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Pepperdine University  
Graduate School of Education and Psychology

MEANING-MAKING, TRANSCENDENT WELL-BEING, AND COLLECTIVE WELL-  
BEING AMONG FIRST, ONE-AND-A-HALF, 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  
Jennifer F. Esfandi  
August 2017

Shelley P. Harrell, Ph.D.—Dissertation Chairperson

This clinical dissertation, written by

Jennifer F. Esfandi

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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## DEDICATION

To my mother, Rashel Esfandi, and father, Edward J. Esfandi, who immigrated to this country in the pursuit of education and with dreams of creating a better life. To their strength and perseverance which have motivated me and to their sacrifices that provided me with countless opportunities, beyond those available to them. It is their resilience that has inspired this dissertation.



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Special thanks to my friends who have provided me with friendship, laughter, and support and who refused to give up on me despite my busy schedule. To my brothers, Mac, Seppi, and Avi, for their advice, confidence, and unconditional love. Deepest gratitude to my mother without whom none of this would be possible. Thank you for your example, unwavering support, and trust in me. Last, but certainly not least, I would like to thank my husband and partner in life, Roni, for his nurturing love, cheerleading, and patience throughout each step of my doctoral work. Thank you for holding my hand and for helping me see my strength.

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## ABSTRACT

This study examined differences in meaning making and collective and transcendent well-being among first, one-and-a-half, and second generation immigrants to the United States. Given the unique challenges, stressors, and acculturation tasks each generation faces, this study aimed to broaden the scope of current research that often disregards nuances of the immigration experience to contribute to our understanding of generational differences in well-being and meaning making processes. A trend was identified in which first and second-generation immigrants to the United States felt a greater sense of national belonging; whereas one-and-a-half generation immigrants felt less well-being associated with national context. First-generation immigrants scored higher on overall posttraumatic growth compared to second-generation immigrants and it is approaching a trend. When age was accounted for, there was a trend towards significance, where first generation and 1.5 generation immigrants scored higher on posttraumatic growth compared to second generation immigrants. Though most hypotheses were not supported, the exploration of dimensions of collective and transcendent well-being and meaning making processes among immigrants are new areas of research that had 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 counterparts. Implications for theory and practice, methodological limitations, and suggestions for future research are also discussed.

## Introduction

Immigration is a major life event that can have a significant impact on well-being. (Dow, 2011; Kia-Keating, 2009; Suarez-Orozco, 2015). The process of migration can have long-term implications for individual and family development, as well as influence health and psychological functioning (Suarez-Orozco, 2015). Research also suggests that immigration has effects over time and across generations (Caplan, 2007; Guarini, Marks, Patton, & Coll, 2011; Suarez-Orozco, 2015; Suarez-Orozco & Carhill, 2008); however, generational differences in immigration are often overlooked in the literature as immigrants are often stereotyped and the unique challenges of acculturation of each cohort are minimized (Suárez-Orozco & Carhill, 2008). Few studies have considered generational differences, including differences in stressors faced, acculturation strategies used, and psychological adjustment (Abouguendia & Noels, 2001; Harker, 2001; Suárez-Orozco & Carhill, 2008).

Despite the paucity of research on generational differences among immigrants, some studies have found a phenomenon, which is not well understood, in which recent immigrants have been found to have better health outcomes than those who have spent more time in the United States (Abraído-Lanza, Chao, & Flórez, 2005; Caplan, 2007; Guarini et al., 2011). This phenomenon, termed the *immigrant paradox*, has also been seen across generations, finding a pattern of poorer outcomes for second-generation immigrants on measures of physical and mental health, academic engagement, and risk taking behaviors, compared to their first-generation counterparts (Greenman, 2013; Guarini et al., 2011; Katsiaficas, Suárez-Orozco, Sirin, & Gupta, 2013; Lau et al., 2013; Vaughn, Salas-Wright, DeLisi, & Maynard, 2014). It is noteworthy that the immigrant paradox has been found in diverse ethnic groups who have

immigrated from different parts of the world including Latino, Asian, South Asian, African, West Indian, Middle Eastern and European communities.

Well-being can be impacted over time and across generations for immigrant groups due to numerous stressors, including acculturative stress (Suarez-Orozco, 2015). One of the potential challenges of immigration is the loss of connectedness to the native society and the task of acculturating to a new society (Pan, Wong, Chan, & Joubert, 2008), which can impact one's sense of collective well-being. Similarly, one's sense of transcendent well-being, or purpose and meaning, can shift in response to experiences of immigration and acculturation, as one's life circumstance are often greatly altered due to immigration (Berger & Weiss, 2002, 2006; Pan et al., 2008). For instance, immigration brings about changes in occupation, socioeconomic status, and family structure, which are all aspects of life that impact one's sense of meaning (Berger & Weiss, 2002, 2006; Hussain & Bhushan, 2011; Teodorescu, Siqveland, Heir, Hauff, Larsen, & Lien, 2012). Nonetheless, these experiences can be opportunities for personal and collective growth through meaning making processes, or the restoration of meaning in the context of stressful life events or experiences (Berger & Weiss, 2006; Hussain & Bhushan, 2011; Pan et al., 2008; Teodorescu et al., 2012).

Given the impact of immigration on well-being, the potential contribution of meaning making processes, and the need for greater attention to generational status in understanding the immigration process, this research aims to contribute to the literature by examining generational status differences on collective well-being, transcendent well-being, and meaning-related processes among first, one-and-a-half, and second generation immigrants in the United States.

The process of immigration is complex in scope and magnitude. Research has provided context to understand an individual's process of adapting to a host-culture. The following

overview of the literature will present theory and research relevant to the current project. Topics to be covered include immigration, generational status and the immigrant paradox, acculturation and acculturative stress, biculturation and bicultural identity, well-being, and meaning-making.



## Review of Relevant Literature

### Immigration to the United States

Immigrants leave their countries of origin for a variety of reasons, including economic, social, and political factors. Refugees are a subcategory of immigrants whose departure from their country of origin is specifically precipitated by war, persecution or fear of persecution. Immigrants are at risk for encountering potentially traumatic events and stressors at each stage of migration. For instance, during the pre-migration phase, immigrants might encounter political upheaval or armed conflict that 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, and great feelings of uncertainty about the future. Lastly, once resettled in their new host country, immigrants continue to face challenges that may include poverty, violence, racism and discrimination, and the challenges of acculturation (Kia-Keating, 2009). Any combination of these innumerable challenges could potentially leave immigrants at increased risk for mental health problems.

The United States is often referred to as a cultural *mosaic* or *salad bowl*. These metaphors refer to the country's heterogeneity of cultures, languages, and ethnic groups. Although immigration has decreased over the past decades, there is a significant flow of new immigrants into the country each year. In 2015, approximately 1,051,031 people became legal permanent residents in the United States (United States Department of Homeland Security, 2016). Legal permanent resident grantees in 2015 immigrated from over 70 different countries of origin, including Mexico (15.1%), China (7.1%), India (6.1%), Phillipines (5.4%), and Cuba (5.2%). Of those granted legal permanent residence, about 96,044 (11.3%) were given priority due to refugee or asylee status and primarily came from countries including Burma, Iraq, Somalia,

China, El Salvador, and Guatemala. Additionally, in 2015, 730,259 individuals became naturalized U.S. citizens, spending a median of seven years in lawful permanent resident status before becoming citizens (United States Department of Homeland Security, 2016). The top five countries of birth being Mexico, India, Phillipines, China, and Dominican Republic.

These numbers reflect some of the statistics in regard to known, legal migration, but do not take into account the numbers of individuals who come to the United States under the radar. Due to lacking census data, the exact number of first and second-generation immigrants is also unknown; however, it is estimated that one-third of Americans are either in the first or second generation to reside in the United States (Massey, 2010).

Immigrants in the United States reflect a wide variety of countries, cultures, and experiences. Because the United States is a refuge for so many resettled populations, empirical research aimed at understanding risk and resilience factors of these communities is vital to the provision of appropriate and sufficient mental health services. These statistics suggest that research must be conducted to better understand the immigration process that shapes immigrants, their families, and American society at large.

### **Generational Issues and Immigration**

Immigrants, even within the same ethnic community, make up a vastly heterogeneous group, often including multiple ages, stages, and generational cohorts. The term *first-generation immigrant* typically refers to individuals born and socialized in another country who immigrate as adults, while the term *second-generation immigrant* generally refers to children of foreign-born parents who are born and socialized in the United States (Rumbaut, 2004). Defining what are loosely referred to as first and second generation populations has been challenging because of the imprecision of these terms for individuals who immigrated as children and individuals with

one foreign born and one U.S. born parent who do not fit neatly into these categories. Terms such as *one-and-a-half* or *1.5* generation have been coined to refer to individuals who immigrated as children and provide more specificity to the immigration experience (Rumbaut, 2004).

First and second-generation immigrants face unique challenges. First generation immigrants must navigate pre-migration, migration, and post-migration stressors including loss of family, loss of social and economic status, disintegration of community, changes in occupation, lack of language, and discrimination (Dow, 2011). First-generation immigrants leave their countries of origin for a variety of reasons, including economic, social, and political factors, and are at risk for encountering stressors at each stage of migration. For instance, during the pre-migration phase, immigrants might encounter a number of stressors, including but not limited to, political upheaval or armed 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. Lastly, 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, and racism and discrimination (Dow, 2011; Kia-Keating, 2009). Once resettled, immigrants also face obstacles of acculturation, change in behaviors, values, attitudes, and identity that results when cultural groups come into contact, and acculturative stress, the degree of cultural conflict that occurs during the acculturation process (Berry, 2005; Chirkov, 2009; Lueck & Wilson, 2010; Wang, Schwartz, & Zamboanga, 2010; Williams & Berry, 1991). Any combination of these innumerable challenges spanning from the pre-migration

through the post-migration phases could potentially leave immigrants at increased risk for stress and decreased feelings of subjective well-being.

Though second-generation immigrants are considered to have more resources and a greater knowledge of the host culture, including fluency in language and social capital, they face unique challenges and tasks related to immigration (Ali, 2008; Padilla, 2006; Rumbaut, 2004). Potential stressors faced by second-generation immigrants include conflict or difficulty in adjustment that could arise from exposure to two cultures (Padilla, 2006). Second generation immigrants have the unique task of navigating practices of the new culture while maintaining the culture of origin (Katsiaficas et al., 2013). The task of identity development can be confusing for bicultural second-generation immigrants when they are given conflicting messages in varying social contexts (e.g. home versus school). They may receive mixed messages to both be American and pressure to adhere to traditional practices and values of their culture of origin. Unlike their first-generation counterparts, second-generation immigrants learn about their culture of origin in a “social vacuum” as their parents and other family members are their primary links to that culture, with little environmental support (Padilla, 2006).

Zhou (1997) argues that second-generation individuals struggle to develop their identity. They have limited meaningful connections to the “old world,” but simultaneously have fewer dominant culture role models as their parents more strongly identify with their countries and cultures of origin. Yet, they are often evaluated based on the culture of the new society. This often results in struggle to fit into the dominant frame of reference based on European American peers and the media. First-generation parents often cannot identify with these struggles because societal expectations for assimilation are different for them. Zhou (1997) also argues that migration disrupts typical family structures and parent-child relationships. For instance, when

parents are not proficient in English, children must act as interpreters, translators, and cultural brokers for them (Padilla, 2006). Parents, thus, become more dependent on their children than is typical in non-immigrant populations. Generational dissonance, when parents and children do not assimilate similarly, may create conflict within families as well (Zhou, 1997).

Second generation immigrants may receive pressure from their parents not to assimilate too rapidly. For instance, parents may encourage them to preserve their ancestral language, customs, and traditions. On the other hand, at times they may also be encouraged to assimilate to avoid challenges of acculturation that their parents faced (Padilla, 2006). Outside of the home, second-generation immigrants also receive implicit and explicit messages from teachers, peers, and popular culture to be proficient in English and assimilate to the dominant culture (Padilla, 2006; Zhou, 1997). Thus, second-generation immigrants often struggle to integrate the “old world” values and traditions, at times, promoted by their first-generation parents with, often contrasting, values promoted by the dominant culture, leaving them to navigate the interim on their own. Second generation immigrants may choose to navigate this interim in a variety of ways, including rejection of their heritage culture, integration of both cultures, synergy, alternation or context-dependent switching (Kitayama & Cohen, 2007).

Moreover, second generation immigrants have the task of navigating biculturalism, development of proficiency in both one’s heritage culture and the culture of the country in which one lives (Schwartz & Unger, 2010). At its worst, if they are unable to or prohibited from developing bicultural competence, they may experience a sense of double-consciousness as they are simultaneously members of both cultures, yet may not feel full belongingness to either one (LaFromboise, Coleman, & Gerton, 1993). Despite early theories of bicultural people, more recent scholars argue that it is possible to be competent in multiple cultures. Though there are

inherent difficulties in adjustment for bicultural people, there are significant strengths associated with biculturalism as well (Padilla, 2006). The following section will present further understanding on issues of acculturation and biculturation for immigrant populations.

Issues of acculturation and biculturation are especially salient for children of immigrants who are visible minorities, such as those from Mexico, Central and South America, the Caribbean, Asia, Africa, and the Middle East. Contemporary second generation immigrants are coming of age decades after the 1965 Hart-Cellar Act which brought new waves of immigration from these countries (Perlmann & Waldinger, 1997). The experiences of these individuals are very different from previous waves of immigrants who were mostly white of European descent (i.e. Italians, Irish, Poles, Greeks, and Russians) because they became relatively indistinguishable into the second and third generations (Perlmann & Waldinger, 1997; Rumbaut, 1994). Because of the visible differences inherent in more recent immigrants, second-generation immigrants may not be treated as full members of the new culture, and therefore face acculturative stress and discrimination more similar to their parents (Schwartz, Unger, Zamboanga, & Szapcznik, 2010).

### **Acculturation and Biculturation**

The experience of immigration across generations is closely tied to processes of acculturation and biculturation. Acculturation is understood as the process of cultural and psychological change that results when two or more distinct cultural groups come into contact. These changes are mutual, happen over time, and usually occur at both the group and individual levels (Chirkov, 2009). Acculturation entails changes in social structures, social practices on the group level, and behavioral changes, such as language, dress, and eating habits, on the individual level. As a result of acculturation, individuals may change behaviors, values, attitudes, and identity as a result of contact with the new culture. Behaviors, beliefs, and attitudes from the

new, dominant culture may also become incorporated into behaviors, beliefs, and values of the culture of origin (Lueck & Wilson, 2010; Wang et al., 2010; Williams & Berry, 1991).

Acculturation also impacts identity, particularly ethnic identity, or feelings about and identification with both the culture of origin and the receiving culture (Wang et al., 2010).

These psychological and behavioral changes not only occur over an individual's lifetime, but also take place over generations (Berry, 2005). Acculturation is relevant to second-generation immigrants, and perhaps beyond, as they are often raised in homes where the culture of origin is transmitted via immigrant family members and communities (Wang et al., 2010).

Acculturation used to be thought of as a unidimensional construct and has been used synonymously with the term assimilation. It was assumed that minorities should be in the process of becoming part of mainstream culture (Kuo, 2014). Early research posited that immigrants might experience negative impacts on well-being until they became accustomed to their new society and assimilated (Berry, 1997; Cervantes & Castro, 1985). The model proposed that upon assimilation to the new culture's values, customs, and traditions, negative impacts decrease. Early models focused on a pathogenic view of immigration that was marked by assumptions of assimilation as the standard for positive coping.

Berry (1997, 2001) began shifting this unidimensional view of acculturation by offering a bidimensional model that includes four acculturation strategies based on cultural maintenance, on the one hand, and contact and participation with the dominant society, on the other. These four categories included assimilation, separation, integration, and marginalization (Berry, 1997, 2001; Berry, Phinney, Sam, & Vedder, 2006). The assimilation strategy refers to individuals who do not maintain their cultural identity, but choose to completely adopt the dominant culture, and seek interaction with others of that culture. Those identified with the separation strategy,

conversely, hold onto their original culture and avoid interactions with dominant society. Furthermore, those who partake in the integration strategy strive to both maintain their original culture and interact with and be a part of the new cultural group. Lastly, marginalization happens when cultural maintenance is either not desired or not possible (such as forced assimilation) and at the same time there is little interest or little possibility of participation in the dominant culture (such as in exclusion). These strategies can be understood as an interaction between maintenance of cultural identity and relationship to the larger society.

Recent discussion has moved towards a multidimensional understanding of acculturation (Kitayama & Cohen, 2007; Ponterotto, Casas, Suzuki, & Alexander, 2010) and more research has been conducted on the complexity of acculturation (Berry, 1997). Some researchers have been critical of the bidimensional model and have emphasized the importance of demographic factors and contextual factors (Schwartz et al., 2010). Newer theories have attempted to highlight the multifaceted and complex nature of acculturation, including demographic factors such as ethnicity, socioeconomic status, and age at immigration. For instance, age at immigration is important because, by a certain age, individuals have usually already been socialized to the culture of their parents and may have difficulty adjusting to a new culture. It has been posed that those who immigrate before age 12 tend to experience less acculturative stress for this reason (Padilla, 2006). More recent advances have also placed emphasis on contextual factors such as experiences of trauma, reception of the host society, and the similarities of the country of origin to the host community, as discrimination may be greater for immigrants whose culture is very different from the host community.

One example of such a model is the Interactive Acculturation Model, which emphasizes that acculturation is not only influenced by the attitude of immigrants, but by the attitudes and



expectations of the receiving society as well (Bourhis, Moise, Perreault, & Senecal, 1997). Moreover, acculturation strategies have been discussed as varying by public versus private domains (Ali, 2008; Arends-Toth & Van De Vijver, 2007; Navas et al., 2005). For instance, the Relative Acculturation Extended Model proposed by Navas et al. (2005) suggests that acculturation can be assessed on several private and public domains including individual values and family relationships, as well as work and government. Thus, individuals may use different acculturation strategies depending on their environment at a given time. To illustrate, one may use the strategy of separation at home with family, but use the integration or assimilation strategy while at work and in interaction with native members of the host culture. Recent publications concerning acculturation have also examined the construct from a developmental perspective. From this perspective, researchers examine how individuals explore different acculturation strategies during different points in their development (i.e. different stages and ages; Ali, 2008; Kitayama & Cohen, 2007).

Despite early theories of acculturation based on assumptions that assimilation confers greatest well-being (Gordon, 1964; Rumbaut, 1994), empirical research supports integration of both heritage and dominant cultures. For instance, an international study of immigrant youth found that integration was the most adaptive of the acculturation strategies and researchers advocated for the retention of cultural/ethnic identity along with established ties to the host society (Berry et al., 2006). Other studies examining preferred acculturation strategies have found that strategies may be context dependent. A study of acculturation strategies used by African immigrants to Spain found that immigrants preferred the assimilation strategy in the work and economic domains, integration in social domains, and separation in family and religious domains (Navas, Rojas, Garcia, & Pumares, 2007). Similarly, a study of Turkish

immigrants in the Netherlands found that immigrants preferred Turkish culture in private domains while both cultures were valued in public domains (Arends-Toth & Van De Vijver, 2007). In a study of second-generation South Asian Muslims, Ali (2008) found that individuals or groups do not necessarily become more acculturated over time, but that acculturation is a dynamic process marked by acculturation, partial acculturation and/or de-acculturation, depending on influence from peers.

