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Pepperdine University
Graduate School of Education and Psychology

COPING AND PHYSICAL WELL-BEING AMONG FIRST, 1.5, AND SECOND-
GENERATION IMMIGRANTS OF NON-EUROPEAN DESCENT

A clinical dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology

by

Jacob R. Stein

August, 2018

Shelly P. Harrell, Ph.D. - Dissertation Chairperson

This clinical dissertation, written by

Jacob R. Stein

Under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

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Beginning with an Introduction to Psychology class in community college, I was immediately captivated by the depth and scope of information that was presented in the *Discovering Psychology* videos narrated by Dr. Philip Zimbardo. Fifteen years later, there is no way I could have ever guessed where my journey would take me and the person that I have become. This body of work is a product of many sleepless nights and likely some blood, sweat and tears along the way. Without the support of numerous people, I do not know if I would be in the position to be writing these words. First, I would like to start off by thanking my advisor and mentor, Dr. Shelly P. Harrell. I continue to be in awe of everything that she does for her students and the field of psychology. I strive to even be half of the caring and nurturing person that you exemplify on a daily basis. I would also like to thank Dr. Carrie Castañeda-Sound and Dr. Sara Mehrabani for their patience and support during this process.

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ABSTRACT

This study brings attention to the growing body of literature examining the role of culture and context in the study of generation-status differences in cross-cultural coping and physical well-being among immigrants to the United State. Prior literature on the unique challenges, stressors, coping strategies, and health outcomes for immigrants provides a basis for hypothesized generation status differences on cross-cultural coping (collectivistic, avoidance, and engagement) and physical well-being (health, safety, and environmental). A sample of 118 male and female first, 1.5, and second-generation immigrants of non-European backgrounds, between the ages of 18 and 35, were recruited from the local community to complete an online questionnaire. Results from the cross-sectional study did not yield support for the hypothesized generational status differences. However, exploratory analyses yielded several significant correlations including a positive relationship between collective coping and the safety dimension of physical well-being. Within-generation exploratory analyses yielded several significant correlations and differences on measures of coping strategies and physical well-being for demographic/contextual factors such as religiosity, age, SES, English fluency, connection to the U.S. culture, education, and ethnicity amongst 1.5 and second-generation immigrants. The empirical investigation of cross-cultural dimensions of coping and physical well-being among immigrants represents a new direction for research. This study also has potential implications for more nuanced understandings of the immigrant paradox, the socioecological perspective of acculturation, collective coping, and inclusion of both objective and subjective experiences of the environment. Implications for theory and practice, methodological limitations, and suggestions for future research are also discussed.

Introduction

Migration has been a central aspect of the human experience for millennia. The world continues to shift in response to the ebb and flow of people, processes, and products. Technology has supported individuals' ability to transcend borders in pursuit of opportunities. That process has acted as a spark to make immigration a contentious social and political issue. Across the country, immigrants have become the subject of negative media coverage, hate crimes, and exclusionary political legislation. Despite the divisive opinions, the United States and other major countries continue to serve as cultural mosaics where individuals and families from across the world seek opportunities to improve their lives. Globalization and immigration are important issues to recognize within the discipline of psychology as the mental health field serves immigrant children and adults in a variety of settings, including schools, community centers, clinics, and hospitals (APA, 2012; Prilleltensky, 2012; Suarez-Orozco, 2015).

Context for Immigration

Researchers have identified three factors that drive migration trends: family reunification, search for work or a better life, and humanitarian refuge (APA, 2012). In 2016, the U.S. Census' American Community Survey (ACS) estimated that 13.5% or 42 million individuals of the United States population are foreign-born. Approximately 52% of the immigrants are of Latino origin, 30% are Asian, 10% of European, and 4% of African origin (ACS, 2016). Since 1990, approximately one million new immigrants enter the United States each year (APA, 2012). Just in 2009, there were approximately 42 million displaced people as a result of ongoing conflicts in their countries of origin, including 16 million refugees and asylum seekers, and approximately 26 million internally displaced people moved within their own countries (APA, 2012; Suarez-Orozco, 2015). These statistics suggest that research must be conducted in order to better

understand the immigration process that is tied to the future shaping of American society. This process can bring significant changes to families that have long-term implications for the development of children and adolescents and influence health and well-being (Suarez-Orozco, 2015).

Generational Issues and Immigration

Understanding the process and context of immigration is essential. Immigrants are an immensely heterogeneous group across multiple areas including ages, stages, and generation. Generational differences in immigration are often overlooked in the literature as immigrants are often stereotyped and nuances, such as generation, level of acculturation, and unique challenges of acculturation of each cohort (Chirkov, 2009; Suárez-Orozco & Carhill, 2008). Few studies have considered generational differences, including differences in stressors faced, acculturation strategies used, and psychological adjustment (e.g. Harker, 2001; Suárez-Orozco & Carhill, 2008). First-generation immigrants commonly refers to individuals who are born and socialized in another country and then immigrate as adults. Second-generation typically refers to children of foreign-born parents who are born and raised in a host country such as the United States (Rumbaut, 2004; Padilla, 2006). However, expanded definitions of generation-status are needed that incorporate individuals who immigrated as children and individuals with one foreign born and one U.S. born parent that previously did not fit neatly into these categories. Taking into account age and life stages during migration, the terms “one-and-a-half” or “1.5” generation, refer to individuals who immigrated as children and provide more specificity (Rumbaut, 2004).

The present body of literature suggests that first and second-generation immigrants experience unique challenges. First generation immigrants must navigate pre-migration, migration, and post-migration stressors including the loss of social and economic status,

dissolution of community, changes in occupation, and lack of language (Dow, 2011).

Understanding the reasons for an individual or family unit to leave their country whether it be reunification of the family system, search for work, and humanitarian refuge, informs the risk of encountering stressors at each stage of migration (APA, 2012; Dow, 2011). During the pre-migration phase, immigrants might encounter a number of stressors such as armed or political conflict, which might motivate them to flee their countries of origin. During the migration phase, immigrants could face obstacles such as lack of basic resources that threaten survival, separation from family, loss of home and community, and feelings of uncertainty about the future. Once resettled in their new host country, immigrants continue to face challenges that may include changes in financial status and occupation, lack of knowledge of the language, racism and discrimination, and acculturation experiences (Dow, 2011; Kia-Keating, 2009). Ongoing obstacles of acculturation include changes in attitudes, behaviors, identity, and values that result when cultural groups come into contact and the degree to which groups come into contact (Berry, 2006; Lueck & Wilson, 2010; Wang, Schwartz, & Zamboanga, 2010). This exchange can impact an individual on several levels including psychological functioning (Kirmayer et al., 2011) and the family system (Padilla & Borrero, 2006). Any combination of these innumerable challenges could potentially leave immigrants and refugees at increased risk for stress and decreased feelings of subjective well-being.

Second-generation immigrants, on the other hand, are considered to have more resources and a greater knowledge of the host culture, including fluency in language and social capital. Stressors faced by second-generation immigrants include navigating the practices of two cultures which could include conflict or difficulty adjusting to (Katsiaficas, Suárez-Orozco, Sirin, & Gupta, 2013; Padilla, 2006; Zhou, 1997). Mixed boundaries with the sources of culture and

limited ability to respond cultural demands and be confusing for second-generation immigrants and result in challenges with aspects such as identity development (Zhou, 1997). For immigrant children and adolescents, exposure to the new culture is primarily based in the school and with peers whereas learning their parents' culture occurs in the home (Padilla, 2006). These youth might receive mixed messages with encouragement to assimilate towards the dominant culture in order to avoid some of the challenges their parents experienced, to be proficient in English, and implicit and explicit messages from teachers, peers, and popular culture (Padilla, 2006). Often, second-generation youth can serve as the primary cultural and linguistic bridge between their parents and the host society in a variety of settings that other youth might not otherwise be exposed to such as educational, legal matters and medical settings (APA, 2012; Padilla, 2006; Zhou, 1997). Moreover, second generation immigrants have the unique task of navigating biculturalism; many may experience a double-consciousness feeling that they are simultaneously members of both cultures, yet do not fully belong to either one (LaFromboise, Coleman, & Gerton, 1993).

Acculturation

A large body of scholarly work over the past 100 years has been focused on understanding how individuals respond to change in cultures (Class, Castro & Ramirez, 2011). The term acculturation is understood as the process of cultural and psychological changes that occur when distinct cultural groups come into contact. Acculturation includes changes in social structures, social practices on the group level and the selective adaptation of identity, language, behaviors, and values that are maintained or transformed as a result of contact with the new culture (Berry, 2006). Historically, acculturation was thought of as a unidimensional construct where immigrants moved towards an assimilation of the majority/host culture. This perspective

was limited by assuming there is a limited exchange between host country and the immigrant when in fact there is a greater likelihood for reciprocity and accommodation as noted by specific ethnic enclaves within a city or the incorporation of cultural foods and traditions (Berry, 2006; Perez, 2011; Schwartz, Unger, Zamboanga & Szapocznik, 2010).

Acculturation has become a term that represents a multi-faceted process to understand the elements, process, and the consequences of migration. Several researchers (Berry, 1997 & 2006; Sam & Berry, 2010; Yakusko, 2010) have expanded on this definition and developed models in order to better understand the process. Berry's (1997, 2006) model for acculturation is based on a two-factor framework of cultural maintenance on the one hand, and contact and participation with the dominant society, on the other. A person's attitude (generally defined as positive and negative) towards culture is the second factor that enables movement along these dimensions. Thus, the extent of the relationship between heritage and host forms the basis of the four acculturative strategies. This was a conceptual advance over the unidimensional models that viewed acculturation as adopting the traits, values, attitudes, and behaviors of the host country while relinquishing one's own heritage. Berry's acculturation framework (1980, 2006) suggests that acculturation can be categorized into four strategies: integration, assimilation, separation, and marginalization. With assimilation, individuals adopt the practices, values, and identification from the host/majority culture, while displacing cultural-practices from their heritage. In separation, the individual places higher value with their own culture and avoids interacting with those of the new society. Marginalization is a strategy where the individual rejects the mainstream and has little interest of sustaining their own culture. Finally, an effort to maintain ties with both cultures can result in an incorporation, or integration, of both cultural identities. These strategies are part of an interaction between the maintenance of cultural identity and

relationship to the larger society (Berry, 2006). Acculturative strategies such as separation result in the fewest behavioral changes and assimilation is associated greater behavioral change from the larger society. Marginalization is associated with overall cultural loss and likely contributes to the use of dysfunctional behaviors (such as substance abuse) in response to change (Berry, 2006).

Capturing and measuring acculturation has been examined in various fields of study including anthropology (Fox, Thayer, & Wadhwa, 2017; Hunt, Schneider, & Comer, 2004), psychology (Lopez-Class, Castro, & Ramirez, 2011; Rudmin, 2003, 2009), and public health (Abraído-Lanza, Echeverría, & Flórez, 2016) with mixed results. Most often, degree of acculturation is measured by language, behavior, and identity (Miller, et al., 2009). This measurement of acculturation occurs through items that assess language, demographics, relationships, sociocultural elements behavioral, and psychological attributes (Hwang & Ting, 2008). However, there is a lot of variability in-terms of accurately capturing those aspects and to what extent they portray the acculturative experiences (Fox et al., 2017; Rudmin, 2003, 2009). Empirical research has shown there is efficacy for the integrative strategy of acculturation and that it is associated with the most favorable outcomes including psychosocial adjustment (Berry, Phinney, Sam, & Vedder, 2006; Ward & Kus, 2012). A study by Schwartz and Zambonanga (2008) using a sample of Latino young adults in Miami, found that three of the four acculturative strategies, integration, separation, and assimilation emerged from a latent class analysis thus supporting some degree of validity for Berry's acculturative strategies. Some research has called the marginalization strategy into question due to the small likelihood that an individual would reject both the heritage of their family and the dominant majority in addition to measurement of

marginalization in analyses have shown little to no significance in studies examining acculturation (Chirkov, 2009; Fox et al., 2017; Hunt et al., 2004; Rudmin, 2003).

Biculturalism. The process for *how* someone negotiates two cultures has been a significant body of research. In the instance that an individual is open to the integrative strategy of acculturation, does not mean that the process or outcome is homogenous (Schwartz et al., 2010). As part of the integration strategy proposed by Berry (2006), biculturalism is often referred to as the most favorable acculturative strategy where individuals are able to implement practices from both cultures such as speaking the language from their heritage and the hosting cultural context, have friends from both cultural backgrounds, and watch media from both cultural contexts. For both first and second-generation immigrants, how they negotiate and combine the two cultures' cultural practices (e.g., language use, social affiliations, and cultural customs and traditions), values, and identification provides an important and broader perspective about the interaction (Nguyen & Benet-Martinez, 2013; Schwartz et al., 2010; Zane & Mak, 2003).

Early research on biculturalism viewed the interaction as causing psychological distress due to an inability to adjust to the new culture then leading feeling marginalized. Other perspectives developed over time to view the interaction and contact between cultures as potentially beneficial and as having a positive impact on intellectual development, psychological functioning, and subjective well-being (LaFromboise et al., 1993; Padilla, 2006; Chen, Benet-Martinez, & Bond, 2008; Nguyen & Benet-Martinez, 2013). Writers posit that biculturalism is multifaceted and involves the synthesis of cultural practices, values, and identifications (Chen et al., 2008; LaFromboise et al., 1993; Schwartz & Unger, 2010). A meta-analysis conducted by Nguyen and Benet-Martinez (2013) focused on clarifying the extent of a relationship between

biculturalism and adjustment (e.g., psychological, sociocultural, and health-related) and whether factors such as host country, race, age, gender, and country of birth moderated the relationship. Results from the meta-analysis reveal a strong, positive association between a bilinear measure of biculturalism and adjustment (in particular to psychological and social domains), and that the positive relationship is stronger compared to maintaining one cultural orientation (dominant or heritage) and adjustment. The positive biculturalism-adjustment association was present for people of Latin, Asian, and European descent however the effect of the association for participants living the U.S. was stronger as compared to those samples collected internationally (Nguyen & Benet-Martinez, 2013). An interesting discussion point about the direction of the relationship found that adjustment also affects biculturalism so that an individual with high psychological adjustment might be able to fully participate in multiple cultures (become more bicultural). Overall, their findings support that association with cultures from both host and heritage is positively related to adjustment (Nguyen & Benet-Martinez, 2013). Chen et al. (2008) argue that bilingual competence and perceiving the two cultural identities as integrated are important for psychological adjustment. In a study of young Puerto Rican mothers, researchers found that biculturalism predicted psychological adjustment above and beyond American and Puerto Rican cultural involvement separately (López & Contreras, 2005). Those who reported higher levels of involvement with both cultures also reported lower levels of mental health symptoms (e.g. depression, anxiety). They also found that linguistic balance (greater knowledge of Spanish for those who were mostly English speaking or English for those who were mostly Spanish speaking) was also related to greater psychological adjustment.

Acculturative stress. The transaction between native and host cultures can include adjusting or challenging one's own cultural beliefs, behaviors, and social roles. Responding to changes specific to acculturation led to the coining of the term 'acculturative stress' (Berry, 2006; Sam & Berry, 2010). Acculturative stress is the degree of cultural conflict that occurs during the acculturation process. It is conceptualized as a stress reaction that is a direct result of the acculturation experience and has been framed as consistent with models of stress developed by Folkman and Lazarus (Berry, 2006). Acculturative stress can lead to a reduction of well-being, including physical and psychological health, due to an immigrant's acculturative process (Lueck & Wilson, 2010). Acculturative issues related to language proficiency, perceived discrimination, problems obtaining employment, family dynamic disruptions, and the loss of social support are associated with experiencing psychological distress and proximately related to a measure of acculturative stress with Asian and Latino immigrants (Caplan, 2007; Hwang & Ting, 2008; Lueck & Wilson, 2010).

Despite early conceptualizations of acculturation, not all immigrants experience acculturative stress (Lueck & Wilson, 2010). In other words, acculturative stress is not inevitable. Criticism of Berry's acculturative categories has raised questions about the inclusion of the sociocultural context, how people arrive at these orientations and if they change over time (Chirkov, 2008; Lopez-Class et al., 2011; Schwartz et al., 2010; Ward, 2008; Weinreich, 2009). An emphasis on sociocultural context is a shift to recognize that the community/neighborhood where an individual lives, extent of their social networks, adaption processes (e.g., migration), and institutions are what influence the commonly researched acculturation-related factors such as language acquisition, development of dominant culturally-related behaviors, interpersonal behaviors (e.g., making friends with members of the dominant culture), and the membership in

groups or organizations from the dominant culture (Abraido-Lanza et al., 2016; Fox et al., 2017; Lopez-Class et al., 2011; Schwartz et al., 2010). Using census data between 1990 and 2000, researchers showed that recent Latino/a and Asian immigrants tend to have higher levels of segregation from U.S.-born non-Hispanic whites (Iceland & Scopilliti, 2008). Factors such as English language ability, education, occupation, and time spent in the host country are likely to lead to a reduction in levels of segregation. Another aspect in the exchange between migrant groups and receiving societies is known as the context of reception (Perez, 2011; Schwartz et al., 2010). Depending on where an immigrant settles, the attitudes of the receiving community towards migrants can have a significant impact on an immigrant's experience. In a hostile context of reception, immigrants might experience issues related to discrimination and lack of opportunities. The proliferation of xenophobia and Caucasian-centrist beliefs through entities such as the Alt-Right and failure to pass legislature to protect Dreamers serve as daily reminders of discrimination and hostility that discourages assimilation and negatively impacts mental and physical health outcomes (Perez, 2011; Schwartz et al., 2010).

