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Examining The Relationship between Bicultural Stress, Mental Well-Being, Perceived Social Support, and Education Among People of African Descent

Zemed Beraki Berhe

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Examining the Relationship between Bicultural Stress, Mental Well-Being,
Perceived Social Support, And Education Among People of African Descent

Zemed Beraki Berhe, Ed.M.

Dissertation Committee:

Laura K. Palmer, Ph.D., ABPP, Mentor
John E. Smith, Ed.D., Committee Member
Eunyoung Kim, Ph.D., Committee Member
Ben K. Beitin, Ph.D., Committee Member
Elaine M. Walker, Ph.D., External Reader

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Submitted in Partial Fulfillment
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of Ph.D. in Counseling Psychology

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By
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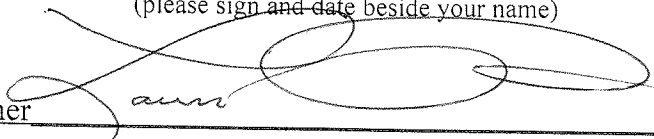
Doctoral Candidate, **Zemed B. Berhe**, has successfully defended and made the required modifications to the text of the doctoral dissertation for the **Ph.D.** during this **Fall Semester 2014**.

DISSERTATION COMMITTEE

(please sign and date beside your name)

Mentor:

Dr. Laura K. Palmer

 3.25.15

Committee Member:

Dr. John E. Smith

 12-18-14

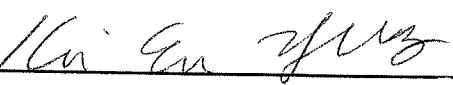
Committee Member:

Dr. Ben K. Beitin

 PhD 12-16-14

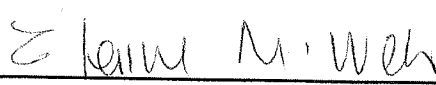
Committee Member:

Dr. Eunyong Kim

 12-16-14

Committee Member:

Dr. Elaine M. Walker

 12-16-14

The mentor and any other committee members who wish to review revisions will sign and date this document only when revisions have been completed. Please return this form to the Office of Graduate Studies, where it will be placed in the candidate's file and submit a copy with your final dissertation to be bound as page number two.

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ABSTRACT

Studies investigating the bicultural experiences of people of African descent are significantly underrepresented in the literature. The primary purpose of this exploratory study was to examine the relationship between experiences of bicultural stress and mental well-being. In investigating this relationship, perceived social support and education were examined as protective factors, and its relationship to bicultural stress for this population. With the ultimate goal of this information contributing to the understanding of bicultural processes within this population and the relationship to mental health outcomes. A non-experimental (non-randomized) research design was utilized to examine the study research questions and hypotheses. The participants include self-identified bicultural adults of African descent. Correlational and regression analyses indicated that in the study's sample: (a) bicultural stress was related to symptoms of depression, perceived social support and education, (b) symptoms of depression were correlated with bicultural stressors, (c) social support and education served as protective factors against endorsement of depressive symptoms, (d) social support and education were correlated. The findings from this study may help to elucidate mental health outcomes as it relates to bicultural experiences among people of African descent. The findings may also serve to highlight culturally-sensitive approaches and information that better inform psychologists and health practitioners in serving this population. Furthermore, the findings of this study supports continued research that seeks to address the bicultural experiences of this diverse subgroup as it relates to mental health outcomes.

Keywords: Bicultural stress, adults, depression, social support, education, African descent, mental health

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Chapter I

INTRODUCTION

The United States continues to be an ever-evolving racially and ethnically diverse country. The demographics of the nation have increased tremendously in the number of foreign-born immigrants, as well as refugees and asylum seekers (U.S. Census Bureau, 2011; Migration Policy Institute, 2012). Amongst this rapidly growing population are African immigrants from various nations. While the US has a long-standing history of Black African migration dating back centuries to the transatlantic slave trade, this recent rise in the immigration of Africans appears to be significant (CDC, 2013). The foreign-born African population is among the fastest growing U.S. immigrant groups (Migration Policy Institute, 2012). The current Black African immigrant population was, several years ago, noted to be approximately 1.1 million of the total Black foreign-born population (U.S. Census, 2009). It is also one of the most rapidly growing diverse groups in its origins. Empirical research is critical in order to understand the impact of acculturative processes and the duality of identity as it relates to one's mental health functioning. The objective of this research is to highlight the relationship between an individual's bicultural identity and mental well-being.

A Brief History of the Immigration of People of African Descent

The current U.S. census data refer to African immigrants as "Black African immigrants," since many immigrants descending from Africa in the US classify themselves as *Black* on government databases (U.S. Census Bureau, 2010). While there is no clear distinction in the literature, for the purposes of this study, the terms *people of African descent* and *immigrants of African descent* may be used interchangeably for clarity in demographic representation (Obasi & Leong, 2009). In comparison to other immigrant groups (Latin, European, Asian populations),

the African immigrant population is relatively small in number. Yet, it happens to be one of the increasingly growing immigrant populations in the US (Migration Policy Institute, 2012).

According to the National Center on Immigrant Integration Policy (Migration Policy Institute, 2012), African immigrants of all groups comprised about 1.5 million, or 4% of the total US immigrant population of 38 million in 2009. In relation to other immigrant groups, African immigrants are more likely to have arrived in the US as refugees or asylum seekers. Among all Black African immigrants in 2007, one quarter were refugees or had gained asylum and were citizens or permanent residents by this time (Migration Policy Institute, 2012; U.S. Census Bureau, 2010; Rastogi, 2011). The immigrant experiences of many African people have varied themes and may be typified by events such as escaping war-torn countries, oppression, extreme poverty, and torture. Despite these striking figures and elements, it is a population that is largely underrepresented in psychological research across several domains with significant experience unaddressed. Particularly, the psychological processes of Africans adjustment and settlement in the US as a people, is limited in our understanding of this population.

For decades, the African American population has been perceived in this society as a homogenous cultural group on the basis of phenotypic characteristics. This type of perception has elicited issues of race to be primary, as a person's ethnic identity falls to a secondary position. This lack of attention to ethnic/cultural within-group differences is far too prevalent across the lives of many persons of African descent. The perception that all Black/African Americans share a similar story is not only biased in thought, but is prejudicial in nature; yet, this assumption has been perpetuated throughout existing research that attempts to address the historical, cultural, and social contexts germane to this population. It is imperative to recognize the heterogeneity among people of African descent. Notably, there is a need to examine cultural

variables (immigrant status, acculturation, worldviews, and traditions) in order to better understand these within-group differences (Obasi & Leong, 2009).

Statement of the Problem

While some studies have investigated the bicultural experiences and psychological well-being of individuals of different racial and ethnic backgrounds (Romero & Roberts, 2003; Romero, Carvajal, Valle, & Orduna, 2007), attention has not been given to people of African descent. In spite of the rising immigrant population of people of African descent, there is relatively little research that highlights the processes of adaptation and adjustment that impact these individuals when they reach American soil and the experiences of the children of these immigrants. The bicultural experiences of this group are understudied and significantly underrepresented in the discussion of the experiences of acculturation for various immigrant groups. Furthermore, in conducting a review of the literature the experiences of other immigrant groups predominates the research in this area. Since this nation is a growing multicultural society, there is a need to address these bicultural experiences while bringing forth an understanding of the impact these experiences may have on the mental well-being among people of African descent in the United States.

Background

Current studies have elucidated the mental health disparities among people of African descent and the significant underutilization of resources among these people (Obasi & Leong, 2009). People of African descent have been adversely affected by chronic social conditions such as racism, poverty, prejudice, discrimination, and minority stress that has continued to affect the mental well-being of this population (U.S. Department of Health and Human Services, 2001; Williams et al., 2007). Navigation between two cultures has been associated with risk of

depressive symptoms, stress, discrimination, prejudice, cultural adjustment problems, and other challenges affecting one's mental health across several cultural groups (Romero et al., 2007). An individual navigating through the compounded factors of immigration, generational status, and acculturation, therefore, may face intensified pressures and inequalities that can threaten his or her mental well-being (Williams et al., 2007). Yet, perceived social support may serve as a protective factor in ameliorating the negative mental health outcomes that have resulted from the stress attributed to living in a bicultural context.

Early acculturation models have indicated that living in more than two environments, while negotiating values, identities, and cultural norms, can cause a significant amount of stress. Bicultural stress, which is defined as “the perception of stress due to everyday life stressors as a result of pressure to adopt the majority culture in addition to adopting the minority culture” (Romero et al., 2007) has been associated with mental health problems that affect an individual's optimal level of functioning in several contexts. These stressors are intergenerational gaps, discrimination, pressure to speak multiple languages, and occurrences of negative stereotyping (Romero et al., 2007). The experience of bicultural stress and the impact of navigating from one culture to another or the integration of both cultures is one with limited scope in research (Romero et al., 2007). According to orthogonal models of acculturation, it has been evidenced that individuals can maintain or endorse more than one culture independently. For some individuals this is done by being able to maintain one's own culture of origin (LaFromboise, Coleman, Gerton, 1993; Romero et al., 2007). The current literature regarding the bicultural experiences of immigrants is scant, as it relates to people of African descent, specifically the children of African immigrants.

Experiences of bicultural stress have been reported widely among adolescents from different ethnic minority groups and ethnic majority groups (i.e. Whites), as well as immigrant youth (Romero & Van Campen, 2011). Higher levels of bicultural stress have been associated with more depressive symptoms and less optimism in underrepresented youth from several ethnic backgrounds, including, but not limited to, Asian Americans, Mexican Americans, and other Latino/a populations (Romero, Carvajal, Valle, & Orduna, 2007; Romero & Van Campen, 2011). Studies have shown that people of immigrant and ethnic minority backgrounds, who experience stress during the acculturation process reported more mental health problems, cultural adjustment issues, discrimination, and cultural conflicts in comparison to other groups (Constantine, Anderson, Berkel, Caldwell, & Utsey, 2005; Romero, Carvajal, Valle, Orduna, 2007). Moreover, the literature in this area has illuminated the critical role of protective factors (perceived social support and education) in mitigating the effects of the stress associated with the acculturation process across cultures. However, research that seeks to address bicultural stress as it relates to the mental well-being among people of African descent, while highlighting the role of protective factors, is nonexistent.