Theories of acculturation are more advanced than is its measurement. There is no gold-standard measure of acculturation (Arends-Tóth & Van de Vijver, 2007) and there is a lack of consistency in defining and assessing it (Rivera, 2010; Schwartz et al., 2010). Moreover, many available scales rely on unidimensional conceptions of acculturation, such as language, length of time in the host country, generational status, and country of origin, which may not encompass the psychological complexities, consequences, and meaning of the process (Alegria, 2009; Thomas & Hoffman-Goetz, 2009). Consequently, Matsudaira (2006) suggests using both qualitative and quantitative methods for a more comprehensive understanding of acculturation. As of 2006, there were 51 measures of acculturation and most of these measures were developed for specific cultural groups (Matsudaira, 2006).

**Biculturalism.** Biculturalism is the process by which one navigates between one's culture of origin (i.e. heritage culture) and the dominant culture. This process is applicable to both immigrants who have immigrated from other countries (first-generation immigrants) and to children of immigrants (second-generation immigrants) who, though born and raised in the dominant culture, are markedly steeped in and influenced by their culture of origin via relationship with family and ethnic community members (Schwartz & Unger, 2010). Biculturalism may also impact visible minorities into the second generations and beyond as they

may be identified as outside of the dominant culture due to the visible difference. Biculturation includes navigating not only cultural behaviors (e.g. language), but also include cultural traditions, customs, values, and identity. Though biculturalism was initially associated with psychological distress in the literature, more recent literature has enumerated the strengths associated with biculturalism (e.g. comfort with multiple cultures, openness to others, cultural broker, sharing of experiences with others from the same heritage culture, code-switching, esteem and well-being; LaFromboise et al., 1993; Padilla, 2006).

Biculturalism also presents the potential for conflict for second-generation immigrants who have the task of navigating between two sets of cultural values, norms, and ideals (Stroink & Lalonde, 2009). Second generation immigrants must simultaneously live in two cultures, Western U.S. culture and the heritage cultures often promoted by family members and other members of the immigrant community. These cultural values, norms, and ideals, are different and, at times, even contradictory. This double-consciousness (DuBois, 1961), or awareness that one is simultaneously a part of and yet does not fully belong to either cultural group, has the potential to create conflict for second-generation individuals and has an undeniable impact on identity formation. As previously discussed, second-generation immigrants often face disparate expectations from teachers, friends, popular culture (dominant society) and parents and other family members (who expect them to maintain their cultural heritage).

Biculturalism is complex and the potential for strengths and adaptiveness or conflict and confusion is multifaceted. Stroink and Lalonde (2009) found that the more second-generation participants perceived that their two cultures were dissimilar, the lower their identification with each culture as the contrast impacted how much they felt they fit in and were liked by members of each group. Benet-Martínez & Haritatos (2005) argue that current biculturalism and

acculturation models do not consider individual differences in experiences of bicultural identity, such as sociocultural factors (e.g. generation status, cultural makeup of the community), sociocognitive factors (e.g. personality, attitudes), and socioemotional factors (e.g. discrimination stress, in-group pressure) in bicultural identity formation and experience. They proposed what they call Bicultural Identity Integration as a framework that includes individual differences in bicultural identity development by focusing on an individual's perceptions of the degree to which their cultural identities are compatible or oppositional. They found that cultural conflict resulted from personality traits of neuroticism and contextual factors such as stress related to language proficiency, intercultural social relationships, and experiences of discrimination.

Benet-Martínez & Haritatos (2005) argue that biculturals do not necessarily see their cultures as mutually exclusive or conflicting, but have the potential to integrate both cultures and be competent in both cultures. These biculturals' ability to switch back and forth (called cultural frame switching) depends on the cultural demand of a particular situation. Those who see their cultures as discrepant see this discrepancy as a source of internal conflict. They tend to keep their cultures separate and report it is easier to be either ethnic or mainstream but hard to be both at the same time (Benet-Martínez, Leu, Lee, & Morris, 2002).

Recent theorists argue that it is possible to have both alternation and integration of bicultural identities within the same individual so that individual who integrates both identities can alternate their behaviors depending on the cultural context of a situation (Chen, 2015). Chen, Benet-Martínez, and Bond (2008) found that bicultural identity integration positively predicted psychological adjustment. They 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. Similarly, Feliciano (2001) found that bilingual students were less likely to drop out of school compared to English-only speaking students and that bilingual students were better adjusted compared to students with either English-dominant or English-limited homes. Those who can draw from both cultures are the most successful.

Biculturalism is generally adaptive (e.g. biculturals tend to have advanced reasoning skills because they can see multiple sides of an argument); however, it tends to be most adaptive in bicultural environments (i.e. large cities with immigrant communities) as opposed to monocultural regions (Schwartz & Unger, 2010). Additionally, level of adaptiveness of biculturalism is also dependent on historical contexts and sociopolitical climate.

### **Acculturative Stress and Psychological Health**

Though not all experiences of acculturation are negative, many researchers have approached the study of acculturation from the perspective of acculturative stress (Berry, 2005). Researchers have attempted to measure levels of acculturation in order to assess acculturative stress; however, acculturative stress is a distinct construct as evidence has found that acculturation is not always inversely proportional to acculturative stress (i.e. immigrant paradox; Caplan, 2007).

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 (Folkman & Lazarus, 1988). 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 stress includes experiences such as uncertainty about cultural norms, identity confusion, and feelings of marginalization and alienation. It has been found to be related to the presence of symptoms that reflect somatization, anxiety, and depression (Berry, 2005; Williams & Berry, 1991).

Despite early conceptualizations of acculturation, not all immigrants experience acculturative stress (Lueck & Wilson, 2010). In other words, acculturative stress is not inevitable. Factors that impact acculturative stress include age, education, socioeconomic status, English language and native language proficiency, cognitive styles, and prior experiences with the new culture (Lueck & Wilson, 2010; Williams & Berry, 1991; Yeh & Inose, 2003). Moreover, attitudes and policies of the country of reception are also important predictors of acculturative stress. Immigrants living in societies with assimilationist attitudes have higher acculturative stress than those who live in pluralistic societies (Lueck & Wilson, 2010; Williams & Berry, 1991).

Another important factor in the development of acculturative stress is social support. Reduced risk of acculturative stress has been associated with availability of cultural organizations, ethnic enclaves, extended family networks, and formal organizations such as clinics and agencies that provide support to immigrants (Williams & Berry, 1991; Yeh & Inose,

2003). There is also evidence that ethnic identity, or identification with the culture of origin, is a protective factor against acculturative stress (Wang et al., 2010).

Acculturative stress is multidimensional. It is not only the result of not meeting expectations of the receiving society, but also can result when demands of the culture of origin, such as retention of cultural practices and fluency in the native language, are not met. This is particularly problematic when meeting the demands of one culture creates conflict with the other culture (Wang et al., 2010). For instance, not only has higher acculturative stress been noted for individuals who lack mastery of the English language, but there is also evidence of increased acculturative stress for younger immigrants with limited proficiency in their native language (Lueck & Wilson, 2010). The review of the literature on acculturation and acculturative stress indicates that while research findings about the experience of acculturative stress has been increasing, studies that focus on coping, resilience, and meaning-making are less common. There is also a need to further understand how immigrants cope with acculturative stress across generations.

**Psychological health.** The body of research examining the prevalence of mental illness in immigrant groups has been rich in findings. In a meta-analysis by Kirmayer et al. (2011) the prevalence of mental health issues was related to migration trajectory in-terms of challenges experienced prior, during, and after resettlement. In the pre-migration period, there can be a disruption to typical social roles and networks. During migration, immigrants may experience prolonged uncertainty about their outcome. Issues related to post-migration include the loss of family and social support, difficulty in language adaptation, and concern about immigration status (American Psychological Association, 2012; Kirmayer et. al., 2011; Perreira & Ornelas, 2011). These risk factors have been examined in relationship to the development of mental

illness in addition to testing differences between native and immigrant-minority ethnic groups. The analysis of lifetime prevalence rates for psychiatric disorders across Latino groups done by Algeria et al. (2008) concluded there was a higher lifetime prevalence rate for U.S.-born Latino individuals for most disorders in comparison to Latino immigrants. This included higher risk for a major depressive episode, social anxiety, and posttraumatic-stress disorder (Alegría et al., 2008; Pumariega, Rothe, & Pumariega, 2005).

An important shift in research has been to focus on the mental health of second and third generation of immigrant youth (Kandula, Kersey, & Lurie, 2004; Pumariega et al., 2005; Sirin, Ryce, Gupta, & Rogers-Sirin, 2013). Pumariega et al. (2005), found that parents' acculturation experience 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). The researchers determined that as levels of acculturative stress increased, internalizing mental health symptoms increased as well. Their findings suggested that first-generation youth (foreign-born children with foreign-born parents) were more vulnerable than second-generation youth to acculturative stress and mental health symptoms. The relationship between psychological well-being and social support has been examined in numerous studies (Taylor & Seeman, 1999). The interplay between the two concepts is important to further understand in the context of immigration and mental health outcomes (American Psychological Association, 2012; Perreira & Ornelas, 2011). For example, Perreira and Ornelas (2011) found that social support from family, friends and neighbors reduced the risk of depressive symptoms and enhanced the likelihood of positive well-being for both first- and second-generation adolescents.



## **The Immigrant Paradox**

The *immigrant paradox* is the finding that recent immigrants have better health outcomes than those who have spent more time in the United States (Abraído-Lanza et al., 2005; Caplan, 2007; Guarini et al., 2011). For instance, after controlling for age and socioeconomic status, Abraído-Lanza et al. (2005) found that more time in the United States was associated with increased alcohol use, smoking, and body mass index. These findings are considered a paradox because recent immigrants are ostensibly more affected by challenges and stressors of immigration than those who have had a longer period to settle into and adapt to the host country, and who may have more resources, social capital, and fluency of the new culture. Older theoretical models of immigration and assimilation were based on long-held assumptions that assimilation was the end-point of the process of immigration and confers greatest well-being (Gordon, 1964; Rumbaut, 1994).

The immigrant paradox has also been observed across generations as some studies have found a pattern of poor outcomes for second-generation immigrants on measures of physical health, mental health, academic engagement, and engagement in high risk behaviors such as drug use, delinquency, and sexual intercourse, compared to first-generation immigrants (Greenman, 2013; Guarini et al., 2011; Katsiaficas et al., 2013; Lau et al., 2013; Vaughn et al., 2014). For instance, Harker (2001) found that first generation immigrants had significantly lower levels of depression compared to native-born, second-generation immigrants. The study also found that, when matched for similar family and ethnic background, first-generation immigrants had higher levels of positive well-being than native-born, second generation peers. This finding is paradoxical because it is assumed that second-generation immigrants typically have more resources, less stress, and are more familiar with the host culture than their parents.

Different hypotheses have been posed to explain the immigrant paradox. For instance, immigration selects for individuals who are ambitious, motivated, and willing to work hard. The *cultural integration hypothesis* suggests that first-generation immigrants self-select to immigrate with the resilience and psychological preparedness to succeed and that these characteristics are lost in the subsequent generations (i.e. second-generation and beyond; Marks, Ejesi, & Coll, 2014). Further, the *immigrant optimism hypothesis* poses that immigrants have higher levels of motivation and optimism in regard to educational aspirations and schooling and that this optimism may be lost with greater acculturation (Greenman, 2013; Kao & Tienda, 1995). Moreover, the *cultural armamentarium hypothesis* poses that the cultural practices that immigrants retain from their cultures of origin serve as protective factors and that tight-knit social networks of immigrants who share similar values, customs, and social structures serve as protective factors (Vaughn et al., 2014). Similarly, more robust ethnic or racial identities may serve as protective factors for first-generation immigrants who are more closely tied to their countries of origin and do not as fiercely struggle with issues of biculturalism.

### **Meaning Making and Meaning Focused Coping**

Meaning making, or the restoration of meaning in the context of stressful life events or experiences, is a complex and multifaceted construct (Bonanno, 2013; Park, 2010; Waters, Shallcross, & Fivush, 2013). Meaning making has been conceptualized and operationalized in several ways, including positive re-evaluation of stressful events, searching and finding meaning in the reason the stressful event occurred, understanding how one's life has changed in response to the stressful event, and posttraumatic growth (Park 2010; Park & Folkman, 1997). This diversity in theory and operationalization within the empirical literature has not lent itself to a singular or cohesive definition or understanding of meaning making.

In terms of coping, most research has focused on either problem-focused coping or emotion-focused coping; however, most recently, a third and distinct type of coping called meaning-focused coping has been introduced (Guo, Gan, & Tong, 2013). According to Guo et al. (2013), meaning focused coping does not necessarily involve behavioral change or a tangible solution to negative situations, nor does it focus on decreasing the negative emotions or distress associated with stressful experiences. Meaning making typically connotes cognitively making sense of an event based on cognitive systems of reappraisal or an existential search for meaning and purpose (Armour, 2003).

When faced with uncontrollable or unchangeable situations, garnering meaning from that situation may be more effective than problem-focused or emotion-focused coping (Guo et al., 2013). Meaning-making coping, including the search for meaning and the presence of meaning, is proposed to be important for psychological adjustment to stress (Lee, Cohen, Edgar, Laizner, & Gagnon, 2006). Meaning making has been referred to as a possible source of the ability to experience both negative and positive affect after an unsatisfactory outcome or problematic event (the addition of positive affect to a situation that might inherently evoke negative affect) and the finding that some individuals are able to exceed previous levels of well-being or psychological functioning after a stressful life event (Folkman & Greer, 2000; Lee et al., 2006).

Park and Folkman (1997) characterized meaning in terms of global and situational meaning. Global meaning refers to one's basic assumptions, beliefs, and expectations about the world, which informs their understanding of the past, present, and future. Global meaning includes one's beliefs about the world, one's self, and one's purpose. Situational meaning refers to how one's global beliefs hold up in relation to a particular set of circumstances (e.g. stressful life event). According to this theory, stressful life experiences challenge one's sense of global

meaning (i.e. beliefs about the self, others, and the world). The discrepancy between one's global meaning and the meaning of the event results in corresponding distress. A subsequent meaning making process occurs which reduces this discrepancy and restores a sense that the world and life itself are meaningful (Park, 2010). Within the literature, meaning making has also been operationalized as post-traumatic growth, which emphasizes the positive outcomes of traumatic or stressful life events (Waters et al., 2013). Posttraumatic growth is any positive psychological change that results from negative or stressful life events. Based in humanistic/existential philosophy, it is posed that posttraumatic growth is the result of human beings' intrinsic motivation towards growth and actualization (Joseph & Linley, 2005).

Though there has been considerable research on immigration, most of this research has focused on stressors and possible detrimental effects, emphasizing pathology and often ignoring salutary outcomes (Berger & Weiss, 2002). Research on the association between meaning making and growth in relation to immigration has been limited. Very few studies have explored meaning making or posttraumatic growth in immigrant populations (Hussain & Bhushan, 2011). Only more recently have researchers begun to view immigration from a strengths-based perspective which views potentially traumatic stressors associated with immigration as opportunities for growth (Berger & Weiss, 2002, 2006; Hussain & Bhushan, 2011; Teodorescu et al., 2012). Using a case study, Berger and Weiss (2002) illustrate that in addition to emotional, psychological, and material losses, immigrants also reported personal growth after trauma of immigration, including increased personal and social freedom, increased power and autonomy, more multidimensional understanding of the world, increased empathy, motivation for personal achievements, and increased self-respect.

One study was located that examined differences in posttraumatic stress and posttraumatic growth among first and second generations of Tibetan refugees living in India (Hussain & Bhushan, 2011). In terms of generational differences, there were no significant differences on total posttraumatic growth; however, there were significant differences on individual dimensions of posttraumatic growth. First-generation participants scored significantly higher on personal strength and spiritual change and second-generation participants scored significantly higher on new possibilities. First generation refugees also scored higher on positive reappraisal, which has been used as a measure of meaning making in other studies.

### **Well-Being**

Well-being is another approach to understanding positive mental health and functioning that conceptualizes wellness based on the presence of resilience, positive coping, and strengths rather than the absence of mental illness (Keyes, 2006; Pan et al., 2008). As previously discussed, most 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 (e.g. smoking, drinking; 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 (Tadmor, Tetlock, & Peng, 2009). 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.

Subjective well-being is used to describe well-being individuals experience according to the subjective evaluation of their lives (Diener, 2012; Diener & Ryan, 2009; Diener, Sapyta, & Suh, 1998). Theories of subjective well-being emphasize an individual's values, emotions, and evaluations rather than external judgments of experts. Subjective well-being can be broken into three key elements: 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 et al., 1998). Diener et al. (1998) further argue that subjective well-being is the result of having a sense of mastery, progress towards and achievement of goals, pleasurable activities, prosocial relationships, and temperament 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 refers to engaging in challenging activities for the purposes of self-realization and engaging in opportunities for personal growth (Waterman, 2011). It also refers to well-being cultivated from living virtuously and contributing to the greater good (McMahan & Renken, 2011). Diener and Ryan (2009) argue that high levels of well-being are associated with life satisfaction in regard to social relationships, work and income, health and longevity, and overall societal benefits beyond the benefits conferred to the individual.

Though there are certain predictors of well-being that are generalizable across cultures, including social support, trust, mastery, and fulfillment of basic needs (Diener, 2012), there are also cultural differences in well-being. For instance, nations that report the lowest levels of well-being are often the poorest and least industrialized (Diener & Ryan, 2009). Also, democratic governments and emphasis on human rights have been related to higher subjective well-being.

Furthermore, well-being has been understood as being dependent on the extent to which an individual possesses characteristics valued by their culture. Since different characteristics are valued in different cultures, there are differences in predictors of happiness across societies (Diener, 2012). Interestingly, self-esteem is a predictor of subjective well-being in individualistic cultures, but not in collectivistic cultures. There are also differences in what emotions are valued and to what extent emotional arousal is valued in different cultures. For instance, guilt has been found to be more valued in collectivistic cultures and pride is more valued in individualistic cultures.

More recent research has focused on identifying sources of well-being, strengths, and protective factors among immigrant populations. There is strong evidence that social support within the host and ethnic cultures are associated with immigrant well-being (Jackson, Forsythe-Brown, & Govia, 2007; Jasinskaja-Lahti, Liebkind, Jaakkola, & Reuter, 2006; Lee & Yoon, 2011). In a meta-analysis of well-being among international economic immigrants, Bak-Klimek, Karatzias, Elliot, & Maclean (2015) found that social support and dispositional factors such as optimism and self-esteem were significantly related to well-being. There is also evidence of the benefits of spirituality for well-being among immigrants (Lee & Yoon, 2011). Attachments to a cultural group, whether that be the ethnic culture and/or the dominant culture, promotes well-being for first and second generation immigrants (Schwartz et al., 2012). Similarly, there is evidence for the salutary effects of ethnic identity (Safdar, Lay, & Struthers, 2003; Wang et al., 2010). Further, evidence suggests that successful navigation biculturalism is associated with psychological and cognitive benefits such as advanced perspective taking, increased creativity, and flexibility (Tadmor et al., 2009). Harker (2001) found that first-generation adolescent immigrants experiences greater positive well-being compared to their native-born peers, while

second-generation immigrants had levels of well-being similar to native-born peers. This study also provides evidence that first-generation immigrants have advantages in certain relational processes, including increased well-being due to greater parental supervision, less conflict with parents, church attendance and prayer, and greater social support (Harker, 2001).

One of the potential challenges of immigration is the loss of connectedness to the native society and the task of acculturating to a new society (Safdar et al., 2003). Due to the importance of social variables of well-being for immigrants, particularly immigrants from collectivistic cultures (Diener, 2012), one of the primary foci will be on dimensions of collective well-being. Additionally, one's sense of purpose and meaning can shift in response to experiences of immigration and acculturation, as one's life circumstances are often greatly altered due to immigration. For instance, immigration brings about changes in occupation, socioeconomic status, and family structure, which are all aspects of life that impact one's sense of meaning (Pan et al., 2008). Therefore, additional focus will be placed on transcendent well-being as meaning in life has also been shown to have important implications for migrants.