Stress and Coping Processes

The stress concept is complex in its history and use. The intersection between biological and psychological factors characterizes stress theory and research in an effort to explain how external stimuli can lead to the body having short and long-term reactions. The term stress has been used to refer to the internal state of the organism, an external event, and the nature of experiences that occur between person and environment (Aldwin, 2007; Lazarus & Folkman, 1984). Stressors can be understood as those events, large or small, that result in a psychological and physiological adjustment to maintain homeostasis (Kemney, 2003; Lazarus, 1993; Lyon, 2011; Schneiderman, Ironson, & Siegel, 2005). The response to the event is called the stress

response or the body's method of preparing itself for action. Evolution has provided humans with a relatively effective response to short-term stressors (acute). For a healthy individual, the acute stress response does not impose a health burden. However, if a threat is persistent, the long-term effects of the response to stress may damage health (Schneiderman et al., 2005). Repeated stressful experiences in childhood and within the family system/environment have been linked to influence health outcomes in adulthood such as mood disorders, obesity, and chronic disease (Repetti, Robles, & Reynolds, 2011). Adverse effects of chronic stressors are particularly salient for humans due to the availability of resources used to manage the experience between person and environment. An individual may have to shift their identity or social roles in response to a stressor. Another noted feature of chronic stress is the effects on personal stability. Chronic stress may lead to uncertainty about when, or if, a challenge will end (Sergerstrom & Miller, 2004). Chronic stress can lead to the immune system responding ineffectively by staying in a heightened state so the body becomes taxed and is unable to appropriately respond (Aldwin, 2007; Clark, Bond, & Hecker, 2007). Certain characteristics of a situation are associated with greater stress responses. The characteristics include: the intensity or severity of the stressors, controllability of the stressor, as well as previous life events that determine the nature of an appraisal such as an event related to loss or danger (Schneiderman et al., 2005). Chronic activation may negatively affect mental health over time, leading to an increased risk for depression and anxiety disorders or further exasperating one's state (Aldwin, 2007).

Coping. Over time, conceptualization of the stress process has been expanded to include the process of coping and has emphasized that psychological processes are part of an individual's response to an environmental event (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984; Monroe, 2008; Taylor & Stanton, 2007). The foundation for coping includes behavioral and

cognitive efforts used to manage external and internal demands that are appraised as taxing or exceeding the resources of the person (Folkman & Moskowitz, 2004; Kuo, 2014). The process of self-evaluation enables an individual to identify how he or she may feel, think or react in a situation (Folkman & Moskowitz, 2004). Lazarus and Folkman (1984) postulated that the process of appraisal can function as a mediator for person-environment interactions (Aldwin, 2007). Three types of appraisal were identified: primary, secondary, and reappraisal (Folkman & Moskowitz, 2004). Primary appraisal, shaped by an individual's personal history, values, beliefs and goals, consists of evaluating a given situation and determining the effects of possible demands and whether one has the necessary resources. The situation can be deemed as a threat, harmful, or challenge to well-being. Secondary appraisal involves determining which resources are available to deal with a given threat. Finally, the reappraisal of a threat involves an evaluation of the previous situation, available resources to cope and how threatening a situation may really be to the individual (Folkman & Moskowitz, 2004). Together, the primary and secondary appraisals are hypothesized to determine the strength and quality of an individual's emotional reaction to a potential stressor (e.g., anger or sadness for loss, fear and anxiety for threat, and anxiety and excitement for appraisals of challenging situations).

As a part of this process, individuals make efforts to manage a stressful event based on his or her appraisal of the event. The management can include behaviors such as minimizing, avoidance, or tolerating. Richard Lazarus and Susan Folkman (1984) postulated problem-focused and emotional-focused coping as two forms of coping that can be utilized to manage the external and internal demands of a short-term stressor such as losing one's keys or long-term stressors such as the process of immigration. Problem-focused coping involves addressing a problem through analysis, this includes defining the issue, generating alternatives, weighing costs and

benefits of action, and taking action or learning new skills (Folkman & Moskowitz, 2004; Aldwin, 2007). Emotion-focused strategies are used to decrease emotional distress. This strategy does not directly alter the meaning of the situation but emphasizes modifying the way one interacts with the environment and their subjective view of the environment (Folkman & Moskowitz, 2004; Taylor & Stanton, 2007). These strategies include “avoidance, minimization, distancing, selective attention, positive comparisons, and wresting positive value from negative events” (Lazarus & Folkman, 1984, p. 150). Some individuals can also engage in self-blame or other forms of self-punishment to relieve their distress (Folkman & Moskowitz, 2004; Aldwin, 2007).

A third coping strategy known as meaning-focused coping (MFC) has gained traction in psychology and coping literature (Park, 2010; Park & Folkman, 1997). At its core, meaning making is operationalized as the adaptation to a stressful environment by trying to make sense of the problem (Aldwin, 2007). Rather than trying to solve an issue or regulate feelings in response to a stressor, MFC involves changing the appraised meaning of a situation to be more consistent with an individual’s goals and beliefs (Folkman & Moskowitz, 2004; Park, 2010). An integrative model of meaning making (Park, 2010) includes global and situational aspects of meaning. Global meaning refers to a person’s values and beliefs about themselves and the environment, which informs their understanding of the past, present and future (Park, 2010). Global meaning encompasses beliefs about the world, one’s purpose, and goals that provide a basis of how people interpret experiences such as fairness, justice, and control. Situational meaning is a series of processes to appraise how one’s global beliefs or meaning is appropriate in response to a potentially stressful event. The extent of discrepancy between one’s own global meaning (i.e., what they believe or desire) and the appraised meaning of a particular situation is what leads to

experiencing distress. Engaging in meaning making strategies such as reappraising the situation, revising goals, finding or reminding oneself about the benefits, or changing one's global beliefs in response to the stressor, all serve to reduce the discrepancy (Folkman & Moskowitz, 2004; Park, 2010). This type of coping has been found to be related to increased physical and psychological well-being and has been examined through the lens of positive psychology (Park, 2010).

Stress and Coping in the Context of Immigration

Based on the model created by Lazarus and Folkman (1984), stress and coping processes are most prevalent when an individual is faced with major life changes or challenges. The experience known as immigration can vary in context but fundamentally it can represent a major life event for immigrants (Berry, 2006; Dow, 2011; Kuo, 2014). Different individuals can face similar stressful events but have varied experiences and physical and psychological reactions (Aldwin, 2007; Kuo, 2014). Likewise, within the process and context of immigration individuals and families face multiple stressors, which they may react to in varied ways based on individual characteristics. Yakusko et al. (2008) provided an overview of stressors relevant to the immigration process. They include: (a) pre-migration stressors such as the reason for relocation whether it may be forced or planned can result in difficulty with preparing to relocate or saying goodbye to family and friends; (b) the actual relocation process where there is a high level of uncertainty about the future, difficulties can ensue with primary and secondary forms of appraisal, including the ability to make appropriate decisions (Dow, 2011); and (c) post-migration which requires adapting or adopting the values and behaviors of the dominant/new culture.

Changes in relations within the family system where parents or older children experience increased pressure to focus all of their effort on their families to the expense of their own physical and mental health. The process of losing and creating a social support system may lead to individuals having to coping with situations on their own or with little support in reaction to a change in social status or identity with previous roles, and finally experiencing social oppression in various forms due to prejudice from the host culture (Kuo, 2014; Yakushko, Watson, & Thompson, 2008). In a study with Asian American college students, acculturation was found more frequently to be related to reduced psychological distress and a reduced risk for clinical depression (Hwang & Ting, 2008). Possible reasons for the discrepancy have been hypothesized as an incongruity between the expectations of immigration and its reality as well as a difficulty adjusting to the social requirements of the new culture while maintaining allegiance to the heritage culture (Hwang & Ting, 2008). These immigration-related stressors are relevant to an in-depth exploration of the experience of acculturative stress that includes attention to socioeconomic status, social support, and discrimination (Baum, Garofalo, & Yali, 1999; Finch & Vega, 2003; Kuo, 2014; Viruell-Fuentes, Miranda, & Abdulrahim, 2012).

Relationship between culture and coping. The influence of culture is often overlooked in psychological research and the study of coping could benefit from increased attention to cultural diversity (Aldwin, 2007; Kuo, 2011). Several researchers have responded to the exclusion of culture in stress-coping research by developing contextual models of coping (see Kuo, 2011 for a comprehensive review). As an example, Aldwin's (2007) sociocultural conceptualization of stress-coping that emphasizes the social context will be examined in further detail. The model speculates that culture can affect the stress and coping process in four ways. First, cultural context influences the type of stressors that are likely to be experienced. Second,

culture impacts the extent of strain and stressfulness evoked by exposure to stressors. Third, culture influences the choice of coping strategies that utilized in a specific stressful situation; and finally, the cultural context provides differential access to, and use of institutional mechanisms by which people cope with stress (Aldwin, 2007; Kuo, 2011). The interplay between coping demands and resources affect both situational and individual resources. With this framework, coping is seen as a function of the nature of the stressor, appraisal processes, coping resources, resources provided by the dominant culture, and the reaction of others in the social context (Aldwin, 2007; Barry, 2006). Experiences with cultural expectations and resources impact the perception of the demands of a stressor and available resources to meet the demand; both of which affects stress appraisal. Aldwin (2007) speculates that broad cultural beliefs and values shape personal beliefs and values as well as others' reactions toward the stressful situation. These elements subsequently influence stress appraisals. As a result, social support and coping efforts serve to mediate the effects of stress, which impact the person involved but also their environment, resulting in cultural, social, situational, psychological, and physiological outcomes.

Collectivistic coping. Aldwin's theoretical framework and work by others have contributed significantly to the increasing integration of culture into stress and coping research (Berry, 2006; Kuo, 2011; Kuo, 2013). Coping has been traditionally viewed as a function of personal and social contexts. One culturally-relevant aspect of coping that is important to recognize is the contrast between individualistic and collectivistic coping (Kuo, 2013).

Collectivistic coping reflects a cultural orientation where the self is defined as being interdependent with the group and the goals of the in-group are typically experienced as above personal goals (Aldwin, 2007; Kuo, 2013). Coping that reflects this orientation includes: (a) strategies that are representative of the family system and honoring authority figures; (b)

interpersonal strategies such as seeking familial support and social support from family members; (c) culturally-influenced emotional and cognitive strategies, such as acceptance, reframing, detachment, and avoidance; and (d) behaviors that stem from culturally-specific religious/spiritual beliefs and practices (Kuo, 2013). Collectivistic coping strategies have been examined in the context of several different cultures such as Asian (Kuo, Roysircar, & Newby-Clark, 2006) and African-American (Utsey, Bolden, Lanier, & Williams, 2007) and found to be significant in relationship to measures of well-being and acculturation.

Consideration of culture as it relates to emotion-focused and problem-solving coping strategies are vital to point out as well. The dynamic between control and emotional expression is relevant to emotion-focused coping strategies. Aldwin (2007) suggests that instead of an emphasis on mastery, it might be more appropriate to shift the dimensions of problem-solving to be inclusive of primary (control over the environment) and secondary (control over one's self) methods of control. She further contends that a reduction in stress is experienced when culturally-congruent (vs. incongruent) coping strategies are used. This raises important questions about what is considered to be culturally-congruent, particularly in the context of acculturative stress. Several studies suggest that variability exists among immigrants going through the process of acculturation given various cultural factors, expectations, and available resources (Kuo, 2014; Kuo et al., 2006; Noh & Kaspar, 2003).

The Immigrant Paradox

Initially cited as an epidemiological paradox, some research has found that recent immigrants have better health outcomes as compared to those individuals who have spent more time in their host country (Abraido-Lanza, Chao, & Florez, 2005; Caplan, 2007; Marks, Ejese, Garcia Goll, 2014). These findings were contrary to the general belief that being foreign-born

was associated with increased risk of stress, poverty, and lower social status. Likewise, older theoretical models of assimilation were based on an assumption that assimilating to the dominant culture was the culmination of the immigration process and thus contributing to greater well-being (Gordon, 1964; Stonequist, 1935). Data from two large-scale surveys were examined by Alegria et al. (2008) to examine the risk for psychiatric disorders (e.g., depressive, anxiety, and substance use disorders) amongst Latino/a communities. Despite reporting lower levels of education and income, there was a significant difference in the prevalence rate of psychiatric disorders between Latino and non-Latino white subject where non-Latino subjects reported higher rates of lifetime disorders (Algeria et al., 2008). They also found evidence in support of the immigrant paradox where U.S.-born Mexican subjects were at a significantly higher risk of psychiatric disorders and substance use compared to their foreign-born counterparts (Algeria et al., 2008, 2013). Abraido-Lanza et al. (2005) conducted a secondary analysis of a national survey on health and found that Latinos who have spent more time in the United States was associated with increased alcohol use, smoking, and body mass index.

This paradox has also been observed across generations where second-generation immigrants are found to have worse outcomes in areas such as physical and mental health (Lau et al., 2013; Sirin, Ryce, Gupta, & Rogers-Sirin, 2013), academic engagement (Greenman, 2013), and delinquency (Rudmin, 2005) than their first-generation counterparts. Pumariega et al. (2005) found that parents' acculturation experiences with incidents of discrimination and trauma impacted the traditions with which the youth were raised and their cultural identification as they grew older. Another study examined the trajectory of internalizing symptoms for children who were born in a foreign country (Sirin et al., 2013). These types of findings are evidence of the immigrant paradox but are also prone to methodological issues such as a reliance on cross-

sectional data that make it difficult to determine changes in health over time and a lack of information about the effect of mechanisms for changes in health trajectories such as the economic and political context (Goldman et al., 2014; Marks et al., 2014).

Conceptualizations of Well-Being

In consideration of the immigration experience it is important to discuss both internal and external factors that play a role in a person's life adjustment. Rather than focusing on the absence of mental illness, well-being refers to an approach that emphasizes positive mental health and functioning that conceptualizes wellness based on the presence of positive coping, resilience, and strengths (Keyes, 1998). A variety of studies on immigration and acculturation have focused on these constructs from a viewpoint of stress, focusing on negative outcomes such as negative affect, mental health symptoms, and negative health behaviors such as smoking and alcohol consumption (Finch & Vega, 2003; Kandula, Kersey, & Lurie, 2004; Kirmayer et al., 2011; Sirin et al., 2013). An alternative perspective is the perspective of well-being and successful adaptation to adverse conditions or stressors. Generally, well-being refers to satisfaction and happiness with life, ability to meet demands of living, and having a sense of meaning and purpose in life (Deci & Ryan, 2008; Dodge, Daly, Huyton, & Sanders, 2012). The study of well-being moves beyond elimination of distress and is aimed at improvement of people's lives (Diener, 2012). Well-being is generally broken down into three types: subjective well-being, psychological well-being, and eudaimonic well-being.

Hedonic well-being, often referred to as 'subjective well-being' (SWB), is used to describe well-being individuals experience according to the subjective evaluation of their lives especially when the emphasis is on the overall tone of an individual's life (Ryan & Deci, 2001; Waterman, 2007). This also includes the use of cognitive evaluations or appraisals of life

satisfaction, and emotional reaction to life events. Subjective well-being can be organized into three components: presence of positive affect (i.e. positive emotions and moods, happiness), presence of positive cognition (life satisfaction; evaluation of satisfaction with relationships, work, etc.), and the absence of negative affect (Diener, Suh, Lucas, & Smith, 1999). Subjective well-being is the result of having a sense of mastery, progress towards and achievement of goals, prosocial relationships, and personality factors. Psychological well-being refers to self-acceptance, positive relationships with others, self-determination and autonomy, ability to meet the demands of the environment (e.g. school, work), purpose in life, and personal growth (Ryff, 1989; Ryff & Keyes, 1995).

Eudaimonic well-being signifies the engagement in challenging activities for the purposes of self-realization and participating in opportunities for personal growth (Ryan & Deci, 2001). High levels of well-being are associated with life satisfaction in regard to social relationships, work and income, feelings of happiness and pleasure, and health and longevity beyond the benefits provided to the individual (Diener & Ryan, 2009). Psychological well-being refers to self-acceptance, positive relationships with others, autonomy, ability to meet the demands of the environment (e.g. school, work), purpose in life, and personal growth (Ryff, 1989; Ryff & Keyes, 1995)

The term well-being is operationalized in many ways such as constructs focusing on 'objective' indicators such as income, nutrition, unemployment levels, safety and life expectancy. However, the use of objective indicators are limited in-terms of scope and research suggests there are various influences on well-being, including socio-demographic (e.g., gender, age, education or marital status), economic (e.g., socioeconomic status, type of work, or unemployment), situational (e.g., health or social relationships), and individual factors (e.g., self-

esteem, optimism, or other personality traits; Binder, 2013). Therefore, it is important to distinguish between the objective and the subjective components of well-being when measuring and understanding how people experience their lives. In research literature it is most common to see quality of life measured through objective indicators, while life satisfaction and fulfillment are usually measured by an individual's subjective self-report (Lent, 2004).

Physical well-being. Physical well-being, often operationalized as physical health status, is a multi-dimensional construct that is more than just the absence of illness (Ryff, Singer, & Love, 2004). Physical well-being can be conceptualized as both a state and as a process (Carver, 2007). It is also measured in a variety of ways ranging from a subjective single item self-report assessment measure about one's overall health (e.g., individual endorsing that they feel they are in good health or poor health) to specific physiological measures (e.g., blood pressure, cholesterol levels, glucose levels). A range of health indicators suggest physical health is an important outcome to examine. Due to the growing number of immigrants arriving in the United States it is vital to consider how immigration affects the health of its inhabitants and focus for future public health policies (APA, 2012; Kandula et al., 2004). There is much variability in the immigration experience in terms of its impact on health and well-being (Gordon-Larsen, Harris, Ward, & Popkin, 2003; Kandula et al., 2004; Perrerira & Ornelas, 2011). There are several physical health risks/outcomes related to immigration that have been examined including: physical activity, obesity, substance use, and access to health care resources.

The context for migration at different stages provides a framework for the assessment of physical health at different points. A study conducted by Singh and Hiatt (2006) analyzed the difference in nativity data from the US Census and Current Population Surveys (CPS) in addition to behavioral and health characteristics from the National Health Interview Surveys conducted in

1993 and 2003. The authors' results suggested that immigrants were more likely to report lower rates of conditions such as hypertension, elevated cholesterol, poor health status, or activity limitation (Singh & Hiatt, 2006). Several studies have indicated immigrants have higher likelihood of being overweight (Gordon-Larsen et al., 2003; Kandula et al., 2004; Perez-Escamilla, 2011). This could be attributed to the type of diet that individuals consume from traditional food with less complex carbohydrates to highly processed foods found in the mainstream (Gordon-Larson et al., 2003 & Perez-Escamilla, 2011). Some of the findings could be understood as a result of a significant difference in the rate of employment, socioeconomic attainment, and the access/use of health insurance between immigrants and US natives. At the point of migration, socioeconomic status has a significant role in the context of health status. For example, the prevalence of excessive weight tends to increase with socioeconomic status prior to migration (Perreira & Ornelas, 2011). Once an immigrant has moved a new host country, a lack of regular physical activity might be more commonplace among the mainstream culture (Gordon-Larson et al., 2003; Kandula et al., 2004). These findings may also be difficult to generalize as a result of different cultural perceptions about what constitutes physical activity or exercise. An immigrant who works in a physically demanding job may not report engaging in regular physical activity or weight gain could be perceived as a sign of good health. It would be important to understand the social and cultural factors that limit or promote an immigrant's physical activity.