There is a dire need for research that educates and encompasses knowledge and awareness when working with people of African descent. Moreover, addressing the bicultural experiences of this group should be paramount when the psychological health of these individuals is being assessed. While maintaining a bicultural or integrationist identity has been acknowledged as a strategy that maximizes one's well-being and associated with protecting against negative mental health risks among other ethnic populations. This supposition has yet to be informed or supported with people of African descent. A review of the literature suggests a relationship between bicultural stress and the experience of depressive symptoms as they impact

one's mental well-being within several ethnically underrepresented groups (Mexican American, Asian American, European American adolescents). The current study seeks to determine if such a relationship exists among people of African descent.

Purpose

There is no study to date that examines the relationship between two factors, bicultural stress and mental well-being among people of African descent. The purpose of this exploratory study is to investigate the relationship between perceived bicultural stress and the mental well-being of individuals who self-identify as a person of African descent. In addition to highlighting the potential role of protective factors (perceived social support and education) and their relationships to bicultural stress for this population. Since there is limited research that gives voice to the experiences of living in a bicultural context as it relates to this population. There are significant clinical and research implications that may come from understanding these processes and the effects of maintaining a bicultural identity. Findings that elucidate mental health outcomes may provide information that calls for a need for mental health awareness and psychoeducation within this group. Psychologists and health practitioners that serve this population can be better informed about this population, and this, in turn, can result in the use of culturally appropriate assessment methods. Furthermore, this study may bring to light the unique experiences of people of African descent and the significant challenges they face living in between two cultures and the cultural adjustment to these two worlds.

Limitations of Existing Studies

The most glaring limitation to the present research was the nonexistence of any study that addressed the bicultural experiences of people of African descent. Overall, there is a dearth of literature that focuses on the bi-dimensionality of acculturation and studies that highlight

immigrants' bicultural experiences. However, there are a few studies that highlight these experiences among other racial/ethnic groups.

The acculturation process is an area within psychological research that has received in-depth coverage regarding specific processes and the impact of adapting from one's ethnic culture to another. Traditional acculturative models have typically addressed the exchange between cultures and have endorsed a one-dimensional view of the stress caused by individuals from minority groups adapting to a majority group (Berry, 2003; Romero, Carvajal, Valle, & Orduna, 2007). The literature regarding the bi-dimensionality of acculturation and the stress caused from this process is scant. Previous studies have shown the significant challenges brought about by acculturation and the deleterious effects of acculturative stress on racial identity and ethnic identity development among adults (Constantine, Okazaki, & Utsey, 2004) and the psychological impact of adapting to another culture (Romero, Carvajal, Valle, & Orduna, 2007). However, the bi-dimensionality of acculturation, in this case biculturalism and the integration or lack thereof, has been scarce in our understanding and existing research with regards to this topic.

Another inherent limitation is the theories that suggest that acculturation is only the cultural exchange of individuals between the host and majority culture. Without accounting for the bi-dimensionality of maintaining one's culture of origin, while also adopting the majority culture (LaFromboise et al., 1993). Carvajal, Romero, Valle, and Orduna (2007) found that ethnic minority populations were significantly affected by the pressures this process produced in forcing individuals to acculturate or assimilate while feeling the tug to maintain one's own home culture. According to Berry (2003), ethnic minorities experience an unbalanced amount of pressure as compared to that of their White counterparts, as a result of marginalized statuses. This creates a pressure for individuals from ethnic backgrounds to either assimilate and/or

acculturate. Therefore, it is predicted that minority ethnic groups will experience bicultural stress at greater levels than European Americans (Romero et al., 2007).

While the bicultural experiences of people of African descent and its impact on mental well-being has never been explored, there are a few studies that have examined the bicultural experiences of other ethnic/racial populations (Benet-Martinez, Leu 2002; LaFromboise, Coleman, & Gerton 1993; Romero & Roberts, 2003; Romero, Carvajal, Valle, & Orduna, 2007; Romero & Van Campen, 2011). Research on the bicultural experiences of adults is scarce. The primary focus has been to understand the subjective perceptions of bicultural stress among adolescents. These studies have found relationships between bicultural stress and mental health in Mexican American and Asian American adolescents (Benet-Martinez et al., 2002; Romero & Roberts, 2003). Romero, Carvajal, Valle, and Orduna (2007) have found that bicultural stress significantly predicted depressive symptoms and lower levels of optimism in adolescent males and females. Moreover, perceived social support was found to be a protective factor against the experiences of negative mental health outcomes. Yet, the relationship between perceived social support and bicultural stress is an area with limited coverage in the literature.

Due to the considerable attention given to other ethnic/racial groups in research on acculturation, there may be a belief among researchers that the experience of bicultural stress may not be salient among people of African descent. The presumption that African Americans have “adopted the American culture “has placed a greater value and attention ascribed to experiences pertaining to race. However, it is imperative to consider this population in bicultural research given the history of forced assimilation, oppression, and “distinct from general life stress” (Joiner & Walker, 2002). People of African descent may experience unique stressors “such as threats to racial identity and to culture-specific values and patterns of living” (Brown &

Lent, 2008). Historically speaking, people of African descent have been forced to acculturate/assimilate to the majority culture and often still have to balance two cultures: American and Black/African. Therefore, being that the acculturative process is a personal and focal point in ethnic identity development, the inclusion of people of African descent within psychological research is important.

Research Questions

There were three research questions in the methodology of this study.

1. What is the relationship between bicultural stress and mental well-being (as measured by depressive symptoms on the CES-D) among people of African descent?
2. What is the relationship between bicultural stress and perceived social support among people of African descent?
3. What is the relationship between bicultural stress and years of education among people of African descent?

These questions examine the relationship between bicultural stress and mental well-being, as well as perceived social support and education.

Statement of Hypotheses

There were three hypotheses based on the three research questions previously mentioned.

H1. It is hypothesized that bicultural stress will have a significant positive relationship with mental well-being.

H2. It is hypothesized that bicultural stress will have a significant negative relationship with perceived social support.

H3. It is hypothesized that bicultural stress will have a significant negative relationship with years of education.

Operational Definition of Terms

The following terms are used throughout the literature review of this dissertation. For conceptual understanding of these terms the following definitions have been provided.

Acculturation

Acculturation refers to the processes of cultural adaptation and/or changes individuals or groups make from one culture to the host culture. The acculturation process is believed to consist of five dimensions: language familiarity, cultural heritage, ethnic pride and identity, interethnic interaction, and interethnic distance (Padilla, 1980).

African

An “African descendant” is inclusive of persons with ancestral roots in Africa, including African Americans and immigrants from Africa and the Caribbean (Gee, Ryan, Laflamme, & Holt, 2000). Operationally defined, it is a person who self-identifies as having African ancestral roots and/or being an immigrant of Africa.

People of African Descent

A person of African descent refers to a “Black” person who has a biological, spiritual, and historical ancestry with Africa. This includes, but is not limited to continental Africans, African Americans, Cubans, Haitians, Brazilians (Obasi & Leong, 2009)

Immigrant of African Descent

An immigrant is anyone who migrates to another country for permanent residence. Operationally defined, it is anyone that self-identifies as being an immigrant of Africa (born outside the US) or having an immigrant background.

Biculturalism

WEB Dubois (1961) referred to biculturalism as a state of “double consciousness or the simultaneous awareness of oneself being a member and an alien of two or more cultures” It is conceptualized as bicultural competence or the behavioral characteristics that determine one’s ability to function effectively in two cultures (LaFromboise et al., 1993). In other words, maintaining one’s culture of origin while participating in the larger society (Phinney & Devich-Navarro, 1997).

Bicultural Stress

Bicultural stress is operationally defined by, Romero and Roberts (2003), as the perception of stress due to everyday life stressors as a result of pressure to adopt the majority culture in addition to adopting the minority culture. These stressors are represented as being intergenerational gaps, discrimination, pressure to speak multiple languages, and negative stereotypes (Romero et al., 2007).

Depressive Symptoms

Depressive symptoms was operationally defined by the Center for Epidemiologic Studies-Depression scale (CES-D) (Radloff, 1977) as the presence of symptoms associated with depression specifically dealing with the affective component, depressed mood.

Ethnic Identity

Ethnic identity has been conceptualized in different ways across different studies. For the purposes of this study, ethnic identity is defined as an individual’s commitment to a group, a sense of belonging to a group, the positive evaluation and interest and knowledge one possesses of the group, as well as participation in social activities of the group (Phinney, 1990).

Mental Well-Being

Mental well-being is associated with mental health. According to the World Health Organization (2011), “mental well-being is a state of well-being in which the individual realizes his or her own abilities, can cope with normal stresses of life, can work productively, and is able to make a contribution to his or her community” In the present study, mental well-being was assessed by the presence of depressive symptoms as measured by the CES-D (Radloff, 1977).

Perceived Social Support

Social support is the degree to which someone perceives to have the support of others (family, friends, peer, and significant other) or perceives being part of a supportive social network that cares for one’s well-being. Perceived social support was operationally defined by Zimet, Dahlem, Zimet, and Farley (1988) as the perception of support from others, as represented by friends, family, and significant other.

Chapter II

REVIEW OF THE LITERATURE

Acculturation refers to the processes of cultural adaptation and/or changes individuals or groups make from one's native culture to the host culture. The acculturative process can be referred to as being a distinct, unique experience that often times has a significant impact on one's identity development and socialization throughout life. This process can be a defining one in the story of many immigrants and ethnic minorities when they transition and begin to acclimate to a new cultural environment and society. For many, this process brings an insurmountable amount of pressure to either assimilate or create a comprehensive integration of both cultures. The intersection of languages, cultural histories, ethnic identities, and intergenerational gaps is a critical part of acculturation which one must navigate through in his or her cultural adjustment. Currently, acculturation research provides a breadth of knowledge that addresses the experiences of immigrants adapting to a majority culture. However, the balance of these processes and the integration of both cultures into one's identity is scarce in the literature, as it relates to the global perspective of acculturation. This chapter reviews the current literature pertaining to the acculturation of persons of African descent. Moreover, this review builds a platform to understand the bi-dimensional aspects of navigating between two cultures and the integration of a bicultural ethnic identity with this population.