**Collective well-being.** Collective well-being refers to one's sense of social belonging, connectedness to a larger community, and sense that one is integral to the group, community, or society to which he or she belongs (Keyes, 1998). Collective well-being also encompasses what Lee, Kim, and Phillips (2015) refer to as community well-being, which is generally a community's ability to fulfill its particular goals and priorities, including economic, social, political, and cultural needs. Keyes (1998) describes five dimensions of the related construct of social wellness that includes social integration, or one's sense that one is part of society and connected to others in the community, social acceptance, which is the ability to trust others and feel connected to them, and social contribution, which is the sense that one contributes to his or



her community and is of value to the greater community. The other two dimensions are social actualization, which is the perception that one's society is worthwhile and has potential, and social coherence, which refers to the sense that society is meaningful and predictable.

Additionally, it is important to consider sociocultural identity and importance of having positive connections to a salient social identity group, particularly for ethnic minorities (Yoon, Goh, & Lee, 2008). The importance of social relationships (e.g. social connectedness, social support) contributes to sense of life satisfaction for immigrants. Social support has been identified as an important protective factor against acculturative stress for immigrant populations. The importance of connectedness to both ethnic communities and the mainstream, dominant society have been identified (Safdar et al., 2003).

Several studies have concluded that social relationship variables play an important role in subjective well-being for immigrant populations (Diener, Oishi, & Lucas, 2003; Kim, Han, Shin, Kim, & Lee, 2005; Safdar et al., 2003; Thomas & Choi, 2006; Yeh & Inose, 2003). Suh, Diener, and Updegraff (2008) found that social satisfaction was more predictive of well-being and satisfaction in collectivistic cultures, whereas moods and emotions were more predictive of well-being in individualistic cultures. Safdar et al., 2003 posited that allocentrism, or a strong sense of connectedness to others, and ethnic identity are important aspects of the immigrant experience. They also emphasized the importance of both social support from the in-group (i.e. family, others from the same ethnic background) and social support from the out-group (i.e. those from other ethnicities, especially from the dominant culture). In a sample of Korean and Indian immigrant adolescents, researchers found that social support activities reduced levels of acculturative stress and that social support from parents was the primary predictive factor in determining level of acculturative stress (Thomas & Choi, 2006). In a sample of Korean

immigrants living in the Midwest, Yoon et al. (2008) found that social connectedness in the ethnic community fully mediated the relationship between acculturation and subjective well-being. They also found that social connectedness in mainstream society tended to partially mediate the relationship between acculturation and subjective well-being.

**Transcendent well-being.** Transcendent well-being refers to a positive sense of understanding the nature, significance, and meaning of life and often includes aspects of spiritual wellbeing. Meaning in life is one's sense of life as significant and important (Morgan & Farsides, 2009). Meaning of life also refers to other existential ideas including a sense that life has order, that one's life has purpose, and that one can achieve his or her goals in order to experience fulfillment (Morgan & Farsides, 2009). According to Rowold (2011), spiritual well-being includes four aspects: personal, communal, environmental, and transcendental. The personal aspect of spiritual well-being is one's sense of meaning, purpose, and values. On the other hand, the communal aspect refers to the quality of one's relationships. The environmental aspect has to do with consideration for the physical world, and the transcendental aspect has to do with one's attitude toward a higher being.

Meaning in life has been significantly associated to life satisfaction and well-being (Chamberlain & Zika, 1992; Ho, Cheung, & Cheung, 2010). Meaning in life is central to eudaimonic well-being, well-being cultivated from personal strengths, living virtuously, and contributing to the greater good (McMahan & Renken, 2011). McMahan and Renken (2011) found that meaning in life partially mediated the association between eudaimonic well-being and self-reported well-being. Meaning in life is also one of the protective factors for immigrants that has been enumerated by researchers (Pan et al., 2008). In a study of mainland Chinese migrants to Australia and Hong Kong, Pan et al. (2008) found that meaning in life was a protective factor.

They found that meaning in life predicted positive affect in regard to acculturation for Chinese migrants. Meaning in life was also found to mediate the negative effects of acculturative stress.

There is also much empirical research linking religion and spirituality to psychological well-being (Chamberlain & Zika, 1992; Connor, 2012; Ivtzan, Chan, Gardner, & Prashar, 2011; Kim, Kim-Godwin, & Koenig, 2016; Rowold, 2011). Ivtzan et al. (2011) found that individuals with higher levels of spirituality showed higher levels of self-actualization, personal growth, and meaning in life. Religion and spirituality have also been positively linked to immigrant adjustment and well-being (Agyekum & Newbold, 2016; Conner, 2010). In a mixed-methods study of African immigrants in Canada, researchers found that religious places of worship and activities positively impacted various aspects of immigrants' well-being (Agyekum & Newbold, 2016). In a study of immigrants to the United States, Australia, and Western Europe, researchers found a positive relationship between immigrant religious involvement and well-being, beyond that of involvement in non-religious group activities such as ethnic groups, leisure groups, or work groups (Connor, 2012). Religious affiliation has also been associated with acculturation, well-being, and increased social support in a sample of Mexican immigrant in Utah (Steffen & Merrill, 2011).

### **Synthesis, Critique, and Rationale**

First and second generation immigrants face unique challenges related to immigration, acculturation, and well-being. First generation immigrants face a number of potentially stressful challenges that have been well studied, including stressors related to pre-migration, migration, and post-migration. Because of the nature of these challenges, there has been an assumption in early models 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, however, suggests that first-generation immigrants have better outcomes than their second-generation counterparts. Though more recent models of acculturation and biculturalism have considered the potential salutary effects of immigration, most research on immigration and acculturation have focused on these constructs from a viewpoint of stress and negative outcomes. Research on generational differences has also been limited as immigrant groups have been treated as homogeneous, often overlooking important intergenerational variability. The current study aims to contribute to the current body of literature by examining the relationship between immigration generation, meaning making, and well-being.

## Methods

### Study Aims

The primary aim of this study is to examine meaning-related variables and aspects of well-being across generational statuses among immigrants. Secondly, the study aims to explore the relationship between meaning processes and dimensions of well-being. The current study will, therefore, focus on differences in meaning making, transcendent well-being, and collective well-being among first, one-and-a-half, and second-generation immigrants of non-European descent in order to better understand these constructs in the context of the unique challenges of immigration and acculturation. The following section presents the specific procedures of the current study. The research questions, target sample, recruitment, data collection, and data analyses for the study will be described.

### Research Questions and Hypotheses

**Research question 1.** Are there differences in Collective Wellbeing among first, one-and-a-half, and second-generation immigrants?

- Hypothesis 1a: First-generation immigrants will report significantly higher levels of Sociocultural Identity Well-Being;
- Hypothesis 1b: First-generation immigrants will report significantly higher levels of Participatory Well-Being;
- Hypothesis 1c: First-generation immigrants will report significantly higher levels of Community Connectedness Well-Being; and
- Hypothesis 1d: First-generation immigrants will report significantly higher levels of National Context Well-Being.

**Research question 2.** How do first, one-and-a-half, and second-generation immigrants compare on measures of Transcendent Wellbeing?

- Hypothesis 2a: First-generation immigrants will report significantly higher levels of Spiritual-Religious Well-Being compared to one-and-a-half and second-generation immigrants; and
- Hypothesis 2b: First-generation immigrants will report significantly higher levels of Meaning-Purpose-Flow Well-Being compared to one-and-a-half and second-generation immigrants.

**Research question 3.** How do first- and second-generation immigrants compare on measures of Meaning-Making?

- Hypothesis 3a: First-generation immigrants will endorse significantly higher scores of positive reappraisal compared to one-and-a-half and second-generation immigrants;
- Hypothesis 3b: First-generation immigrants will endorse significantly higher scores of posttraumatic growth compared to one-and-a-half and second-generation immigrants; and
- Hypothesis 3c: First-generation immigrants will endorse significantly higher scores of presence of meaning in life compared to one-and-a-half and second-generation immigrants.

### **Research Design**

The current quantitative study utilizes a cross-sectional, correlational design to examine differences in meaning making processes, transcendent well-being, and collective well-being between first, one-and-a-half, and second-generation immigrants of non-European descent. The primary independent variable was generational status. Meaning making, collective identity

wellbeing, and transcendent wellbeing were the dependent variables. Gender, age, religiosity, income, financial status, education, and ethnicity differences on meaning and well-being variables were examined.

### **Participants**

The study sample consisted of 94 individuals between the ages of 18-34. Inclusion criteria involved qualifying as either first-generation, 1.5 generation, or second-generation immigrant status. Additionally, participants who identified as of non-European descent (e.g., Latino, Asian, African, Arab) were the focus of this study due to differences in societal status and acculturative stress as compared with immigrants who are white. Immigrants from Europe, Australia, Russia, and Canada, as well as white South Africans, were excluded from the sample because of the cultural similarities between the United States and other countries that have a strong white European heritage. Those who identified as sojourners, or individuals who are living only temporarily in the United States and who anticipate returning to their country of origin (e.g., international students), were excluded from the sample as well.

First-generation immigrants of non-European descent included immigrants who were born outside of the United States in a country not including countries of predominantly European descent and immigrated to the United States at 18 years of age or older. For the purposes of this study, second-generation immigrants were defined as individuals with two biological parents who are both first-generation immigrants, as defined above. Thus, individuals with only one foreign-born parent were excluded from the study because their experience are different from individuals with two foreign born parents as that parent is likely to have greater familiarity with dominant United States (“American”) culture. Individuals who immigrated as children (before age 18) were considered part of a separate one-and-a-half generation group. According to

Rumbaut (2004), those who immigrated as children, referred to as the “one-and-a-half generation”, are, in some ways, more similar to second-generation immigrants than to what is typically thought of as first generation immigrants because they may have been predominantly raised in the host country.

To control for effects of age, participants were limited to individuals between 18 and 34 years of age. According to Rumbaut (2004), immigrants 18-24 are typically making their transitions to adulthood and immigrants 25-34 generally migrate after having completed their education, are beginning their careers, and starting families. On the other hand, he writes that immigrants 35-54 are less likely to shed their native languages, customs, and identities and immigrants 55 and older are less likely to immigrate, are already established in their careers and families, and typically lack the plasticity of younger immigrants.

### **Measures**

The instruments administered included a background questionnaire assessing the participant’s demographic information, the Multidimensional Well-Being Assessment, the Positive Reappraisal subscale of the Ways of Coping scale, the Post Traumatic Growth Inventory, and the Meaning in Life Questionnaire.

**The Background Questionnaire** (Appendix B). The Background Questionnaire (Harrell et al., 2013) is a 36-item demographic questionnaire that assesses descriptive information about the research participants and was used to determine inclusion and exclusion criteria of each participant. Questions requested information such as gender, age, race/ethnicity, religion/religiosity, country of birth and residence, education, employment, relationship status, and financial status. Additional questions asked about immigration and generation status, as well



as aspects of the acculturation process and acculturative stress (e.g., length of residence in the U.S. and English language fluency).

**Multidimensional Well-Being Assessment** (MWA; Appendix C). Collective well-being and transcendent well-being were measured using subscales of the Multidimensional Well-Being Assessment. The MWA is 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). This 160-item scale measures five general wellness contexts (Psychological, Physical, Relational, Collective, and Transcendent), with 2-4 dimensions of well-being within each context for a total of fifteen dimensions. Items are rated on a 6-point Likert scale and responses range from “Never” (0) to “Always” (5). Scores are calculated for each Wellness Context, as well as for each dimension of well-being.

Unlike other measures of well-being, the MWA includes dimensions of collective and transcendent well-being based on literature from multicultural, feminist, and humanistic psychology. The Collective Wellness context of the MWA includes four dimensions, including Community Connectedness (e.g., “I felt a strong sense of belonging in my neighborhood”), Sociocultural Identity (e.g., “I felt secure and grounded by my roots in my culture or another group in society important to my identity”), Participatory (e.g. “I did something to help make the world a better place”), and National Context (e.g. “I felt a lot of national pride in my home country”) dimensions of well-being. The Transcendent Wellness context includes two dimensions, including the Meaning-Purpose-Flow (e.g. “I felt guided by a vision or mission for my life”) and Spiritual-Religious dimensions of well-being (e.g. “My faith and spiritual beliefs were strong”). Psychometric data indicate that the Collective Wellness context has a reliability coefficient of .942, with the reliability of each dimension ranging from .776 to .880. The

Sociocultural Identity, Community, Participatory, and National Context dimensions had reliability coefficients of .880, .871, .844, and .776, respectively. The Transcendent Wellness context has an overall reliability of .936, with a .920 reliability coefficient for the Spiritual-Religious dimension and a .898 reliability coefficient for the Meaning-Purpose-Flow dimension (Harrell, Girma, & Johnson, 2017).

Three measures of meaning making were employed to assess different conceptualizations of meaning making found in the literature.

**Positive Reappraisal subscale of the Ways of Coping Questionnaire (WCQ;** Appendix D). The WCQ has been extensively used to measure coping (Folkman & Lazarus, 1988; Rexrode, Peterson, & O'Toole, 2008). The questionnaire is made up of 66 items, covering eight subscales of coping, including confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem solving, and positive reappraisal. Respondents were asked to think of a stressful event they encountered over the past week and indicate to what extent each statement reflected how they coped with the situation. Each item is rated on a 4-point Likert like scale ranging from “does not apply or not used” to “used a great deal.” Reliability of the subscales ranges from .60 to .75, with the Positive Reappraisal subscale indicating the least variability (Rexrode et al., 2008). The present study employed the seven items that comprise the Positive Reappraisal subscale. Items of this subscale measure attempts to garner positive meaning and personal growth and has been used to measure meaning focused coping (Park, 2010; Rexrode et al., 2008). Items of the positive reappraisal subscale include, “I changed or grew as a person” and “I rediscovered what is important in life.”

**Posttraumatic Growth Inventory (PTGI;** Appendix E). The Posttraumatic Growth Inventory is a self-report instrument that measures one's perception of personal benefits of

overcoming difficult experiences, including positive changes in self, relationships with others, and life philosophy (Tedeschi & Calhoun, 1996). The instrument consists of 21 items, corresponding to five factors, Relating to Others, New Possibilities, Personal Strengths, Spiritual Change, and Appreciation of Life. The instrument prompts participants to rate each item in terms of life experiences related to immigration in the participant's family and employs a 6-point Likert scale, ranging from "I did not experience this change as a result of my immigration experience" to "I experienced this change to a very great degree as a result of my experience." Internal consistency of the PTGI was found to be statistically substantial (Cronbach's alpha = .90). The test-retest reliability was at  $r = .71$  (Tedeschi & Calhoun, 1996). The PTGI was not related to social desirability. The PTGI has been used as a measure of general growth beyond the posttraumatic growth for which it was originally designed (Anderson & Lopez-Baez, 2008). The PTGI has been used to study personal growth of mothers after childbirth (Taubman-Ben-Ari, Findler, & Sharon, 2011), patients after amputation (Phelps, Williams, Raichle, Turner, & Ehde, 2008), survivors of breast cancer (Brunet, McDonough, Hadd, Crocker, & Sabiston, 2009), and bereaved parents (Engelkemeyer & Marwit, 2008). The PTGI has also been used as a measure of meaning making (Park, 2010).

**Meaning in Life Questionnaire (MLQ; Appendix F).** The Meaning in Life Questionnaire is a 10-item self-report instrument that measures two dimensions, the presence of and the search for meaning in life. The Presence dimension includes questions such as "my life has a clear sense of purpose" and "I have a good sense of what makes my life meaningful." The Search dimension includes questions such as, "I am looking for something that makes my life meaningful" and "I am always looking for my life's purpose." The measure employs a 7-point Likert scale ranging from "Absolutely Untrue" to "Absolutely True." Internal consistency is .86

for the Presence subscale (MLQ-P) and .87 for the Search subscale (MLQ-S). One-month test-retest stability coefficients were .70 for the MLQ-P and .73 for the MLQ-S (Steger, Frazier, Kaler & Oishi, 2006; Strack, 2007). This measure has been used in prior studies to measure meaning making (Park, 2010).

### **Recruitment and Data Collection Procedures**

Participants were recruited in accordance with the approved application to the Institutional Review Board (IRB) of Pepperdine University. Participants were recruited through community colleges, community organizations, the university's graduate school of education and psychology, and researchers' personal and professional contacts from mid-January to mid-April 2017. Recruitment was conducted primarily through flyers, web pages, emails, social media, and listservs. Individuals who received recruitment materials (Appendix G) were provided with a description of the study and directed to an online version of the questionnaire to be completed at the participant's convenience from any device with an Internet connection. All participants were provided electronic informed consent documents (Appendix H) before starting the online questionnaire, notifying participants that their participation was voluntary, stating potential risk and benefits of participating in the study, and informing participants that their responses would be anonymous should they chose to participate. The questionnaire took approximately 25 minutes to complete. Participants that completed the survey had the option of entering a monthly prize drawing for a chance to win an electronic \$20 Visa gift card.

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. The investigator obtained permission from organization leaders to distribute flyers and send emails to

organization listservs that directed participants to the online questionnaire. Furthermore, flyers were distributed in public areas of community colleges, including the library and on campus eateries. Participants were also recruited from community cultural organizations and groups (e.g. Latino Young Professionals & Entrepreneurs, Moroccan Society, Iranian Students and Graduates Association, The Jewish Persian Social Network, Arab American Democrats of California, Southern California Muslim Association). Researchers additionally utilize 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 94 total participants included 65 females (69.1%) and 29 males (30.9%). Their ages ranged from 18 to 34 years, with a median age of 28. See Table 1 for characteristics of the sample. Ten participants (10.6%) identified as first-generation immigrants, 22 (23.4%) identified as one-and-a-half generation immigrants, and 62 (66%) identified as second generation immigrants. In terms of racial/ethnic identity, participants self-identified identities included South Asian/Indian/Pakistani (4; 4.3%), Chinese/Chinese American (5; 5.3%), Korean/Korean American (3, 3.2%), Southeast Asian (6; 6.4%), Afro-Caribbean (1; 1.1%), Middle Eastern/Arab (11; 11.7%), Persian/Iranian (33; 35.1%), Mexican/Mexican American (9; 9.6%), Latino/Hispanic (2; 2.1%), White Latino/Hispanic (2; 2.1%), White (4; 4.2%), Multiracial/Multiethnic (6; 6.4%), White Multiethnic (3; 3.2%; i.e. Persian, Middle Eastern, Israeli), and Other (5; 5.3%, i.e. Armenian, Armenian-American, Chicano, Filipino American, Taiwanese American). Additionally, for ease of data analysis, ethnicity was clustered into four general categories: Persian/Iranian/Armenian (42, 44.7%), Asian (24, 25.5%), Latino (15, 16%), and Middle Eastern/Arab (13, 13.8%).

Participants born in a country other than the United States ( $N=30$ ), identified being born in various countries including Armenia, Bangladesh, China, Ecuador, Iran, Ivory Coast, Jamaica, Lebanon, Mexico, Myanmar, Pakistan, Peru, Philippines, South Korea, Syria, Thailand, Tunisia, United Arab Emirates, and Vietnam. One participant who was categorized as a first-generation immigrant was born in the United States but was raised primarily in Israel from age 3 until their mid-20s. Another participant who was categorized as a one-and-a-half generation immigrant was born in the United States, but was raised in Taiwan from the age one to age 16.