In general, most immigrants have a lower likelihood of substance use than the ethnically native-born population. In addition, access to sufficient health-care services is related to variables such as the reason for immigration, country of origin, and ability to manage barriers to care (Kandula et al., 2004). However, over time, there is a general trend for increased rates of

alcohol and illicit drug use that is similar to the rate of use for native-born population (Kandula et al., 2004; Perreira & Ornelas, 2011). This shift in substance use was also observed as it relates to generation-status. A study with Latino adolescents, between the ages of 12 to 18, found that second-generation youth (those born in the United States) were more likely to use substances such as alcohol or tobacco as well as report being associated with peers who used substances than their foreign-born counterparts (Kandula et al., 2004; Perreira & Ornelas, 2011).

The concept that health behaviors can change over time for immigrants is supported by a study examining the impact of exposure to repeated or chronic stress as measured by allostatic load. Stress was found to contribute to health risk factors such as substance use and limited access to health care (Kaestner, Pearson, Keene, & Geronimus, 2009). Findings also suggested that older immigrants (ages 45-60) who had been in the United States for 20 years or more were likely to show evidence of stress-mediated health deterioration with time, despite having the most advantage socioeconomic profiles (Kaestner et al., 2009). Although they determined that the adoption of unhealthy lifestyle behaviors should not be directly related to health deterioration, these results suggest that recent immigrants may be healthier upon arrival and therefore may not perceive a need to utilize medical services (Finch & Vega, 2003). Obtaining access to health resources may be an acculturative stress experience for immigrants and cultural factors confound whether someone may utilize the services.

Environmental/physical context. As previously discussed, the role of context is an important body of research when discussing immigration and acculturation. Broadening the scope of acculturation to examine the socioecological context of immigration provides important information about the acculturative process (APA, 2012; Lopez-Class et al., 2011; Perez, 2011; Viruell-Fuentes et al., 2012). Examining neighborhood characteristics (e.g., social cohesion,

neighborhood safety) and geographic factors (e.g., population density) has profound implications for the acculturative experience of immigrants both young and old (APA, 2012). Large gateway cities such as Los Angeles, New York, London, and Toronto may enable immigrants to settle into fairly homogenous ethnic enclaves where they are able to use culturally congruent values and practices (Viruell-Fuentes et al., 2012). Examining differences for the risk of adverse childhood events (ACE) amongst first and second-generation immigrants, reflected the findings that second-generation immigrants were more likely to report physical and emotional abuse, be a witness to domestic violence, and sexual abuse. Those individuals who immigrated during childhood were more likely to be exposed to emotional and physical abuse as well as family violence (Vaughn et al., 2017). Research on the relationship between the living environment on subjective ratings of health (Lorant, Van Oyen, & Thomas, 2008), mental well-being (Guite, Clark, & Ackrill, 2006), and even physical activity (Martinez et al., 2012) yields results that are important to discuss in the context of immigration and well-being. Environmental factors such as noise in the neighborhood, sense of over-crowding in the home, dissatisfaction with access to community facilities, and fear of crime were associated with lower ratings of psychological health and vitality (Guite, Clark, & Ackrill, 2006). The study authors also identify that objective factors such as the type of building or number of bedrooms was not associated with psychological well-being. Instead, subjective perspectives about safety, noise levels, and access to resources were significantly related with well-being. The relationship between health and contextual factors was also examined in a large data set collected in Belgium where researchers compare the relationship between subjective ratings of environmental hazards (e.g., noise and air pollution), access to public amenities, index of community characteristics (e.g., % of single-parent families, % of elderly people living alone), and concentration of migrants to the

prevalence of poor self-rated health status and prevalence of chronic illnesses (Lorant et al., 2008). With the use of multilevel modeling they showed that immigrants were less likely than native Belgians to endorse a poor health status, rates of unemployment and perceived lack of public services that was significantly associated with immigrants living in both metropolitan and more rural areas were in better health than Belgians living in the same areas (Lorant et al., 2008).

The effects of socioeconomic status (SES) casts a wide net on health and well-being within and across generations of people (APA, 2017; Baum, Garofalo, & Yali, 1999). Low-SES individuals report more incidents of being exposed to stress and have a higher risk of spending time in areas documented as having higher incidents of crime (Browning, Calder, Krivo, Smith, & Boettner, 2017) or becoming a victim to a nonfatal violent crime or domestic violence (Renzetti, 2009). There were higher rates of occupational injuries with foreign-born Hispanic men as compared to U.S.-born partially due to those individuals unlikely to object to unsafe conditions or the type of job that place them at greater risk for injuries (Leong, Eggerth, Flynn, Roberts, & Mak, 2012). Overall, it is important to recognize the role of objective and subjective aspects of the physical environment and well-being when examining health outcomes with immigrants.

Synthesis, Critique, and Rationale

Migration is a central aspect of the human experience with important issues to address in the context of psychology (APA, 2012; Prilleltensky, 2012; Suarez-Orozco, 2015). Research must be conducted in order to understand the immigration process that is tied to the future shaping of American society. This process can bring significant changes to families that have long-term implications for the development of children and adolescents and influence health and well-being (Suarez-Orozco, 2015).

In order to understand the impact of immigration across generations there is a need to take a closer look at stress and coping processes (Rumbaut, 2004). Immigrants and their descendants cannot be treated as one homogenous group because of the unique challenges each generation faces. Little research has been done to understand the unique processes, challenges, and strengths of second-generation immigrants in their journey coping with the acculturation process (Rumbaut, 1994). There is an extensive body of literature examining the stress-coping relationship (Aldwin, 2007; Folkman & Moskowitz, 2004; Taylor & Stanton, 2007), and processes of immigration and acculturation (APA, 2012; Berry, 2006; Kuo, 2014). However, there is a gap of recognizing and operationalizing cultural concepts within the stress-coping model (Kuo, 2011) and simultaneously examining the relationship between coping, acculturation and adaptation (Kuo, 2014) among immigrants with different generational statuses.

Due to the growing number of immigrants arriving in the United States it is vital to consider how immigration affects the health of its inhabitants and focus for future public health policies. Historically, there has been an assumption in the literature that greater assimilation (e.g. more time spent in host country, subsequent generations in the U.S.) is advantageous in regard to well-being and other health outcomes. The immigrant paradox suggests that first generation immigrants in general, and more recent immigrants in particular, have better outcomes than their second-generation counterparts or immigrants who have spent more time in the host country. However, there is much variability in the immigration experience in terms of its impact on health and well-being (Kandula et al., 2004; Perrerrira & Ornelas, 2011). Broadening the scope of acculturation to examine the socioecological context of immigration provides important information about the acculturative process. Research shows that subjective perspectives about safety, noise levels, and access to resources were significantly related with well-being.

This primary goal of the current study is to inform the need to more fully understand how immigrants adapt and cope with acculturation experiences in their new cultural environment across generational statuses. In addition, the current study aims to contribute to the current body of literature by examining the relationship between immigration and physical well-being. More specifically, the study aims to assess generational status differences on physical dimensions of physical well-being and culturally-related coping through the following research questions and associated hypotheses.

Research Questions and Hypotheses

Research question 1: What are the differences on dimensions of physical well-being between first, 1.5, and second-generation immigrants of non-European descent?

- Hypothesis 1a: It is hypothesized that second-generation immigrants will have significantly higher levels of physical environment well-being as compared with first and 1.5 immigrants.
- Hypothesis 1b: It is hypothesized that first-generation immigrants will have significantly higher levels of physical health well-being as compared to 1.5 and second-generation immigrants.
- Hypothesis 1c: It is hypothesized that first-generation immigrants will have significantly higher levels of physical safety well-being as compared to 1.5 and second-generation immigrants.

Research question 2: What are the differences on coping strategies between first, 1.5, and second-generation immigrants of non-European descent?

- Hypothesis 2a: It is hypothesized that first-generation immigrants will have significantly higher levels of collectivistic coping as compared with second-generation immigrants.
- Hypothesis 2b: It is hypothesized that first-generation immigrants will have significantly higher levels of avoidance coping as compared with second-generation immigrants
- Hypothesis 2c: It is hypothesized that second-generation immigrants will have significantly higher levels of engagement coping as compared with first-generation immigrants

Research question 3: What is the extent of the relationship between coping strategies and physical health well-being among first, 1.5, and second-generation immigrants?

- Hypothesis 3a: It is hypothesized that there will be a significant positive relationship between collectivistic coping and physical health status among immigrants of non-European descent.
- Hypothesis 3b: It is hypothesized that there will be a significant negative relationship between avoidance coping and physical health status among immigrants of non-European descent.
- Hypothesis 3c: It is hypothesized that there will be a significant positive relationship between engagement coping and physical health status among immigrants of non-European descent.

Methods

Study Aims

This study addresses the need to more fully understand how immigrants adapt and cope with acculturation experiences in their new cultural environment. More specifically, the study aims to (a) assess generational status differences on physical dimensions of well-being and cross-cultural coping strategies, and (b) examine the relationship between physical dimensions of well-being and coping in a sample of immigrants of non-European descent. The following section presents the specific procedures of the current study.

Research Design

The current study utilized a cross-sectional, nonexperimental design to examine differences in cross-cultural coping strategies and physical well-being between first, 1.5, and second-generation immigrants of non-European descent. The primary independent variable was generational status operationalized as first, 1.5, and second-generation immigrant status. The dependent variables included three coping strategies (collectivistic, avoidance, and engagement) and three dimensions of physical well-being (health status, physical environment, and physical safety). Gender, socioeconomic status, English language proficiency, and religion/religiosity were also explored as potential covariates.

Participants

The sample consisted of 118 adults, male and female, all between the ages of 18 and 34. Participants who identified as of non-European descent (e.g., Latino, Asian, African, Middle Eastern) were the focus of this study. Study participants from Europe, Australia, Russia, and Canada, as well as white South Africans, were excluded because of the differences in acculturation experiences for white immigrants, as well as some cultural similarities between the

United States and countries that have a strong white European heritage. Those who identified as sojourners, or individuals who were living temporarily in the United States and who anticipated returning to their country of origin, were also excluded from the sample.

Emphasis was placed on conducting an analysis that considers each generation status group separately so that differences in patterns of findings between foreign and U.S.-born individuals can be identified (Rumbaut, 2004; Schwartz et al., 2010). For the purposes of this study, first-generation immigrants were defined as individuals who were born in another country and moved to the United States after age 13. Individuals who immigrated as children (before age 13) were considered part of a separate 1.5-generation group (Rumbaut, 2004; Padilla, 2006). Participants who reported being born in the United States with one or both parents being born outside the United States were labeled as second-generation immigrants (Sirin et al., 2013). Individuals who immigrated as children have similarities with second-generation immigrants because they may have been predominantly raised in the host country and have a greater likelihood of cultural interactions that might shape their practices, values, and ethnic identification as opposed to the individuals who have completed the majority of their schooling in another country and developed their identity before migration (Rudmin, 2009; Rumbaut, 2004; Schwartz et al., 2010).

To control for the effects of age, participants were limited to individuals between ages 18 and 34. In that window of time, immigrants are undergoing significant transitions in their lives such as completing an education, beginning a career, and starting families where there is a greater opportunity for the exchange between cultures previously discussed (Rumbaut, 2004). Immigrants between 35 and 54 are less likely to shed their native languages, customs, and identities and immigrants 55 years and older are less likely to immigrate, are already established

in their careers and families, and typically lack the plasticity of younger immigrants. Of the 128 entries who completed the questionnaire, further analysis of the quality of their responses led to the elimination of 10 participant responses. Six of the participants had not completed at least ten percent of a questionnaire or skipped a portion of the Cross-Cultural Coping scale. Based on study participants' answers about their ethnic background, four other respondents were taken out of the analysis due to them identifying themselves or their parents being of European-descent.

Measures

Several measures were administered including a background questionnaire assessing the participant's demographic information, the Cross-Cultural Coping Scale, and the Multidimensional Well-Being Assessment.

Background questionnaire (Harrell et al., 2013; Appendix C). The background questionnaire is a 36-item demographic questionnaire that assessed descriptive information about study participants. Study participants were asked questions such as gender, age, race/ethnicity, religion/religiosity, country of birth and residence, education, employment, relationship status, and financial status. Additional questions about immigration and generation status, as well as aspects of acculturation process and status were examined (e.g., English language fluency, connection to US culture, and lifetime immigration stress). Questions used to inform exclusion and inclusion in the study including age, generation status, ethnic background, and immigration status.

The Physical Wellness domain from the Multidimensional Well-Being Assessment (MWA; Appendix D) is part of a comprehensive measurement of well-being that includes dimensions of well-being that are relevant to racial/ethnic minority groups and individuals of lower socioeconomic status (Harrell et al., 2013; Harrell, 2018). The development of the MWA

was motivated by the limited attention to diversity and lack of integration between culture and context across different measures of well-being (Harrell et al., 2013; Schwartz et al., 2010). The 160-item scale measures five general wellness contexts (Psychological, Physical, Relational, Collective, and Transcendent), with 2 to 4 dimensions of well-being within each context for a total of fifteen dimensions. The MWA was developed across a very ethnically diverse sample and found to be a reliable measure in Iranian- American, African-American, and Korean/Korean-American samples (Anderson, 2016; Harrell et al., 2013, Lee, 2017; Moshfegh, 2014).

The Physical Wellness domain of the MWA is a 31-item scale that assesses one general wellness context and three dimensions of physical well-being (Health and Body, Environmental, and Safety). Items were rated on a 6-point Likert-type scale with responses ranging from “Never” (0) to “Always” (5). Scores were calculated for the overall Physical Wellness domain, as well as for each of the three dimensions by adding the ratings and dividing by the number of items so that scores are comparable across dimensions. The internal reliability of the Physical Wellness domain (Cronbach’s alpha = 0.903) and the three dimensions: health and body (Cronbach’s alpha = 0.812), environmental (Cronbach’s alpha = 0.795), and safety (Cronbach’s alpha = 0.848) dimensions were strong (Harrell, 2018).

The Cross-Cultural Coping Scale (Appendix E; CCCS; Kuo et al., 2006) assessed coping by presenting specific, stress-evoking scenarios and asking participants how they would cope in those situations. It included items reflecting collectivistic as well as individual-focused and intrapersonal-based coping responses that are representative of culturally-diverse coping strategies. The scale consisted of 27-items that load onto three-subscales of coping strategies: Collective, avoidance and engagement coping. Each item was rated on a six-point Likert scale ranging from 1 (“a very inaccurate description of what I would do” to 6 (“a very accurate

description of what I would do”) that indicated the extent to which the items accurately described a participant’s coping strategies. One of the strengths of the measure is the utilization of a hypothetical stressor scenario for study participants to answer how they would cope with a situation (Kuo et al., 2006). This enables all participants to respond to a consistent stress prompt rather than asking them to respond to a variety of different sources and types of stressors. The researcher modified the scenario so that participants answered items related to the experience of acculturation and immigration in a college/work setting where a participant was confronted by someone about their ethnic background (see Appendix C). The overall internal reliability of the Cross-Cultural Scale was acceptable (Cronbach’s alpha = 0.848) and has strong test-retest reliability. The subscales ranged from acceptable to questionable: collective coping (Cronbach’s alpha = 0.78-0.80), Avoidance coping (Cronbach’s alpha = 0.68-0.77), and Engagement coping (Cronbach’s alpha = 0.63-0.65), Kuo et al. (2006) addresses questionable findings for Engagement coping by noting the small item set (five items) and remarking that the independent perspective of the subscale is more universal in comparison to an other-directed (collectivism) focus as seen in Asian (Kuo et al., 2006) and African-American (Utsey et al., 2007) cultures. The measure has been utilized in several studies with developmentally and ethnically diverse samples coping with a wide variety of stressors (Kuo, 2014; Kuo et al., 2006; Kuo, Arnold, & Rodriguez-Rubio, 2013).

Recruitment and Data Collection Procedures

Study participants were recruited in accordance with the approved application to the Institutional Review Board (IRB) of Pepperdine University. After receiving IRB approval, study participants were recruited from community colleges, community organizations (e.g., Latino Young Professionals & Entrepreneurs, Southern California Muslim Association, Model United

Nations, Filipino Club, Chinese Union), the university's Graduate School of Education and Psychology and the research team members' personal and professional contacts from mid-January to mid-September of 2017. The investigator obtained permission from organization leaders to make announcements, distribute flyers, and send emails to organization listservs that directed participants to the online questionnaire. Individuals who received recruitment materials (Appendix F) were provided with a description of the study and directed to an online version of the questionnaire at their convenience from any device with an Internet connection. All participants were provided electronic informed consent documents (Appendix G) before starting the online questionnaire, notifying participants that their participation was voluntary, stating their potential risk and benefits of participating in the study, and informing participants that their responses would be anonymous should they choose to participate. The questionnaire took approximately 30 minutes to complete. As an incentive for participation, a prize drawing for participants took place every month where the winner was awarded an electronic Visa gift card worth \$20.

Participants were initially recruited through community college campuses. Cultural and religious clubs and organizations (e.g. International Student Association) on campuses were contacted to facilitate communication about the study to potential participants. Flyers were distributed in public areas of community colleges, including the library and popular campus meeting areas. Participants were also recruited from community cultural organizations and groups (e.g. International Student Forum, Rotary Club, Asian-American Student Association, Biology/Pre-Med Club, Iranian Students and Graduates Association). Researchers additionally utilized social networking by posting recruitment materials to public forums geared towards immigrant communities. Researchers also utilized personal networks by contacting personal and

professional contacts eligible for the study. Furthermore, participants were recruited from the Pepperdine University Graduate School of Education and Psychology (GSEP) student community. This included contacting appropriate program directors/administrators for each of the GSEP programs (e.g. Master of Arts in Psychology Program, Master of Science in Behavioral Psychology Program) via email and requesting that they forward recruitment materials to students in their programs.