African Immigration and the Black population in the United States

Ethnic Self-Identification: Black or African American

For many people of African descent, the distinction between one's racial and ethnic identities has often been an option that is pre-defined. U.S. society, for decades, has imposed a general categorization on this population by solely recognizing one's race, where Blackness is

perceived as the salient identity (Phinney & Devich-Navarro, 1997). This may be due, in part, to the rampant effects of chattel slavery that historically stripped African peoples' connection and lineage from their African ancestral roots (Obasi & Leong, 2009). This may also be due to the assumption of homogeneity of the U.S. Black population made by American society (Obasi & Leong, 2009). This may explain why the African immigrant experience has largely been excluded from the psychological research and from literature that discusses the immigration of ethnic groups and the multiple identities inherited in the US.

Some have argued that African Americans being viewed as a race, rather than a cultural or ethnic group, has made issues related to ethnicity or culture insignificant within this population (Kim & Abreu, 2001; Landrine & Klonoff, 1996; Pillay, 2005). In understanding acculturation, it is imperative to acknowledge the ethnic level of analysis when conceptualizing this cultural phenomenon, as opposed to the racial level of analysis.

Ethnicity refers to the self-definition of a human social unit that shares a culture represented by common ancestral origin, worldviews, history, traditions, religion/spiritual system, and language (Shiraev & Levy, 2004). The word ethnicity actually stems from the Greek word *ethnos*, which means nation or tribe (Betancourt & Lopez, 1993).

One of the complexities of the self-identification of ethnicity by people of African descent is the variety of reference terms subscribed to this ethnically diverse population. Often, the terms *Black* and *African American* are used interchangeably in government reports, research, and everyday language when describing this group. According to the U.S. Census (2010), "Black or African American" is defined as a person having origins in any of the Black racial groups in Africa (U.S. Census Bureau, 2010). Black immigrants, as a group, encompass African

descendants from the Caribbean (Afro-Caribbean) as well. However, for the purposes of this research, the population is children of African immigrants.

The Black racial category includes any person who indicates oneself as “Black, African American, Negro”; Sub-Saharan African entries (such as Kenyan and Nigerian); and Afro-Caribbean entries such as Haitian and Jamaican. (U.S. Census Bureau, 2010).

Black African immigrants have had a significant presence in the history of this country. Immigrants remain a vital part of this country’s history and rich diversity. This historical presence of African immigrants dates back to the forced enslavement of 10 million reported slaves taken from Africa, and brought to the Americas, spanning over the course of the years between the years of 1519 to 1867. The earliest migration of Black Africans is associated with European colonization; the first passage of slaves being in 1519. The first recorded voluntary migration of Africans did not occur until the 1800s, and this migration originated from Cape Verde (Capps, McCabe, & Fix, 2012). However, the end of the slave trade in the late 1800s placed severe restrictions on immigration from Africa due to strict U.S. immigration laws controlling the entrance of non-Whites. As a result, up until the end of the 20th century immigration from Africa to the United States was sparse. Following 150 years of minimal immigration from Africa, currently there is resurgence in immigration from Africa and rapid growth in the representation of African immigrants in the Black population of the US.

Immigration of Africans in the 1990s contributed to the significant growth of the Black population of the US, and it has continued to grow since the year 2000. In 2009, 74% of African immigrants (1.1 million) self-identified themselves as Black. Despite this population being relatively small in number, African immigrants are among the “fastest-growing immigrant populations in the U.S.”(Capps et al., 2012). The United States has quickly become one of the

most sought out destinations for Africans, consisting of the largest number of sub-Saharan African migrants outside of Africa. In recent years, African immigrants to the US have originated from Nigeria, Eritrea, Ethiopia, Ghana, Kenya, Somalia, Liberia, and Sierra Leone to name a few.

While highlighting the ethnic and cultural diversity of this population, it is imperative to point out that the modes of entrance into the United States can be quite different. Whereas many African immigrants enter the US as refugees who are seeking asylum, others arrive as a result of seeking education and diversity visa programs. African immigrants are a culturally diverse group; they represent distinct cultures, languages, traditions, and they bring unique skills and experiences that has often been unaccounted for in this country's cultural composition. The children of these immigrants embrace the U.S. culture in addition to consciously maintaining their native ancestral roots.

Upon integrating both cultures into one's identity, education is one salient factor represented, as these individuals are also one of the most well educated ethnic groups. In a study that compared African immigrants to other immigrant groups and even U.S. natives, Capps et al. (2012) found that the college completion rates of Africans greatly exceeded the rates of other groups. In recognizing the unique diversity African immigrants contribute to the U.S. population, it is critical to acknowledge these elements while understanding the experiences of these bicultural children of immigrants.

Biculturalism and Acculturation

The fact that individuals have multiple cultural identities is highly evident in the present-day growing global society. In fact many of the inhabitants of this great country are described as multicultural beings; therefore, the dual existence of identities and cultures is perhaps notable for

most children of immigrants. Yet, this phenomenon, referred to as biculturalism, has rarely been examined empirically. Traditional cross-cultural research has primarily focused on adaptation from one culture to another. Acculturation has been viewed as the one-directional, unidimensional, irreversible process of moving away from the original ethnic culture to the new mainstream culture (Nguyen & Benet-Martinez, 2007; Trimble, 2003). Essentially, a person must reject one's ethnic culture and adopt the dominant culture. However, more recent studies on acculturation have yielded support for the idea that acculturation is a two-directional, bi-dimensional, multi-domain, and complex process. This suggests that assimilation into a new mainstream culture is not the only means of acculturating (Nguyen & Benet-Martinez, 2007).

Although there is no specific definition for *biculturalism*, psychologically, it has been depicted in previous studies as the combination of cultural norms from two groups into a "behavioral repertoire" (Nguyen & Benet-Martinez, 2007, p.102; Rotheram-Borus, 1993). It involves the ability to switch between cultural norms, schemas, and behaviors in response to cultural cues (Hong, Morris, Chiu, & Benet-Martinez, 2000; Nguyen & Benet-Martinez, 2007). Bicultural individuals may self-identify and label themselves to reflect a cultural dualism ("I am bicultural"). This can be represented in a group self-categorization as well (e.g. "I am African and I am American;" "I am African American"). Bicultural individuals can be defined as those who have been exposed to and internalized two cultures. Nguyen and Benet-Martinez (2007) asserted that bicultural individuals may represent themselves as "immigrants, refugees, sojourners (international students, expatriates), indigenous people, ethnic minorities, those in interethnic relationships, and mixed-ethnic individuals" (Nguyen & Benet-Martinez, 2007, p.102). It is believed that a large percentage of the U.S. population consists of bicultural individuals. Roughly 12% of the U.S. population is comprised of foreign-born individuals and,

for a great number of US-born children and grandchildren of immigrants, identification and involvement with one's ethnic culture, as well as subscribing to the mainstream U.S. culture, is common (Nguyen & Benet-Martinez, 2007).

There have been incongruent descriptions of biculturalism. Researchers have attempted to describe several types of biculturalism that highlight the different ways used to retain one's culture while participating in the larger society (LaFromboise, 1993). Early studies have focused on the behavioral characteristics and psychological aspects of biculturalism, and the need to consider both of these aspects to understand the process of integration (Berry, 1990; Birman, 1994; LaFromboise, 1993). The behavioral aspects of biculturalism refer to competence and the ability to effectively function in two cultures (LaFromboise et al., 1993). On the other hand, the psychological aspects of biculturalism denote identity and the degree to which one identifies oneself with both cultures (Birman, 1994).

According to the conceptual theory on acculturation, biculturalism is understood as one of the four methods used to acculturate. Berry (1990) suggested that there are four acculturation strategies that immigrants and ethnic minorities use to manage their cultural identities: assimilation (involvement and identification with the dominant culture only); integration (involvement and identification with both cultures, known as biculturalism); separation (involvement and identification with the ethnic culture only); and marginalization (lack of involvement and identification with either).

Berry (1990) purported that, according to a bi-dimensional model of acculturation, acculturating individuals encounter two central issues: (a) the extent to which they are motivated or allowed to retain identification and involvement with the culture of origin, now the non-majority ethnic culture; and (b) the extent to which they are motivated or allowed to identify and

participate in the mainstream, dominant culture (Berry, 1990; Nguyen & Benet-Martinez, 2007). Based on the negotiation of these issues, individuals position themselves to use one of the four acculturation strategies.

Given this theoretical understanding of biculturalism, there is little research that captures the question of how bicultural individuals manage navigation between two cultures. Moreover, the impact of, and the conflicts among these processes are rarities in the literature. Benet-Martinez, Leu, Lee, and Morris (2002) indicated that psychologists have just begun to investigate how this “double consciousness” is achieved (Benet-Martinez, Leu, Lee & Morris, 2002, p.494 DuBois, 1990). A review of the literature suggests that bicultural individuals face continuous challenges integrating dual cultural membership, cultural demands, conflicts, and threats to minority status and discrimination (Benet-Martinez et al., 2002; LaFromboise et al., 1993; Romero & Roberts, 2003). Yet, there is disconfirming evidence that indicates that individuals are able to successfully integrate these elements into a bicultural identity as well.

Variations in Bicultural Identification

Phinney and Devich-Navarro (1997) suggested that members of ethnic minority groups are exposed to two cultures within society (their ethnic culture and the larger society), and that our understanding of the ways in which the way these individuals navigate and participate in both cultures is limited. These ethnic groups have significant differences in their histories and experiences as cultural groups in this society that restricts their comparison. However, there may be similarities in the processes of acculturation that are worth reviewing. Early acculturation researchers have found that among European immigrants, the experience of conflict was usually “inevitable” between an individual’s ethnic culture and the larger society. In that, European immigrants would be more susceptible to bicultural pressures which often forced them to choose

between retaining their ethnic culture over the larger society, and/or vice versa (Phinney & Devich, 1997).

For African Americans, researchers have asserted that being bicultural is necessary and inevitable at the same time. Moreover, the socialization of both cultures (being Black and American) starts at an early age and continues throughout life, as it is an essential development into one's identity (Cross, 1991; Helms, 1990). Accordingly, this relationship between one's racial group and the larger society is known as an *internalized Black identity* (Cross, 1991; Helms 1990), and it complements a bicultural stance that includes one's identity as an American (Phinney & Devich-Navarro, 1997).

Mexican Americans' experiences with immigration make their acculturation in larger society quite distinct; as the closeness to Mexico and constant flow of newly arriving Mexican immigrants is believed to add to the "ever-present reality" of one's cultural heritage (Phinney & Devich-Navarro, 1997). Issues of language barriers, customs, and stereotypes makes their experience of being a minority group in the US relatively different compared to other groups.