Age of immigration to the United States ranged from under one year to 26 years of age. Age of immigration to the United States for 1.5-generation immigrants, in particular, ranged from less than one year to 16 years of age, with a median age of 8.5. Thirteen participants indicated that they have lived in a country other than their birth countries or the United States for more than one year. These countries included Austria, Canada, France, Germany, Iran, Japan, Saudi Arabia, Thailand, and Tunisia, ranging from 1 year to 8 years.

In terms of religion/spiritual affiliation, participants identified variously, including Jewish/Judaism ( $N=35$ , 37%), Muslim/Islam ( $N=7$ , 7.4%), Nondenominational or other Christian ( $N=7$ , 7.4%), Protestant Christianity ( $N=6$ , 6.4%), Catholic/Catholicism ( $N=5$ , 5.3%), Atheist ( $N=7$ , 7.4%), Agnostic ( $N=5$ , 5.3%), Buddhism ( $N=4$ , 4.3%), Spiritual with no specific belief system ( $N=3$ , 3.2%), Hinduism ( $N=1$ , 1.1%), New Age or New Thought Spirituality ( $N=1$ , 1.1%), Other spiritual/religious belief system (e.g. Agnostic Buddhism, Armenian Apostolic Church, “Karma believer,” Syrian Orthodox;  $N=5$ , 5.4%), and None of the above ( $N=8$ , 8.5%).

Participants rated their religiosity on a Likert scale, ranging from 1 (“not at all religious”) to 7 (“very religious”). The mode response was 1, indicating “not at all religious” ( $N=24$ , 25%). Fifteen respondents (16%) gave ratings of 2 and thirteen respondents gave ratings of 3 (13%). Of participants, 41.4% responded anywhere from 4, indicating “somewhat religious,” to 7, indicating “very religious.”

Participants’ rated their connection to 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 4-point Likert scale, ranging from “not at all [connected]” (scored 0) to “very strongly [connected]” (scored 4). When rating their connection to USA/American culture, a majority of participants (70.2%) rated that they felt “a

lot” or “very strongly” connected, 19.1% indicated that they feel “somewhat” connected, and 8.5% indicated that they felt only “a little” or “not at all” connected.

A majority of participants rated their connection to their father’s racial/ethnic heritage or national culture as “a lot” (51.1%) or “very strongly” (16%) connected. On the other hand, the remaining participants indicated that they felt “somewhat” (27.7%), “a little” (4.3%), or “not at all” (1.1%) connected. Similarly, in regard to connection to their mother’s racial/ethnic heritage or national culture, participants rated feeling “a lot” (55.3%) or “very strongly” (14.9%) connected. The remaining participants indicated that they felt “somewhat” (26.6%) or “a little” (3.2%) connected.

In assessing English language ability, a vast majority of the sample endorsed “excellent” speaking (91.5%), reading (92.6%), and writing (89.4%) fluency. A minority of participants indicated that their fluency was only “good” (6.4% speaking; 5.3% reading; 6.4% writing) or “fair” (2.1% speaking; 1.1% reading; 3.2% writing). In terms of another language other than English, 48.9% indicated that they sometimes speak another language other than English at home, while 14.9% and 19.1%, indicated that they “most of the time” or “always” speak another language other than English at home. Only 7.4% indicated that they “never” speak a language other than English with family (37.2% sometimes, 34% most of the time, 20.2% always), while 46.8% indicated that they “never” speak a language other than English with friends and a majority (64.9%) indicated that they “never” speak a language other than English at work or school.

Participants also rated their perceived stress related to immigration, acculturation, or other challenges related to culture on a 5-point scale, ranging from “none” to “extreme.” Almost twenty-seven percent (26.6%) indicated that they experienced no stress within the past year,



while 25.5% indicated “little,” 25.5% indicated “some,” 9.6% indicated “a lot” and 11.7% indicated “extreme” stress within the last year. Over their lifetime, 11.7% indicated “none,” 22.3% indicated “little,” 40.4% indicated “some,” 21.3% indicated “a lot,” 3.2% indicated “extreme” and 1.1% did not respond.

With respect to education, a majority of the sample (54.3%) indicated that they had achieved a graduate or professional degree. Thirty-three (35.1%) had a college/university degree, while 7.4% had a high school degree (or equivalent) and 3.2% had some high school or less. At the time of participation, 48% identified as either full-time or part-time students while a majority of the sample were not students (52.1%). In terms of employment, a majority were working full-time for pay (51.1%), while others were working part-time for pay (28.7%), not working but looking for a job (4.3%), or not currently working for pay by choice (16%). Most participants reported an income between \$50,000-\$100,000 during the past year (28.7%). Seventeen percent indicated that they made between \$25,000-\$50,000 while 20.2% indicated that they made between \$100,000-\$250,000. 12.7% indicated that they made more than \$250,000, while 19.1% indicated that they made less than \$25,000. Two percent (2.1%) did not respond. In terms of marital status, a majority of the sample endorsed single (60, 63.8%). Twenty-five (26.6%) are currently married, 7 (7.4%) are living with their significant other, and 2 (2.1%) are separated.

Table 1

*Demographic Characteristics*

<b>Demographic</b>	<b>N</b>	<b>Frequency</b>
<u>Gender</u>		
Male	29	30.9%
Female	65	69.1%

(continued)

<b>Demographic</b>	<b>N</b>	<b>Frequency</b>
<u>Immigration Generation Status</u>		
First Generation	10	10.6%
1.5 Generation	22	23.4%
Second Generation	62	66%
<u>Racial/Ethnic Identity</u>		
Persian/Iranian	33	35.1%
Middle Eastern/Arab	11	11.7%
Mexican/Mexican American	9	9.6%
Southeast Asian	6	6.4%
Multiracial/Multiethnic	6	6.4%
Chinese/Chinese American	5	5.3%
South Asian/Indian/Pakistani	4	4.3%
White	4	4.2%
Korean/Korean American	3	3.2%
White Multiethnic	3	3.2%
Latino/Hispanic	2	2.1%
White Latino/Hispanic	2	2.1%
Afro Caribbean	1	1.1%
Other	5	5.3%
<u>General Racial/Ethnic Categories</u>		
Persian/Iranian/Armenian	42	44.7%
Asian	24	25.5%
Latino	15	16%
Middle Eastern/Arab	13	13.8%
<u>Religion/Spiritual Affiliation</u>		
Jewish/Judaism	35	37%
Muslim/Islam	7	7.4%
Nondenominational or other Christian	7	7.4%
Protestant Christianity	6	6.4%
Catholic/Catholicism	5	5.3%
Atheist	7	7.4%
Agnostic	5	5.3%
Spiritual (no specific belief system)	3	3.2%
Buddhism	4	4.3%
Hinduism	1	1.1%
New Age or New Thought Spirituality	1	1.1%
Other spiritual/religious belief system	8	8.5%
<u>Education</u>		
Graduate or professional degree	51	54.3%
College/university degree	33	35.1%
High school degree	7	7.4%
Some high school or less	3	3.2%

## **Data Analysis**

The Statistical Package for the Social Sciences (SPSS) 20 was employed to analyze the data collected. Data analyses included descriptive analyses, correlational analyses, ANOVAs, MANOVAs, ANCOVAs and MANCOVAs. Research hypotheses were tested utilizing a series of MANOVAs or MANCOVAs. The independent variable examined was generation status (first, 1.5, and second) and the dependent variables were the two dimensions of transcendent well-being, the four dimensions of collective well-being, and the three measures of meaning-making. Bivariate correlation analyses and one-way ANOVAs were performed in order to assess the relationships between well-being, meaning-making, and demographic variables including gender, age, religiosity, income, financial status, education, ethnicity, connection to US culture, and immigration-related stress. Significant relationships were incorporated as covariates and a series of MANCOVA analyses were conducted.

## **Preliminary and Descriptive Analysis**

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 meaning making measures, in addition to total scale and subscale scores.

**Highest rated items for well-being and meaning making domains.** With respect to all Collective and Transcendent Well-Being dimensions, the most highly endorsed were Collective Well-Being Sociocultural Identity scale ( $M=3.57$ ,  $SD=0.85$ ) and the Transcendent Well-Being Meaning-Purpose-Flow dimension ( $M=3.47$ ,  $SD=0.87$ ). The least highly endorsed of the well-being contexts were the Transcendent Well-Being Spiritual-Religious dimension ( $M=2.22$ ,  $SD=1.41$ ) and the Collective Well-Being National Context dimension ( $M=2.23$ ,  $SD=1.31$ ).

On the Collective Well-Being sociocultural identity dimension, the most highly endorsed items were items were, “I felt proud of my cultural heritage” (M=3.95, SD=1.14), “I felt that my family was well respected in our cultural community or another important community” (M=3.92, SD=1.03), and “I was a respectable member of my culture and represented them well” (M=3.91). The items on the Collective Well-Being sociocultural identity dimension that were least endorsed were “I displayed my identification with my culture or other important identity group (symbols, clothing, language, artwork, home décor, etc.)” (M=2.93, SD=1.52) and “I did things during my free time that reflected my culture or another group in society very important to my identity (e.g. movies, music, books, websites, social activities)” (M=3.07, SD=1.37).

On the Collective Well-Being community connectedness dimension, the most highly endorsed items were “I was valued and respected at my workplace, school, or other place where I spend a lot of time” (M=3.77, SD=1.12) and “I felt accepted and welcomed by people at my workplace, school, or other place where I spend a lot of time” (M=3.59, SD=1.13). The least endorsed items of this domain were “I made sure I was informed about things happening in my neighborhood community” (M=2.34, SD=1.49) and “People in my neighborhood know each other and can depend on each other” (M=2.32, SD=1.43).

On the Collective Well-Being participatory dimension, the most highly endorsed items were items were “I gained a greater knowledge and understanding of a local, national, or global issue” (M=3.44, SD=1.24) and “I did something to help make the world a better place” (M=3.20, SD=1.43). On the Collective Well-Being participatory dimension, the least endorsed items were “I actively participated in an organization related to my culture or another community that is important to me” (M=2.24, SD=1.65) and “I was a leader or took initiative to start some action for change in my community or organization” (M=2.04, SD=1.72).

On the Collective Well-Being national context dimension, the most highly endorsed items were “I have positive feelings about my home country” (M=2.77, SD=1.58) and “I felt committed to making my home country a better place” (M=2.64, SD=1.60). On the Collective Well-Being national context dimension, the least highly endorsed items were items “I felt good about the direction my home country was going in” (M=1.69, SD=1.47) and “My home country was strong and stable in terms of leadership and political matters” (M=1.63, SD=1.63).

On the Transcendent Well-Being spiritual-religious dimension, the most highly endorsed items were “My faith and spiritual beliefs were strong” (M=2.74, SD=1.67) and “How I lived my daily life was consistent with my spiritual or religious beliefs” (M=2.74, SD=1.70). On the Transcendent Well-Being spiritual-religious dimension, the least highly endorsed items were “I witnessed or experienced spiritual healing” (M=1.60, SD=1.72) and “I received valuable counsel from a minister, rabbi, imam, priest, guru, pastor, or other religious leader” (M=1.34, SD=1.66)

On the Transcendent Well-Being meaning-purpose dimension, the most highly endorsed items were, “I lived with integrity, was true to myself and my values” (M=4.03, SD=0.87) and “I had a strong sense of my values, what is most important to me” (M=4.01, SD=0.93). On the Transcendent Well-Being meaning-purpose dimension, the least highly endorsed items were, “I felt connected to the rhythms and patterns of nature” (M=3.05, SD=3.05) and “I spent time in meditation, personal reflection, or deep contemplation” (M=2.97, SD=1.47).

Table 2

*Means and Standard Deviations of MWA Dimensions of Collective Well-Being*

<b>Collective Well-Being Dimensions</b>	<b>Mean</b>	<b>SD</b>
Collective Well-Being	3.04	0.749
<i>Sociocultural Identity</i>	3.57	0.846
<i>Community Connectedness</i>	3.11	0.965
<i>Participatory</i>	2.65	1.251
<i>National Context</i>	2.23	1.313

Table 3

*Means and Standard Deviations of MWA Dimensions of Transcendent Well-Being*

<b>Transcendent Well-Being Dimensions</b>	<b>Mean</b>	<b>SD</b>
Transcendent Well-Being	2.87	0.9996
<i>Meaning-Purpose</i>	3.47	0.871
<i>Spiritual-Religious</i>	2.22	1.409

On the Posttraumatic Growth Inventory, the most highly endorsed items were, “I have a greater appreciation for the value of my own life” (M=3.10, SD=1.84) and “I have more compassion for others” (M=2.98, SD=1.83). On the Posttraumatic Growth Inventory, the least highly endorsed items were, “I have a better understanding of spiritual matters” (M=1.98, SD=1.88) and “I have a stronger religious faith” (M=1.57, SD=1.76). In regard to the Posttraumatic Growth Inventory, mean of the Personal Strength scale was the highest (M=2.71) while the mean of the Spiritual Change scale was the lowest (M=1.78).

On the Meaning in Life Questionnaire, the most highly endorsed items were “My life has no clear purpose” (reverse coded M=5.54, SD=1.52) and “I have a good sense of what makes my life meaningful” (M=5.49, SD=5.49). On the Meaning in Life Questionnaire, the least highly endorsed items were, “I am searching for meaning in my life” (M=4.46, SD=1.71) and “I understand my life’s meaning” (M=4.85, SD=1.24).

On the Ways of Coping Positive Reappraisal subscale, the most highly endorsed item was “Changed or grew as a person in a good way” (M=1.97, SD=1.00) and the least endorsed was “Found new faith” (M=0.72, SD=0.97).

Table 4

*Means and Standard Deviations of Meaning Making Scales*

<b>Dimension</b>	<b>Mean</b>	<b>SD</b>
Meaning in Life Presence	26.05	5.321
Meaning in Life Search	24.85	6.790
Positive Reappraisal	9.524	5.435
Posttraumatic Growth	53.47 (2.55)	31.865
PTG- Relating to Others	17.56 (2.51)	11.119
PTG- New Possibilities	13.12 (2.62)	8.037
PTG- Personal Strengths	10.85 (2.71)	6.713
PTG- Spiritual Change	3.55 (1.78)	3.259
PTG- Appreciation of Life	8.39 (2.80)	4.924

**Correlations between well-being and meaning making.** Pearson r correlations were computed to assess bivariate relationships between collective and transcendent well-being and various measures of meaning making in first, 1.5 and second-generation immigrants of non-European decent (see tables 5 and 6). The Collective Well-Being context of the MWA is significantly correlated with the Positive Reappraisal subscale of Ways of Coping. More specifically, the Collective Well Being Participatory dimension of Collective Well-Being is positively correlated with Ways of Coping Positive Reappraisal and Meaning in Life Questionnaire Search for Meaning. Collective Well-Being Participatory dimension was also positively correlated with Posttraumatic Growth Inventory scale, in addition to the five individual substances: PTGI Relating to Others, New Possibilities, Personal Strengths, Spiritual Change, and Appreciation of Life.

Table 5

*Correlations Between Collective Well-Being Dimensions and Meaning Making*

	Socio-cultural Identity	Community	Participatory	National Context	Collective Well-Being
Meaning in Life Presence	.106	.122	.186	-.098	.132
Meaning in Life Search	-.028	.012	.233*	-.031	.074
Positive Reappraisal	.123	-.056	.419**	.137	.222*
Posttraumatic Growth	-.116	-.063	.271**	-.049	.023

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

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

Pearson r correlations also showed significant correlations between Transcendent Well-Being and some of the meaning making measures. There was a positive correlation between Transcendent Well-Being and both Meaning in Life Presence subscale and Meaning in Life Search subscale. Additionally, Transcendent Well-Being was correlated with Ways of Coping Positive Reappraisal. Transcendent Well-Being was also correlated with Posttraumatic Growth Inventory and four of the five subscales: PTGI Relating to Others, Personal Strengths, Spiritual Change, and Appreciation of Life.

In terms of specific subscales, Transcendent Well-Being Meaning-Purpose-Flow dimension is correlated with Meaning in Life Questionnaire Presence and Meaning in Life Questionnaire Search subscales. Transcendent Well-Being Meaning-Purpose-Flow dimension is also correlated with Ways of Coping Positive Reappraisal. Additionally, Transcendent Well-Being Meaning-Purpose-Flow is correlated with Posttraumatic Growth Inventory and all five subscales: PTGI Relating to Others, New Possibilities, Personal Strengths, Spiritual Change, and Appreciation of Life.

Transcendent Well-Being Spiritual-Religious dimension is correlated with the Meaning in Life Presence and Meaning in Life Search subscales, in addition to the Ways of Coping



Positive Reappraisal subscale. It is also correlated with the Posttraumatic Growth Inventory Spiritual Change subscale.

Table 6

*Correlations Among Transcendent Well-Being Dimensions and Meaning Making*

	Meaning-Purpose	Spiritual-Religious	Transcendent Well-Being
Meaning in Life Presence	.452**	.373**	.458**
Meaning in Life Search	.349**	.249*	.327**
Positive Reappraisal	.482**	.529**	.577**
Posttraumatic Growth	.306**	.193	.269**

Note: \*. Correlation is significant at the 0.05 level (2-tailed).  
 \*\*. Correlation is significant at the 0.01 level (2-tailed).

**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 immigrations tress) and collective well-being, transcendent well-being and various measures of meaning making (see Table 7). 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 collective well-being, transcendent well-being and various measures of meaning making (see Table 8). Significant relationships were found for age and religiosity, and significant differences for financial status, education, connection to US culture, and lifetime immigration stress, but not for income. After examining relationships between demographics and well-being and meaning making variables, the analyses to test the generational difference hypotheses were adjusted for those where there was significance by including the significant variable as a covariate or as a secondary independent variable in the MANOVA or MANCOVA analyses.

**Gender.** There were statistically significant differences on gender for overall Transcendent Well-Being  $F(1, 92)=5.458, p=0.022$ , Meaning-Purpose dimension of Transcendent Well-Being  $F(1,92), = 6.870, p=0.01$ , and Presence of Meaning in Life  $F(1, 92)=7.459, p=0.008$  (see Table 8). Equalities of variance were confirmed by the Levene's Test for homogeneity of variance for overall Transcendent Well-Being ( $p=0.506$ ) and Meaning-Purpose dimension of Transcendent Well-Being ( $p=0.615$ ). The Presence of Meaning in Life dimension was in violation of homogeneity of variance per the Levene's Test ( $p=0.003, p=0.044$ ). Though significance criteria for these dimensions was adjusted from  $p \leq .05$  to  $p \leq .01$ , this dimension continues to maintain its significance. Women scored significantly higher than men on all three of these dimensions.

**Age.** Age was significantly correlated with PTG subscales of Relating to Others and Personal Strengths, as well as total Posttraumatic Growth (see Table 7).

**Religiosity.** Religiosity was significantly correlated with all dimensions of Transcendent Well-Being (Meaning-Purpose and Spiritual-Religious, see Table 7). Additionally, religiosity was significantly correlated with the Presence of Meaning in Life and Positive Reappraisal. Further, religiosity was significantly correlated with Posttraumatic Growth Spiritual Change.

**Financial status.** Financial status was correlated with Collective Sociocultural Identity Well-Being and total Collective Well-Being (see Table 8). Those with higher financial status reported greater Collective Sociocultural Identity Well-Being.

**Education.** There was a significant relationship between education and Presence of Meaning in Life (see Table 8). The Levene's statistic was significant indicating inequality of variance between groups. The ANOVA indicated that more highly educated participants scored higher on Presence of Meaning in Life. Education was also significantly related to Participatory

Collective Well-Being where less educated people scored higher on Participatory Collective Well-Being.