Results

Description of Participants

The 118 study participants included 82 females (69.5%) and 36 males (30.5%). Their ages ranged from 18 to 34 years, with the median age of 28. See Table 1 for demographic characteristics of the sample. Eighteen participants (15.3%) identified as first-generation immigrants, 22 (18.6%) identified as 1.5 generation immigrants, and 78 (66.1%) identified as second-generation immigrants. Study participants self-identified with the following ethnic groups: South Asian/Indian/Pakistani (5; 4.2%), Chinese/Chinese American (6; 5.1%); Korean/Korean American (3; 2.5%); Southeast Asian (6; 5.1%), Afro-Caribbean (1; 0.8%); Afro-Latino (1; 0.8%); Middle Eastern/Arab (13; 11%), Persian/Iranian descent (43; 36.4%), Mexican/Mexican American (10; 8.5%), Latino/Hispanic (3; 2.5%); White Latino/Hispanic (3; 2.5%), White (2; 1.7%); Multiracial/Multiethnic (8; 6.8%), White Multiethnic (8; 6.8%; i.e. Persian, Middle Eastern, Latinx, Ukrainian/Iranian), and Other (6; 5.1%; i.e. Armenian, Armenian-American, Chicano, Filipino-American, North Africa/Europe; Taiwanese American). For the ease of data analysis, ethnicity was clustered into five categories: Persian/Iranian/Armenian (53; 44.9%), Asian (25; 21.2%), Latino (20; 16.9%), and Middle Eastern/Arab (16; 13.6%) and African/African-American (4; 3.4%).

In terms of religious/spiritual affiliation, more than one-third identified as Jewish ($N = 44$; 37.3%), with others identifying as Muslim/Islam ($N = 11$; 9.3%), Atheist ($N = 10$; 8.5%), Nondenominational or other Christian ($N = 8$; 6.8%), Catholic ($N = 7$; 5.9%), Protestant Christian ($N = 6$; 5.1%), Agnostic ($N = 6$, 5.1%), Buddhist ($N = 5$, 4.2%), Spiritual with no specific belief system ($N = 4$. 3.4%), Hindu ($N = 2$, 1.7%), New Age or new thought spirituality ($N = 1$, 0.8%), with another spiritual/religious belief system (e.g., Agnostic Buddhism, Armenian

Apostolic Church, “Karma believer”, Syrian Orthodox; $N = 6$, 5.1%), or None of the above ($N = 8$, 6.8%). Study participants rated their religiosity on a Likert scale, ranging from 1 (“not at all religious”) to 7 (“very religious”). The modal response was 1, indicating “not at all religious” ($N = 32$, 27.1%). Twenty-one participants (17.8%) rated themselves as a “somewhat religious.” Thirty-two participants gave ratings of 2 and 3 (27.1%) and thirty-three participants (27.9%) responded between 5, indicating “more religious” to 7, indicating “very religious.”

With respect to education, the majority of study participants (57.6%) reported they had completed a graduate or professional degree. Thirty-eight (32.2%) participants had at least an undergraduate degree, 5.9% had a high school degree (or equivalent), and 4.2% had some high school or less. A majority of study participants indicated they were working full-time for pay (49.2%), while others were working part-time for pay (27.1%), not working by looking for a job (5.9%), and not currently working for pay by choice (17.8%). There was a relatively even distribution across the reported annual income with 28.8% indicating they earn between \$50,000-\$100,000, nineteen percent earn between \$25,000-\$50,000, and 16.1% make less than \$25,000. Twenty-one percent of study participants earned between \$100,000-\$250,000 and approximately 12% made more than \$250,000. Two percent (2.5%) did not respond. In terms of marital status, a majority of participants endorsed being single (76, 64.4%). Twenty-one (17.8%) are currently married, eighteen (15.3%) are living with a significant other, and three (2.5%) were either divorced or separated.

Forty participants ($n = 40$) reported being born in a country other than the United States including Armenia, Bangladesh, China, Ecuador, England, Iran, Ivory Coast, Jamaica, Lebanon, Mexico, Morocco, Myanmar, Pakistan, Peru, Philippines, South Korea, Syria, Thailand, United Arab Emirates, and Vietnam. The age of immigration to the United States ranged from under one

year to 26 years of age, with an average of 12.04 years ($SD = 8.34$). Participants who were identified as 1.5 generation arrived in the U.S. from less than one year to 13 years of age, with a median age of 8 years. Twenty-four participants ($n = 24$) indicated they have lived in a country other than their birth countries or the United States for more than one year and ranging up to 20 years. These countries included Austria, Canada, France, Germany, Iran, Japan, Saudi Arabia, Senegal, Thailand, and Tunisia. Participants were asked to provide a brief summary of their family's immigration history that yielded a breadth of immigration narratives and illustrate the diversity of immigrant experiences (see Appendix B for several examples).

Participants were asked to rate their connection to the American/US culture, their father's racial/ethnic heritage or national culture, their mother's racial/ethnic heritage or national culture, and a different racial/ethnic heritage or national culture on a 5-point Likert scale, ranging from "not at all [connected]" (scored 0) to "very strongly [connected]" (scored 4). When asked to rate the degree to which they connect with the American/USA culture, a majority of participants (68.6% rated that they felt "a lot" or "very strongly" connected, with 21.2% indicating that they felt "somewhat" connected, and only 8.5% indicated they felt only a "a little" or "not at all" connected to the American culture. When asked to rate their connection to their mother's racial/ethnic heritage or national culture, the majority of participants rated "a lot" (50%) or "somewhat" (33%) connected. The remaining participants indicated they were "very strongly" (16.9%) or "A little" (5.1%) connected. Similarly, the majority of participants indicated either "somewhat" (26.3%) or "A lot" (47.5%) of the degree to which they were connected with their father's racial/ethnic culture. While the remaining participants indicated they felt either "Very strongly" (19.5%), "A little" (5.1%), or "Not at all" (1.7%) connected to their paternal racial/ethnic culture.

Overall, study participants described themselves as “excellent” in-terms of their mastery of English language skills including speaking (89.8%), reading (93.1%), and writing (87.3%). Approximately 10% of participants indicated their fluency were only “good” (speaking, 8.5%; reading, 5.9%; writing, 8.5%) or “fair” (speaking, 1.7%; reading, 0.8%; writing, 3.4%). Half of the study participants indicated they sometimes speak a language other than English in the home (49.2%), while 16.9% indicated they speak another language either “always, “most of the time”, or “never” at home. A minority of participants indicated that they “never” speak a language other than English with family (7.6%) as opposed to the remainder of individuals reporting they sometimes (36.4%), most of the time (34.7%), or always (19.5%) speak with family members in another language. However, with respect to speaking in another language with their friends or in a social setting most indicated sometimes (44.1%) or never (43.2%). Likewise, the majority (61.9%) indicated they “never” speak a language other than English in work or school settings.

Study participants were asked to report on the degree of stress they experienced specific to immigration, acculturation or other challenges related to culture across different time periods (i.e., within the past year and over their lifetime) and settings (i.e., within your family, in relationships or social situations, or school and/or work). On a 5-point Likert scale, ranging from “none” to “extreme,” almost twenty-eight percent (28.8%) reported they had not experienced any stress within the past year, while 24.6% indicated a “little,” 23.7% indicated “some,” 11.9% indicated “a lot” and 10.2% reported “extreme” stress within the past year. Over their lifetimes, 11% indicated “none,” 26.3% indicated “little,” 36.4% experienced “some,” 22.9% indicated “a lot,” 3.2% stated they experienced an “extreme” amount, and 0.8% did not respond. Within families, study participants reported they experienced “some” (31.4%), “little” (27.1%), and “none” (16.9%).

Table 1

Demographic Characteristics

Demographic	N	Frequency
<u>Gender</u>		
Male	36	30.5%
Female	82	69.5%
<u>Immigration Generation Status</u>		
First Generation	18	15.3%
1.5 Generation	22	18.6%
Second Generation	78	66.1%
<u>Racial/Ethnic Identity</u>		
Persian/Iranian	43	36.4%
Middle Eastern/Arab	13	11%
Mexican/Mexican-American	10	8.5%
Multiracial/Multiethnic	8	6.8%
White Multiethnic	8	6.8%
Chinese/Chinese-American	6	5.1%
Southeast Asian	6	5.1%
South Asia/Indian/Pakistani	5	4.2%
Korean/Korean-American	3	2.5%
Latino/Hispanic	3	2.5%
White Latino/Hispanic	3	2.5%
White	2	1.7%
Afro-Caribbean	1	0.8%
Afro-Latino	1	0.8%
Other	6	5.1%
<u>General Racial/Ethnic Categories</u>		
Persian/Iranian/Armenian	53	44.9%
Asian	25	21.2%
Latino	20	16.9%
Middle Eastern/Arab	16	13.6%
African/African-American	4	3.4%
<u>Religion/Spiritual Affiliation</u>		
Jewish/Judaism	44	37.3%
Muslim/Islam	11	9.3%
Atheist	10	8.5%
Nondenominational or other Christian	8	6.8%
Catholic/Catholicism	7	5.9%

(continued)

Demographic	<i>N</i>	Frequency
Protestant Christianity	6	5.1%
Agnostic	6	5.1%
Buddhism	5	4.2%
Spiritual (no specific belief system)	4	3.4%
Hinduism	2	1.7%
New Age or New Thought Spirituality	1	0.8%
Other spiritual/religious belief system	6	5.1%
No spiritual/religious affiliation	8	6.8%
Education		
Graduate or professional degree	68	57.6%
College/university degree	38	32.2%
Community college, vocational, or trade school degree	7	5.9%
High school degree	5	4.2%

Data Analysis

The Statistical Package for the Social Sciences (SPSS) 23 was utilized to analyze the data collected. Data analyses included descriptive analyses, correlational analyses, ANOVAs, MANOVAs, and MANCOVAs. Research hypotheses were tested utilizing a series of MANOVAs or MANCOVAs. The independent variable was generation status (first, 1.5, and second) and the dependent variables were the three dimensions of physical well-being and three coping strategies. Bivariate correlation analyses and one-way ANOVAs were completed in order to examine differences on categorical (gender, ethnicity, income, financial status, and education) and continuous (age, religiosity, connection to US culture, and lifetime immigration stress) demographic variables for physical well-being and cross-cultural coping strategies. Significant relationships were incorporated as covariates and a series of MANCOVA analyses were conducted.

Preliminary and Descriptive Analysis

Descriptive statistics were calculated to identify the means and standard deviations for each of the variables in the study. Data was initially cleaned by assessing the frequencies, means, and minimum and maximum scores. Means and standard deviations were computed for each item on the well-being and coping measures, in addition to total scale and subscale scores.

Highest rated items for well-being and coping domains. In order to identify the most commonly endorsed dimensions of Physical Well-Being and the cross-cultural coping strategies, descriptive analysis was conducted. The most highly endorsed were the Safety dimension ($M = 4.24$, $SD = 0.87$) of Physical Well-Being and the Engagement coping style ($M = 4.46$, $SD = 0.65$). The least highly endorsed of the well-being context were the Health and Body dimension ($M = 3.71$, $SD = 0.84$) and Avoidant coping ($M = 3.15$, $SD = 0.88$).

Within the Physical Well-Being environment dimension, the most highly endorsed items were for, “My basic needs were met (e.g., shelter, food, clothing)” ($M = 4.75$, $SD = 0.59$), “The water, electricity, and plumbing worked fine where I was living” ($M = 4.58$, $SD = 0.93$), and “I enjoyed the physical comforts of home like my bed, my kitchen, or my bathroom” ($M = 4.39$, $SD = 0.99$). The least endorsed items of this domain were, “I spent time in places with lots of grass, flowers, trees, and/or clean rivers, lakes, beaches, etc.” ($M = 2.76$, $SD = 1.36$) and “I got plenty of fresh outdoor air” ($M = 3.27$, $SD = 1.13$).

On the Physical Well-Being health dimension, the most highly endorsed items were “I felt comfortable with my sexuality” ($M = 4.29$, $SD = 1.11$) and “I avoided things that are harmful or dangerous to my health (e.g., cigarettes, excessive alcohol, illegal drugs, driving recklessly, etc.)” ($M = 4.08$, $SD = 1.26$). The items on the health dimension that were the least endorsed included “I was able relieve (or didn’t experience any) symptoms of stress in my body” ($M =$

3.14, $SD = 1.40$) and “I did some type of physical exercise for fitness, strength, endurance, or fun” ($M = 3.27$, $SD = 1.39$).

On the Physical Well-Being safety dimension, the most highly endorsed items were “I felt safe from physical harm from people I know” ($M = 4.59$, $SD = 0.80$) and “I felt safe from sexual violence or exploitation” ($M = 4.42$, $SD = 0.99$). The least endorsed items of this domain were “I felt safe from hate crimes, violence, or discrimination based on something about me like my race, religion, gender, sexual orientation, disability, etc.” ($M = 3.86$, $SD = 1.28$) and “I felt safe from threats, verbal abuse, emotional abuse, or stalking” ($M = 4.07$, $SD = 1.21$).

On the Cross-Cultural Coping Scale (CCCS), the most highly endorsed items were “I turn to friends who have a similar ethnic/cultural or language background as me to obtain information or resources in dealing with my problem” ($M = 4.81$, $SD = 0.99$) and “I think about the situation carefully and think of options before I decide what to do” ($M = 4.81$, $SD = 1.03$). The least endorsed items of this scale were “I give up trying to solve the problem” ($M = 2.65$, $SD = 1.21$) and “I engage with activities my close family members would not approve to ease my anxiety or nervousness, such as smoking, drinking, and doing drugs” ($M = 2.54$, $SD = 1.65$). In response to the stressor situation described, study participants rated their perception of how stressful it would be for them to experience the situation and appeared to endorse the item as relatively stressful ($M = 4.22$, $SD = 1.27$) that suggests that the stress-based scenario was appropriate for study participants.

Table 2

Means and Standard Deviations of the MWA Dimensions of Physical Well-Being

Physical Well-Being Dimensions	Mean	SD
Physical Well-Being	7.79	1.418
<i>Safety</i>	4.24	0.871
<i>Environment</i>	3.95	0.685
<i>Health</i>	3.71	0.836

Table 3

Means and Standard Deviations of the Cross-Cultural Coping Scale (CCCS)

Dimensions	Mean	SD
Engagement	4.46	0.646
Collective	4.18	0.747
Avoidance	3.15	0.879

Correlations between well-being and coping. Pearson r correlations were computed to assess bivariate relationships between physical well-being and coping in first, 1.5, and second-generation immigrants of non-European decent (see Table 4). There were no significant correlations between the dimensions of Physical Well-Being and coping. It should be noted that the relationship between Collective coping and the Safety Well-Being dimension ($p = .063$) as well as Engagement coping and the Environment dimension of Physical Well-Being ($p = .060$) were approaching significance.

Table 4

Correlations Between Dimensions of Physical Well-Being and Coping Strategies

	Safety	Healthy and Body	Environment	Physical Well-Being
Collective	.172	.107	.028	.115
Engagement	.147	.117	.174	.048
Avoidance	.068	.037	.025	.053

Demographic Differences and Relationships

Pearson *r* correlations were computed to assess bivariate relationships between continuous demographic variables (age, religiosity, connection to US culture, and lifetime immigration stress) and physical well-being and cross-cultural coping strategies (see Table 5). One-way ANOVAs and *t*-tests were computed to examine the differences on the remaining categorical variables (gender, ethnicity, income, financial status, and education) for physical well-being and cross-cultural coping strategies (see Table 6). Significant relationships were found for age, religiosity, connection to US culture, and lifetime immigration stress.

Age. Age was positively and significantly correlated with total Physical Well-Being and the Environmental and Health dimensions with older participants reporting better physical well-being. Age was negatively correlated with the Engagement coping strategy that reflects as participants get older there is less use of an engagement-style of coping with acculturation-related stress (Table 5).

Gender. There was a statistically significant difference on gender for Collective coping $F(1, 116) = 3.550, p = .014$. Equalities of variance was confirmed by the Levene's Test for homogeneity of variance for overall Collective Coping ($p = .062$). Women scored significantly higher than men on Collectivistic Coping (see Table 6).

Religiosity. Religiosity was positively correlated with the Collective Coping strategy from the Cross-Cultural Coping scale (see Table 5).

Financial status. Income and financial status were each collapsed into four general categories for the ease of analysis. Income was defined as the reported annual pay and financial status defined as the extent to which a participant is able to meet or exceed their basic needs. There were several statistically significant differences between perceived financial status and

Environmental $F(3, 114) = 5.691, p = .001$, Health $F(3, 114) = 8.416, p = .000$ and Safety $F(3, 114) = 3.535, p = .017$ dimensions of Physical Well-Being and total Physical Well-Being $F(3, 114) = 7.736, p = .000$ (see Table 6). A Turkey post hoc test revealed that Environmental, Health, and overall Physical Well-Being was statistically lower if only one's basic needs are being met as compared to those who are able purchase many of the things they, afford luxury items, or purchase anything they want. The only statistically significant difference for the Safety dimension of Physical Well-Being was between only having one's basic needs met and being able to purchase some supplemental items.

There was a significant relationship between income and overall Physical Well-Being and the three dimensions of Physical Well-Being (see Table 6). Post hoc tests revealed a statistically significant difference of environmental, health, and safety physical well-being among participants who reported less than \$25,000 yearly income were significantly lower compared to those who stated their income was \$100,000 or more. Individuals who reported making between \$50,000 and \$100,000 had greater physical well-being as compared to those making less than \$25,000. Overall, those with higher financial status reported greater Physical Well-Being.

Education. Analyses examining differences on Physical Well-Being by level of education were conducted. Level of education was found to be significantly related to Physical Well-Being and the three dimensions. However, results yielded a significant Levene's statistic indicating inequality of variance between groups for overall Physical Well-Being and the Environmental and Safety dimensions. Therefore, the Health and Body dimension of Physical Well-Being was the only factor significantly related to education level. The ANOVA indicated

that more highly educated participants scored higher on the Health dimension of Physical Well-Being compared to those with a high school degree (see Table 6).