Phinney and Devich-Navarro (1997) conducted a study with African American and Mexican American high school adolescents to identify ways in which these individuals managed being part of two cultures. The purpose of their study was to understand the variation in bicultural identification within and across ethnic groups. This study used qualitative and quantitative methods in the collection of data. A questionnaire that consisted of the Multigroup Ethnic Identity Measure (MEIM, Phinney, 1992), American identity scale (measuring one's sense of being American), other group Attitudes scale, and Children's Manifest Anxiety scale was administered, followed by an interview. The adolescent participants were interviewed about their sense of being ethnic, American, and bicultural. A qualitative analysis showed three

identification patterns in the participants of study: blended biculturals (good feelings about being American and a positive sense of their ethnicity), alternating biculturals (strong personal feelings of closeness to their ethnic culture), and separated adolescents (not bicultural). Aside from the separated group, 90% of the participants considered themselves bicultural, both ethnic and American.

Blended biculturals in the study were represented as affirming a strong sense of being American and their ethnicity. While these individuals were found to value their ethnicity and to hold positive attitudes towards their group, the ethnic culture may not be as highly salient or personal for these individuals. Alternating biculturals were depicted as being more ethnic than American. Their biculturalism was based strongly on their ethnic culture to which they had personal connection. While these participants expressed conflicts with being bicultural, for the most part they were able to navigate between two cultures and exhibit bicultural competence (Phinney & DeVich- Navarro, 1997).

Mexican Americans who endorsed themselves as blended biculturals in the study reported that the ability to be bilingual was an important and positive facet of being bicultural. Separated adolescents in the study strongly affirmed their ethnic culture; however, they did not believe themselves to be a part of two cultures. These individuals expressed “little or no identification with America, which many saw as White.” Also, this group reported more negative attitudes towards other groups (Phinney & DeVich- Navarro, 1997). This study highlights the notion of how being an American serves as an important factor in one’s identity. It also confirms the inevitability of ethnic and racial individuals assuming varying levels of bicultural identification. Furthermore, it accentuates the idea that being bicultural is not a one-dimensional occurrence (Phinney & DeVich- Navarro, 1997).

Bicultural Stress

The notion of bicultural stress originated from early models of acculturative stress, and it is defined as the stress that arises from the acculturation process (Romero & Van Campen, 2011; Berry, 2003). An early definition of acculturation considered the bidirectional cultural change for minority and majority cultural groups due to the continuous firsthand contact. Early acculturation models, such as the “melting pot” beliefs that ensued throughout the US in the 1900s suggested that “melting” or assimilating into a new culture require one to let go of their native culture (Keefe & Padilla, 1987; Romero & Van Campen, 2011). These early assimilation models espoused that maintaining one’s native culture would affect assimilation, which would lead to more cultural stress and mental health disparities among immigrants. The assumption of the assimilation model was that native cultures were deficient. Thus, psychologists believed that assimilation to the dominant culture, while neglecting one’s native culture, was equated with positive mental health. According to Romero and Van Campen (2011), to further understand the process of stress as a result of navigating between more than one culture, it is essential to consider models of stress and coping to understand the relationship between bicultural contexts and mental health.

Lazarus (1997) argued that, in order to truly understand the relation between acculturation and mental health, acculturation researchers needed to adopt a stress and coping model approach that would more directly link acculturation experiences to mental well-being (Romero & Van Campen, 2011, p.4).

They assert that the experience of stress attributed to acculturation varies for each individual, challenging the assumption of the assimilation model that suggests that acculturative stress is a similar experience for all immigrants and ethnic groups. According to stress and coping models,

stress is noted as “external or internal demands that an individual cognitively appraises as taxing or exceeding their existing resources” (Romero & Van Campen, 2011). Moreover, it is imperative to know the individual subjective perception of stress related to an event (Lazarus, 1997). This is something that previous research has failed to measure due to inherent assumptions that have not accounted for individual differences at a psychological level (Romero & Van Campen, 2011). Therefore, this study considers bicultural stress as a process integral to acculturation, given this theoretical understanding.

Bicultural stress is defined as the subjective perception of stress due to everyday life stressors that result from pressure to adopt the majority culture, as well as pressure to adopt the native culture. This concept is a critical issue overlooked in psychological research, specifically among people of African descent. Although the processes of biculturalism are a relatively recent phenomenon in psychological research, to date, there is no research that has examined the relation of stress to the bicultural context within this population. For Africans, living in two cultures may bring a tremendous sense of pride, refuge, and benefits. Yet, the simultaneous shifts children of African immigrants must make between cultures, languages, worldviews, traditions, and cultural norms may also bring a level of friction and difficulty that need to be navigated smoothly. This process may produce a significant amount of stress that is attributed to the pressures of forcing bicultural individuals to acculturate or assimilate while they simultaneously feel the pull to maintain their own home cultures. Berry (2003) alluded to this experience as “unbalanced amount of pressure” ethnic minorities often grapple with due to marginalized statuses, compared to their White counterparts. As a result, these individuals may feel a force to either assimilate and/or acculturate. Thus, the experience of bicultural stress is predicted to occur

at greater levels among ethnic groups than European Americans (Berry, 2003; Romero et al., 2007).

There are a few studies that have attempted to bridge this gap in the literature by assessing the daily life stressors that may arise from bicultural context among adolescents (Romero & Roberts, 2003; Romero et al., 2007). However, they do not reflect the adult experience, and none of these studies examined the African experience.

In a study conducted by Romero and Roberts (2003), a measure of stress that focused on the cultural aspects of bilingual and bicultural environments of Latinos and its relation to depressive symptoms was developed. The development of this measure provided a huge contribution to the literature because it addressed the bicultural/bilingual environment through assessment of intergenerational stress, peer group racism, school discrimination, worry about immigration, gang influence on ethnicity, and monolingualism. The sources of stress were referred to as conflict between different cultures and cultural conflict within one's own ethnic group. According to the authors, the bicultural context "may create intergenerational gaps, monolingual stressors, and within-group discrimination, or peer pressure to conform to one's ethnic group cultural norms" (Romero & Roberts, 2003, p.174).

The sample consisted of 881 middle school students of Mexican descent. Participants were administered a survey that included a demographic questionnaire, an assessment of language use (home, with family, with media), a perceived socioeconomic status questionnaire, Rosenberg's self-esteem scale (Rosenberg, 1986), The Depressive symptoms scale (Roberts, Roberts, & Chen, 1997), and Bicultural stressors scale (Romero & Roberts, 2003).

Participants in the study reported their perceived stress from intergenerational acculturation gaps, within-group discrimination, out-group discrimination, and monolingual

stress. Romero and Roberts (2003) found that immigrant youth reported more total number of stressors; however, U.S.-born youth reported more stress from needing “better” Spanish and the impact of their parents’ culture. It was reported that immigrant youth needed “better” English in school. Results of the study suggested that higher stress levels of youth were associated with more depressive symptoms for both immigrant and U.S.-born individuals. A significant finding of this study was that youth of Mexican descent experienced stress from “stressors unique to their dual cultural and linguistic contexts” (Romero & Roberts, 2003, p.179-180). This finding highlights the stress that is directly attributed to one’s bicultural identity. Finally, bicultural stress was associated with more depressive symptoms even after individual differences in demographics and self-esteem were accounted for in both U.S.-born and foreign-born youth. One of the implications of these findings is that future research assesses culture-specific coping methods used when examining bicultural stressors.

While this study had several reported limitations in its attempt to focus on a specific ethnic population, it does provide a basis for future research to examine bicultural stressors and how this may affect the mental health of Latino adolescents. It also serves as a catalyst for illuminating this issue as it relates to other ethnic populations.

Romero, Carvajal, Valle, and Oduna (2007), in their exploration of this critical topic, considered some of the sources of bicultural stress that were consistent with previous research, as well as provided avenues worthy of future research. Previous research on acculturative stress has focused on experiences of discrimination, prejudice, minority status in relation to the perception of stress, and “everyday negative interactions” ethnic groups may experience. Individuals may experience unique stressors that take place within familial, school, and peer contexts. Some adolescents and young adults may approach conflicts within the system of school and peer

relationships navigating between cultures and dealing with the stress of balancing both cultures. Furthermore, bilingual environments and intergenerational gaps within families may add to the complexities within the acculturative process and serve as additional sources of stress for individuals. Ethnic minorities may struggle between maintaining cultural practices and adopting/achieving expectations according to the Western world (Gil, Wagner, & Vega, 2000; Talbani et al., 2000).

Due to this finding in the literature, Romero, Carvajal, Valle, and Oduna (2007), elected to focus on the perception of stress relative to the experiences of Latino, Asian Americans, and European American youth (Romero et al., 2007). This study investigated the subjective perception of bicultural stress among adolescents and sought to examine whether the subjective perception of bicultural stress was associated with depressive symptoms and less optimism among this ethnically and economically diverse sample (Romero et al., 2007). The researchers had two hypotheses they sought to investigate. The first predicted that minority youth would report more bicultural stressors and a higher rate of stressfulness compared to European American youth. The second was that more bicultural stress would be associated with negative mental health outcomes (i.e. depressive symptoms, lower optimism). The stressors that were comprised in the culminating purposes of their analysis included discrimination, negative stereotypes, intergenerational acculturation gaps, and pressure to speak more than one language.

The sample consisted of 650 randomly selected male and female adolescents of Latino, Asian American, and European Americans backgrounds. They were selected from seven middle schools within a district. Data were collected and gathered within the schools by trained professionals. The study included a self-report questionnaire, a bicultural stressors scale, and

assessment of mental health measured by the CES-D (Radloff, 1977). Participants were also asked to report their socioeconomic and generational statuses.

Romero et al. (2007) found that higher bicultural stress was associated with more depressive symptoms and less optimism. The results showed that the youth who reported a higher frequency and intensity of bicultural stress also reported “less favorable mental health indicators.” These results are consistent with previous literature that called attention to the impact that bicultural stress has on the mental well-being of youth (Hovey, 1998; Romero & Roberts, 2003). The results were that Latinos and Asian Americans reported more stressors than European Americans at a significantly higher frequency.