**Ethnicity.** Range of ethnicity categories were collapsed into four general categories for ease of computation. Ethnicity was found to be significantly related to lifetime immigration stress ( $p=0.005$ ) and immigration stress at work ( $p=0.026$ ) between groups (see Table 8). Equalities of variance were confirmed by the Levene’s Test for homogeneity of variance ( $p=2.457$ ,  $p=0.572$ ). The Asian group scored significantly higher on dimensions of lifetime immigration stress  $F(3, 89)=4.602$ ,  $p=0.005$  and immigration stress at work  $F(3, 89)=3.227$ ,  $p=0.026$ .

**Connection to US culture.** Connection to US culture was significantly correlated with New Possibilities Posttraumatic Growth (see Table 7).

**Lifetime immigration stress.** Lifetime immigration stress was significantly related to religiosity ( $p=0.243$ ).

Table 7

*Pearson R Correlations between Demographic Variables and Well-Being and Meaning Making Measures*

<b>Age</b>	
Posttraumatic Growth (PTG)	-.220*
PTG: Relating to Others	-.241*
PTG: Personal Strengths	-.240*
<b>Religiosity</b>	
Transcendent Well-Being	.508**
Transcendent Meaning-Purpose Well-Being	.227*
Transcendent Spiritual-Religious Well-Being	.597**
Presence of Meaning in Life	.247*
Positive Reappraisal	.368**
PTG: Spiritual Change	.467**

(continued)

<b>Connection to US Culture</b>	
PTG: New Possibilities	-.266*

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

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

Table 8

*One-Way ANOVAs: Demographic Variables and Well-Being and Meaning Making Measures*

<b>Gender</b>	<b>F</b>	<b>Sig.</b>
Transcendent Well-Being	5.458	.022
Transcendent Meaning-Purpose	6.870	.010
Presence of Meaning in Life	7.459	.008
<b>Ethnicity</b>	<b>F</b>	<b>Sig.</b>
Lifetime Immigration Stress	4.602	.005
Immigration Stress at Work	3.227	.026
<b>Financial Status</b>	<b>F</b>	<b>Sig.</b>
Collective Well-Being	3.833	.025
Collective Sociocultural Identity WB	5.688	.005
<b>Education</b>	<b>F</b>	<b>Sig.</b>
Presence of Meaning in Life	9.667	.000
Participatory Collective Well-Being	3.753	.027

**Hypothesis Testing**

Hypotheses were tested using a MANCOVA procedure where any demographics significantly correlated with well-being were included as covariates. If there were no significant correlations then a MANOVA was conducted. Univariate analyses were performed if there was multivariate significance and post-hoc Tukey tests were performed to determine specific group differences where appropriate.

**Collective well-being among first, one-and-a-half, and second generation immigrants.** The first research question hypothesized that there would be differences in collective well-being among first, one-and-a-half, and second-generation immigrants. A MANCOVA was conducted with generation status as the independent variable and the four collective well-being scores as the dependent variables, with financial status as a covariate.

Hypothesis 1a expected that first-generation immigrants would report significantly higher levels of Sociocultural Identity Well-Being. There were no significant differences on this dimension of well-being between first, 1.5, and second-generation immigrants.

Hypothesis 1b expected that first-generation immigrants would report significantly higher levels of Participatory Well-Being. There were no significant differences on this dimension of well-being between first, 1.5, and second-generation immigrants.

Hypothesis 1c expected that first-generation immigrants would report significantly higher levels of Community Connectedness Well-Being. There were no significant differences on this dimension of well-being between first, 1.5, and second-generation immigrants.

Hypothesis 1d expected that first-generation immigrants would report significantly higher levels of National Context Well-Being. This dimension was in violation of homogeneity of variance per the Levene's Test ( $p=0.004$ ). Therefore, the significance criteria for this dimension was adjusted from  $p \leq .05$  to  $p \leq .01$ . Due to this more stringent significance criteria, the mean differences found were no longer considered significant  $F(2, 91)= 3.654, p=0.030$ . Post hoc comparisons using the Tukey test indicate a trend that first and second generation immigrants tend to report higher National Context Well-Being compared to one-and-a-half generation immigrants.

**Transcendent well-being among first, one-and-a-half, and second generation immigrants.** The second research question hypothesized that there would be differences in Transcendent Well-Being among first, one-and-a-half, and second-generation immigrants. A factorial MANCOVA was conducted with generation status as the independent variable, Transcendent Meaning-Purpose Well-Being and Transcendent Spiritual-Religious Well-Being as dependent variables, gender as a second between-groups factor, and religiosity as a covariate.

There was a significance in the interaction between gender, generation status, and Transcendent Meaning-Purpose Well-Being  $F(2,88)=3.869$ ,  $p=.024$ .

Hypothesis 2a expected that first-generation immigrants would report significantly higher levels of Spiritual-Religious Well-Being. There were no significant differences on this dimension of well-being between first, 1.5, and second-generation immigrants.

Hypothesis 2b expected that first-generation immigrants would report significantly higher levels of Meaning-Purpose Well-Being. There were no significant differences on this dimension of well-being between first, 1.5, and second-generation immigrants.

### **Meaning making among first, one-and-a-half, and second generation immigrants.**

The third research question hypothesized about differences in Meaning Making among first, one-and-a-half, and second-generation immigrants. A MANCOVA was conducted with generation status as the independent variable, the three meaning making scores as dependent variables, gender as a between-groups factor, with religiosity and education included as covariates.

Hypothesis 3a expected that first-generation immigrants would report significantly higher levels of Positive Reappraisal. There were no significant differences on this dimension of meaning making between first, 1.5, and second-generation immigrants.

Hypothesis 3b expected that first-generation immigrants would report significantly higher levels of Posttraumatic Growth. This dimension was in violation of homogeneity of variance per the Levene's Test ( $p=0.032$ ). Therefore, the significance criteria for this dimension was adjusted from  $p \leq .05$  to  $p \leq .01$ . Though there were no significant differences on this dimension of meaning making between first, 1.5, and second-generation immigrants  $F(2, 91)=, 2.333$ ,  $p=0.103$ , it should be noted that first generation immigrants scored higher on overall Posttraumatic Growth compared to second generation immigrants and it is approaching a trend.

Though not part of our original hypotheses, we also conducted ANOVAs for each of the five dimensions of post traumatic growth: Relating to Others, New Possibilities, Personal Strengths, Spiritual Change, and Appreciation of Life. The New Possibilities and Personal Strengths dimensions were in violation of homogeneity of variance per the Levene's Test ( $p=0.003$ ,  $p=0.044$ ). Therefore, the significance criteria for these dimensions was adjusted from  $p \leq .05$  to  $p \leq .01$ . A significant difference on generation status was found for the New Possibilities dimension  $F(2, 91)=5.804$ ,  $p=0.004$ . Post hoc comparisons using the Tukey test indicated that there was a significant difference between mean scores between first and second generation immigrants on the dimension of New Possibilities ( $p=0.004$ ). First generation immigrants scored significantly higher on a measure of New Possibilities Posttraumatic Growth compared to second generation immigrants. Though differences on the dimension of Personal Strengths did not retain significance  $F(2, 91)= 2.521$ ,  $p=0.086$ , the approaching trend that first generation immigrants scored higher on measures of Personal Strength compared to second generation immigrants is noteworthy to observe.

Hypothesis 3c expected that first-generation immigrants would report significantly higher levels of Presence of Meaning in Life. There were no significant differences on this dimension of meaning making between first, 1.5, and second-generation immigrants.

As previously mentioned, age was significantly correlated with Relating to Others Posttraumatic Growth, Personal Strengths Posttraumatic Growth, and total Posttraumatic Growth (see Table 7). Univariate Analysis of Variance was conducted and when age was accounted for, there was a trend towards significance  $F(2, 90)=2.935$ ,  $p=0.058$ , where first generation and 1.5 generation immigrants scored higher on posttraumatic growth compared to second generation immigrants.

## Discussion

The purpose of the current study was to explore and gain a better understanding of differences in well-being among first, one-and-a-half, and second generation immigrants. More specifically, this study examined differences in meaning making and collective and transcendent well-being between different generational statuses of immigrants. Given the different stressors and acculturation tasks each generation faces, this study aimed to broaden the scope of current research that often disregards nuances of the immigration experience to contribute to our understanding of generational differences in well-being and meaning making processes. Though most hypotheses were not supported, the exploration of dimensions of collective and transcendent well-being and meaning making processes among immigrants are new areas of research that had 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 counterparts. Additionally, there were 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 ethnic cultures (collective sociocultural identity well-being), engagement in their communities (community participation well-being), or their sense of belonging to their communities (community connectedness well-being). Further, there were no significant differences between first, 1.5, and second-generation immigrants on their sense of spiritual and religious well-being or sense of well-being associated with meaning and purpose. In terms of



meaning making, first, 1.5, and second generation immigrants had comparable use of positive reappraisal in response to adverse events and sense of presence of meaning in life.

Though not significant, there is a trend that those born and raised in the United States and those who immigrated to the United States as adults feel a greater sense of national context well-being, or sense of national pride; whereas those who immigrated (or were likely brought over by parents or other caregivers) as children and had little choice about immigrating, felt less well-being associated with national context. These findings suggest that one-and-a-half generation immigrants have a unique immigration experience in terms of national context well-being. Additionally, it should be noted that first generation immigrants scored higher on overall posttraumatic growth compared to second generation immigrants and it is approaching a trend. Further, when age was accounted for, there was a trend towards significance, where first generation and 1.5 generation immigrants scored higher on posttraumatic growth compared to second generation immigrants. Though not part of our original hypotheses, first generation immigrants scored significantly higher on a measure of new possibilities post traumatic growth compared to second generation immigrants. Though differences on the dimension of personal strengths posttraumatic growth did not reach significance, the approaching trend that first generation immigrants scored higher on measures of personal strength compared to second generation immigrants is important to note. It is noteworthy that, though hypothesized differences were not statistically significant, the trends that emerged are in the direction of the hypothesized outcomes.

### **Highest Rated Well-Being and Meaning Making Dimensions**

With respect to all collective and transcendent well-being dimensions, collective sociocultural identity well-being and transcendent meaning-purpose well-being were the most

highly endorsed. One of the greatest sources of well-being for this sample were rooted in their cultural identities (i.e. having strong connection to one's culture). Previous research has focused on the importance of cultural and ethnic identity as an important source of well-being for immigrant populations (Chae & Foley, 2010; Phinney, Horenczyk, Liebkind, & Vedder, 2001). The other greatest source of well-being for this sample was their sense of transcendent well-being, or meaning, mission, and purpose in life. Though they seem to have a strong sense of meaning and purpose in life, this well-being was not rooted in spiritual-religious beliefs. The importance of meaning making is in line with previous research which has also identified meaning as an important source of coping and well-being in other immigrant samples (Kadianaki, 2013). Further, participants seemed to have a strong sense of their values and live in line with those values given that their highest scores were on meaning-purpose and meaning in life.

The lowest sources of well-being for this sample seemed to be their spiritual religious beliefs and their sense of national pride (national context well-being). National context is the most difficult of the well-being dimensions of the Multidimensional Well-Being Assessment to interpret as item wording is unclear and could be interpreted in different ways by respondents. Nonetheless, the finding that national context well-being was among the lowest sources of well-being may be related to the historical context during which data collection took place. Data was collected from January to April 2017, in the months following a highly contested presidential election and inauguration which was marked by anti-immigrant sentiment. More specifically, the presidential campaign was marked by anti-immigrant rhetoric and promises to "build a wall" along the nation's southern border to limit immigration from Mexico. Subsequent executive

orders during the initial months of the presidency limited travel from several Muslim-majority countries and was characterized as a “Muslim ban.”

This context is important to consider when taking the two least endorsed items assessing national context well-being into consideration: “I felt good about the direction my home country was going in” and “My home country was strong and stable in terms of leadership and political matters.” Though their feelings about the nation and commitment to their nation was rated more highly, the sample rated items about the direction of the nation and the nation’s leadership as least contributing to their well-being. Thus, though they are committed to the nation, there is some worry about the current climate. This makes sense given the sociopolitical climate at the time data for this study was collected. Phinney et al. (2001) argue that ethnic and national identity and their role in well-being of immigrants is the result of an interactional relationship between attitudes and characteristics of immigrants and the responses of the host country. The host country’s hostility towards immigration and immigrant communities directly impacts the well-being of immigrant groups. The current hostile sociopolitical climate in the United States could lead to perceived rejection and immigrants’ decreased sense of national identity well-being.

On the other hand, as previously stated, national context is the most difficult of the well-being dimensions of the Multidimensional Well-Being Assessment to interpret as item wording is unclear and the term “home country” used throughout could be interpreted as either referring to the USA or their country of origin. Thus, if participants were rating these items in terms of their country of origin, responses could reflect dissatisfaction with the direction and nations’ leadership of those countries. This would make sense given that immigrants often leave or are forced to leave their countries of origin due to limited economic, political, or social opportunities

(Dow, 2011; Kia-Keating, 2009). For instance, many of the Iranian Jewish immigrants who participated in the study indicated that they or their parents immigrated to escape a religiously oppressive government or in search of greater educational opportunities.

In terms of sociocultural identity, participants rating feeling proud of their cultural heritage and felt that they and their families were well respected in their cultural communities. In terms of this dimension of well-being, participants were less likely to endorse that they displayed their identification with their culture or that they spent time engaging in activities important to their cultural identity. Though they value their cultural heritage, there was less behavioral display of this identification.

We found that first and second-generation immigrants were more likely to feel valued, respected, and welcomed within their workplaces or schools compared to their neighborhoods or local communities. Perhaps having a sense of purpose within a workplace or school setting allows them to have an explicit basis for connection to others as well as shared goals. Also, given that this was a highly educated sample (majority of the sample have obtained graduate or professional degree), perhaps much of their sense of value is associated with education and profession.

Additionally, it is possible that first and second generation immigrants experience lack of community. This has particularly been a problem in urban areas where people are less likely to interact with their neighbors and other in their communities. Neighborhoods that facilitate close social ties have been linked to better psychological health outcomes for immigrants (Daoud et al., 2016). Close social ties often result in sharing of important information, sharing of resources, and social support, among other factors. Similarly, ethnic composition of neighborhoods also likely has an impact. Furthermore, there are also differences in well-being for immigrants who

are living in ethnic enclaves or neighborhoods more densely populated by others immigrants verses immigrants who are living in predominantly white or other racial/ethnic group communities (Daoud et al., 2016). For instance, Pan and Carpiano (2013) found that suicide rates were lower for immigrants living in areas more densely populated with other immigrants.

In regard to the Posttraumatic Growth Inventory, the mean of the personal strength scale was the highest while the mean of the spiritual change scale was the lowest. This suggests that they associate the process of immigration with building up individual strengths and accomplishments rather than sense of connectedness to the larger universe. This was also reflected in their scores on positive reappraisal, which had more to do with their sense of self rather than religion/spirituality. In general, coping and growth was reflected more in belief in their own values, meaning, and purpose and less in their spirituality, religion, and faith. These findings are somewhat contradictory to previous studies which have described religion and spirituality as important sources of coping in terms of adjustment and well-being for immigrant populations (Agyekum & Newbold, 2016; Conner, 2010; Steffen & Merrill, 2011).

### **Relationship Between Well-Being and Meaning Making**

One finding was that collective well-being was significantly correlated to positive reappraisal, a measure of meaning making coping. Those who had a strong sense of collective well-being, felt secure in their relationship to their communities and cultures and were able to make sense of, garner meaning from, and grow from difficult experiences. An alternative interpretation is perhaps those who have been able to make meaning from their difficult immigration experiences are more likely to be able to adjust to communities and neighborhoods that can, at times, be unwelcoming or challenging in terms of acculturation.

Participatory collective well-being was positively correlated with positive reappraisal, search for meaning in life, and posttraumatic growth, all measures of meaning making which tap into one's perception of personal benefits of overcoming difficult experiences. Thus, those who felt that they grew as a result of difficult experiences were also more likely to engage with and participate in their communities. Those who could find meaning in their difficult experiences and grow from them may be more willing to engage in, participate in, and embrace their communities. A sense of meaning may provide a secure foundation from which to engage with broader society. It is also possible that being more actively engaged in the world around them contributes to an enhanced sense of meaning and purpose.

In their study of activity engagement, generativity, and meaning making, Lawford and Ramey (2015) found that engagement was positively associated with meaning making and that generativity was positively correlated to psychological engagement and predicted meaning making. They conceptualized that engagement and generativity activities are related to the development of meaning making as they provide opportunities for individuals to engage in meaning making of those experiences. There is likely a reciprocal relationship between engagement and generativity and meaning making whereby engagement and generativity activities lead to meaning making which in turn lead to increased engagement and generativity and so on and so forth.

Transcendent well-being was positively correlated with meaning in life. The Transcendent Wellness context measures one's sense of meaning and purpose in life and sense of faith, spirituality, and connection to a higher power. Meaning in Life assesses one's sense of meaning and purpose in life. Since these are such similar concepts, this can be considered evidence of the construct validity of this subscale of the newly developed MWA instrument.

Transcendent well-being was also correlated with positive reappraisal and posttraumatic growth. Thus, those who could garner meaning from and positively change from difficult experiences may be more likely to rate having a sense of meaning and purpose in life. The spiritual religious dimension of transcendent well-being was correlated with presence of meaning in life and positive reappraisal, two measures of meaning making. Those who rated their spiritual and religious well-being as high were able to garner positive meaning and personal growth from difficult situations. Religion has long been thought to be a framework through which meaning making occurs and aspect of religion/spirituality have been shown to be related to both physical and psychological well-being when coping with adverse events (Park, 2005). Mattis (2002) found that in a sample of African American women, religion/spirituality helped them accept reality, gain insight, confront and transcend limitations, recognize their purpose, and achieve personal growth.

### **Well-Being, Meaning Making Variables, and Demographics**

Women scored significantly higher than men on transcendent well-being and presence of meaning in life. Age was significantly correlated to relating to others posttraumatic growth such that those who were older were more likely to say that their relationships benefitted from challenging or difficult experiences. These findings are similar to a meta-analysis which found that that women reported more posttraumatic growth as the mean age of the sample increased (Vishnevsky, Cann, Calhoun, Tedeschi, & Demakis, 2010).

Religiosity was significantly correlated with both dimensions of transcendent well-being (meaning-purpose and spiritual-religious). Those who identified as more religious endorsed greater meaning and purpose in life and connection to a higher power. Religiosity was also significantly correlated with sense of presence of meaning in life and positive reappraisal, or

garnering positive meaning and personal growth from challenging experiences. Furthermore, religiosity was significantly correlated to lifetime immigration stress, but not other immigration stress. Perhaps immigration stress over their lifetime was influenced by experiences of religious persecution which motivated immigration. Thirty-seven percent (37%) of the sample identified as Jewish while 35.1% identified as Iranian, with a large overlapping population of Iranian Jews. As previously noted, many of the Iranian Jewish immigrants who participated in the study described that either they or their parents immigrated to the United States to escape a religiously oppressive government, particularly after the 1979 Iranian Revolution.

Furthermore, there is well-established empirical evidence that government limitations and restrictions of the exercise of religion is on the rise around the globe and that minority religious groups are perceived as a threat to dominant cultures (Bloom, Arikan, & Sommer, 2014; Fox & Akbaba, 2015). Bloom et al. (2014) argue that minority religions are often seen as a threat to the dominant culture and as a nation's level of globalization increases and minority religions are introduced (e.g. through immigration), perceived threat increases. As threat increases, discrimination and restriction on minority group religious expression, therefore, increase as well. Almost half of the sample in this study identified with a minority religion (37% Judaism, 7.4% Islam, 4.3% Buddhism, and 1.1% Hinduism).