Ethnicity. The broad range of ethnicity categories were collapsed into five general categories for ease of analysis. Ethnicity was found to be significantly related to lifetime immigration stress ($p = .013$), immigration stress within families ($p = .030$), relationships ($p = .048$), and at work ($p = .017$). Post-hoc analyses indicated that the Asian group scored significantly higher on dimensions of lifetime immigration stress as compared to the Persian/Iranian/Armenian group ($p = .005$). The Latino group indicated they experience significantly higher level of stress in relationships or social situations ($p = .042$) as compared to the Persian group.

Connection to US culture. Results demonstrate significant positive correlations between one's connection to US culture with overall Physical Well-Being as well as the Environment, Health, and Safety dimensions (see Table 5).

Lifetime immigration stress. Lifetime immigration stress was significantly negatively correlated with overall Physical Well-Being and all three dimensions such that the lower reported immigration stress was associated with higher physical well-being (see Table 5).

Table 5

Pearson R Correlations between Demographic Variables and Well-Being and Coping Strategies

Age	
Physical Well-Being (PWB)	.186*
PWB: Environment	.183*
PWB: Health	.184*
CCCS: Engagement	-.204*
Religiosity	
CCCS: Collective	.251**

(continued)

Connection to US Culture

Physical Well-Being (PWB)	.371**
PWB: Environment	.331**
PWB: Health	.312**
PWB: Safety	.337**

Lifetime Immigration Stress

Physical Well-Being (PWB)	-.350**
PWB: Environment	-.276**
PWB: Health	-.314**
PWB: Safety	-.327**

Note: *. Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).

Table 6

One-Way ANOVAs: Demographic Variables, Well-Being and Cross-Cultural Coping Measures

Gender	F	Sig.
CCCC: Collective Coping	3.550	.014
Ethnicity		
Lifetime Immigration Stress	3.358	.013
Immigration Stress in Family	2.805	.030
Immigration Stress in Relationships	2.484	.048
Immigration Stress at Work	3.170	.017
Education		
PWB: Health	2.909	.038
Financial Situation		
Physical Well-Being (PWB)	8.585	.000
PWB: Environment	5.691	.001
PWB: Health	8.416	.000
PWB: Safety	3.535	.017
Income		
Physical Well-Being (PWB)	4.892	.001
Gender		
PWB: Environment	3.572	.009
PWB: Health	4.503	.002
PWB: Safety	2.778	.030

Hypothesis Testing

Hypotheses were tested using a MANCOVA procedure where any demographics significantly correlated with well-being and coping were included as covariates. The analyses did not provide support for any of the research hypotheses.

Physical Well-Being among first, one-and-a half, second-generation immigrants. The first research question hypothesized that there would be differences in physical well-being among first, 1.5, and second-generation immigrants. A MANCOVA was conducted with generation status as the independent variable and the three physical well-being scores as the dependent variables, with age, financial status, and income as covariates. With the exception of the Health dimension of Physical Well-Being, all other dimensions of Physical Well-Being (Environmental, $p = .028$; Safety, $p = .001$; overall Physical Well-Being, $p = .046$) were in violation of homogeneity of variance per Levene's Test. There were no significant generation-status differences on the overall Physical Wellness domain, nor on any of the dimensions of physical well-being between first, 1.5, and second-generation immigrants. Univariate F's were examined in an exploratory fashion and generation status was found to have a significant effect on the Health and Body dimension of Physical Well-Being ($F(1,114) = 3.837, p = .024$). However, caution is taking in interpretation due to the multivariate F being non-significant. There were no statistically significant differences on this dimension of Physical Well-Being on first, 1.5, and second-generation immigrants.

Cross-Cultural coping strategies among first, one-and-a half, second-generation immigrants. The second research question hypothesized differences in coping strategies between first, 1.5, and second-generation immigrants. A MANCOVA was conducted with generation status as the independent variable and the three coping strategies as the dependent variables, with age as a covariate. There were no significant differences on Cross-Cultural coping strategies between first, 1.5, and second-generation immigrants ($p = .283$). As previously mentioned, age was negatively correlated with Engagement Coping (see Table 5). Age was determined to not have a significant effect on the three coping strategies ($p = .131$).

Relationship between coping strategies and physical health well-being. The third research question examined relationships between the dimensions of physical well-being and coping strategies among first, 1.5, and second-generation immigrants. Correlational analyses were conducted within each generation status between the dimensions of physical well-being and the cross-cultural coping strategies. Results for analyses suggest that coping and physical manifestations of well-being do not appear to be related for any of the three generation statuses.

Additional exploratory correlational analysis. Further correlational analyses including variables such as age, religiosity, English language abilities, income, lifetime experience of stress, and perception of stress were conducted. Exploratory analyses revealed no significant relationships for first-generation immigrants. A statistically significant positive correlation between Avoidance Coping and religiosity ($r = .495, p = .019$) was found within immigrants of the 1.5-generation. Age was significantly correlated with measures of Physical Well-Being in the second-generation sample including the Health and Body dimension ($r = .241, p = .034$) and overall Physical Well-Being ($r = .232, p = .041$). Level of religiosity was negatively correlated with the Safety dimension of Physical Well-Being ($r = -.241, p = .034$) and positively correlated with Collective Coping ($r = .320, p = .004$) among second-generation immigrants.

Correlational analyses were used to examine the relationship between the use of languages other than English and dimensions of Physical Well-Being and Cross-Cultural Coping strategies. Speaking a language other than English in the home and with family was positively correlated with the Environmental dimension, Health dimension, and Overall Physical Well-Being. The Safety dimension of Physical Well-Being was positively correlated with speaking another language with family members. Measures of English fluency were negatively correlated with the dimensions of Physical Well-Being.

Further analysis of the relationship between incidents related to immigration stress yielded several statistically significant correlations. The experience of immigration stress within the past year was negatively correlated with all dimensions of Physical Well-Being. Correlational analysis revealed a negative relationship between a participant's perception of stress in response to the scenario and engagement coping ($r = -.187, p = .044$), Health ($r = -.235, p = .011$), Safety ($r = -.250, p = .007$) and overall Physical Well-Being ($r = -.254, p = .006$). There were no significant relationships between immigration stress and the type of coping.

Discussion

The purpose of the current study was to explore and gain a better understanding of differences in physical well-being and culturally-related coping strategies among first, 1.5, and second-generation immigrants. Given the diversity of immigration experiences, this study aimed to broaden the scope of current research and give increased attention to some of the nuances that can contribute to an enhanced understanding of well-being and coping. Though the study's hypotheses were not supported, it is important to recognize the implications of non-significance (Cohen, 1994; Rosenthal, 1979) and how the findings contribute to future research. The exploration of dimensions of physical well-being and cross-cultural coping strategies among immigrants represent a direction in immigration research that has yet to be explored. This study also has potential implications for the immigrant paradox, or findings suggesting that subsequent generations of immigrants are at risk for poorer outcomes compared to their first-generation. Additionally, there are several methodological limitations of the current study that are important to consider. Suggestions for future research will also be discussed.

Overview of Results

Generation status differences. There were no significant differences between first, 1.5, and second-generation immigrants on well-being associated with their perceived connection to their physical environment (environmental well-being), sense of safety (safety-related well-being), and health status (health-related well-being). Further, there were no significant differences between first, 1.5, and second-generation immigrants in their use of cross-cultural coping strategies including collective, emotion-focused, and problem-solving.

Highest Rated Well-Being and Cross-Cultural Coping Dimensions

With respect to all of the physical well-being dimensions, safety-related well-being was the most highly endorsed. One's perception of safety in-terms of their physical environment and being free from emotional, physical, and verbal danger is incredibly relevant especially when individuals first immigration to a country such as the United States (Perez, 2011; Schwartz et al., 2010; Yakushko, 2010). Study participants indicated a high degree of safety in regard to feeling safe from physical harm within their community and feeling safe from sexual violence or exploitation. These findings highlight the importance of the cultural and social context that immigrants experience (Aldwin, 2007, Kuo, 2011). The environment that an immigrant is living in can have a significant association with health and behavioral outcomes such as substance use, diet, and cardiovascular disease (Lorant et al., 2008). It appears that study participants endorsed that their living situation was suitable enough to meet their basic needs such as having food, shelter, and clothing in addition to liking certain aspects of their homes.

The most commonly endorsed strategy of coping for this sample was the use of engagement coping or taking direct actions and personal adjustment in the face of stress. Participants indicated they are likely engaging in coping strategies such as, "I turn to friends who have a similar ethnic/cultural or language background as me to obtain information or resources in dealing with my problem" and "I think about the situation carefully and think of options before I decide what to do." As individuals experience a greater sense of safety in their environment or controllability then it may likely to lead to further use of an active style of coping (Kuo, 2011). This finding reflects the influence of the acculturation processes based on the stress-coping theoretical frameworks of Berry (1997, 2006).

The lowest rated aspects of well-being and coping for this sample appeared to be the health-related dimension and the avoidant style of coping. In the present study, the two least endorsed items assessing health-related well-being include, “I was able relieve (or didn’t experience any) symptoms of stress in my body” and “I did some type of physical exercise for fitness, strength, endurance, or fun.” These items might be associated with an individual’s ability to attend to or manage stress as well as the promotion of health-related activities. Research about the immigration paradox reflects a decline in protective factors across multiple generations (Marks et al., 2014). Many of the healthy behaviors that were engaged in when an individual first immigrated to the United States might be lost leading to an increased use of substances such as alcohol. In general, coping was reflected more in an active, problem-solving style as compared to avoidance. The lowest rated items for coping included “I give up trying to solve the problem” and “I engage with activities my close family members would not approve to ease my anxiety or nervousness, such as smoking, drinking, and doing drugs.” Study participants indicated they felt relatively safe in their environment and were able to have their basic needs met which might reflect an overall healthy quality of life and greater freedom to engage actively with their environment.

Relationship Between Well-Being and Coping

Despite not finding significant relationships between physical well-being and coping there are several issues that are important to discuss including the characteristics of study participants and the measurement of physical well-being. From an ecological perspective, research findings suggest that parents’ immigration and acculturation experience impact the subsequent generations in-terms of psychological and behavioral health outcomes (Lopez-Class et al., 2011; Schwartz et al., 2010; Suarez-Orozco & Carhill, 2008). Results from the present

study did not find a significant generation status differences on physical well-being or cross-cultural coping. The non-significant findings suggest that there might be more similarities than differences across generations. This can be attributed to several characteristics of the sample population such as age and other demographic factors. The narrow range of study participants (e.g., 18 to 34) may have contributed to an imbalance with a majority who were second-generation immigrants. Study participants generally presented as high income/educated and identified ethnically with both their parents' and U.S. cultures. The highest represented ethnic group in the sample were Iranian-Americans. In addition, the majority of participants were located in the greater Los Angeles area which is a culturally diverse city in addition to having a strong presence of Iranian-Americans who have migrated to the area within the past 40 years. Over time, values and beliefs such as maintaining one's heritage culture might be passed amongst multiple generations which exemplifies one dimension of Berry's (1980 & 1997) acculturative process. Study participants might represent the integrative/bicultural acculturative strategy and therefore reflect more similarities than differences across the sample population.

Well-Being, Coping, and Demographics

Results from the exploratory analysis yield several findings that provide further information about possible directions for future studies. Although it only approaches statistical significance, the positive correlation between collective coping and the safety dimension of physical well-being suggests the potential importance of functionally adaptive coping strategies (Kuo, 2014; Schwartz et al., 2010). Depending on where an immigrant settles, the attitudes of the receiving community towards migrants can have a significant impact on an immigrant's experience. In a hostile context of reception, immigrants might experience issues related to discrimination and lack of opportunities (Perez, 2011; Schwartz et al., 2010). With an emphasis

on in-group interdependence, a culturally-congruent coping method such as collectivism, might be utilized in an environment where individuals do not feel safe in their neighborhoods or to reduce the risk of emotional or physical violence. The trend in a relationship between engagement coping and the environmental dimension of physical well-being suggests the use of an independent-oriented coping style when the perception of the environment is positive. Increased engagement in the community might influence the opportunity for exchanging cultural values and practices associated with the acculturative process (Sam & Berry, 2010).

There were several demographic correlates of well-being and coping which suggest some ideas about variability on these target variables among non-European immigrants such as age, gender, income, subjective report of financial status, religiosity, level of education, connection to U.S. culture, lifetime immigration stress, and perception of stress. Age was significantly correlated with overall physical well-being as well as the environmental and health dimensions; those who were older were more likely to view their environment and health-related behavior as positive. The engagement style of coping was negatively correlated with age which might reflect that as individuals get older there might be a change in coping strategies. More specifically, individuals might shift from independent, problem-focused strategies to interdependent and emotion-focused strategies over time, a pattern reflected in current research (Kuo, 2011, 2013, 2014). However, caution should be taken when interpreting results from the current study's exploratory analyses and require further analysis before issuing a more declarative statement about specific findings.

Although the findings from the current study does not provide support for the immigrant paradox it is important to recognize what this means for the ongoing body of research examining differences in health-based outcomes across generations (Lau et al., 2013). Several researchers

have taken issue with the idea that measuring the extent of changes in cultural practices over a period of time does not accurately capture the acculturative process. Instead they suggest that an individual's social context is a moderator for changes in values, beliefs, and practices (Fox et al., 2017; Lopez-Class et al., 2011; Rudmin, 2009; Schwartz et al., 2010). Lopez-Class et al. (2011) suggest that changes in acculturation might be better understood with longitudinal studies that enable researchers to track changes in the trajectory of certain acculturative practices over time. Another set of findings from the study provide evidence about the importance of context and the cultural transactions between host and migrant. Degree of connection to U.S. culture was positively correlated with overall Physical Well-Being as well as the environmental, health, and safety dimensions. These findings are somewhat contradictory to the immigrant paradox in the suggestion that as an individual begins to identify with the dominant culture their subjective experience of well-being increases.

Another contextual consideration associated with acculturation and health is socioeconomic status. In this sample, those with high financial status reported greater overall physical well-being in addition to the specific dimensions of the environment, health and safety. It is likely that those individuals of a higher SES are likely to have better health outcomes due to the context and ability to significantly improve their living conditions and greater access to resources. Another set of findings suggest that individuals with less education had higher amounts of well-being associated with their environment and safety as compared to those with an undergraduate degree. Perhaps those with less education are more aware of their environment and might be in living situations with family or part of an ethnic enclave that promotes a sense of safety and belonging. Those individuals with an undergraduate degree may have economic and

resource advantages but the extent of that advantage in comparison to those of a higher SES is not substantial.

Collectivism as a coping process is prominent in a variety of ethnocultural groups including those of Asian, Latino and African heritage (Kuo et al., 2006; Kuo, 2013; Utsey, Adams, & Bolden, 2000). Results from the study contribute to the body of research dedicated to understanding, integrating, and measuring collective coping (Kuo, 2013; Utsey et al., 2000; Yeh, Arora, & Wu, 2006). Women scored significantly higher than men on collectivistic coping. This finding is consistent with prior research about differences in coping strategies across gender where women were observed to engage in more prosocial coping as compared to men (Helgeson, 2011; Hobfoll, Dunahoo, Ben-Porath, & Monnier, 1994).

Religiosity was also significantly correlated with collectivistic coping. There were a variety of religious/spiritual affiliations among participants with more than one third of the sample (37%) identifying as Jewish, followed by Islam (10%), and other religious affiliations that might also emphasize collective/interdependent values and coping (e.g., share problems within the boundaries of family and friends, attending church/church-related activities, or seek counseling with religious leaders). Those who identified as more religious endorsed a greater use of collectivistic coping strategies (e.g., ask for support from peers with a similar ethnic/cultural background) in response to the stress-evoking scenario. Having a religious practice is a component of the social context within conceptualizations of collectivistic coping (Kuo, 2013; Yeh et al., 2006). A study conducted by Kuo et al. (2006) examined differences in the use of coping strategies with college students who reported different religious practice. Findings from the study reflect that those individuals who identified as Muslim, Hindu, Buddhists, or Sikhs utilized collective coping strategies at a higher rate compared to those participants who chose a

personalized/spiritual faith. Another study showed that individuals who identified as Muslim tended to utilize a collective coping style (e.g., seeking support or turning to family members) when dealing with a stressful life event as compared to Christians who were likely to use an individualistic coping style (Fischer, Ai, Aydin, Frey, & Haslam, 2010).

Limitations and Future Directions

The current study had several limitations that likely contributed to the observed results. First, the study was comprised of various racial/ethnic groups rather than a singular focus on a particular group. This limited the study's ability to examine within-group cultural considerations such as language, cultural strengths, historical context, or unique social or cultural challenges faced by specific ethnic groups. An intentional choice to focus on multiple ethnic groups rather than a single group was made as the focus was explicitly on generational status as the primary independent variable. This approach also allowed for the inclusion of ethnic groups that are often invisible in studies of immigrant experiences. An additional limitation was that ethnic groups were collapsed into five general categories. This choice was made due to limited sample size within specific ethnic categories and allowed for group comparison statistics; however, this type of categorization glosses over important ethnic and cultural variation within the broader categories (Rudmin, 2003, 2006). Future research would benefit from a larger sample size across diverse ethnic groups so that the contributions and interactions between generational status and ethnicity can be teased out more meaningfully.

The impact of the context and timing may have significantly impacted the recruitment of study participants. The time frame of data collection coincided with the first few months of highly controversial presidential inauguration marked by anti-immigrant sentiment. It is possible that some immigrants may have been weary of participating in research which asked them to

identify their status as immigrants. Difficulties with recruitment efforts in local community colleges led to the employment of a snowballing method of sampling. Recruitment through the research team's professional and social networks may have contributed to a large representation of Iranian and Jewish participants. Consequently, there was a disproportionate number of second-generation immigrants, highly educated individuals and individuals of higher socioeconomic status. This is particularly important to note as socioeconomic status and education have been identified as protective factors for immigrant populations (Yeh & Inose, 2003). There was also a disproportionate number of females to males in the sample. Study participants were skewed towards being highly educated, financially stable, and identified relatively strongly with the US culture. These contextual aspects make it difficult to accurately assess differences in immigration experiences within and across generations.