In regards to assessing the relationship between the experience of stressors and sociodemographic variables, the findings indicated that Asian Americans were more likely to report family stressors than Latinos, who reported being uncomfortable with other cultures. However, it was found that Latinos reported more stressors when it came to peer relations, specifically, “experiencing stress feeling pressured” to join a gang of their ethnic group. European Americans were not found to report any stressors more frequently than any of the other ethnic groups (Romero et al., 2007). Furthermore, bicultural stress was found to significantly predict depressive symptoms. Of the sociodemographic variables under study, the following were related to depressive symptoms: higher generation, being female, and SES. Overall stress was found to strongly predict the experience of depressive symptoms. In terms of optimism, bicultural stress was significantly related to optimism. For females, bicultural stress was found to significantly predict optimism, however in a negative direction. However, for males it did not have any effect.

Romero et al. (2007) findings were significant in that, among females, higher bicultural stress was associated with depressive symptoms and less optimism. In general, across the entire sample bicultural stress was significantly related to depressive symptoms. European Americans also reported fewer stressors in comparison with the other ethnic groups, which supported the second hypothesis. The aforementioned findings are consistent with previous literature and they support the need for further research to understand this complex process that impact the lives of individuals of various ethnic groups. It also calls for further examination of this issue across representative, diverse populations that may be affected in a similar way to the ethnic groups in this study.

The purpose of Romero et al. (2007) study was to bridge the gap of literature focusing on the cultural context of stress for adolescents and attempting to survey a representative sample. However, the absence of African Americans in the sample limits the representative quality of such a study. More importantly, the lack of inclusion of African Americans in the study critically undermines magnifying the reality of this issue to the greater society and is not reflective of the demographic layout of this country. It addresses the increased attention of acculturation and specifically, bicultural stress and its impact on the mental health of youth and considering the cultural context of adolescents. Thus, the mission of broadening the conceptualization of this critical issue should acknowledge the demographic layout of this country.

Impact on Mental Well-Being

Depression

According to the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., APA), a depressive disorder is characterized as a depressed mood “present for most of the day, nearly every day, for a period of at least two weeks” (APA, 2000). There is a limited scope to the

research regarding the impact of acculturation, or the bicultural context, on the mental well-being of people of African descent, specifically as it relates to depressive symptomology. Yet, there is a growing body of literature pertaining to the experiences of other immigrant/ethnic populations that has found correlations between acculturation and negative mental health outcomes, particularly depressive symptoms. Oh, Koeske, and Sales (2002) found that there was an increased level of stress and depression among Korean immigrants when these individuals maintained two cultures, their native culture and American. Their data suggested that identifying with one's native culture while embracing U.S. values exacerbated mental health risks (Oh, Koeske, & Sales, 2002).

Bicultural competence was found to be negatively associated with depressive symptoms among Latino/a, African American, and Asian American college students. Higher levels of bicultural competence were associated with lower levels of depressive symptoms (Wei, Liao, Chao, Mallinckrodt, Tsai, & Botello-Zamarron, 2010). While the process of acculturation and mental health among people of African descent is an area that has been significantly understudied, this population faces increased mental health risks. Among Black immigrant women, research shows a positive association between length of stay in the US and depression (Williams et al., 2007). However, the limitations in existing studies with regards to the disproportionate rates of mental health risks among people of African descent when compared to other cultural groups, impinges on further implications one can make (Obasi & Leong, 2009).

Racism, Prejudice, Discrimination

For an immigrant or an individual with international lineage adapting to a new country and homeland, the coupled experiences of prejudice during the acculturative process creates a multitude of factors which can have deleterious effects. The barriers, prejudice, and

discrimination immigrants and their children wrestle with can impact the ability to navigate between two cultures in a healthy positive manner (Padilla & Perez, 2003). According to a study done by Mays, Cochran, and Barnes (2007) that elucidated the health disparities that existed between African Americans and Whites, race-based discrimination and prejudice were posed as causal mechanisms in the perpetuation of negative physical and mental health disadvantages among ethnic/racial minority groups.

African immigrants, who have primarily been raised in racially homogenous contexts in their native countries, are more likely to have negative experiences related to discrimination, racism, and prejudice when they reach American soil (Constantine, Andersen, Berkel, Caldwell, & Utsey, 2005). One reason is that race for this population plays a significant role in the acculturation process and the cultural adjustment to being Black in America, as this identity may be a norm back in their home countries yet is connoted as a minority in the U.S. (Constantine, Andersen, Berkel, Caldwell & Utsey, 2005).

The impact of prejudice on the process of acculturation for immigrants has been defined as difficult, contending with cultural and social factors, and presenting a myriad of stressors. Immigrants not only face significant mental health disparities and underutilization of resources, but the experiences of minority stress and racism are not foreign from the processes that lie within acculturation to a new society (Constantine et al., 2005; Williams et al., 2007; Obasi & Leong, 2009). There are unique contributing factors to each population that may impede fostering a positive acculturative experience; however, identifying the ways in which some groups cope, and respond to stress, racism, prejudice, and discrimination is vital.

Protective Factors: Perceived Social Support and Education

Social Support

Social support, represented through the connection and network one has with family, community, peers, significant other, and friends has been evidenced as a positive buffer from mental health risks. For people of African descent, it is very common to rely on traditional support networks (family, relatives, spiritual advisors, community organizations, friends) rather than to seek professional psychological services (Obasi & Leong, 2009; Parham et al., 1999). People of African descent have been found to use coping sources (such as friends, parents, significant others) and practices (family, social, religious activities) that are centered on an African worldview, as opposed to utilizing Western psychological services (Obasi & Leong, 2009). Social support has also been found to play a vital role in buffering African students' cultural adjustment difficulties, and it has been endorsed as a positive coping strategy that can attenuate the effects of acculturation (Constantine et al., 2005). Nevertheless, the relation of social support to mental health within a bicultural context of stress has yet to be examined with this population. Therefore, it is important to recognize the potential role social support may serve as a contributing protective factor among people of African descent.

Education

Approximately one-third of the African population in the US has a college degree. As attainment of a higher education is one of the modes of entrance into the US for many immigrants, African immigrants and their children evidence highly educated backgrounds. Education has served as the gateway for many African families settling in the US, as well as providing better opportunities for their children. In 2005, African immigrants had the highest percentage of college graduates of any U.S. ethnic group (Kent, 2007). People of African descent

are more diverse in their educational backgrounds because of the varied experiences these immigrants bring from different countries. Educational involvement may serve as an indicator of resiliency that attenuates the effects of acculturation. While it has not been studied with this population, biculturalism has been associated with educational achievement among other ethnic populations. Educational attainment may serve as a protective factor by limiting the effects of bicultural stress and safeguarding immigrants against negative mental health outcomes.

Summary and Conclusions

Examination of acculturation and biculturalism in itself warrants the recognition of people of color in the US, and it can facilitate an improved awareness of the mental health needs of these populations (Constantine, 2002; as cited in Brown & Lent, 2008). The current paucity of research pertaining to the immigrant experiences of Africans and people of African descent as a whole, signifies a need for attention and literature that reflects the experiences of this cultural group. There is a significant amount of empirical research indicating the need for further investigation of the processes associated with mental health outcomes salient to ethnic immigrant groups. Yet, there seems to be an overwhelming absence in literature, which strives to address or provide knowledge pertaining to the acculturation of persons of African descent, as it relates to the mental health of this population.

According to Constantine and Sue (2005), as the U.S. population continues to diversify, mental health providers have an obligation to examine cultural sensitivity issues in practice and training” (as cited in Brown & Lent, 2008, p.141). Multicultural considerations have been constructed through various models, such as, multicultural competence to recognize sociocultural factors and the influences of culture on human behavior (Brown & Lent, 2001) for purposes of better understanding these intricacies. Previous researchers have failed in their efforts to cover a

wide spread of multicultural issues by excluding people of African descent in their investigations. This puts to question the representative value of previous studies to the larger society since a major population has not received attention. The acculturation of people of African descent has been a “largely understudied phenomenon,” as the experiences of these individuals have remarkably been overlooked (Obasi & Leong, 2009, p.236). Research directed toward the experiences of bicultural persons of African descent and the impact of having to navigate between two cultures may enlighten and address the complexities which continue to permeate the mental health of this population. The relationship between bicultural stress and mental well-being remains a topic unexamined for this population, and it is a critical issue that needs to be examined.

The process of acculturation has expanded in its developmental significance and has received attention in the literature regarding its effects on various multicultural populations. More specifically, the experience of acculturative stress and bicultural stress has been found to be related and salient to the experiences of immigrant populations, such as Asian Americans and Latino/a Americans. Additionally, current literature has expounded on the parallel process of acculturation and biculturalism it relates psychological functioning, depression, coping, self-esteem, and adolescent bicultural stress (Brown & Lent, 2008; Joiner & Walker, 2002; Romero et al., 2007). However, the unique experiences of children of African immigrants living in bicultural contexts requires critical examination and sensitivity to fully understand the racial/cultural elements involved in the consideration of the bicultural context of stress among this population.

In spite of the studies that exist in regards to acculturation research with various ethnic populations, there is a dearth of empirical research that accounts for experiences of acculturation

and bicultural stress among people of African descent. The premise of multicultural competence asserts that: “psychologists are charged with understanding the roles that race and other dimensions of culture play in individuals’ development and experiences” (Brown & Lent, 2008, p. 141).

The present review of the literature represents a limited understanding of the critical issues immigrant and different ethnic groups experience. In some ways the general inattention to the experiences of people of African descent represents a significant gap in the research in this area. Moreover, this paucity of research continues to perpetuate the existing complexities in understanding and addressing racial and cultural disparities that characterize the quality of mental health care and research afforded to people of color, in this case people of African descent (Brown & Lent, 2008).

Chapter III METHODOLOGY

Design and Methodology

A non-experimental (non-randomized) method to collect data was used in this study. The study was conducted using an online survey to examine my questions and hypotheses. A survey was administered through Seton Hall University's ASSET online program. The independent variables of this study were: (a) mental well-being, which was measured by the Center for Epidemiologic Studies-Depression scale (CES-D) (Radloff, 1977) which assesses depressive symptomology; perceived social support, which was measured using the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988); and (c) years in education, which was assessed using the demographic questionnaire. The dependent variable in this study was bicultural stress, which was measured by the Bicultural Stressors scale (Romero & Roberts, 2003).

Participants

The current study was designed to assess the relationship between bicultural stress, mental well-being, perceived social support, and education among bicultural persons of African descent. This study was restricted to a sample size of 68 (or more) males and females, 18 years of age and older, who self-identified as being bicultural and a person of African descent (immigrant or child of African immigrants). Individuals who did not self-identify as being a person of African descent were excluded from participation.