In this sample, those with higher financial status reported greater well-being in their sense of connection and pride in their cultural identity (collective wellbeing and sociocultural identity well-being). Those who were more highly educated, on the other hand, endorsed greater levels of presence of meaning in life. Perhaps education is one way that people garner meaning and purpose, which is also likely related to meaning and sense of purpose gained from one's profession. Education was also significantly related to participatory collective well-being where



people that were less educated scored higher amounts of well-being associated with taking action by participating in their communities. Perhaps individuals with less education are more directly impacted by social injustice and are thus more motivated to take action (Sanders & Ramaswami, 2012).

Asian participants scored significantly higher on dimensions of lifetime immigration stress and immigration stress at work. This finding is difficult to interpret and may be related to methodological issues such as sample bias. Literature on Asian Americans, however, indicates that they are at risk for experiencing immigration stress due to the “model minority” stereotype which depicts Asian Americans as intelligent, hardworking, quiet, and academically successful (Kiang, Witkow, & Thompson, 2016; Thompson & Kiang, 2010; Wong & Halgin, 2006;). Though this is often seen as a “positive stereotype,” Asian individuals are often excluded from important resources or supports they are perceived not to need. This stereotype is also associated with other less favorable characteristics such as being socially weak or deferential (Kiang et al., 2016). It has also been found that Asian Americans face discrimination in schools (e.g. lower admissions rates compared to White counterparts) and at work (e.g. underrepresentation in management positions). They are often not promoted because of perceived language deficiency and Asian cultural characteristics such as deference to authority. Furthermore, research suggests that such labeling may be detrimental for Asian Americans as they may feel pressure to live up to unattainable standards. This pressure and fear of failing may negatively impact their performance. In a work setting, Asian Americans exposed to model minority stereotyping may feel like failures when they are unable to meet unrealistic expectations. Superiors and peers may also express disappointment towards them when their expectations are not met.

In a study of Asian nurses working in Australia (Takeno, 2010), difficulty with English was the primary concern for most of the participants of this study and caused them the most distress at work, even for those who had been working in an English-speaking country for many years and had been educated in English. Our finding that Asian participants scored significantly higher on dimensions of lifetime immigration stress and immigration stress at work may be attributed to encounters with model minority stereotypes, discrimination, differences in cultural values, and difficulties with language outlined in previous studies (Kiang et al., 2016; Takeno, 2010; Thompson & Kiang, 2010; Wong & Halgin, 2006).

It is important to note that the those identified as Asian American in the current study were panethnic. Because this study collapsed more specific ethnic identifications into general ethnic groups (i.e. Iranian/Persian/Armenian, Middle Eastern/Arab, Asian, and Latino), those who were included in the Asian category included individuals descendant from various regions in Asia, including Southeast Asia and South Asia. These sample characteristic must be taken into consideration as existing work has tended to focus either on similar panethnic samples or samples that are predominantly East Asian (Kiang et al., 2016). Though the model minority originally referred to those of East Asian descent, other sources discuss South Asians and Southeast Asians as also being subject to model minority stereotyping (Hartlep, 2013) and panethnic samples have similarly been used in research on model minority stereotyping (Kiang et al., 2016).

Connection to U.S. culture was significantly correlated with new possibilities posttraumatic growth. In terms of connection to U.S. culture, those who felt a greater sense of connection also reported a sense of new possibilities (e.g. “I developed new interests,” “I am able to do better things with my life,” “new opportunities are available which wouldn’t have been

otherwise,” “I am more likely to try to change things which need changing”). Those who felt that immigration experiences resulted in greater opportunities felt more connected to the United States and U.S. culture. As previously described, acculturation is a bidirectional process, not simply dependent on immigrant characteristics and attitudes toward the host culture. The host culture’s reaction to, treatment of, and policies toward immigrants impacts acculturation and sense of connection for immigrants (Walters, Phythian, & Anisef, 2007). Policies that facilitate immigrants’ participation in new opportunities result in immigrants who have a strong sense of national identity and who feel rooted in and connected to that new culture. Economic success has been linked to cultural integration for immigrants (Walters et al., 2007). Economic participation (e.g. employment, education) is a precursor to national identity and cultural integration and are related to national identity. Education and employment in the host culture can also facilitate opportunities for immigrants to interact with natives and these social ties can result in a greater sense of connection to the host culture (De Vroome, Coenders, Van Tubergen, & Verkuyten, 2011). Availability of opportunities not only facilitates sense of connection and national identity, but also facilitates meaning making in terms of posttraumatic growth.

### **Limitations and Future Directions**

There are several limitations of the current study that must be considered. First, the study was inclusive of various racial/ethnic groups rather than a singular focus on a particular group. This is a limitation as it is not possible to account for specific cultural considerations such as language, cultural strengths, historical context, or unique social or cultural challenges faced by particular ethnic groups. The choice to focus on multiple ethnic groups rather than a single group was made intentionally as the focus was explicitly on generational status as the primary independent variable. An additional limitation was that ethnic groups were collapsed into four

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. 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.

Moreover, due to the nature of the English language measures employed, the study was limited to English-literate participants. Thus, our 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. 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 area of limitation involves characteristics of the sample. For instance, there was a disproportionate number of females to males in the sample. The sample size was an additional limitation as only 10 of the 94 participants identified as first generation immigrants. Additionally, as a convenience method of sampling was employed for ease of data collection and due to the researcher's professional and social networks, there was a large representation of Iranian and Jewish participants. Further, there is a disproportionate number of 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). Therefore, the skewed characteristics of this sample does not

represent the larger population of immigrants and may have masked generational differences in well-being. Perhaps those who are able to achieve economically and educationally have more favorable views of their immigration experiences.

A further limitation of the study is the lack of contextual factors considered. For instance, the impact of multiple immigration experiences on well-being and meaning making were not assessed. Also, this study did not consider length of residence in the United States, an important contextual factor to consider as meaning making is a reflective process that happens over time (McElheran et al., 2012). 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, data was collected during the first few months of highly controversial presidential inauguration marked by anti-immigrant sentiment which may have contributed to selection bias as many immigrant groups may have been weary of participating in research which asked them to identify their status as immigrants.

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. Additionally, a more diverse sample in terms of ethnicity, gender, education, socioeconomic status, and English language fluency, would also be important to confirm or challenge the current findings and allow for more expanded analyses.

### **Implications for Theory and Practice**

This study has broadened the scope of current research by emphasizing the importance of generational status on the immigration experience and contributing to understanding of collective and transcendent well-being and meaning-making for immigrants. First, one-and-a-half, and second-generation immigrants were found to have similar levels of collective and transcendent well-being despite their unique immigration-related experiences, challenges, and tasks. These findings suggest that though the second-generation often may have more social capital, their experiences should not be disregarded as commiserate to that of other native-born Americans, but may be more similar to that of first-generation immigrants. Furthermore, first-generation immigrants may not be as at-risk as some literature might suggest, as their well-being in these areas are commensurate to those of native-born second-generation individuals who did not face pre-migration, migration, and post-migration stressors typical of the first-generation immigration experience.

The trend that first and second generation immigrants scored similarly on their sense of national belonging compared to 1.5 generation immigrants supports previous research and theory that has characterized the 1.5 generation experience as markedly different from either the first or second generation experience. Our findings imply that 1.5 generation immigrants, those who

immigrated as children, may feel less of a sense of national pride compared to their first or second generation counterparts. Their immigration experience may have less meaning for them as they are not native-born and yet they did not make the decision to immigrate. Understanding the context of their immigration experience and their level of input in the decision-making process is important to assess. Intervention might include guiding one-and-a-half generation immigrants to making meaning of their immigration experience and helping them understanding their bicultural identity, gaining bicultural competence, and building up social support.

The trend that first generation immigrants scored higher on one of the measures of meaning-making (post-traumatic growth) supports the immigrant paradox in terms of meaning making. This finding implies that the first-generation immigration experience can be conceptualized as a source of strength as it facilitates some aspects of meaning making and that some aspects of meaning making are lost by the second generation. In terms of practice, clinicians should employ making meaning strategies with first-generation immigrants and explore ways they have grown from immigration-related experience.

The finding that first generation immigrants scored significantly higher on their sense that they had grown as a result of access to new possibilities and the trend that first generation immigrants scored higher on their sense of meaning making in terms of growth in personal strengths also supports the immigrant paradox in terms of personal growth and meaning making. Areas of new possibilities and personal strengths may be important areas of exploration in terms of instillation of hope, creation of goals, and making meaning of difficult immigration experiences for first-generation immigrants presenting in therapy.

One of the greatest sources of well-being was rooted in the sample's sense of cultural identity as there was a great sense of pride in their cultural heritage. This finding has also been

seen in previous research that has emphasized the importance of cultural and ethnic identity for immigrant populations (Chae & Foley, 2010; Phinney et al., 2001). In terms of practice, ethnic identity is important to include in conceptualization, treatment planning, and intervention for members of first and second-generation immigrant groups. These findings also support integrating other aspects of immigration and multiculturalism into the practice of psychotherapy, including acculturation, biculturation, and generational status, and assessing how these constructs can be harnessed as a source of well-being and pride in strengths-based interventions.

The other greatest source of well-being for this sample was their sense of transcendent well-being, or meaning, mission, and purpose in life. The importance of meaning making is in line with previous research which has also identified meaning as an important source of coping and well-being in other immigrant samples (Kadianaki, 2013). This supports the use of interventions that focus on development of meaning-making in psychotherapy with immigrant populations. As their sense of national pride was their lowest sources of well-being, it is important to address the sociopolitical climate of both the U.S. and the country of their heritage culture and how it is contributing or detracting from well-being. There is some evidence that attitudes that support new social opportunities for immigrants are important in facilitating wellness and sense of connection to the United States. Findings also suggest that helping first, one-and-a-half and second generation immigrants find ways to participate in their communities may increase their sense of meaning making and posttraumatic growth. These issues should be taken into consideration when formulating policies relevant to immigration and immigrant communities.

It is also important to note that stress may be experienced differently with respect to individuals from different cultures. This study's finding that Asian Americans, including South



and Southeast Asian Americans, may experience more stress related to immigration indicates the need for more research on the nature of acculturative stress in different groups. A potential implication for intervention is that exploration of experiences with stereotyping may facilitate discussion around acculturative stress in therapy.

In conclusion, the findings of the current study demonstrate the importance of research aimed at understanding generational status, meaning making, and well-being in relationship to immigration experience. Remaining questions include the following:

1. How do the unique challenges of each immigrant generation affect an individual's ability to make meaning of the immigration experience and garner a healthy sense of well-being?
2. Are challenges inherent to one generation more amenable to meaning making than the challenges of other generations?
3. What gets lost for the second generation in terms of sense of purpose and meaning making?
4. Under what conditions do the challenges of the first-hand immigration experience result in increased sense of meaning, purpose, and growth?

The immigrant experience is complex and overall research has been rich in findings. The field of psychology would benefit from further research exploring immigration experiences of meaning making and well-being across generations.

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## APPENDIX A

### Summary Table of Selected Literature

## APPENDIX A

### Summary Table of Selected Literature

Authors	Year	Title	Topic/Area	Focus (Variables, Keywords, Population, etc.)	Source (Article, Chapter, Book, Presentation, etc.)	Type (Conceptual, Review, Empirical, Biography, etc.)	Key Points/Summary
Peña et al.	2008	Immigration Generation Status and its Association with Suicide Attempts, Substance Use, and Depressive Symptoms among Latino Adolescents in the USA	Immigrant generational differences	Relationship between suicide attempts, substance use, depressive symptoms, and immigrant generation.	Article	Empirical study based on Latino sample of National Longitudinal Study of Adolescent Health	Authors found that immigrant generation status determined likelihood of suicide attempts, alcohol use, marijuana use, and other drug use for Latino adolescents. Second generation immigrants (US born) were more likely to attempt suicide, engage in excessive alcohol, marijuana, and other drug use than first-generation immigrant youth born in a foreign country.
Kia-Keating	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. Author emphasizes 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, by definition, refugees leave their countries of origin due to persecution or fears of persecution. During the migration phase, refugees often live in refugee 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, discrimination, acculturative stress, among other things. Overall, each phase can lead to stressful experiences and increased risk for mental health problems.
United States Department of Homeland Security	2016	2015 yearbook of immigration statistics	Immigration statistics	Provides overview of immigration U.S. statistics from 2015.		Informational, government published statistics	Provides overview of immigration U.S. statistics from 2015, including numbers of individuals granted legal permanent residence (1,051,031), number of naturalized citizens for 2015 (730, 259) and their countries of origin. The top five countries of birth being Mexico, India, Philippines, China, and Dominican Republic.



Massey	2010	Immigration statistics for the 21 <sup>st</sup> century	Immigration statistics	Provides overview of limitations of statistics on immigration.	Article	Conceptual, Review	<p>Author states that immigration is one of the main sources of population growth in the U.S. Author discusses the difficulty of statistically calculating net migration due to current census lacking appropriate questions to capture the data. Since 1970, census dropped questions regarding parental birthplace and, therefore, second-generation immigrants can no longer be identified through census data. The author argues for the inclusion of questions about parent birthplace on the census and a regular survey of randomly selected immigrants to better capture data regarding immigration. The article states that 38 million people (13%) make up the foreign-born population in the U.S.. First and second generation immigrants account for 1/3 of the U.S. population. Statistics on the undocumented population is also limited. Additionally, the author provides a history of authorized and unauthorized immigration from Mexico.</p>
Suarez-Orozco	2015	Migration between and within countries: Implications for families & acculturation (Chapter from <i>The oxford handbook of human development and culture: An interdisciplinary perspective</i> )	Immigration and acculturation	Author focuses on the implications of "transnational" families on parenting and the development of children.	Book chapter	Review	<p>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 cost of migration to children. The author argues that immigration changes the dynamics of families. The author emphasizes that 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. For example, if parents immigrate and children are left to be raised by extended family members such as grandparents, aunts, or uncles. There is also the risk of separation by deportation of undocumented family members, including their citizen children behind. Immigration is often motivated by the well-being of family, but has unintended consequences of separating family and upsetting traditional family dynamics, including disruption in attachment for children.</p>

Rumbaut	1994	The Crucible Within: Ethnic Identity, Self-Esteem, and Segmented Assimilation among Children of Immigrants	Immigration; ethnic identity development	Author discussed factors that influence ethnic identity development among first and second generation immigrants.	Article	Empirical. Review of background	Author described historical background of immigration, made up of Europeans who largely absorbed into mainstream culture into the second and subsequent generations as opposed to more recent migration that is more diverse in terms of race, ethnicity, SES, and nationality. In his study, author found that gender was a predictor of ethnic identity as girls were more likely to choose hyphenated identities and boys were more likely to identify either with American or national origin identity. Also, girls were more likely to report low self-esteem, depression, and parent-child conflict. Author also found that those who encountered more discrimination were less likely to identify as "American" and more likely to identify with their national origin.
Suárez-Orozco & Cartill	2008	Afterword: New Directions in Research With Immigrant Families and Their Children	Immigrant Paradox	Author argues for 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	Authors argue that immigrant families are often pathologized in the literature and that social scientists often search for stress and negative outcomes associated with immigration when this is not supported by empirical research findings, citing the "immigrant paradox" found in many studies. They also state that generational and ethnic differences among immigrant groups are often ignored in research. Additionally, they write about how immigrants are often stereotyped in the literature as either "problem" or "model" minorities and that various complex factors such as race, gender, documentation status, and language are not adequately taken into consideration. For instance, researchers often lump immigrants into "pan-ethnic categories" such as Latino and Asian, when in reality there is a lot of cultural diversity within these pan-ethnic groups.
Aboguendia & Noels	2001	General and acculturation-related daily hassles and psychological adjustment in first- and second-generation South Asian immigrants to Canada	Immigrant Paradox	Differences in daily stressors faced by first and second generation immigrants.	Article	Empirical	Researchers examined the differences in generation and acculturation-related daily hassles (e.g. family conflict, conflict with members of ethnic in-group and outgroup) of 74 first and second generation South Asian immigrants to Canada. Significant differences were found between the two generational cohorts. First, second generation immigrants reported more conflict within their ethnic in-groups and marginally lower self-esteem compared to first generation immigrants. Additionally, first generation immigrants who experienced more in-group conflict reported greater depression while second generation immigrants who experienced more in-group conflict had lower self-esteem and more outgroup conflict for second generation immigrants reported greater depressive symptoms.

Harker	2001	Immigrant Generation, Assimilation, and Adolescent Psychological Well-Being	Immigrant Paradox	Authors examine the relationship between immigrant generations status and psychological well-being in a sample of adolescents.	Article	Empirical	Findings revealed that first generation immigrants reported significantly less depression and significantly greater well-being compared to a comparable group of native-born second generation immigrants. Researchers found that psychological well-being of second-generation immigrants is similar to other native-born adolescents. Author identified parental supervision, decreased parent-child conflict, religiosity, and increased social support as protective factors for first-generation immigrants. Author states that public health research has found that Latino immigrants who arrived more recently have better health outcomes compared to those Latino immigrants who have been in the U.S. for longer. Author shares that this finding has been termed the "immigrant paradox" because those who have arrived more recently are ostensibly more impacted by acculturative stress. The author examines the concepts of acculturation and acculturative stress and how these two constructs have been applied in the literature. After reviewing the literature, the author argued that Latino immigrants are impacted by acculturative stress and that the type of stress they face varies by ethnicity. New immigrant were more likely to cite separation from family and lack of community as their primary sources of acculturative stress. The author also wrote about experiences of discrimination as another important source of acculturative stress.
Caplan	2007	Latinos, Acculturation, and Acculturative Stress: A Dimensional Concept Analysis	Immigrant Paradox	Impact of acculturative stress on health outcomes.	Article	Conceptual	Researchers examined health behaviors in a sample of Latinos and a sample of non-Latino whites. Compared to non-Latino whites, Latinos were less likely to smoke and drink alcohol; however, Latinos were less likely to exercise and had significantly higher body mass index. They found that increased acculturation was associated with less healthy behaviors such as increased alcohol use, smoking, and higher body mass index. They found, however, that increased acculturation was positively related to increased exercise.
Abraído-Lanza, Chao, Flórez	2005	Do healthy behaviors decline with greater acculturation?: Implications for the Latino mortality paradox	Immigrant Paradox	Relationship between acculturation and health for Latinos.	Article	Empirical	First generation immigrant Latino adolescents reported significantly lower risky sexual behavior compared to second and third generation counterparts. Additionally, gender was found to be a predictor of engaging in risky sexual behavior for Latina females as authors found that females had an increasingly greater likelihood of engaging in these behaviors over time.
Guarini, Marks, Patton, & Coll	2011	The Immigrant Paradox in Sexual Risk Behavior Among Latino Adolescents: Impact of Immigrant Generation and Gender	Immigrant Paradox	Relationship between generation status and risky sexual behaviors among Latino adolescents.	Article	Empirical	

Katsifias, Suárez-Orozco, Sinn, & Gupta	2013	Mediators of the Relationship Between Acculturative Stress and Internalization Symptoms for Immigrant Youth	Immigrant Paradox	Generational differences on acculturative stress and anxiety and depression among first and second generation immigrants.	Article	Empirical	Researchers found that first generation immigrants reported significantly higher levels of acculturative stress, anxiety, and depression compared to their second generation counterparts. They also found that perceived emotional, academic, and social support mediated the relationship between acculturative stress and symptoms of depression and anxiety for first generation immigrants but not for second generation immigrants.
Greenman	2013	Educational attitudes, school peer context, and the "immigrant paradox" in education	Immigrant Paradox	Examines the relationship between generational status, educational attitudes and behaviors, and the impact of school context (i.e. negative attitudes of native peers).	Article	Empirical	Authors found that attitudes and behaviors associated with educational success decline across immigrant generations. In other words, first generation immigrants have significantly more positive attitudes about school and put more effort into their education. They found what they termed an "immigrant advantage" where immigrants were more likely to have higher GPAs, take math and sciences courses, and enroll in college. They also explored the impact of school context and attitudes of peers and found that first generation immigrants were less likely to be impacted by negative attitudes of peers compared to US born peers.
Lau et al.	2013	The Immigrant Paradox Among Asian American Women: Are Disparities in the Burden of Depression and Anxiety Paradoxical or Explicable?	Immigrant Paradox	Differences in anxiety and depression among immigrant and US born Asian American Women.	Article	Empirical	Researchers found that US-born Asian American women had significantly higher levels of anxiety and depression diagnoses though they also had significantly higher levels of social mobility and family support, which are typically protective factors. In terms of risk factors, US-born Asian American women reported significantly more experiences of discrimination and family conflict. Authors argued that US-born Asian American women had significantly more depression and anxiety diagnoses because of increased stress due to family conflict and experiences of discrimination.
Vaughn, Salas-Wright, DeLisi, & Maynard	2014	The immigrant paradox: immigrants are less antisocial than native-born Americans	Immigrant Paradox	Immigrants from Asia, Africa, Europe and Africa compared to US-born Americans on violent and nonviolent antisocial behaviors.	Article	Empirical	Authors argue that this study contradicts popular depictions of immigrants as antisocial criminals. Findings suggest that immigrants are less likely to be antisocial compared to US-born Americans. Additionally, immigrants across cultures of origin were significantly less likely to engage in violent or antisocial behavior compared to US-born Americans, despite significantly more risk factors (poverty, less education, residence in urban areas).