Due to the nature of the English language measures employed, the study was limited to English-literate participants. Thus, the sample is not representative of the larger population of immigrants living in the United States, particularly those who are not fluent or literate in the English language. This is particularly applicable to the small number of first-generation participants in the study. Future studies should be more inclusive by incorporating measures in alternative languages so that participants who are not fluent in English can also participate. This would facilitate a more rich and representative sample of the overall population of immigrants, particularly first-generation immigrants who may not be as familiar with the English language.

A further limitation of the study is the lack of contextual factors considered. Depending on where an immigrant settles, the attitudes of the receiving community towards migrants can have a significant impact on an immigrant's experience (Schwartz et al., 2010). In a hostile context of reception, immigrants might experience issues related to discrimination and lack of

opportunities. As previously described, acculturation is a bidirectional process, not simply dependent on immigrant characteristics and attitudes toward the host culture. For instance, the impact of multiple immigration experiences on well-being and coping were not assessed. Additionally, another important factor to consider is proximity or accessibility of the country of origin. For instance, the ability to visit the country of origin might impact a second-generation immigrant's ties to their heritage culture. Those who have the ability to travel back and forth and who might still have family living in the country of origin have the opportunity to experience that culture with greater environmental support compared to those who are solely exposed to the heritage culture through relationships with immigrant family members (Padilla, 2006). Additionally, reason for immigration, including refugee status, was not assessed which is important to consider given that refugees, a subcategory of immigrants who leave their countries because of war, persecution or fear of persecution, may encounter greater stressors during the immigration process (Dow, 2011). Future research should include contextual considerations, including reasons for immigration, length of residence, and accessibility of country of origin, which may impact meaning making and well-being.

As previously noted, there are several issues raised by the current study that warrant further research. First, a larger and more evenly distributed sample in terms of generation status would be important, including a larger number of first-generation immigrants. Future studies should examine specific populations of common a more diverse sample in terms of generation status, education, socioeconomic status, and English language fluency, would also be important to confirm or challenge the current findings and allow for more expanded analyses. Rather than look at the correlation between coping and physical well-being, future analyses would benefit from examining coping strategies as a moderating variable in the relationship between

acculturative stress and well-being (Berry 1997; Kuo, 2011). Greater attention to the variables that were examined in the secondary analyses is recommended for future studies including avoidance coping and experiences of stress in relationship to coping. In addition, collective coping is an important construct when it comes to the stress and coping paradigm and reflects the incorporation of a multicultural perspective on coping (Kuo, 2011, Kuo 2013). The potential relationship between religiosity and collective coping is also important because it supports previous findings about the theoretical construct of collectivism (Kuo et al., 2006).

Implications for Theory and Practice

This study has broadened the scope of current research by emphasizing the need to integrate socioecological factors when studying the immigration experience and its complexity across generation. Spending time to assess an individual's immigration experience might include asking questions about what led to the individual's migration, what process was involved for them to migrate, and how was it for them when they first arrived to the new country. The study contributes to understanding physical well-being and coping as it pertains to an ethnically-diverse sample of immigrants. Specifically, a multidimensional measure of well-being has never been utilized within this population. The utilization of a multicultural coping scale provides an opportunity to recognize how coping may vary across cultures and individuals. Future research can continue to look at the influence of one's subjective perspective of their physical environment, safety, and health and its relationship to coping, values, and behaviors. The relationship between subjective and objective perceptions of physical well-being reflect aspects that should continue to be highlighted. Likewise, this study lends itself to promoting the need for future research about the intergenerational transmission of coping.

Applying findings from the study provides important information about working with immigrants in a clinical setting. Conducting assessments should place particular emphasis on understanding the uniqueness of one's immigration experience whether it be the context that led up to one's migration, the process of migration, and experiences post-migration (APA, 2012). Inquiry about a client's generational status and experience of acculturation within their family system or relative environment (e.g., neighborhood, quality of social support, crime rate) may provide an important context for understanding the development of depression, anxiety, or other expressions of distress. In times of isolation and separation that affects individuals of all creed, color, and age, the use of culturally-adapted interventions is vital to meeting the demands and trends of mental health services (APA, 2012).

The breadth of research over the past century to understand the immigration experience is symbolic of its complexity. It is important for research and its clinical application to continue with understanding the immigrant experiences of coping and well-being across generations. Broadening the scope of what characterizes coping and its functions in the context of culture can have implications for professionals to promote skills that are already present rather than diminishing or minimizing existing strengths. In addition, recognizing the multiple dimensions of physical well-being (health, safety, environmental) as related to overall quality of life expands the research on the experiences and effects of immigration within a culturally-inclusive stress and coping framework moving forward.

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APPENDIX A

Summary Table of Selected Literature

APPENDIX A

Summary Table of Selected Literature and Reference List

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, etc.)	Source (Article, Chapter, Book, Presentation)	Type (Conceptual, Review, Empirical, Biography)	Key Points
Aldwin, C. M.	2007	Stress, Coping, and Development: An Integrative Perspective	Stress & Coping	Stress, coping, development throughout the lifespan, transactional	Book	Conceptual & empirical	Book author focuses on multiple domains of stress and coping across the lifespan. Chapters include the relationship between Stress and Adaptation; definitions of stress; physiological response; design and measurement issues; Purpose of coping; various theories of coping; measurement of coping; applications of coping; Psychosocial development and growth.
APA-Working Group on Stress and Health Disparities	2012	Crossroads: The psychology of immigration in the new century	Immigration	Overview of immigrant experiences	APA/ Presidential Task Force Report	Conceptual review	Three guiding principles about immigrants: they are resilient; influenced by social contexts; essential to include culture. Provides a comprehensive review/description of immigrants and address psychological issues of immigration. Contains theoretical and empirical literature on immigrants and relationship to social context, acculturation, special populations, life span considerations, assessments considerations, considerations in educational and clinical contexts. Provides recommendations for the training and interventions and policies.

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, etc.)	Source (Article, Chapter, Book, Presentation)	Type (Conceptual, Review, Empirical, Biography)	Key Points
Berry, J.W.	2006	Acculturative Stress	Acculturation	Author provides framework for acculturation, different strategies, operationalizes "acculturative stress," and focuses on the role of adaptation	Book Chapter	Conceptual	Author provides historical context of acculturation and the limitations as a unidimensional concept. Focus began to include the relationship between an individual's group and their psychological acculturative process. This led to the author developing the Acculturation framework that accounts of the interaction between cultures and the psychological/individual level which includes changes in behaviors and beliefs. Author presents four acculturative strategies: Integration, separation, assimilation, and marginalization. These are based on the extent of contact between cultures and degree to which an individual maintains the heritage or host culture. Author acknowledges the interaction between the "non-dominant" and "dominant" groups. Defines three primary outcome categories of acculturation as changes in behavior, acculturative stress, and psychopathology. This model is based on the stress and coping framework. Author shifts to discuss the role of adaptation and that it is a distinct outcome.

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, etc.)	Source (Article, Chapter, Book, Presentation)	Type (Conceptual, Review, Empirical, Biography)	Key Points
Caplan, S.	2007	Latinos, acculturation, and acculturative stress: A dimensional concept analysis.	Acculturation, Immigrant Paradox	Impact of acculturative stress on health outcomes	Article	Conceptual	In the field of public health, research indicates that recently arrived Latino immigrants, presumably most affected by acculturative stress, have better health outcomes than those who have spent greater time in the United States. This "immigrant paradox" is not well understood but supports the distinction between the process of acculturation and acculturative stress. AIM: To understand the nature of acculturative stress for Latinos in the context of political, historical, and societal forces. Acculturative stress significantly affects the physical and mental health of many Latino immigrants. Types of stressors vary by ethnicity. Separation from family and lack of a community was the most often-cited stressor for new immigrants. Most Latino immigrants were adversely affected by discrimination.
Chirkov, V.	2009	Critical Psychology of Acculturation: What do we study and how do we study it when we investigate acculturation?	Acculturation	Critical analyses of current theory and study of acculturation	Article	Critical Analysis	Author states that current research on acculturation is flawed as it does not take unique cultural and ethnic characteristics of distinct immigrant groups into consideration. Author suggests concentrating on descriptive studies in order to understand the dynamics of acculturation for various immigrant groups. Additionally, author argues for more diversity in terms of research methodology as current research is almost exclusively quantitative.

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, etc.)	Source (Article, Chapter, Book, Presentation)	Type (Conceptual, Review, Empirical, Biography)	Key Points
Dow, H. D.	2011	An Overview of Stressors Faced by Immigrants and Refugees: A Guide for Mental Health Practitioners	Immigration	Review of stressors faced by immigrants and refugees coming to the United States	Article	Review	Author distinguishes between immigrants and refugees and frames refugee experience as "forced immigration" and discusses the increased potential areas of undocumented (vs. documented) immigrants. Potential stressors to assess for include separation from country, separation from family, different types of losses, use of torture, rape, culture shock, changes in SES, and occupational status, and changes in family structure. Other areas include premigration and migration history, psychological distress, loss of family and community, financial and status changes, and knowledge of host language and culture.
Finch, B. K., & Vega, W. A.	2003	Acculturation Stress, Social Support, and Self-Rated Health Among Latinos in California	Acculturation	Acculturation stress (discrimination, legal status, and language conflict) social support mechanisms as mediators and moderators; Mexican-native adults,	Article	Empirical	Study looks at the effect of social support mechanisms as potential moderators and mediators of the relationship between stressful acculturative experiences and self-ratings of physical health. Social support- indicative of social resources, health interactions with others. Important to recognize that increased acculturation and contact with dominant society increases risk for discrimination. Results show that stress associated with legal status has a significant contribution to ratings of health. Confirmed protective factors- greater number of peers and family members in the US, increased religiosity. Discrimination is only associated with poorer physical health among those for whom social support is lacking.

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, etc.)	Source (Article, Chapter, Book, Presentation)	Type (Conceptual, Review, Empirical, Biography)	Key Points
Folkman, S., & Moskowitz, J. T.	2004	Coping: Pitfalls and Promise.	Stress & Coping	Coping, coping measurement, effectiveness of measure, coping and meaning, positive emotion	Article	Conceptual Review	Coping, defined as the thoughts and behaviors used to manage the internal and external demands of situations that are appraised as stressful, has been a focus of research for more than three decades. Three ongoing issues: momentary and retrospective report and accuracy of recall; need broader categorizations of coping in order to capture differences within categories; psychometric qualities of coping scales. Authors discuss the outcomes and a match between coping and the demands of the situation as it relates to the contextual model of coping. Future directions include proactive coping, social aspects, dual-process model, religious coping, emotion-approach (instead of focus because there is a different emphasis which is actually more adaptive rather than distress), and emotion regulation.
Fox, M., Thayer, Z., & Wadhwa, P. D.	2017	Assessment of acculturation in minority health research	Measurement/ Capturing of Acculturation	Acculturation;	Article	Critical Review	Outlines development of acculturation construct; states there are issues with operationalizing acculturation when trying to explain the relationship with health outcomes. Address issues by suggestion that acculturation should be reflect internal and external states and that the dissonance between the states and rate of change with cultural orientation are sources of psychological stress. Measurement of acculturation should focus on capturing current state and also look at change over time should include bidimensional instruments.

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, etc.)	Source (Article, Chapter, Book, Presentation)	Type (Conceptual, Review, Empirical, Biography)	Key Points
Harker, K.	2011	Immigrant generation, assimilation, and adolescent psychological well-being	Generational differences, immigrant paradox	Authors examine the relationship between immigrant generation status and psychological well-being in a sample of adolescents	Article	Empirical	Findings revealed that first-generation immigrants experience less depression and greater positive well-being compared to their native-born agemates of similar demographic and family backgrounds. Researchers found that Second-generation immigrants do not differ significantly from native-born youth in terms of psychological well-being. Author identified several protective factors that enable first-generation immigrants to maintain their higher levels of well-being, include: parental supervision, lack of parent-child conflict, religious practices, and increased social support.
Katsiaficas, D., Suárez-Orozco, C., Sirin, S. R., & Gupta, T.	2013	Mediators of the relationship between acculturative stress and internalization symptoms of immigrant origin youth	Immigrant Paradox	Generational differences on acculturative stress, anxiety, and depression among first and second-generation immigrants	Article	Empirical	Researchers found that first gen immigrants reported significantly higher levels of acculturative stress, anxiety, and depression compared to their second-gen counterparts. Found that perceived emotional, academic, and social support mediated the relationship between acculturative stress and symptoms of depression and anxiety for first-gen immigrants but not for second-gen.

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, etc.)	Source (Article, Chapter, Book, Presentation)	Type (Conceptual, Review, Empirical, Biography)	Key Points
Kia-Keating, M.	2009	Immigrants and Refugees in the U.S.: Overlaps and Distinctions	Immigration	Overview of immigrant and refugee experiences	APA bulletin	Conceptual Review	Reviews three phases of immigrant and refugee experience, including pre-migration, migration, and post-migration. Emphasis is placed on stressors immigrants and refugees face at each stage. Differences between immigrants and refugees are also explored. For instance, immigrants leave their countries of origin for a variety of reasons including, economic, social, political, and familial; however, refugees leave their country due to persecution or fears of persecution. During the migration phase, refugees often live in camps. All immigrant groups (including refugees) face the possibility of difficulty meeting basic needs, uncertainty, separation from family. In the post-migration phase, they face stressors including poverty, violence, and discrimination. Overall, each phase can lead to stressful experiences and increased risk for mental health problems
Kitayama, S. & Cohen, D.	2007	Handbook of Cultural Psychology	Acculturation	Navigating multicultural identities	Book	Review	Chapter 13- Multicultural Identities; Authors identify that acculturation is multidimensional and that those with multicultural identities can navigate those identities using several strategies such as integration, alternation, or synergy. Strategies can be used in different contexts to adapt to changing environments. Integration is the blending of identities into one coherent identity. Alternation is the act of switching back and forth between different cultural identities depending on the context. Synergy refers to the creation of a new identity based on the intersection of multiple cultural identities.

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, etc.)	Source (Article, Chapter, Book, Presentation)	Type (Conceptual, Review, Empirical, Biography)	Key Points
Kuo, B. C.	2013	Collectivism and coping: Current theories, evidence, and measurements of collective coping	Collectivistic	Role of collective coping behaviors as an important measure for coping research with culturally diverse populations.	Article	Review	Author states that researchers have begun to identify there are differences in coping preferences/patterns across different racial/ethnic groups and there is a relationship between coping and cultural-specific dimensions which such as collective coping. Research highlights the relationship with physical and psychological well-being and religiosity which is a positive reflection of where the field is going. Author reflects on the definition, theories, empirical evidence, measurement of, and implications for collective coping.
Kuo, B. C.	2014	Coping, acculturation, and psychological adaptation among migrants: A theoretical and empirical review and synthesis of the literature	Coping; Acculturation	Review of literature regarding stress and coping as applied to acculturation and mental health	Article	Review	Reviews and summarizes literature on coping, acculturation, and psychological/mental health outcomes. Four primary models of stress, coping, and acculturation: 1. stress-mediation-outcome model for Mexican American- includes cultural adaption is based on the interaction of potential stressors, appraisals of those stressors, external mediators, internal mediators, and coping responses. 2. Acculturation categories framework (Berry). 3. Resiliency-based stress-appraisal-coping model- views coping and acculturation as a resilient long-term developmental framework. 4. stress and coping grounded theory. Discusses differential coping pattern among diverse acculturating migrant groups; and the relationship between coping variabilities and acculturation levels among migrants.

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, etc.)	Source (Article, Chapter, Book, Presentation)	Type (Conceptual, Review, Empirical, Biography)	Key Points
LaFromboise, T., Coleman, H. L. K., & Gerton, J.	1993	Psychological impact of biculturalism: Evidence and theory	Biculturation	Developing bicultural competence.	Article	Review, Conceptual	Authors suggests to move away from the linear model of cultural acquisition. Reviews literature on the psychological impact of being bicultural- a member and alien of two cultures. Assumption is that living between two cultures is undesirable because it creates identity confusion and psychological discomfort. Identifies positive aspects including having a shared condition with others of the same background, membership in that group. Authors emphasize that maintaining an active relationship between both cultures is healthy. Relationships may foster competency in both cultures. Psychological health is being able to be competent in both cultures.
Lau, A., Tsai, W., Shih, J., Liu, L., Hwang, W-C., & Takeuchi, D.	2013	The Immigrant Paradox Among Asian American Women: Are Disparities in the Burden of Depression and Anxiety Paradoxical or Explicable?	Immigrant Paradox	Asian-American; Immigrant Paradox; Risk and protective factors; prevalence of lifetime mental health disorders	Article	Empirical	Researchers examine the paradox through the nativity-based disparity. Need for research to demonstrate differences in self-reports between U.S. born and immigrant responds how the explain the immigrant paradox. Discuss other theories associated with immigrant paradox such as the loss of culturally-mediated protective factors in 2nd gen. Conduct study to examine nativity-based differences in prevalence of lifetime depressive and anxiety disorders among Asian American women Found that U.S. born had significantly higher levels of anxiety and depression dx that was attributable to differences in risk exposure (e.g., cultural conflict, low family cohesion, perceived discrimination). magnitude of association between risk and disorders was still present but reduced when controlling for protective factors. US-born have a greater risk for lifetime diagnoses, despite experiencing some more favorable conditions than immigrant women.

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, etc.)	Source (Article, Chapter, Book, Presentation)	Type (Conceptual, Review, Empirical, Biography)	Key Points
Lopez-Class, M., Castro, F. G., & Ramirez, A. G.	2011	Conceptions of acculturation: A review and statement of critical issues	Acculturation	Acculturation, Latino subgroups, Contextual approaches,	Article	Conceptual Review	Authors suggests that acculturation and measurement of acculturation in the Latino population needs to be adjusted. Provides historical definition and issues related to how it has be studied by multiple academic fields and how the assumption was based on assimilation towards the majority culture, focus on Mexican-Americans was lumped as the Latino subgroup, and the use language as a primary measure of acculturation. Acknowledge contributions of the two-factor model and Berry's acculturation framework. Current work is shifting towards an ecodevelopment framework to include social constraints/cohesion, cultural enclaves, geographic factors as influences on health and well-being, and acculturation trajectories. Current issues include questionable construct validity, use of proxy measures, cross-sectional design, not enough application to Latino subgroups. Directions include to measure social context as a moderator in order to get a richer view, measure the influence of ethnic enclaves, availability of resources. Overall an analysis of acculturative changes should include attitudes, behaviors, and values.