Power Analysis

The number of participants required for the study was determined by a G*Power analysis (Faul, Erdfelder, Lang, & Buchner, 2007). The analysis for this study was based on the following assumed values of α err prob 0.05, power of 0.80, effect size f^2 0.15, and number of 3 predictors

for multiple regression. Given this analysis, an overall sample size of 68 was required for this study. Although a greater participant size was desired for a maximal response rate.

Procedure

All letters of solicitation and informed consent were approved by the Seton Hall University IRB before participants were recruited. Participants were recruited using a solicitation email that was sent to my contacts. I selected this technique since this was a restricted population, a very specific subgroup (individuals who identified as being bicultural and a person of African descent). An email containing the letter of solicitation was sent to all professional and personal contacts inviting them to participate in the study. In order for participants to not feel any pressure or coercion to participate, this letter was explicit about the voluntary nature of this study, and it provided assurance of anonymity. In this email, participants were invited to participate in the study and were also asked to forward this email along to others whom they believed fit the inclusion criteria and might be interested in participating in the study. This email contained a link to the survey used in the study. The survey was posted through the electronic survey tool (ASSET); a program provided by Seton Hall University.

This online survey was completely anonymous. Participants were informed that their names would not be used in connection with the study, and that their responses would not be linked with their identity. The solicitation email contained a link to access the survey through ASSET. Participants were asked to complete four self-report assessments. The study instruments included: (a) demographic questionnaire; (b) Bicultural Stressors scale (Romero & Roberts, 2003); (c) Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988); and (d) Center for Epidemiologic Studies-Depression scale (CES-D) (Radloff, 1977). It was expected that the survey would take between 20-30 minutes to complete. After participants

completed the survey, they were thanked for their participation in the study. Since there was no deception involved in this study, a debriefing process was not necessary. Participants were also provided with my contact information, should they have any questions or concerns following completion of the survey instrument.

Research Instruments

Demographic Questionnaire

A demographic questionnaire was administered for the purpose of obtaining background information. Participants were asked to report their age, gender, ethnic background, race, country of origin (birthplace), years of education, primary language spoken in the home, generational status, and parents' countries of origin. This information provided the descriptive information for the sample.

Bicultural Stressors Scale (Romero & Roberts, 2003)

The Bicultural Stressors scale is a 20-item scale designed to measure everyday stressors within school, peer, and family contexts, and it includes factors related to discrimination, intragroup pressures, intergroup conflict, and acculturation. This scale is a Likert-type scale with possible responses from 1 (*not stressful at all*) to 4 (*very stressful*). A composite score is established by taking an average of the number of reported stressors and perceived stress ratings: This results in a mean total score. Higher scores in the scale represent more stress. This scale can provide information on the number of stressors experienced, as well as the degree of perceived stress perceived for each of the stressors identified by the respondent (Romero & Roberts, 2003).

This scale was adapted from the Cuellar and Roberts (1997) Adult Stress Scale, and some of the items were revised for use with adolescents with a focus on school, family, and peers. Some of the items in the scale were developed based on previous scales such as the SAFE, HSI,

and Minority Stressors scale (Romero & Roberts, 2003). These items have been modified so as to be relevant to adolescent populations as well. Research with the original adult scale has evidenced high internal consistency of ($\alpha = .87$). Although this scale was normed using an adult population, the researchers then conducted a pilot study with youth to assess its readability, the length of time it took adolescents to complete survey, and the internal consistency of the items. This scale was standardized with a focus group of seven individuals (ages 18-21 years) and demonstrated good face validity. Romero and Roberts (2003), administered the scale to 43 middle schools students to assess for readability, length of time for survey, and internal consistency of items. Finally, the authors conducted a pilot study with 881 middle school students to determine reliability with an adolescent population. The internal consistency of this study was ($\alpha = .93$).

This scale has been reported as a reliable measure of bicultural stress in ethnic minorities. The bicultural stressors scale has been found to have high internal consistency with different ethnic groups (Latinos $\alpha = .94$, European Americans $\alpha = .94$, and Asian Americans $\alpha = .95$) (Romero & Roberts, 2003; Romero et al., 2007). However, most studies of the reliability and validity of this scale sampled an adolescent populations.

Center for the Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977)

The CES-D is designed to measure depressive symptomology in the general population (Radloff, 1977). This scale assesses the frequency of with which a person has experienced four major symptom domains of depression within the week prior its administration. The symptom domains are: negative affect, absence of positive affect, somatic complaints, and interpersonal problems (Radloff, 1977; Romero et al., 2007). Items in the scale consist of descriptions of the physical and psychological symptoms of depression. The CES-D has been widely used with

community samples and in cross-cultural research, and psychometric studies have established it as a “well-established” instrument in measuring self-reported depressive symptoms (Radloff, 1977). Individual items on the scale are rated by the respondent on a 4-point scale of the frequency of the symptoms in the past week. The items on the scale range in responses from 1 (*never or rarely*) to 4 (*most or all the time*).

The CES-D has been validated using adult samples of White and Black populations, adolescent and young adult populations, and it has been used in subcultural and cross-cultural research with Korean, Mexican American, Asian American, and European American samples (Oh et al., 2002; Radloff, 1977; Romero et al., 2007). Early validation tests of the instrument with the general population evidenced high levels of both inter-item and item-scale correlation, and high internal consistency ($\alpha=.85$) (Radloff, 1977). This scale accounts for heterogeneity and individual differences within a general sample. As many people may not report experiencing symptoms in comparison to others and vice versa, while also accounting for different types of symptoms (affective vs. somatic) (Radloff, 1977). While it is not a scale used for clinical diagnosis, the CES-D is sensitive in its design so that it can differentiate levels of severe symptomatology between patient and general populations. Factor-analysis studies on the CES-D have identified four invariant factors that are interpretable as follows: (a) depressed affect, (b) positive affect, (c) somatic complaints, and (d) interpersonal problems.

The CES-D has demonstrated consistent evidence of great reliability and validity with different ethnic populations. Oh et al. (2002) examined the relationship between acculturation, stress, and depressive symptoms among Korean immigrants in the US and found comparable results of an alpha reliability of .88 evidenced with this sample (Oh et al., 2002). In Romero et al.’s (2007) study of bicultural stress and depressive symptoms among Mexican, Asian, and

European American youth, the sample showed high internal consistency for all respondents across all ethnic groups ($\alpha = .81$). The goal in the use of this scale was to draw links between stress and depressive symptomatology in an ethnic adolescent population. Thus, Romero et al. (2007) found that bicultural stress significantly predicted depressive symptoms with this sample.

Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988)

The Multidimensional Perceived Social Support Scale (MSPSS) is a 12-item inventory that has been reported in previous studies as a brief, psychometrically sound, reliable measure of social support. The MSPSS was designed to assess perceptions of social support from three specific sources: family, friends, and significant other. It is noted as an ideal research instrument, in that, it was designed to be convenient and simplistic in nature. The MSPSS is comprised of a 7-point Likert rating scale with responses ranging from 1 (*very strongly disagree*) to 7 (*very strongly agree*). The perception of support from three sources is measured by items in the scale as follows: family (items 3, 4, 8, 11), friends (items 6, 7, 9, 12), and significant other (items 1, 2, 5, 10). The total score is computed by summing up the three subscale scores. Higher scores in the scale indicate high levels of perceived social support.

The reliability of this scale was demonstrated based on a sample of 275 male and female undergraduate students. Results from the factor analysis demonstrated confirmed subscales groupings as predicted (from family, friends, and significant other). The internal reliability coefficient of the total scale with this sample was .85. The coefficient alpha for the significant other subscale was .91, for family subscale it was .87, and for the friends subscale it was .85 (Zimet, Dahlem, Zimet, & Farley, 1988).

The MSPSS has been found to be a reliable and valid instrument that has been used with various populations (Chinese adolescents, South Asian women, Mexican American youth, African American adolescents and adults). Brown's (2008) study of the importance of race socialization and social support in the resiliency of African Americans found high internal consistency for the total scale with a coefficient alpha of .93. For the subscales, the MPSS demonstrated strong findings for Cronbach's reliability coefficients ranging from .91 to .94 (Brown, 2008). Canty-Mitchell and Zimet (2000) conducted a study with 222 African American adolescents and their findings demonstrated high internal reliability for the total scale score ($\alpha = .93$) as well as the subscales (family $\alpha = .91$, friends $\alpha = .89$, significant other $\alpha = .91$). The results of this study evidenced that this scale is a reliable instrument for use with African American adolescents (Brown, 2008; Canty-Mitchell & Zimet, 2000).

Statistical Analyses

The following hypotheses were statistically analyzed in this study as stated below:

A negative relationship exists between the experience of bicultural stress, mental well-being (as evidenced by depressive symptoms), perceived social support, and education in bicultural persons of African descent as measured by the bicultural stressors scale, CES-D, MSPSS, and years of education (according to demographic questionnaire).

a. A positive relationship exists between experiencing bicultural stress and lower depressive symptoms in bicultural persons of African descent, as measured by the bicultural stressors scale and CES-D.

This hypothesis was analyzed using a bivariate correlation in which the independent variable was mental well-being (as evidenced by depressive symptoms) and the dependent variable was bicultural stress. A G^* power analysis was conducted with

assumed values $\alpha= 0.05$, power of 0.80, and a medium effect size of 0.15. Results of this analysis indicated that a sample size of 68 was required.

- b. A negative relationship would exist between experiencing bicultural stress and perceived social support in bicultural persons of African descent as measured by the bicultural stressors scale and MSPSS.

This hypothesis was analyzed using a bivariate correlation in which the independent variable was social support and the dependent variable was bicultural stress. A G* power analysis was conducted with assumed values $\alpha= 0.05$, power of 0.80, and a medium effect size of 0.15. Results of this analysis indicated that a sample size of 68 was required.

- c. A negative relationship exists between the experience of bicultural stress and education in bicultural persons of African descent as measured by the bicultural stressors scale and years in education (demographic questionnaire).

This hypothesis was analyzed using a bivariate correlation in which the independent variable was education and the dependent variable was bicultural stress. A G* power analysis was conducted with assumed values $\alpha= 0.05$, power of 0.80, and a medium effect size of 0.15. Results of this analysis indicated that a sample size of 68 was required.

Summary

This chapter provided information about the methodology of the present study. This study was a non-experimental, non-randomized research design, and the independent and dependent variables were analyzed using multiple regression. The population of interest is

bicultural persons of African descent. Methods of recruitment and collection of data have been presented. Moreover, the research instruments have been outlined, including validity and reliability data for each psychometric scale. The hypotheses of the study were defined, as well as the statistical analysis used to examine each one.