Marks, Ejesi, & Coll	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	Authors attempt to explain the immigrant paradox, the finding that after controlling for variables (e.g. low income, parent education) first generation children and adolescent immigrants show more positive outcomes compared to children who have lived in the US longer or who are US born, which is in direct opposition to early assimilation models of acculturation. One explanation posed for educational disparities is the cultural integration hypothesis which posits that first generation immigrants self select and those who are interested in educational opportunities are more likely to immigrate. They explain that 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 generation immigrants; fewer sexual partners among first generation immigrants, importance of cultural practices for first generation immigrants). They argue that it is important to examine both protective and risk factors. They propose that future work should employ complex moderator-educational outcomes are impacted by generational status, but that these effects differ based on race/ethnicity. No differences found between first and second generation youth, but these two groups significantly outperformed third generation (and beyond) immigrant youth.
Kao & Tienda	1995	Optimism and Achievement: The Educational Performance of Immigrant Youth	Immigrant Paradox	Article explores the relationship between immigrant youth, generation status, and educational outcomes.	Article	Empirical	Author encourages mental health practitioners to conduct a thorough assessment of the stressors immigrant clients/patients may have faced. First, author distinguishes between immigrants and refugees and frames refugee experience as "forced immigration" and discusses the increased potential stress of undocumented (vs. documented) immigrants. Potential stressors to assess for include separation from country (voluntary vs. involuntary), separation from family, different types of losses, use of torture, rape, witnessing killing, culture shock, change in social, economic, and occupational status, and changes in family structure. Other areas of assessment include, premigration and migration history, postmigration losses, psychological distress, loss of family and community, financial and status changes, knowledge of host language and culture, change in family dynamics, attitudes of host country and receiving community, and experiences of discrimination/stereotyping.
Dow	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	



Zhou	1997	Growing Up American: The Challenge Confronting Immigrant Children and Children of Immigrants	Immigration	Review of literature and theories of immigrants and children of immigrants.	Article	Review	Review of the literature, including how initially views on assimilation have changed and the observation of "anomalies," or observation of second generation decline that were in stark contrast to earlier assimilation theories. Zhou also speaks to shifting views about culture of origin and how these cultural factor could actually serve immigrants. The author also describes the pluralistic perspective, the idea that the US is made up of many distinct ethnic groups among the white dominant majority 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. Author discusses differences between second generation immigrants of the past and contemporary second generation immigrants. Contemporary second generation immigrants are emerging decades after the 1965 Hart-Cellar Act which brought a new (more colorful) wave of immigration to the United States. This generation of immigrants is markedly different from prior immigration that was largely from Europe. Recent immigrants are visibly identifiable and different from the largely white dominant society that has a deep rooted history of racism.
Perlmann & Waldinger	1997	Second Generation Decline? Children of Immigrants, Past and Present-- A Reconsideration	Immigration, generational issues	Difference between historic second generation immigrants and contemporary second generation immigrants.	Article	Conceptual	Author defines the terms "first" and "second" generation immigrants and discusses the utility of their use in empirical research. Author also discusses the problems with including those who immigrated as children as members of the "second" generation. According to the author, there is a lack of consensus regarding the definitions of first and second generation immigrants. Author considers ages at immigration and stage of development at immigration as important factors to consider. At its conclusion, author argues for more precise definitions in the empirical literature.
Rumbaut	2004	Ages, Life Stages, and Generational Cohorts: Decomposing the Immigrant First and Second Generations in the United States	Immigration, generational issues	Defining first and second generation immigrants.	Article	Review, Conceptual	Authors argue for a reconceptualization of acculturation that consists of a multidimensional view that takes confluence of native culture and dominant culture, values, and identity into consideration. Authors argue that unidimensional and even dimensional models of acculturation are outdated. They argue for models of acculturation that take migration type (immigrants, refugees, asylum seekers), ethnicity, and cultural similarity to dominant society into consideration. They also discuss the importance of age at immigration, language, and context of reception of host culture/community, among other factors.
Shwartz, Unger, Zamboanga, & Szapcznik	2010	Rethinking the Concept of Acculturation: Implications for Theory and Research	Generational issues, Immigration	Argument for multidimensional reconceptualization of acculturation.	Article	Conceptual	

Gordon	1964	Assimilation in American Life	Acculturation	Conceptualization of Assimilation to the United States.	Book	Conceptual, Review	This reference gives historical context into prior conceptualizations of acculturation. This author primarily conceptualizes acculturation as a unidimensional process in which immigrants assimilate into US society over time.
Berry	1997	Immigration, Acculturation, and Adaptation	Acculturation	Defining acculturation and acculturation strategies	Article	Conceptual	Author defines and outlines acculturation and different acculturation strategies per conceptualization based on cultural maintenance, on the one hand, and contact and participation with the host culture, on the other. These strategies are: assimilation, separation, integration, and marginalization.
Berry	2001	A Psychology of Immigration	Acculturation	Assimilation as a reciprocal process.	Article	Conceptual	Author describes importance of taking contextual factors (i.e. attitudes and behaviors of receiving societies) into account as assimilation is a reciprocal process. Thus acculturation strategies are not only based on immigrant cultures or individual attitudes but is a reciprocal process that must also take attitudes of receiving society into account.
Chirkov	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	Among several points, author argues that current research on acculturation is flawed as it does not take unique cultural and ethnic characteristics of distinct immigrant groups and distinct host nations into consideration. Author suggests concentrating on descriptive studies in order to understand the dynamics of acculturation of different immigrant groups. Additionally, author argues for more diversity in terms of research methodology as current research is almost exclusively quantitative.
Wang, Schwartz, & Zamboanga	2010	Acculturative Stress Among Cuban American College Students: Exploring the Mediating Pathways Between Acculturation and Psychosocial Functioning	Acculturation	Relationship between acculturative stress, orientation toward heritage and American cultures, and self-esteem.	Article	Empirical	Researchers found that American cultural orientation, Hispanic cultural orientation, and ethnic identity were all associated with self-esteem in a sample of Cuban Americans. Those individuals who rated Hispanic culture as important to them reported higher self-esteem. Being highly oriented to Hispanic culture appeared to decrease pressure to speak Spanish and pressure not to assimilate. Those with less pressure experienced less symptoms of depression and anxiety. These findings support the retention of heritage culture and ethnic identity. Additionally, researchers also found that among individuals who were oriented toward American culture, they experienced lower pressure to assimilate and therefore also experience higher levels of self-esteem.

Lueck & Wilson	2010	Acculturative Stress in Asian Immigrants: The Impact of Social and Linguistic Factors	Acculturation	Relationship between English and native language proficiency, discrimination, family cohesion, migration context, and acculturative stress.	Article	Empirical	Based on a sample of 2095 Asian immigrants and Asian Americans, researchers 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 were predictive of high acculturative stress. Author claims that those who employ the integration strategy experience least amounts of acculturative stress and are better adapted than those who pursue the marginalization strategy and those who employ the assimilation and separation strategies intermediate levels of stress and adaptation.
Berry	2005	Acculturation: Living Successfully in Two Cultures	Acculturation	Review of acculturation literature, including acculturation strategies and acculturative stress.	Article	Review	This article reviews and summarizes current literature on coping, acculturation, and psychological/mental health outcomes. Coping is discussed in terms of the model put forth by Lazarus and Folkman. The author also presents four primary models of stress, coping, and acculturation. The first model is the multivariate stress-mitigation-outcome model for Mexican Americans by Cervantes and Castro: the model poses that cultural adaptation is based on the intersection of potential stressors, appraisals of those stressors, external mediators, internal mediators, and coping responses. The second model is the acculturation strategies framework put forth by Berry. This model postulates that there are four acculturation strategies, assimilation, separation, marginalization, and integration. The next model is the resilience-based stress-appraisal-coping model by Castro and Murray. This model emphasizes resilience and conceptualizes acculturative stress and coping in a "longitudinal, temporal, and developmental framework." The last model is the International study of immigrant youth. Found that integration is the most adaptive acculturation strategy. Implications indicate that immigrant youth should be encouraged to retain cultural/ethnic identity, but also establish ties with the host society.
Kuo	2014	Coping, Acculturation, and Psychological Adaptation Among Migrants: A Theoretical and Empirical Review and Synthesis of the Literature	Acculturation	Review of literature regarding coping, acculturation, and psychological and mental health of migrants.	Article	Review	Section V specifically includes chapters on Acculturation. Chapter 28 discusses theories, measurements, and research regarding acculturation and the evolution of our understanding of evolution from a unidimensional, to a dimensional, to multidimensional understanding. Chapter 29 specifically discusses how acculturation can be incorporated into clinical/counseling practice.
Berry, Phinney, Sam, & Vedder	2006	Immigrant youth: acculturation, identity, and adaptation	Acculturation	Acculturation and adaptation for immigrant youth.	Article	Empirical	
Ponterotto, Casas, Suzuki, & Alexander	2010	Handbook of Multicultural Counseling	Acculturation	Overview of theories, measurement, and research on acculturation.	Book	Review	



<p>Kitayama &amp; Cohen</p>	<p>2007</p>	<p>Handbook of Cultural Psychology</p>	<p>Acculturation</p>	<p>Navigating multicultural identities.</p>	<p>Book</p>	<p>Review</p>	<p>Chapter 13 specifically discusses multicultural identities and includes a conversation about acculturation. An important point that the author makes is that acculturation is multidimensional and those with multicultural identities can navigate those identities using a variety of strategies, including integration, alternational, or synergy. Individuals can strategically use these strategies in difference contexts to adapt to changing environments. Integration is the blending of identities into one coherent identity. Alternation is the 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.</p>
<p>Bourhis, Moise, Perreault, &amp; Senecal</p>	<p>1997</p>	<p>Towards an Interactive Acculturation Model: A Social Psychological Approach</p>	<p>Acculturation</p>	<p>Acculturation strategies of host communities.</p>	<p>Article</p>	<p>Conceptual</p>	<p>Authors propose the Interactive Acculturation Model (IAM). They propose that current models of acculturation do not adequately describe the interactive relationship between immigrants and their host communities. According to the IAM, both immigrant groups and host communities adopt acculturation orientations (not just immigrant groups). The host community's orientation is based on both their beliefs that immigrants should or should not maintain their own cultural and beliefs that immigrants should or should not adopt the culture of the host community. These dimensions result in the following acculturation strategies for host communities: integration (value and accept that immigrants both maintain their own culture and adopt host culture), assimilation (expectation that immigrants should adopt the host culture and relinquish heir cultures of origin), segregation (accept that immigrants maintain their own culture but prefer they stay separate from/not adopt the host culture), exclusion (intolerant of the maintenance of immigrant culture but also review existing acculturation models and then propose the Relative Acculturation Extended Model (RAEM). RAEM proposes that differing acculturation strategies are used depending on "acculturation domains" (e.g. political and government system, labor/work, economic, family, social, ideology/religion/customs, and ways of thinking/principles/values). This model also differentiates between ideal or preferred practices vs. real acculturation strategies that are actually used and practiced.</p>
<p>Navas, Garcia, Sanchez, Rojas, &amp; Pumares</p>	<p>2005, 2007</p>	<p>Relative Acculturation Extended Model (RAEM): New Contributions with Regard to the Study of Acculturation</p>	<p>Acculturation</p>	<p>Use of differing acculturation strategies based on domain.</p>	<p>Article</p>	<p>Conceptual</p>	<p>Review existing acculturation models and then propose the Relative Acculturation Extended Model (RAEM). RAEM proposes that differing acculturation strategies are used depending on "acculturation domains" (e.g. political and government system, labor/work, economic, family, social, ideology/religion/customs, and ways of thinking/principles/values). This model also differentiates between ideal or preferred practices vs. real acculturation strategies that are actually used and practiced.</p>

Navas, Rojas, Garcia, & Pumares	2007	Acculturation Strategies and Attitudes According to the Relative Acculturation Extended Model (RAEM): The Perspectives of Natives Versus Immigrants	Acculturation	Differences in acculturation strategies per domain preferred by immigrants versus members of dominant culture.	Article	Empirical	Examined preferred acculturation strategies among African immigrants to Spain and individuals of the Spanish "host" culture. Found that both immigrants and natives preferred assimilation strategy in the work and economic domains and integration in the social domain; however, they differ in family, religious and ways of thinking domains as immigrants preferred separation strategy whereas natives preferred the assimilation strategy.
Arends-Toth & Van De Vijver	2007	Acculturation Attitudes: A Comparison of Measurement Methods	Acculturation	Differences in acculturation in public and private domains for Turkish immigrants in the Netherlands.	Article	Empirical	Examined differences in acculturation strategies of Turkish immigrants in the Netherlands in public versus private domains. They found that Turkish culture was favored in private domains while both cultures were valued in public domains.
Ali	2008	Understanding Acculturation Among Second-Generation South Asian Muslims in the United States	Acculturation	Individuals can become more or less acculturated over time.	Article	Empirical, qualitative, ethnographic study	Author examines acculturation of second-generation South Asian Muslims. He argues that, though acculturation is generally conceptualized as a process in which individuals or groups become more acculturated over time, acculturation is actually a dynamic process and is dependent on an individual's peer group. The author argues that sometimes people can become less acculturated, or "de-aculturated" based on the peer group they associate themselves with. Author differentiates between acculturationists, partial acculturationists, and de-acculturationists.
Alegria	2009	The challenge of acculturation measures: What are we missing? A commentary on Thomson & Hoffman-Goetz	Acculturation	Measurement of acculturation.	Article	Conceptual	Current measurements of acculturation are based on simple proxy measures (e.g. language, length of time in US, generational status). Author encourages the development of measures that capture the complexity of acculturation.
Thomas & Hoffman-Goetz	2009	Defining and Measuring Acculturation: A Systematic Review of Public Health Studies with Hispanic Populations in the United States	Acculturation	Measurement of acculturation.	Article	Review	Measurement of acculturation is varied and not based in theory.

<p>LaFramboise, Coleman, &amp; Gerton</p>	<p>1993</p>	<p>Psychological Impact of Biculturalism: Evidence and Theory</p>	<p>Biculturalism</p>	<p>Developing bicultural competence.</p>	<p>Article</p>	<p>Review, Conceptual</p>	<p>Review of the literature on the psychological impact of being bicultural. Being a member and an alien of two cultures. Assumption is that living between two cultures is undesirable because it creates identity confusion and psychological discomfort. Also literature on the positive aspects, including shared condition with others of the same background, membership in that group. Authors argue that psychological health is maintained by having active relationships between both cultures. By having relationships with both cultures, an individual may obtain competency in both cultures. Psychological health is being able to be competent in both cultures.</p>
<p>Schwartz &amp; Unger</p>	<p>2010</p>	<p>Biculturalism and Context: What is Biculturalism, and When is it Adaptive?</p>	<p>Biculturalism</p>	<p>Exploring meaning of biculturalism and when it is most adaptive.</p>	<p>Article</p>	<p>Review, Conceptual</p>	<p>Authors define biculturalism as "comfort and proficiency with both one's heritage culture and the culture of the country or region in which one has settled." In addition to behavioral manifestations of culture, their definition also includes cultural practices, values, and cultural identifications. They argue that biculturalism is generally adaptive (cite a study that says that bicultural have advanced reasoning skills because they can see multiple sides of an argument) but most adaptive in bicultural environments (e.g. large cities with immigrant communities). They state that biculturalism is less adaptive in monocultural regions (e.g. American Midwest). Additionally, adaptivity of biculturalism is also dependent on historical contexts and sociopolitical climate.</p>

Padilla	2006	Bicultural Social Development	Biculturation	Review of literature on biculturalism for Mexican heritage immigrants, second generation immigrants, third and later generation ethnics, and mixed ethnic/racial children.	Article	Review  Despite early conceptualizations about bicultural people, it is possible to be competent in two cultures. People exposed to two cultures are not necessarily pathological, though sometimes there is difficulty in adjustment. According to the Park-Stonequist model, the "marginal man" feels isolated from both cultures and suffers from mental health problems as a result. "Biculturalisms" see a more positive outcome of bicultural people. Someone who is bicultural competent can equally participate in both cultures or conflicts arise, interventions should affirm the bicultural background of the bicultural person rather than pathologize as irreparable. Identity development can be confusing for bicultural especially when they are given conflicting messages in different social contexts (e.g. home vs. school). In terms of those who immigrate at children or adolescents, age at immigration is important because by a certain age they have usually already been socialized to the culture of Perceived difference between heritage culture and host culture predicted lower levels of identification with both cultures for second-generation Asian Canadians. The more an individual perceives that their heritage culture is different from Canadian culture, the less likable International students from Europe reported less acculturative stress compared to those from Asia, Central and Latin America, and Africa. Those with greater English language fluency reported less acculturative stress. Further, social support and feelings of connection also predicted acculturative stress.
Stroink & Lalonde	2009	Bicultural Identity Conflict in Second-Generation Asian Canadians	Biculturation	Predictors of conflict for bicultural identities.	Article	Empirical  and host culture predicted lower levels of identification with both cultures for second-generation Asian Canadians. The more an individual perceives that their heritage culture is different from Canadian culture, the less likable International students from Europe reported less acculturative stress compared to those from Asia, Central and Latin America, and Africa. Those with greater English language fluency reported less acculturative stress. Further, social support and feelings of connection also predicted acculturative stress.
Yeh & Inose	2003	International Students' Reported English Fluency, Social Support Satisfaction, and Social Connectedness as Predictors of Acculturative Stress	Acculturation	Predictors of acculturative stress for international students.	Article	Empirical  The ability to create meaning from senseless or uncontrollable events has been related to positive outcomes. This process is a cognitive one that entails creating a coherent narrative that makes sense of a difficult experience. Meaning making is often operationalized as posttraumatic growth. Posttraumatic growth is the ability to link traumatic events to positive outcomes. Authors conclude that meaning making is multifaceted and is the result of multiple independent constructs.
Waters, Shallcross, & Fivush	2013	The Many Facets of Meaning Making: Comparing Multiple Measures of Meaning Making and Their Relations to Psychological Distress	Meaning Making	Meaning making as a multifaceted, multi-component construct.	Article	Empirical  The ability to create meaning from senseless or uncontrollable events has been related to positive outcomes. This process is a cognitive one that entails creating a coherent narrative that makes sense of a difficult experience. Meaning making is often operationalized as posttraumatic growth. Posttraumatic growth is the ability to link traumatic events to positive outcomes. Authors conclude that meaning making is multifaceted and is the result of multiple independent constructs.