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, etc.)	Source (Article, Chapter, Book, Presentation)	Type (Conceptual, Review, Empirical, Biography)	Key Points
Lueck, K., & Wilson, M.	2010	Acculturative stress in Asian immigrants: The impact of social and linguistic factors	Acculturation	Acculturation, Asian immigrants, use of social predictors, Linguistic predictors, acculturative stress	Article	Empirical	Investigated the relationship between linguistic and social constructs as predictors of acculturative stress with Asian immigrants and Asian-Americans; Found that high English language and native language proficiency, preference for bilingual language, and family cohesion were predictive of low acculturative stress. High levels of discrimination was predictive of high acculturative stress.
Marks, A. K., Ejesi, K., & García Coll, C.	2014	Understanding the U.S. immigrant paradox in childhood and adolescence	Immigrant Paradox	Risk and resilience factors believed to contribute to the immigrant paradox findings in the literature	Article	Conceptual review	Explore immigrant paradox findings after controlling for variables (e.g., low income, parent education) first-gen children and adolescent immigrants show more positive outcomes compared to children who have lived in the US longer or who are US born, which contradicts assimilation strategy of acculturation. Acculturation to U.S. lifestyles is negatively linked to optimal developmental outcomes. First-gen Latinos may have better academic achievement due to rewards (better English-proficiency) and/or a sense of upholding familial values of education and a strong work ethic. some research has attempted to find mediators to explain the relationship between generation status and outcomes (e.g., conflict within families and sedentary behaviors among second-gen immigrants. important to maintain cultural practice for first-gen immigrants.

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, etc.)	Source (Article, Chapter, Book, Presentation)	Type (Conceptual, Review, Empirical, Biography)	Key Points
Noh, S., & Kaspar, V.	2003	Perceived discrimination and depression: Moderating effects of coping, acculturation, and ethnic support	Coping, Discrimination	Effects of cultural normal and social contexts on coping processes.	Article	Empirical	Authors examined the effects of cultural norms and social contexts on coping processes involved to manage perceived discrimination. Authors state there are so many variations of coping across cultures such as collectivistic or cultural maintenance. Authors designed a mixed-methods study with Korean immigrants in Canada. Problem-focused coping was more effective in reducing/buffering impact of depression due to perceived discrimination and that emotion-focused as not effective. These findings support the relationship between social context (cultural maintenance) and coping. When individuals have enough social resources they will take a more active-approach to addressing racial bias.
Padilla, A. M.	2006	Bicultural social development	Biculturation	Review of literature on biculturalism for Latino children and adolescents, second-generation, third and later generations, social development	Article	Review	Author identifies there are micro and macro processes involved with ethnic socialization and social development. Reviews early conceptualizations about bicultural people that were primarily voiced in a negative light and caught in the "middle" experience were prone to mental health problems. Current perspective views biculturalism as a sign of resiliency. They can equally participate in both cultures and create social flexibility. Development of ethnic identity is a unique process. Source of cultural transmission is important to recognize for someone from an immigrant background. Author reviews bicultural development in four contexts and highlights the specific processes involved and challenges for parenting. contexts for socialization and cultural transmission recognizing the unique process of ethnic identity development.

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, etc.)	Source (Article, Chapter, Book, Presentation)	Type (Conceptual, Review, Empirical, Biography)	Key Points
Park, C. L.	2010	Making sense of the meaning literature: an integrative review of meaning making and its effects on adjustment to stressful life events.	Meaning Making	Meaning making, outcomes-adjustment to stressful events; review of meaning making literature	Article	Review	Consensus about stressful life experiences challenge one's sense of global meaning (i.e., beliefs about self, others, and the world). The discrepancy between one's global meaning and the appraisal of the event results in distress. A subsequent meaning making process occurs which reduces this discrepancy and restores a sense that the world is safe (meanings made). Identifies evidence for model and limitations.
Park C.L. & Folkman, S.	1997	Meaning in the Context of Stress and Coping	Meaning Making	Integrating meaning making into a model of stress and coping	Article	Conceptual	Attempt to organize meaning making into an integrative model by expanding the stress and coping model to include MFC. Two processes: global meaning is one's enduring beliefs, values and assumptions about the world; situational meaning is the initial appraisal of the meaning of an event, influence by one's global meaning. Situational has three components: appraisal of meaning, search for meaning, and meaning as outcome

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, etc.)	Source (Article, Chapter, Book, Presentation)	Type (Conceptual, Review, Empirical, Biography)	Key Points
Rumbaut, R. G.	2004	Ages, life stages, and generational cohorts: Decomposing the immigrant first and second generations in the United States.	Immigration, generational considerations	Defining first and second-generation immigrants	Article	Review, Conceptual	Author identifies issues associated with the definition of immigrant "first" and "second" generations in the United States. Based on the author conducting longitudinal studies (e.g., CILS), they define the terms and discusses the utility of their use in empirical research. States there is a lack of consensus about the definitions of first and second-generation immigrants. Author considers ages at immigration and stage of development as important factors to include. Author argues for more precise definition in future empirical literature.
Sam, D. L., & Berry, J. W.	2010	Acculturation: When individuals and groups of different cultural backgrounds meet	Acculturation	Authors provides an overview of findings about the acculturative process, strategies, stress, and adaptation.	Article	Conceptual Review	Interaction between person and culture is referred to as acculturation. Authors discuss how the interaction results in both cultural and psychological changes. Culture changes might include shifts within policies and agendas to hopefully include the new culture. On a psychological level, the authors state there are affective, behavioral, and cognitive shifts and then presents the acculturative framework with four acculturative strategies: Integration, separation, assimilation, and marginalization. Integration (engagement in both host and heritage cultures) is thoughts to be the most adaptive.

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, etc.)	Source (Article, Chapter, Book, Presentation)	Type (Conceptual, Review, Empirical, Biography)	Key Points
Schwartz, S. J., & Unger, J. B.	2010	Biculturalism and context: What is biculturalism, and when is it adaptive?	Biculturation	Biculturalism and context: What is biculturalism, and when is it adaptive?	Commentary Article	Conceptual Review	Biculturalism represents "comfort and proficiency with both one's heritage culture and the culture of the country or region in which one has settled." Definition includes cultural practices, values, and cultural identifications. Develops via social-cultural context (ethnogenesis) & socializing children to the heritage culture. They point out that biculturalism is generally adaptive especially in diverse metropolitan area but is less adaptive in an monocultural region (e.g., American Midwest).
Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J.	2010	Rethinking the concept of acculturation: Implications for theory and research.	Acculturation	Acculturation; immigrant; cultural practices, values, and identifications	Article	Conceptual Review	Identifies that Berry's model of acculturation is limited in scope by its use of dimensions and categories to classify cultural acquisition and heritage retention. There is an assumption that all four categories of acculturation are equally valid. Authors question the validity of the marginalization category due to the small likelihood of someone rejecting both their heritage and the host culture, little presence in research, and poor ability to capture the approach. Identified that the acculturation process is unique based on several patterns: age of migration (as a child or adult) influences the degree of cultural identification; ability/motivation to adopt practices, values and identification of the host culture; various degrees of acculturation for second-gen immigrants. Author introduce an expanded model of acculturation by including cultural practices, values, and identification.

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, etc.)	Source (Article, Chapter, Book, Presentation)	Type (Conceptual, Review, Empirical, Biography)	Key Points
Suarez-Orozco, C.	2015	Migration between and within countries: Implications for families & acculturation	Immigration and Acculturation	Implications of "transnational" families on parenting and the development of children.	Book Chapter	Review	Author discusses challenges of young immigrants who are separated from their parents due to immigration which cause disruptions of family systems. Separation and reunification is one of the costs of migration. Family is often a catalyst for immigration (often sacrifice made for the "good of the family") but that results in long separations which impact family cohesion, members' roles, bonds within the family, and cultural norms and values. Also, the risk of separation by deportation of undocumented family members, including forced separation. Immigration is often motivated by the well-being of the family but has unintended consequences of separating family and upsetting traditional family dynamics.
Suárez-Orozco, C., & Carhill, A.	2008	Afterword: New Directions in Research with Immigrant Families and Their Children	Immigrant Paradox	Brings attention to generational distinctions in research and recognizing the differences between first, 1.5, and the second-generation immigrants in data collection and analysis.	Chapter	Conceptual Review	Author argues that immigrant families are often pathologized in the literature and associated with stress and negative outcomes. Findings are not empirically supported by the "immigrant paradox" found in many studies. Authors state that generational and ethnic differences among immigrant groups are often ignored in research. They write about how immigrants are often stereotyped as a "problem" minority, despite how various complex factors such as race, gender, immigrant status, and language are not adequately taken into consideration.

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, etc.)	Source (Article, Chapter, Book, Presentation)	Type (Conceptual, Review, Empirical, Biography)	Key Points
Zhou, M.	1997	Growing up American: The challenge confronting immigrant children and children of immigrants	Immigration	Review of literature and theories of immigration for immigrants and children of immigrants.	Article	Review	Review of literature including how initially views on assimilation have changed and that observation of second-generation decline were in contrast to previous assimilation theories. Author speaks to shifting views about culture of origin and how these cultural factors could actually serve immigrants. The author also describes the pluralistic perspective, the idea that the US is made of many unique ethnic groups among the dominant majority including second-generation and that ethnicity can be an asset. According to this theory, immigrants are not absorbed into American society, but they interact with it in a bidirectional process.

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APPENDIX B

Selected Immigrant Stories from Study Participants

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Selected Immigrant Stories from Study Participants

Participant Demographic Information	Stories
Female, 1.5 generation immigrant, identified as being Thai	After the economic crisis in Thailand, my parents became bankrupt and was on the verge of losing their jobs. Our family decided that it would be best for my mom to come to the United States to evaluate the living situation before moving the entire family. Two years after, she deemed that we could make a living to pay off our debt in Thailand. My dad decided to take me with him to the US, and we reunited with my mom.
Female, Second-generation immigrant, identified as Cuban-American	Both my parent's families started the paperwork to leave after Fidel Castro took over the island. My grandparents on both sides lost their jobs and were seen as traitors for trying to leave communism. My mother's family first moved to Spain in the late 60s since they weren't cleared to move to the U.S.A. My father's side landed in Miami, Florida in the early 70s, and moved to California since some of their family was already there.
Female, 1.5 generation immigrant	Ecuadorian for generations until my Grandfather brought his wife over to study and then my mom was born. They moved back to Ecuador. In college my mom met my dad, had two kids and moved to the US.
Male, first-generation immigrant	Both parents born in Morocco and moved to the Ivory Coast when they got married. I moved to the United States to pursue my education
Female, 1.5 generation immigrant	Mother and father immigrated to the U.S. for education prior to the fall of Saigon. My brother and two aunts came to the U.S. after the fall of Saigon, escaping via boat. Other relatives have immigrated in the early 90's with sponsorship from my parents.
Male, first-generation immigrant	My father moved to the US in 1985 for better economic opportunities. My parents were married and had two small children when my father moved to the U.S. After he had permanent residence status, my mother, my sisters and I moved to the US to join him.
Male, second-generation immigrant	My father was the last member of his family to move to the United States from Iraq. He came here to seek better job opportunities. My mother came here by herself from Lebanon to visit relatives in the states. She met my father here and they got married, so she stayed in the US.
Female, first-generation immigrant	My mother was 1 of 11 children living in a poor farming town in Mexico and wanted to come to the United States to allow her children to have more opportunities than she had in Mexico. She immigrated here illegally with one child in tow and pregnant with her second, was deported a couple of times but made it back to the USA and eventually attained a green card through President Bush's amnesty program in the 1980's. My father immigrated legally to the US after finishing college in Iran and joined his family in California.

APPENDIX C

The Background Questionnaires

APPENDIX C

The Background Questionnaires

1. Your Gender
 - a. Male
 - b. Female
 - c. Other _____

2. Your current age in years: _____

3. Were you born in the United States?
 - Yes
 - No
- 3a. If YES, have you lived in any other countries outside of the US for more than a year?
 - Yes
 - No
 - What was the additional country of longest residence? _____
 - How old were you when you moved to this country? _____
 - How many years did you live there? _____

- 3b. If NO, what is your country of birth? _____
- 3c. If you were not born in the United States, how old were you when you first came here? _____
- 3d. Have you lived in any other countries (besides your birth country and the US) for more than a year? Yes No
 - If yes:
 - Additional country of longest residence: _____
 - How many years did you live there? _____
- 3e: Do you plan to live in the US permanently? Yes No
- 3f. If no, please share briefly your reasons for living in the US at this time:

4. Was your mother born in the United States?
 - Yes
 - No
- 4a. If YES, has your mother lived in any other countries outside of the US for more than a year?
 - Yes
 - No
 - What was the additional country of longest residence? _____
 - How old was he when he moved to this country? _____
 - How many years did she live there? _____

- 4b. If NO, what is your Mother's country of birth? _____
- 4c. Does your mother currently live in the US?
 - Yes
 - No

4d. If Yes, your mother currently lives in the U.S. How old was your mother when she moved to the United States? _____

4e. How would you describe your mother's racial, ethnic, cultural identity? _____

5. Was your father born in the United States?

Yes

No

5a. If YES, has your father lived in any other countries outside of the US for more than one year?

Yes

No

- What was the additional country of longest residence? _____

- How old was he when he moved to this country? _____

- How many years did he live there? _____

5b. If NO, what is your Father's country of birth?

5c. Does your father currently live in the US?

Yes

No

5d. If Yes, your father currently lives in the U.S. How old was your father when he moved to the United States? _____

5e. How would you describe your father's racial, ethnic, cultural identity? _____

6. Please provide a brief descriptive summary of the immigration history of your family:

7. Which ONE of the following broad categories BEST describes your general racial-ethnic group identification at this time in your life?

a. Native America/American Indian/First Nations

b. North American White

c. Other White (European, South African, Australian, Russian, etc.)

d. White Multiethnic- Please specify:

e. Black African (continental)

f. African/Black American

g. Afro-Caribbean (Jamaican, Haitian, Trinidadian, etc.)

h. Afro-Latino (Dominican, Puerto Rican, Cuban, etc.)

i. Mexican/Mexican American

j. Latino/Hispanic- Central or South American (El Salvador, Guatemala, Brazilian, Peruvian, Columbian, etc.)

k. White Latino/Hispanic

l. Middle Eastern/Arab descent

m. Pacific Islander (Tongan, Samoan, etc.)

n. South Asian/Indian/Pakistani

o. Chinese/Chinese American

p. Korean/Korean American

q. Japanese/Japanese American

- c. 2- A little bit religious/spiritual; I have some specific religious/spiritual beliefs but do not participate or practice at all
 - d. 3- Somewhat religious/spiritual; I have some religious/spiritual beliefs but do not participate or practice regularly
 - e. 4- Very religious/spiritual; I actively practice my religious and spiritual beliefs
 - f. 5- Extremely religious/spiritual; my life is centered around my religion or spiritual beliefs
15. What is the highest level of education that you have achieved?
- a. Some high school or less
 - b. High school degree or equivalent
 - c. Community college, vocational or trade graduate (e.g. Cosmetology, Electrician, etc.)
 - d. College/University degree (B.A., B.S., etc.)
 - e. Graduate or Professional Degree (e.g. MBA, MD, PhD)
16. Which of the following best describes your situation?
- a. full-time student, not working
 - b. part-time student, not working
 - c. full-time student, working
 - d. part-time student, working
 - e. not a student, not working
 - f. student, working
17. Are you currently working for pay?
- a. Working full-time for pay
 - b. Working part-time for pay
 - c. Not working for pay currently, but looking for a job
 - d. Not currently working for pay by choice
18. Please check any or all of the following that apply to you:
- a. Single, never married
 - b. Currently married
 - c. Living together with my spouse or life partner
 - d. Separated from my current spouse or life partner
 - e. Divorced
 - f. Widowed
19. Which of the following best describes your financial situation at this time?
- a. My basic needs like food and shelter are **not** always met
 - b. My basic needs are met (food, shelter, clothing) but no extras
 - c. I have everything I need and a few extras
 - d. I am able to purchase many of the things I want
 - e. Within limits, I am able to have luxury items like international vacations, new cars, etc.
 - f. I can buy nearly anything I want, anytime I want

APPENDIX D

Multidimensional Well-Being Assessment

APPENDIX D

Multidimensional Well-Being Assessment

These questions are about the positive things that people sometimes feel and do.

During the past _____, how frequently or strongly has each of the following statements been true about you? [X=Does not apply to me]

0= **NEVER/NOT AT ALL** True for me (Not even one time)

1= **RARELY/A LITTLE** True for me (A few times)

2= **SOMETIMES/SOMEWHAT** True for me (About half the time)

3= **PRETTY OFTEN/MOSTLY** True for me (Most Days)

4= **VERY FREQUENTLY/VERY STRONGLY** True for me (Usually Everyday)

5= **ALWAYS/EXTREMELY** True for me (All Day Everyday)

The Physical Wellness Domain (3 Dimensions, 31 items)

PHYSICAL WELL-BEING: Environmental (PWB-E; 11 items)

1. I got plenty of fresh outdoor air.
2. The water, electricity, and plumbing worked fine where I was living.
3. I spent time in places with lots of grass, flowers, trees, and/or clean rivers, lakes, beaches, etc.
4. I enjoyed the physical comforts of home like my bed, my kitchen, or my bathroom.
5. I had enough privacy where I was living.
6. My living environment was generally safe and healthy (e.g., free from mold, industrial pollution, dangerous chemicals, rodents, broken glass, peeling paint, etc.).
7. There was plenty of open space in my community; it was not overcrowded by people or traffic.
8. I was able to purchase most (or all) of the material things that I wanted.
9. The place where I live was mostly free from very loud noises such as traffic, trains, gunshots, sirens, etc.
10. Buildings and public areas in my neighborhood were kept in good condition.
11. My basic needs were met (e.g., shelter, food, clothing).