Chapter IV

RESULTS

The primary purpose of this study was to examine the relationship between reported bicultural stress and mental well-being (as measured by depressive symptoms) among people of African descent. This study investigated the experiences of bicultural stress among individuals who self-identified as bicultural and mental well-being, as measured by depressive symptomology. In examining this relationship, social support and education were investigated as protective factors that mitigate the experiences of bicultural stress and negative mental health outcomes. Within this chapter, the design of the study is reviewed, the procedures used for data screening are presented, the descriptive statistics for the sample are described, and the findings from each of the tested study hypotheses are discussed and presented.

Statement of Design

A non-experimental (non-randomized) approach was utilized in the present study. The independent variables of this study were: (a) mental well-being (as evidenced by depressive symptomology) as assessed by the Center for Epidemiologic Studies-Depression scale (CES-D) (Radloff, 1977); (b) perceived social support, as assessed by the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988); and (c) education (years in education), as obtained from the demographic questionnaire. The dependent variable in this study was bicultural stress, as assessed by the Bicultural Stressors scale (Romero & Roberts, 2003).

Descriptive Statistics

The present study had 93 participants who completed an online survey. Participants were recruited through a solicited email sent to my professional and personal contacts that invited them to complete an online survey. This technique was utilized due to the nature of this being a restricted population involving a specific subgroup (individuals who identify as being bicultural and a person of African descent). An a priori power analysis indicated that 68 participants were required to power the study. Participants were all adults (18-43 years old) who self-identified as bicultural persons of African descent.

Table 1 presents the demographic data for participants in the study. The overall participant sample was comprised of 25 adult males (26.9 %) and 68 females (73.1%) between the ages of 18 and 43. The mean age of participants in the study was 26.37 years.

The participants' levels of education at the time the study ranged from high school diploma to doctorate/medical degree. Twenty of the participants (21.5%) reported having a high school diploma; 47 (50.5%) reported having a bachelor's degree; 20 (21.5%) reported a masters or less; and 6 (6.5%) reported having a doctorate/medical degree.

With regard to racial identity, 39 of the participants (25.8%) identified as African; 29 (31.2%) identified as Black; 24 (25.8%) identified as African-American; and 1 (1.1%) identified as Mixed Race. With regard to ethnic identity, 56 of the participants (60.2%) identified as Eritrean; 16 (17.2%) identified as Ethiopian, 8 (8.6%) as African; 5 (5.4%) identified as Nigerian; 2 (2.2%) identified as Ghanaian; 1(1.1%) identified as Somalian; 1(1.1%) identified as Igbo; 1(1.1%) identified as Congolese; 1(1.1%) identified Eritrean and Ethiopian; 1(1.1%) identified as Black; 1(1.1%) identified as Tigrayan; 1(1.1%) identified as Jamaican; 1(1.1%)

identified as Kamba, 1(1.1%) identified as Merina, 1(1.1%) identified as Biase and Ibibio; and 1(1.1%) identified as Shona.

As for country of origin, 58 of the participants (62.4%) reported being born in the United States. Thirty five of the participants (37.6 %) indicated being born outside of the US.

Descriptive statistics regarding the participants country of origin, as well as their mother's and father's countries of origin, are shown in Table 1. With regard to language spoken at home, 43 (46.2 %) reported Tigrinya as their primary language spoken at home; 40 (43 %) reported English as their primary language spoken at home; 5 (5.4%) reported Amharic as their primary language spoken at home; 1 (1.1 %) reported French and Spanish as their primary language spoken at home; 1 (1.1 %) reported Shoona as their primary language spoken at home; 1 (1.1 %) reported Somali as their primary language spoken at home, 1 (1.1%) reported Lingala as their primary language spoken at home; and 1 (1.1%) reported Arabic as their primary language spoken at home. As for generational status, 37 of the participants (39.8%) identified as being first-generation and 56 (60.2%) identified themselves as second-generation. With regard to religious affiliation, 47 (50.5%) reported Christian; 21(22.6%), reported Christian Orthodox; 11(11.8%) reported Catholic; 5 (5.4%) reported Muslim; 4 (4.3%) reported Agnostic; 3(3.2%) reported Atheist; 1(1.1%) reported Buddhist; and 1(1.1%) reported Jewish.

Table 1

Demographic Characteristics of the Sample (n=93)

	<i>M</i>	<i>f</i>	<i>%</i>
Gender			
Female	-	68	73.1
Male	-	25	26.9

Participant Age	26.37	-	-
Level of Education			
High School	-	20	21.5
College (Bachelor's Degree)	-	47	50.5
Graduate or Professional Degree (Masters or less)	-	20	21.5
Doctorate/Medical Degree	-	6	6.5
Race			
African	-	39	25.8
Black	-	29	31.2
African-American	-	24	25.8
Mixed Race	-	1	1.1
Ethnic Background			
Eritrean	-	56	60.2
Ethiopian	-	11	11.8
African	-	8	8.6
Nigerian	-	5	5.4
Ghanaian	-	2	2.2
Somalian	-	1	1.1
Igbo	-	1	1.1
Congolese	-	1	1.1
Eritrean & Ethiopian	-	1	1.1
Black	-	1	1.1
Tigrayan	-	1	1.1
Jamaican	-	1	1.1
Kamba	-	1	1.1
Merina	-	1	1.1
Biase & Ibibio	-	1	1.1
Shona	-	1	1.1
Country of Origin			

United States	-	58	62.4
Sudan	-	14	15.1
Eritrea	-	10	10.8
Ethiopia	-	5	5.4
Democratic Republic of Congo	-	1	1.1
Zimbabwe	-	1	1.1
Italy	-	1	1.1
Kenya	-	1	1.1
Germany	-	1	1.1
Egypt	-	1	1.1
Mother's Country of Origin			
Eritrea	-	57	61.3
Ethiopia	-	14	15.1
Nigeria	-	6	6.5
United States	-	4	4.3
Ghana	-	3	3.2
Kenya	-	1	1.1
Somalia	-	1	1.1
Egypt	-	1	1.1
Democratic Republic of Congo	-	1	1.1
Puerto Rico	-	1	1.1
Togo	-	1	1.1
Madagascar	-	1	1.1
St. Croix Virgin Islands	-	1	1.1
Zimbabwe	-	1	1.1
Father's Country of Origin			
Eritrea	-	56	60.2
Ethiopia	-	16	17.2
Nigeria	-	7	7.5

United States	-	3	3.2
Ghana	-	2	2.2
Congo	-	1	1.1
Sudan	-	1	1.1
Somalia	-	1	1.1
Zimbabwe	-	1	1.1
Jamaica	-	1	1.1
Canada	-	1	1.1
Madagascar	-	1	1.1
Kenya	-	1	1.1
Togo	-	1	1.1
Primary Language Spoken at home			
Tigrinya	-	43	46.2
English	-	40	43.0
Amharic	-	5	5.4
French and Spanish	-	1	1.1
Shoona	-	1	1.1
Somali	-	1	1.1
Lingala	-	1	1.1
Arabic	-	1	1.1
Generational Status			
First-Generation	-	37	39.8
Second-Generation	-	56	60.2
Religious Affiliation			
Christian	-	47	50.5
Christian Orthodox	-	21	22.6
Catholic	-	11	11.8
Muslim	-	5	5.4
Agnostic	-	4	4.3

Atheist	-	3	3.2
Buddhist	-	1	1.1
Jewish	-	1	1.1

Preliminary Analyses

The preliminary analyses used to screen the data were performed using SPSS Explore. Subsequent analysis of the transformed variables revealed acceptable levels of skewness and kurtosis.

Primary Study Variables

Prior to conducting inferential statistics, descriptive statistics for the study's primary variables were obtained. These statistics are displayed in Table 2 and include bicultural stress (as measured by the Bicultural Stressors Scale), depressive symptomology (as measured by the CES-D), perceived social support (as measured by MSPSS), and level of education (retrieved from demographic questionnaire).

Bicultural Stress

Participants' experiences of bicultural stress were measured by the Bicultural Stressors scale (Romero & Roberts, 2003). An overall mean score for the scale was calculated. Items on the Bicultural Stressors scale were rated on a 4-point Likert-type scale that ranged from 1 (*not stressful at all*) to 4 (*very stressful*). The mean score of the overall Bicultural Stressors scale was calculated ($M=48.57$, $SD=10.03$). Higher scores in the scale indicated more stress. Means and standard deviations for the sample scores are provided in Table 2.

Symptoms of Depression

Participants' symptoms of depression were measured by the CES-D (Radloff, 1977). An overall mean for the scores was calculated ($M=15.35$, $SD=9.74$). Individual items on the scale are coded using to a four-point range of the frequency with which the respondent has

experienced symptoms in the past week. The items on the scale range in responses from 1 (*never or rarely*) to 4(*most or all the time*), and the scoring of positive items reversed. The scores for the total scale range from 0 to 60, with higher scores indicating the presence of more depressive symptomatology. Means and standard deviations of the scores for the sample are provided in Table 2.

Perceived Social Support

Participants' perceptions of social support were measured using the MSPSS (Zimet, Dahlem, Zimet & Farley, 1988). Items on the MSPSS were rated on a Likert scale that ranges from 1 (*very strongly disagree*) to 7 (*very strongly agree*). The mean for the scores on the MSPSS was calculated ($M=67.56$, $SD=13.22$). Higher scores on the scale indicate high levels of perceived social support. Means and standard deviations of the scores for the sample are provided in Table 2.

Education

Participants' highest level of education was obtained from the demographic questionnaire.

Table 2

Descriptive Statistics for Primary Variables

	<i>M</i>	<i>SD</i>
Bicultural Stress	48.57	10.03
Depression Symptomology	15.35	9.74
Social Support	67.56	13.22

Experiences of bicultural stress scores were correlated with symptoms of depression, social support, and level of education. The results of these correlational analyses are presented in Table 3.

Hypothesis Testing

Hypothesis 1

This hypothesis predicted that, within the recruited sample, reported bicultural stress would be predicted by symptoms of depression, perceived social support, and education in bicultural persons of African descent. To explore this hypothesis a multiple regression analysis was performed.

