympathetic or empathetic, which I felt uncomfortable... she was overreacting, and her reactions made me feel she cannot relate.” These insights underscore the importance of providing proactive, culturally tailored interventions that address the unique challenges faced by Arab graduate women, including homesickness, cultural adjustment, and the pressure to succeed academically.

Physical Wellness

The participants faced significant challenges in maintaining physical wellness, particularly in relation to diet and exercise. Many reported difficulty maintaining a healthy diet, as the foods they were accustomed to were either unavailable or too expensive. Nadia shared, “I can’t afford buying organic healthy food and fresh produce. The campus food pantry doesn’t always have a food variety. They have mostly canned food.” This financial strain often forced participants to compromise on the quality of their meals, leading to poorer nutrition. Additionally, the demands of academic life leave little time for exercise, which further impacts their physical health. As Yosra explained, “I thought I knew how to manage time well, but when I started my MA, no. I can’t find time to sleep. I eat fast, cheap options.” However, some participants emphasized the importance of incorporating exercise when possible, such as Marwa, who stated, “I can’t let one day go with no exercise. If I can’t exercise, I just go walk on the trail.” These findings align with existing research on the physical wellness challenges faced by

international students, who often struggle to maintain a healthy lifestyle due to the pressures of academic work and financial stress (Leong, 2015).

Financial Wellness

Financial stress was a recurring theme across all the interviews. The participants reported struggling to manage tuition fees, living expenses, and other costs associated with studying in the U.S. Many relied on scholarships or part-time jobs to support themselves, but these sources of income were often insufficient to cover all their expenses. As Yosra explained, “Sometimes I would get my salary, pay rent and utilities, and after paying it I only have \$180 left to pay for my phone and food and anything else. I was never happy on the day of getting my salary; I feel anxious.” Nadia similarly shared her financial strain, stating, “I had a debt. So you know how GA's work—they give you like \$1100 or \$1200, and they had to pay \$500 as fees. So, I technically had 500 or something left... like they were paying me to pay.”

This financial strain added to participants’ overall stress levels and negatively impacted their mental and physical well-being. For instance, Mona recounted, “I avoided going to the emergency room once because I was worried about the cost and I don’t even know how the insurance works or if it does.” Additionally, some participants reported that their financial difficulties made it difficult for them to focus on their studies, as they were constantly worried about how they would pay their bills. These findings align with existing research on the financial challenges faced by international students, who often face significant barriers to accessing financial support (Choudaha & Chang, 2012).

DISCUSSION

The findings of this study highlight the unique wellness challenges faced by Arab women international graduate students in the U.S. These challenges are shaped by a complex interplay of individual, cultural, and institutional factors, as outlined in the social-ecological model. Social support networks, including relationships with peers, mentors, and faculty, are crucial in promoting participants’ well-being. However, these networks were not always readily accessible, particularly in environments where there were few other Arab students. This finding underscores the importance of creating inclusive campus environments that foster cross-cultural connections and provide support for minority students.

The mental health challenges faced by participants are particularly concerning, as they suggest that many Arab women are not receiving the support they need. The cultural stigma surrounding mental health in Arab communities is a significant barrier to accessing counseling services, and universities must do more to provide culturally sensitive mental health resources. This could include training counselors in cultural competence and offering workshops on mental health that are specifically designed for international students from non-Western cultures.

The financial and physical wellness challenges faced by participants also highlight the need for more comprehensive support systems. Universities should consider offering more financial aid opportunities for international students, as well as programs that promote healthy living through affordable food options and opportunities for physical activity. Addressing these issues could significantly increase the overall well-being of Arab female students and improve their academic performance.

Conclusion

This study sheds light on the unique wellness challenges faced by Arab women international graduate students in the U.S. addressing their needs requires a holistic approach that integrates financial support, culturally sensitive mental health services, and robust social support networks. By implementing these recommendations, universities can significantly enhance the well-being and academic success of Arab female graduate students, ultimately benefiting both the students and the institutions that serve them. This research contributes to the growing body of literature on international student wellness and provides valuable insights for institutions seeking to improve their support for this population.

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In the preparation of this manuscript, we utilized Artificial Intelligence (AI) tools for content creation in the following capacity:

- None
- Some sections, with minimal or no editing
- Some sections, with extensive editing
- Entire work, with minimal or no editing
- Entire work, with extensive editing

This article incorporates content generated by Artificial Intelligence (AI) tools. Some sections were summarized and paraphrased from the original dissertation. The use of these tools complied with ethical standards and guidelines for academic integrity. The final content has been thoroughly reviewed and edited to ensure accuracy, relevance, and adherence to academic standards

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