PHYSICAL WELL-BEING: Body and Health (PWB-H; 12 items)

1. I took good care of my health.
2. I got enough hours of peaceful, uninterrupted sleep.
3. I avoided things that are harmful or dangerous to my health (e.g., cigarettes, excessive alcohol, illegal drugs, driving recklessly, etc.)
4. I ate mostly healthy and nutritious foods.
5. I effectively managed any physical pain or health problems I was having.
6. I took special care of my grooming or physical appearance (e.g., hair, clothing, face, body).
7. I did some type of physical exercise for fitness, strength, endurance, or fun.
8. I felt physically healthy and strong enough to handle the demands of my daily activities.
9. I was satisfied with my sexual functioning and activity.
10. I was able to relieve (or didn't experience any) symptoms of stress in my body (e.g., neck/back tension, headache, stomachache, dizziness, trouble breathing, etc.)

11. I listened to what my body needed in terms of rest, water, food, etc.
12. I felt comfortable with my sexuality.

PHYSICAL WELL-BEING: Safety (PWB-S; 8 items)

1. I felt safe getting to and from the places I needed to go.
2. I felt safe from physical harm from people I know.
3. I felt safe in the neighborhood where I live.
4. I felt safe from sexual violence or exploitation.
5. I felt safe from hate crimes, violence, or discrimination based on something about me like my race, religion, gender, sexual orientation, disability, etc.
6. I felt safe from threats, verbal abuse, emotional abuse, or stalking.
7. I felt safe from gang violence, terrorism, police (or military) violence.
8. My loved ones were safe from violence, abuse, or harassment.

APPENDIX E

The Cross-Cultural Coping Scale

Appendix E

The Cross-Cultural Coping Scale

INSTRUCTIONS: Please imagine yourself being in the situation described below. Then carefully read and respond to the following statements. Rate how well the statements describe what you would do on a scale from 1 (a very inaccurate description of you) to 6 (a very accurate description of you) if the situation were to happen to you. There are no right or wrong answers. Please mark only one number for each description. The scale indicates the following:

PLEASE READ THIS FOLLOWING PARAGRAPH FIRST!!

Lately you have been experiencing stress related to ethnic, cultural, and immigration issues, particularly at your school/workplace. You have been hearing and reading negative comments by other people about foreign students/employees for a long time. Stereotypical statements are regularly made about international students/employees, as well as about people who are not White Americans. It seems as if white, US-born students/employees are treated with more respect and that instructors/supervisors are more comfortable with them. While these are things that you have noticed for quite a while, it has recently become more personal. Last week you were standing outside of the cafeteria speaking your family's native language with another student/employee. All of a sudden, a car slowed down and the group of people in it started shouting racial/ethnic insults at you and your friend saying things like "Go back to where you came from" and "it's America, speak English or get out". One person in the car spit at you as the car slowed and as they drove away they threw trash at you and your friend. Witnesses were staring and a couple of people you know came up to you and said, "That was terrible, but you really should speak English; it's kind of rude of you to not speak English". You notice that you have been feeling more out of place and confused, questioning whether you should avoid speaking your family language at all. As a result of these struggles and confusions, you are having troubles with sleep and losing interests in activities you usually enjoy. You are angry, disappointed, and cautious. If this situation were to happen to you, how likely would you use the following methods to deal with it?

1. ____ I think about the situation carefully and think of options before I decide what to do.
2. ____ I deal with the problem by doing what close family members may do or say with regard to the situation.
3. ____ I look for something good or positive in this difficult situation.
4. ____ I take the course of action that seems most acceptable to my cultural values.
5. ____ I engage in activities that will help me to relax or feel better (e.g., sports, listening to or playing music, getting online, etc.).
6. ____ I just accept the fact that this happens and tell myself that I can't do much about it.
7. ____ I hold firmly to my position and face the problem.

8. ____ I get involved in other activities to keep my mind off the problem (e.g., study harder so as not to think about the problem).
9. ____ I turn to friends who have a similar ethnic/cultural or language background as me to obtain information or resources in dealing with my problem.
10. ____ I rely on myself to take action (e.g., finding out solutions) to deal with the situation.
11. ____ I engage in activities my close family members would not approve to ease my anxiety or nervousness, such as smoking, drinking, and doing drugs.
12. ____ I try to block out or forget about what's bothering me.
13. ____ I talk with and get help from other members of my family (e.g. parents, siblings, cousins, aunts, uncles, etc.).
14. ____ I tell myself that my problems will go away on their own.
15. ____ I take the course of action that seems most acceptable to my family.
16. ____ I turn to friends who have a similar ethnic/cultural or language background as me to get their understanding and support.
17. ____ I talk with and get help from one or both of my parents or other close family members.
18. ____ I keep my emotions to myself and do not show them.
19. ____ I choose to resolve my problems in ways that would attract the least attention to me.
20. ____ I seek advice and help from someone else whom I consider to be wiser than me (e.g., teachers, parents, or elders).
21. ____ I put extra efforts or work extra hard to resolve the problem.
22. ____ I come up with a plan before tackling the situation.
23. ____ I trust my personal strengths and believe in myself in resolving the problem.
24. ____ I try to make myself feeling better by telling myself that the problem is not as bad as it appears.
25. ____ I give up trying to solve the problem.
26. ____ Instead of dealing with the problem, I find myself daydreaming more.

27. If the situation described above were to happen to you, how stressful do you think it would be for you?

- a. Not at all stressful
- b. A little stressful
- c. Somewhat stressful
- d. Stressful
- e. Very Stressful
- f. Extremely stressful

APPENDIX F
Recruitment Materials

APPENDIX F

Recruitment Materials

Hi [NAME]!

My name is Jacob Stein, and I am a doctoral student in Clinical Psychology at Pepperdine University. My research interests include wellness among immigrants, their families, and ethnic minority individuals and I am currently conducting an online study to explore wellness among immigrants and adult children of immigrants to the United States. **Anyone age 18-34 who identifies as an immigrant OR who has parents who are immigrants to the United States from a non-European country can participate.**

I'm getting closer to reaching my recruitment goal, but I need your help! Currently, the study is particularly lacking crucial perspectives from:

1. Immigrants to the United States from non-European countries between the ages of 18-34
2. Individuals ages 18-34 whose parents immigrated to the United States from non-European countries

Would you consider participating and/or passing this along to family and friends? I would sincerely appreciate it!

The survey will take about **30 minutes or less** and **participation is anonymous and completely voluntary.**

Participants will have an opportunity to enter in a raffle to win \$20 gift cards. The contact information that you provide for the raffle will be kept separate from your survey responses; your answers will remain anonymous.

If you would like to participate, please follow the link below:

<http://bit.ly/2arZqZt>

If you have any questions about this study, please contact: Jacob Stein at jacob.stein@pepperdine.edu

Jacob Stein, M.A.
Doctoral Candidate, Clinical Psychology
Pepperdine University

APPENDIX G

Informed Consent

APPENDIX G

Informed Consent

PEPPERDINE UNIVERSITY**Graduate School of Education and Psychology****INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES****Coping, Meaning-Making, Well-Being and Generation Status
Among Immigrants of Non-European Descent**

You are invited to participate in a research study conducted by Jennifer Esfandi, M.A., Jacob Stein, M.A., Jem Powell, M.A., and Shelly Harrell, Ph.D. at Pepperdine University, because you are between the ages of 18 and 34, either born or are the child of an immigrant from a non-European country (e.g., Central or South America, Asia, Africa, Middle East, etc.), and that you speak English fluently. Your participation is voluntary. You should read the information below and ask questions about anything that you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. You may also decide to discuss participation with your family or friends. If you decide to participate, you will be asked to sign this form. You will also be given a copy of this form for your records.

PURPOSE OF THE STUDY

The purpose of the study is to bring attention to generational status in understanding the immigration process and to examine how first and second-generation immigrants cope with stress and make meaning of their experiences. The study seeks to contribute to the body of research that explores coping, well-being, and meaning making among first and second-generation immigrants.

STUDY PROCEDURES

There are two parts to the study that you can be involved in. If you volunteer to participate in this study, you will be asked to complete a confidential online survey that will take approximately 30 minutes to complete. The survey will ask for your age, ethnic background, and questions related to your experience with immigration, well-being, and ways of coping with and making meaning of your experiences.

After completing the questionnaire, you will be given the option to be followed up with by e-mail for a possible face-to-face interview conducted by one of the researchers that would involve yourself and other adult family members, if they agree. A researcher will communicate with you via email and phone and provide information about the interview study, obtaining contact information for sending a second Informed Consent, and making arrangements to conduct one group interview. The meeting will involve having you be individually interviewed and your family members be interviewed as a whole in one interview. The interviews are expected to last 90 to 120 minutes in length so in total the meeting would last for three to four hours.

Scheduling of interviews will be conducted by phone to request participation and informed consent as well as information on the study will be emailed to participants. You will have the option to be interviewed in a private location of their choice to maximize comfort of disclosure. Options suggested to participants include a private room in the family home, a room at their place of worship or employment, a room reserved at a library or community center, or a room in one of the three Pepperdine clinics (West Los Angeles, Encino, or Irvine). Interviews may also be conducted via Skype if one member of the family is not in the Southern California area or unable to attend the interview. Prior to beginning the interview, participants will be given the opportunity to ask any questions or request clarifications from the researcher regarding the content of the informed consent document. Participants will be allowed to either choose a pseudonym or have one assigned to be used during the interview process in order to enhance confidentiality of the recorded interview. The researcher will assist in the process of choosing a pseudonym if necessary.

The researcher will have interview questions prepared prior to the interview. That family will then be interviewed using a semi-structured interview guide with pre-written questions regarding the family's immigration experience. Audio from the interview will be recorded using a digital recorder that is kept in a secure location. Participants will be given the option of receiving a transcript of their responses via email or post, so that they may review the transcript and modify or clarify their responses. Family participants will not receive transcripts of the individual interview with other family members. Requests for modification of responses will be communicated to the research via email, postal mail or phone conversation with the researcher.

POTENTIAL RISKS AND DISCOMFORTS

The potential and foreseeable risks associated with participation in this study include feelings of fatigue, boredom, and distress or discomfort as a result of the nature of the questions that may be asked or the topics that may surface over the course of the interview. It should be noted that the risks involved in the present study are not viewed as greater than that experienced during the course of ordinary discussion of personal life experiences. Your involvement in the study and completion of the study is strictly voluntary. You may refuse to answer any question you choose not to answer or refuse to participate or withdraw from the study at any time with no adverse consequences.

In the case, you experience discomfort or stress during the interview, you will be encouraged to take breaks, discuss the discomfort with the interviewer, and/or will be provided with referrals for centers where culturally appropriate support or mental health services may be available.

- **Los Angeles County Department of Mental Health Services**

Mental health services provided include assessments, case management, crisis intervention, medication support, peer support and other rehabilitative services.

550 S. Vermont Ave.

Los Angeles, CA 900220

(213) 738-4949

24/7 Helpline: 1-800-854-7771

www.dmh.co.la.ca.us

- **Hollywood Sunset Free Clinic**
3324 Sunset Blvd,
Los Angeles, CA 90026
(323) 660-2400

- **Pepperdine University Counseling Clinics**
Sliding scale clinics that provide psychological services for children, adolescents, adults, couples, and families.
<http://gsep.pepperdine.edu/clinics/>
 - West Los Angeles location
(310) 568-5752
 - Encino location
(818) 501-1678
 - Irvine location
(949) 223-2570

- **The Maple Counseling Center**
Provide low cost comprehensive mental health services to individuals, couples, families, and groups throughout Los Angeles County.
9107 Wilshire Blvd
Beverly Hills, CA 90210
310-271-9999
<http://www.tmcc.org/>

- **National Suicide Prevention Line (24hrs/7days)**
1-800-273-TALK (8255)
www.suicidepreventionlifeline.org

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

While there are no direct benefits to the study participants, there are several anticipated benefits to society which include: The acknowledgement of their immigration experiences or their family's immigration experiences by participating and contributing to research on a topic that may feel relevant to their lives. The study may benefit psychological literature and society in general because it will contribute to our understanding of immigration and coping. The researchers hope that the findings will contribute to the literature on immigration, generation status, and coping. Additionally, we hope that the findings will contribute to the understanding of this population's needs, in hopes of increasing future funding and interest in research. Further, researchers hope that the findings can inform interventions and policy regarding well-being of first and second generation immigrants. Moreover, findings may be used to form how psychologists and other therapists help client's cope with challenges of immigration and acculturation and assist professionals in understanding the importance/significance of the immigration experience.

PAYMENT/COMPENSATION FOR PARTICIPATION

Participating in the online questionnaire will enable you to be entered to win a \$20 gift card in a random drawing once every month during the data collection phase. The gift cards will be digital so that no other information will need to be exchanged other than the communication by e-mail. At that time, you will have a 1 in 10 chance of winning a gift card. Winners of the raffle will be e-mailed to first confirm the address and identity is correct and then followed up with a second email with the gift card.

If you and your family members choose to participate in the interview portion of the study, they will each be provided with a \$10 gift card at the conclusion of the interviews.

CONFIDENTIALITY

The records collected for this study will be confidential as far as permitted by law. However, if required to do so by law, it may be necessary to disclose information collected about you. Examples of the types of issues that would require me to break confidentiality are if disclosed any instances of child abuse and elder abuse. Pepperdine's University's Human Subjects Protection Program (HSPP) may also access the data collected. The HSPP occasionally reviews and monitors research studies to protect the rights and welfare of research subjects.

The identity of participants who are interested in entering the prize drawing (optional) will be obtained (email address), as well as for the families who are interested in the recruitment process for the in-person interviews. Your first name and first letter of their last name will be collected as part of the consent process and your email address and will be kept separately, in a password protected document, from the research responses and questionnaire responses. The data will be stored on a password protected computer in the principal investigator's place of work at Pepperdine University that will only be accessible by the advisor and research team. The data will be stored for a minimum of three years. Data from the online questionnaire will be coded and de-identified so that your identity will be separated from the information collected.

At the conclusion of the data analysis, raw data from the survey will be provided to one of the authors of a questionnaire (Ben Kuo, Ph.D. from the University of Windsor) to be added to his own database. He will be conducting further analysis regarding the scalar structure of his questionnaire across cultures and samples. The researcher will not have access to the identifiable information for each participant. Information from the consent, IP addresses, and their contact information will be removed from the spreadsheet.

Data from the in-person interview will be audio recorded to assure accuracy of information in data analysis. All transcriptions of the audio will be kept on a password-protected computer, which only the researcher will have access to. A copy of the transcripts will be kept on a USB drive that will be stored in a locked file cabinet with the audio files. Throughout the course of the study, all written material and audio recordings will only be viewed or listened to in a private and secure setting. At no time will any personally identifying information be paired with any of the research data. At the end of the study, the audiotapes will be destroyed. The transcribed and content analyzed data will be kept a minimum of 5 years; when data are no longer required for research purposes, it will be destroyed. The data will not be archived for future research.

SUSPECTED NEGLECT OR ABUSE OF CHILDREN

Under California law, the researcher(s) who may also be a mandated reporter will not maintain as confidential, information about known or reasonably suspected incidents of abuse or neglect of a child, dependent adult or elder, including, but not limited to, physical, sexual, emotional, and financial abuse or neglect. If any researcher has or is given such information, he or she is required to report this abuse to the proper authorities.

PARTICIPATION AND WITHDRAWAL

Your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. Additionally, there might be circumstances in which the researcher may decide to discontinue my participation in the study. This would occur if it is determined that you do not meet eligibility criteria.

ALTERNATIVES TO FULL PARTICIPATION

The alternative to participation in the study is not participating or only completing the items for which you feel comfortable.

EMERGENCY CARE AND COMPENSATION FOR INJURY

If you are injured as a direct result of research procedures you will receive medical treatment; however, you or your insurance will be responsible for the cost. Pepperdine University does not provide any monetary compensation for injury

INVESTIGATOR'S CONTACT INFORMATION

You understand that the investigator is willing to answer any inquiries you may have concerning the research herein described. You understand that you may contact Jennifer Esfandi, Jacob Stein, Jem Powell, and Shelly Harrell, Ph.D. at immigrantwellbeing@gmail.com and Shelly.Harrell@pepperdine.edu if you have any other questions or concerns about this research.

RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION

If you have questions, concerns or complaints about your rights as a research participant or research in general please contact Dr. Judy Ho, Chairperson of the Graduate & Professional Schools Institutional Review Board at Pepperdine University 6100 Center Drive Suite 500 Los Angeles, CA 90045, 310-568-5753 or gpsirb@pepperdine.edu.

SIGNATURE OF RESEARCH PARTICIPANT

You have read the information provided above. You have been given a chance to ask questions. Your questions have been answered to your satisfaction and you agree to participate in this study. You have been given a copy of this consent form.

Name of Participant

Signature of Participant

Date

SIGNATURE OF INVESTIGATOR

You have explained the research to the subjects and answered all of his/her questions. In your judgment the participants are knowingly, willingly and intelligently agreeing to participate in this study. S/he has the legal capacity to give informed consent to participate in this research study and all of the various components. The subject has also been informed participation is voluntarily and that s/he may discontinue s/he participation in the study at any time, for any reason.

Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date

APPENDIX H

IRB Approval

APPENDIX H

IRB Approval



Pepperdine University
 24255 Pacific Coast Highway
 Malibu, CA 90263
 TEL: 310-506-4000

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: March 20, 2017

Protocol Investigator Name: Jacob Stein

Protocol #: 16-07-344

Project Title: COPING, MEANING-MAKING, WELL-BEING AND GENERATION STATUS AMONG IMMIGRANTS OF NON-EUROPEAN DESCENT

School: Graduate School of Education and Psychology

Dear Stein:

Thank you for submitting your amended expedited application to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

Based upon review, your IRB application has been approved. The IRB approval begins today March 20, 2017, and expires on November 17, 2017.

Your final consent form has been stamped by the IRB to indicate the expiration date of study approval. You can only use copies of the consent that have been stamped with the IRB expiration date to obtain consent from your participants.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and will require a submission of a new IRB application or other materials to the IRB. If contact with subjects will extend beyond November 17, 2017, a continuing review must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the **Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual** at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.



Pepperdine University
24255 Pacific Coast Highway
Malibu, CA 90263
TEL: 310-506-4000

Sincerely,

Judy Ho, IRB Chairperson

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives

Mr. Brett Leach, Regulatory Affairs Specialist