Bonanno	2013	Meaning Making, Adversity, and Regulatory Flexibility	Meaning Making	Meaning making as a multifaceted, multi-component construct that is selectively adaptive.	Article	Conceptual	Studies demonstrate that meaning making is a multifaceted construct which is sometimes adaptive and sometimes not adaptive. Its ability to be adaptive depends on the form meaning making takes and the context and timing in which it takes place. Meaning making is crucial in the adaptation to difficult life circumstances or events. There is a lot written on theory of meaning making but empirical support has been limited as the complexity of meaning making has been difficult to operationalize. Meaning making is mobilized when stressors violate global meaning structures and beliefs.
Park	2010	Making Sense of the Meaning Literature: An Integrative Review of Meaning Making and its Effects on Adjustment to Stressful Life Events	Meaning Making	Review of Meaning Making Literature	Article	Review	According to meaning making theory, stressful life experiences challenge one's sense of global meaning (i.e. beliefs about the self, others, and the world). The discrepancy between one's global meaning and the meaning of the event results in corresponding distress. A subsequent meaning making process occurs which reduces this discrepancy and restores a sense that the world and life itself are meaningful.
Park & Folkman	1997	Meaning in the Context of Stress and Coping	Meaning Making	Integrating meaning making into a model of stress and coping.	Article	Conceptual	Park and Folkman attempt to situate meaning making into an integrative model by extending the transactional model of stress and coping to include Meaning Focused Coping. They differentiate between global meaning, or one's enduring beliefs, values, and assumptions about the world, and situational meaning, meaning that is formed between one's global meaning and a particular circumstance. Situational meaning is an initial appraisal of the meaning of an event. Situational meaning is influenced by one's global components: appraisal of meaning, search for meaning, and meaning as outcome.
Guo, Gan, & Tong	2013	The Role of Meaning-Focused Coping in Significant Loss	Meaning Making	Meaning focused coping in a sample of earthquake survivors.	Article	Empirical	In a study of survivors of the 2008 Sichuan Earthquake, researchers found that meaning focused coping predicted positive affect and well-being above and beyond problem focused and emotion focused coping. Posttraumatic growth was identified as a mediator from meaning focused coping to well being and positive affect.
Lee, Cohen, Edgar, Laizner, & Gagnon	2006	Meaning- Making Intervention During Breast or Colorectal Cancer Treatment Improves Self-Esteem, Optimism, and Self-Efficacy	Meaning Making	Effectiveness of a meaning making intervention for cancer patients.	Article	Empirical	This study tested the efficacy of an intervention focused on meaning-making coping strategies for patients coping with cancer. Post-intervention, those who received the intervention reported significantly higher levels self-esteem, optimism, and self-efficacy compared to those who did not get the meaning making intervention.



Amour	2003	Meaning Making in the Aftermath of Homicide	Meaning Making	Meaning Making for survivors of homicide.	Article	Qualitative	Discusses the relevance of performed meanings (meaning making grounded in action) for homicide survivors. In a qualitative study of family members of homicide victims, researchers found that survivors were propelled to pursue what matters to them, including taking action.
Berger & Weiss	2002	Immigration and Posttraumatic Growth: A Missing Link	Meaning Making	Experiences of posttraumatic growth among immigrant populations.	Article	Conceptual	Authors argue that research on immigrants is generally pathologizing and they argue for a view of immigration that also represents immigration as an opportunity for personal growth. They provide examples of potential areas of growth, including increased personal and social freedom, more autonomy, more comprehensive worldview, more complex understanding of the world, increased empathy, and increased self-respect.
Berger & Weiss	2006	Posttraumatic Growth in Latina Immigrants	Meaning Making	Stress and posttraumatic growth in a sample of Latina immigrants.	Article	Empirical	Study of Latina immigrants that measured levels of stress and posttraumatic growth. They found moderate levels of stress and high endorsement of posttraumatic growth. Their level of posttraumatic growth was related to participation in counseling services.
Hussain & Bhushan	2011	Posttraumatic Stress and Growth Among Tibetan Refugees: The Mediating Role of Cognitive-Emotional Regulation Strategies	Meaning Making	Study of post-traumatic stress and post-traumatic growth among sample of Tibetan refugees in India.	Article	Empirical	Study of first and second-generation Tibetan refugees living in India. Researchers found that females scored higher on measures of trauma, post traumatic stress, and post traumatic growth. In terms of generational differences, there were no significant differences on total posttraumatic growth; however, there were significant differences on individual dimensions of posttraumatic growth. First-generation participants scored significantly higher on personal strength and spiritual change and second-generation participants scored significantly higher on new possibilities. First generation refugees also scored higher on positive reappraisal.
Keyes	1998	Social Well-Being	Collective Well-Being	Investigation of the theoretical structure and construct validity of social well-being.	Article	Empirical	Describes five dimensions of the related construct of social wellness that includes social integration, or one's sense that one is part of society and connected to others in the community, social acceptance, which is the ability to trust others and feel connected to them, and social contribution, which is the sense that one contributes to his or her community and is of value to the greater community. The other two dimensions are social actualization, which is the perception that one's society is worthwhile and has potential, and social coherence, which refers to the sense that society is meaningful and predictable.

Lee, Kim, & Phillips	2015	Community Well-Being and Community Development: Conceptions and Applications	Collective Well-Being	Theories, concepts, and research on community well-being.	Book	Review	Describe community well-being, which is generally a community's ability to fulfill its particular goals and priorities, including economic, social, political, and cultural needs.
Rowold	2011	Effects of spiritual well-being on subsequent happiness, psychological well-being, and stress	Transcendent Well-Being	Testing of the validity of the Spiritual Well-Being Questionnaire.	Article	Empirical	Describes spiritual well-being as including four aspects: personal, communal, environmental, and transcendental. The personal aspect of spiritual well-being is one's sense of meaning, purpose, and values. On the other hand, the communal aspect refers to the quality of one's relationships. The environmental aspect has to do with consideration for the physical world, and the transcendental aspect has to do with one's attitude toward a higher being.
Pan, Wong, Chan, & Joubert	2008	Meaning of Life as A Protective Factor of Positive Affect in Acculturation: A Resilience Framework and A Cross-Cultural Comparison	Transcendent Well-Being	Meaning in life in a sample of Chinese migrants.	Article	Empirical	Study of mainland Chinese migrants studying in Hong Kong and Australia found that meaning of life predicted positive affect. Meaning of life also mediated the relationship between acculturative stress and positive affect.

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## APPENDIX B

### The Background Questionnaire

APPENDIX B

The Background Questionnaire

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.)





- d. In relationships or social situations outside of your family?
- d. At school and/or work?

13. Which one of the following BEST describes your general religious/spiritual affiliation at this time in your life (Please circle only ONE response)

---

14. How religious would you say you are?

- a. 0- Religion is irrelevant to me; I do not believe in God or a Higher Power
- b. 1- Not religious/spiritual; I do believe in God or a Higher Power but I am not religious
- 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 C

### Multidimensional Well-Being Assessment

## APPENDIX C

### 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?

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 Collective Wellness Context (4 Dimensions, 35 items)**

#### **COLLECTIVE WELL-BEING: Sociocultural Identity (CWB-I; 12 items)**

1. I was a respectable member of my culture (or another group in society that I most identify with) and represented them well.
2. I felt secure and grounded by my roots in my culture or another group in society important to my identity.
3. I felt strongly and emotionally connected to my culture or another group in society that is important to me. (e.g., religious, disability, sexual orientation, military, large extended family, etc.)
4. I felt that my family was well-respected in our cultural community or another important community.
5. I displayed my identification with my culture or other important identity group (symbols, clothing, language, artwork, home decor, bumper stickers, etc.).
6. I did things during my free time that reflected my culture or another group in society very important to my identity (e.g., movies, music, books, websites, social activities).
7. I observed or learned something positive about my culture (or another group in society that is very important to my identity).
8. I felt good putting the needs of my family, culture (or other group in society most important to me) above my own personal needs and wants.
9. I felt proud of my cultural heritage (or the history/background of another group in society important to my identity).
10. I felt like I was “home” when I was with people from my culture (or another group in society important to my identity).
11. I felt accepted by many people in my culture (or another group in society that is very important to me).
12. I felt good about how I was fulfilling my role in my family, culture, or in another group in society most important to me.

**COLLECTIVE WELL-BEING: Community Connectedness (CWB-C; 10 items)**

1. I enjoyed spending time in my neighborhood or local community.
2. I felt a strong sense of belonging in my neighborhood (e.g., it felt like “home” to me).
3. People in my neighborhood know each other and can depend on each other.
4. My neighborhood or local community was an important part of my life.
5. I made sure I was informed about things happening in my neighborhood community.
6. I felt a strong sense of belonging at my workplace, school, or another place where I spend a lot of time.
7. I felt supported by people at my workplace, school, or other place where I spend a lot of time.
8. I felt accepted and welcomed by people at my workplace, school, or other place where I spend a lot of time.
9. I was valued and respected at my workplace, school, or other place where I spend a lot of time.
10. I looked forward to being at work, school, or another place where I spend a lot of time (other than where I live).

**COLLECTIVE WELL-BEING: Participatory (CWB-P; 8 items)**

1. I actively participated in an organization related to my culture or another community that is important to me.
2. I participated in or contributed to positive change on a social justice issue or cause.
3. I worked together with others on an issue of mutual concern in my community, workplace, school, or other setting.
4. I did something to help make the world a better place.
5. I intervened or stood up for someone in a situation involving injustice or unfairness.
6. I gained a greater knowledge and understanding of a local, national, or global issue.
7. I volunteered my time in service of people in need, animals, the environment or another cause important to me.
8. I was a leader or took initiative to start some action for change in my community or organization.

**COLLECTIVE WELL-BEING: National Context Dimension (CWB-N; 5 items)**

1. I felt good about the direction my home country was going in.
2. My home country was strong and stable in terms of leadership and political matters.
3. I felt a lot of national pride in my home country.
4. I felt committed to making my home country a better place.
5. I have positive feelings about my home country.

**The Transcendent Wellness Context (2 Dimensions, 27 items)**

**TRANSCENDENT WELL-BEING: Meaning-Purpose-Flow (TWB-M; 14 items)**

1. I felt guided by a vision or mission for my life.
2. I lived with integrity, was true to myself and my values (“walked my talk”).
3. I was “in the zone,” got totally lost or immersed in an activity that I enjoyed.
4. I had an amazing or “peak” experience (e.g., heightened awareness, awe, intense connection with another person, a creative burst, a revelation).

5. I felt a strong sense of gratitude, an appreciation for both the ups and downs in my life.
6. I had a strong sense of my values, what is most important to me.
7. I felt connected to a purpose larger than my personal life.
8. I was guided positively by my intuition about things.
9. I felt like my life had meaning, like I'm here for a purpose.
10. I had a feeling of wisdom, insight or understanding about life.
11. I felt connected to all of humanity regardless of race, nationality, social class, etc.
12. I felt connected to the rhythms and patterns of nature (e.g., animals, trees, oceans, stars, mountains, or other living things).
13. I was "moved" by creative expression, had a strong emotional connection or experience related to music, art, dance, etc.
14. I spent time in meditation, personal reflection, or deep contemplation.

**TRANSCENDENT WELL-BEING: Spiritual-Religious (TWB-S; 13 items)**

1. My faith and spiritual beliefs were strong.
2. I felt loved by and in close relationship with a Higher Power/God in my life.
3. I felt positively connected with the soul or spirit of another person (living or deceased).
4. My faith or spirituality was strengthened through reading, classes, or discussions.
5. The beauty and miracles of nature made me feel closer to a Higher Power/God.
6. How I lived my daily life was consistent with my spiritual or religious beliefs.
7. I was comforted by the presence of a Higher Power/God in my life.
8. My spiritual/religious beliefs and activities gave me strength and guidance through the challenges I faced.
9. I enjoyed expressing and sharing my spirituality with other people or in a faith community.
10. I witnessed or experienced spiritual healing.
11. I spent time praying, reading religious/spiritual books, or listening to spiritual music.
12. Someone prayed or said blessings for me.
13. I received valuable counsel from a minister, rabbi, imam, priest, guru, pastor, or other religious leader.

## APPENDIX D

### Positive Reappraisal subscale of the Ways of Coping Questionnaire



## APPENDIX D

### Positive Reappraisal subscale of the Ways of Coping Questionnaire

#### Instructions:

Please take a few moments and think about what has been stressful about your immigration-related experiences over your lifetime

By “stressful” we mean something that was difficult or troubling for you, either because you felt distressed about what happened, or because you had to use considerable effort to deal with the situation. The situation may have involved your family, your job, your friends, or something else important to you. Think about the details of your immigration-related stressful experiences, such as where they have happened, who was involved, how you acted, and why it was important to you. As you respond to each of the statements, please keep your stressful experiences related to immigration in mind. Read each statement carefully and indicate, by circling 0, 1, 2, or 3, to what extent you used it in the situation.

0= Does not apply or not used    1= Used Somewhat    2= Used Quite A Bit    3= Used a Great Deal

1. \_\_\_\_\_ I was inspired to do something creative.
2. \_\_\_\_\_ Changed or grew as a person in a good way.
3. \_\_\_\_\_ I came out of the experience better than when I went in.
4. \_\_\_\_\_ Found new faith.
5. \_\_\_\_\_ Rediscovered what is important in life.
6. \_\_\_\_\_ I changed something about myself.
7. \_\_\_\_\_ I prayed.

APPENDIX E

Posttraumatic Growth Inventory

## APPENDIX E

### Posttraumatic Growth Inventory

Indicate for each of the statements below the degree to which this change occurred in your life as a result of your life experiences related to immigration in your family, using the following scale.

*0 = I did not experience this change as a result of my immigration experiences.*

*1 = I experienced this change to a very small degree as a result of my immigration experiences.*

*2 = I experienced this change to a small degree as a result of my immigration experiences.*

*3 = I experienced this change to a moderate degree as a result of my immigration experiences.*

*4 = I experienced this change to a great degree as a result of my immigration experiences.*

*5 = I experienced this change to a very great degree as a result of my immigration experiences.*

Possible Areas of Growth and Change	0	1	2	3	4	5
1. I changed my priorities about what is important in life.						
2. I have a greater appreciation for the value of my own life.						
3. I developed new interests.						
4. I have a greater feeling of self-reliance.						
5. I have a better understanding of spiritual matters.						
6. I more clearly see that I can count on people in-times of trouble.						
7. I established a new path for my life.						
8. I have a greater sense of closeness with others.						
9. I am more willing to express my emotions.						
10. I know better that I can handle difficulties.						
11. I am able to do better things with my life.						
12. I am better able to accept the way things work out.						
13. I can better appreciate each day.						
14. New opportunities are available which wouldn't have been otherwise.						
15. I have more compassion for others.						
16. I put more effort into my relationships.						
17. I am more likely to try to change things which need changing.						
18. I have a stronger religious faith.						
19. I discovered that I'm stronger than I thought I was.						
20. I learned a great deal about how wonderful people are.						
21. I better accept needing others.						

## APPENDIX F

### Meaning in Life Questionnaire

## APPENDIX F

### Meaning in Life Questionnaire

Please take a moment to think about what makes your life and existence feel important and significant to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

<b>Absolutely True</b>	<b>Mostly Absolutely True</b>	<b>Mostly Untrue</b>	<b>Somewhat Untrue</b>	<b>Can't Say Untrue</b>	<b>Somewhat True</b>	<b>Mostly True or False</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

- \_\_\_\_\_ 1. I understand my life's meaning.
- \_\_\_\_\_ 2. I am looking for something that makes my life feel meaningful.
- \_\_\_\_\_ 3. I am always looking to find my life's purpose.
- \_\_\_\_\_ 4. My life has a clear sense of purpose.
- \_\_\_\_\_ 5. I have a good sense of what makes my life meaningful.
- \_\_\_\_\_ 6. I have discovered a satisfying life purpose.
- \_\_\_\_\_ 7. I am always searching for something that makes my life feel significant.
- \_\_\_\_\_ 8. I am seeking a purpose or mission for my life.
- \_\_\_\_\_ 9. My life has no clear purpose.
- \_\_\_\_\_ 10. I am searching for meaning in my life.

## APPENDIX G

### Recruitment Materials

## APPENDIX G

### Recruitment Materials

Hi [NAME]!

My name is Jennifer Esfandi, and I am a doctoral student in Clinical Psychology at Pepperdine University. I was born and raised in Los Angeles, California and my experiences growing up within an immigrant community sparked my interest in wellness among immigrants, their families, and ethnic minority individuals. 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: Jennifer Esfandi

Jennifer F. Esfandi, M.A.  
Doctoral Candidate, Clinical Psychology  
Pepperdine University

**Subject: THE IMMIGRANT WELL BEING RESEARCH PROJECT**

Hello [NAME OF CLUB OR ORGANIZATION]! Please feel free to participate in our anonymous research study and be entered for a chance to win a \$20 gift certificate. Please pass this along this email/information along to other members, students, faculty, and/or staff. See below for more details.

**We are graduate students at Pepperdine University conducting research about immigrant well being. We invite you to participate in our project to help us learn more about wellness in immigrant individuals and their families! Please consider sharing your experience of immigrating to the United States from a non-European country or growing up with parents who immigrated to the United States from a non-European country by filling out a simple questionnaire.**

Please visit the website below to learn more and fill out our simple questionnaire:

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

For questions please email us at [immigrantwellbeing@gmail.com](mailto:immigrantwellbeing@gmail.com)

Thank you for your time,

Jennifer Esfandi, Jem Powell, & Jacob Stein Doctoral Candidates, Pepperdine University



## APPENDIX H

### Informed Consent for Research Participants

## APPENDIX H

### Informed Consent for Research Participants

#### 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](http://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](http://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](mailto:immigrantwellbeing@gmail.com) and [Shelly.Harrell@pepperdine.edu](mailto: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](mailto: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

**POTENTIAL INTERVIEW FOLLOW-UP**

I understand that I have the option of agreeing to be contacted for a possible face-to-face interview conducted by one of the researchers that would involve myself and other adult family members if they agree. My agreement to be contacted does not obligate me in any way to participate in the interview. It is only an indication that I agree to be contacted by the researcher and to be provided with additional information about the interview study. (Please check one of the following options below.)

\_\_\_ I agree to be contacted by email by Jem Powell, one of the project researchers, to provide me with additional information regarding the face-to-face interview part of this research project on this same topic of coping and meaning-making among non-European immigrant families. I understand that this does not in any way obligate me to participate in the interview part of this project. If I am contacted I can decide later if I will participate. I will provide my email address at the end of the questionnaire if I agree to be contacted.

\_\_\_ I do not agree to be contacted about the interview part of this research project. I understand that there are no negative consequences as a result of my choice.

**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 I

IRB Approval



# APPENDIX I

## 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](http://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.

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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

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