This results supported hypothesis 1. Table 3 displays the unstandardized regression coefficient (B) and the standardized regression coefficients, (β), R , R^2 , and F , after entry of all variables. The R^2 was significantly different from zero. The total $R^2 = .126$, $F(3, 89) = 4.30$, $p < .01$. The adjusted R^2 value of .097 suggests that 9.7% of the variance in bicultural stress was predicted by symptoms of depression and that it made a statistically significant contribution to the levels of bicultural stress ($\beta = .374$, $p = .001$). The results of the study did not support social support predicting levels of bicultural stress ($\beta = .029$, $p = .799$). In addition, the results did not find support for education predicting levels of bicultural stress ($\beta = .029$, $p = .783$).

Table 3

Regression Analysis Summary Predicting Bicultural Stress

	B	SEB	β
Depressive Symptomology	.385	.116	.374
Social Support	.022	.085	.029
Education	.351	1.27	.029
R^2		.126	
F		4.30**	

* $p < .05$. ** $p < .01$.

Hypothesis 1a-c

This hypothesis predicted that within the recruited sample, a positive relationship would exist between scores on the bicultural stressors scale and symptoms of depression, as measured

by the CES-D. Further analyses were completed to examine if, within the recruited sample, a negative relationship existed between bicultural stress and perceived social support. It was also predicted that a negative relationship would exist between bicultural stress and education. To explore these hypotheses bivariate correlations between primary variables were completed.

This results of the statistical analyses showed support for hypothesis 1a. A Pearson product-moment correlation was completed to determine the relationship between bicultural stress (as measured by the bicultural stressors scale) and symptoms of depression (as measured by the CES-D). The data showed no violation of normality, linearity, or homoscedasticity. The results indicated that there was a positive correlation between reported bicultural stress and symptoms of depression (as measured by the CES-D) that was statistically significant, $r = .353$, $n=93$, $p < .01$ (see Table 4).

The results did not support hypothesis 1b. There was not a significant correlation between reported levels of bicultural stress and perceived social support, $r = -.131$, $n=93$, $p = .105$ (see Table 4).

The results did not support hypothesis 1c. There was not a significant correlation between reported levels of bicultural stress and education, $r = -.070$, $n=93$, $p = .254$ (see Table 4).

In addition, the results indicated that there was a negative correlation between symptoms of depression (as measured by the CES-D) and perceived social support (as measured by the MSPSS) that was statistically significant, $r = -.446$, $n=93$, $p < .01$ (see Table 4). The results indicated that there was a negative relationship between symptoms of depression (as measured by the CES-D) and education (demographic questionnaire) that was statistically significant, $r = -.282$, $n=93$, $p < .01$ (see Table 4). The results also indicated that there was a positive relationship between perceived social support (as measured by the MSPSS) and education

(demographic questionnaire) that was statistically significant, $r = .254$, $n=93$, $p < .05$ (see Table 4).

Table 4

Bivariate Correlations between Primary Variables

Variables	1	2	3	4
1. Bicultural Stress	1.00	.353**	-.131	-.070
2. Depressive Symptomology		1.00	-.446**	-.282**
3. Social Support			1.00	.254
4. Education				1.00

* $p < .05$; ** $p < .01$; *** $p < .005$; **** $p < .001$

Summary

The results of the statistical analyses provided partial support for the hypotheses. First, it was hypothesized that, within the recruited sample, a negative relationship would exist between experiencing bicultural stress, mental well-being (as evidenced by depressive symptoms), perceived social support, and education in bicultural persons of African descent.

The results of a multiple regression analysis indicated that symptoms of depression predicted bicultural stress. Thus, hypothesis 1 was supported. However, the results of this analysis did not find support for perceived social support and education significantly predicting bicultural stress.

Hypothesis 1a predicted that within the recruited sample, a positive relationship would exist between reported bicultural stress and symptoms of depression. The results of a bivariate

correlation indicated that there was a significant, positive relationship between bicultural stress and symptoms of depression. Thus, hypothesis 1a was supported.

Hypothesis 1b predicted that within the recruited sample, a negative relationship would exist between bicultural stress and perceived social support. The results of a bivariate correlation indicated there was not a significant relationship between experiences of bicultural stress and perceived social support. Thus, hypothesis 1b was not supported.

Hypothesis 1c predicted that within the recruited sample, a negative relationship would exist between bicultural stress and education. The results of a bivariate correlation indicated that there was not a statistically significant relationship between experiences of bicultural stress and years in education. Thus, hypothesis 1c was not supported.

Further analysis demonstrated that there was a significant, negative relationship between symptoms of depression and perceived social support. The results of a bivariate correlation also indicated that there was a significant, negative relationship between symptoms of depression and education. A follow up analysis found that there was also a significant, positive relationship between perceived social support and education.

Chapter V

DISCUSSION

The primary purpose of this study was to examine the relationship between two factors, bicultural stress and mental well-being (as measured by symptoms of depression). In examining this relationship, perceived social support and education were explored as protective factors and safeguards from the experiences of bicultural stress and potential negative mental health outcomes. The focus of this exploratory study was on bicultural persons of African descent,

given the limited research pertaining to this population and their specific experiences in living in a bicultural context. In this chapter, the findings of the present study are examined and interpreted, the limitations of this study are presented, clinical implications are discussed, and directions for future research are recommended.

Interpretation of Findings

The first question examined by this study inquired about the relationship between bicultural stress and mental well-being in bicultural persons of African descent. Given previous research (Romero & Roberts, 2003) regarding the conceptualization of bicultural stress and its relation to mental well-being, it was hypothesized that a negative relationship would exist between experiences of bicultural stress, symptoms of depression, perceived social support, and education. The results of a multiple regression analysis showed that bicultural stress was predicted by symptoms of depression and that symptoms of depression made a statistically significant contribution to the levels of bicultural stress. Additionally, the analyses did not find that perception of social support or education predicted levels of bicultural stress. It was also hypothesized that a positive relationship would exist between bicultural stress and symptoms of depression. The results of a bivariate correlation found that a positive relationship existed between bicultural stress and symptoms of depression.

Bicultural stress has been conceptualized as the subjective perception of everyday life stressors directly related to the pressure of adopting the majority culture and adopting the native culture. In other words, these stressors can be understood as the conflict that may exist between different cultures and the cultural conflict within one's own ethnic group. Therefore, the stress developed as a result of living in a bicultural context may affect the mental health of bicultural individuals. The findings of this study highlight how experiences of bicultural stress can be

significantly predicted by symptoms of depression among this population. This may be, in part, related to generalized symptoms possibly evident among individuals experiencing stress, in this case a result of one's bicultural identity. In previous research, bicultural stress has been associated with more depressive symptoms (Romero & Roberts, 2003; Romero et al., 2007). However, perceived social support and education were not found to predict bicultural stress. This may be related to the protective nature of these variables mitigating the experiences of potential stress.

The second question investigated in this study asked what the relationship was between bicultural stress and perception of social support in bicultural persons of African descent. Given the protective role of social support found in previous research (Obasi & Leong, 2009; Parham et al., 1999), it was hypothesized that a negative relationship would exist between experiences of bicultural stress and perceived social support. The results of a bivariate correlation found no relationship between bicultural stress and perceived social support. This was an exploratory hypothesis based on research findings that suggested that this variable might serve as a protective factor that attenuates the experience of bicultural stress. However, additional bivariate correlations demonstrated that a negative relationship existed between perceived social support and symptoms of depression.

There is a paucity of research regarding the relationship between the protective role of social support and mental health within a bicultural context among this population. Yet, social support has been found to serve as a buffer to cultural adjustment difficulties, and to attenuate the negative effects of acculturation in other ethnic populations (Constantine et al., 2005). The findings of the present study did not find a significant relationship between bicultural stress and social support. However, it is noteworthy that perception of social support was related to lower

depressive symptomology. This relationship illuminates the role that social support (through the means of family, friends, significant other) can serve as a contributing protective factor for this population, specific to positive coping strategies when there is a perception of social support in one's life.

The third question investigated in this study asked what the relationship was between bicultural stress and years of education in bicultural persons of African descent. It was hypothesized that a negative relationship would exist between experiences of bicultural stress and years of education. The results of a bivariate correlation found no relationship between bicultural stress and education. This was an exploratory hypothesis that was based on research findings that one-third of the African population in the US has a college degree. This highlights the fact that African immigrants and their children not only have educated backgrounds, but, more importantly, they value educational involvement. An additional bivariate correlation found a negative relationship between education and symptoms of depression. Follow-up analyses also found a positive relationship between perceived social support and education.

Educational attainment has been shown to be an indicator of resilience and, in this case, it was found to serve as a protective factor in preventing negative mental health outcomes. Moreover, higher levels of education were found to correlate with higher levels of perceived social support within this population. Since there was no relationship between education and bicultural stress, education was not found to be a protective factor against experiencing bicultural stress for this sample. However, education and social support were both found to be protective factors against endorsing symptoms of depression. This finding elucidates the value of education and social support with regard to mental well-being.

The results of these analyses parallel those of previous studies (Constantine et al., 2005; Obasi & Leong, 2009; Parham et al., 1999) that bicultural stress is significantly related to depressive symptomology (Romero & Roberts, 2003; Romero et al., 2007), and furthermore, the results of the present study provide evidence of the protective nature of social support and education in promoting the mental well-being of persons of African descent. For the sample studied, the results were consistent with previous studies in that bicultural stress was found to predict depressive symptoms in bicultural individuals. The non-significant relationship between reported bicultural stressors and social support was not expected, however, social support was found to serve as a positive buffer from mental health risks (depressive symptoms) for this sample. Given the unexamined role of social support in mental health within a bicultural context of stress, it is possible that there is a need to further understand bicultural stress within this population. In addition, although it may not have been a statistically significant finding, a greater presence of social support may have served to buffer the endorsement of bicultural stressors within this sample.

Both perceived social support and education served as protective factors against negative mental health outcomes in this sample. Lower levels of perceived social support and education appeared to be related to an increase in depressive symptoms. This finding is notable in that the navigation between two cultures has been associated with risk of depressive symptoms, stress, and other mental health challenges. However, the presence of social support and education may serve as safeguards that can ameliorate the experiences of depressive symptoms that result from the stress attributed to the bicultural context. The coupled power of the presence of social support (family, friends, and significant other) and education uniquely influenced individual's experiences of depressive symptomology in bicultural persons of African descent.

Overall, this study showed that the experience of bicultural stressors was related to depressive symptomology, however, these stressors were not found to be related to social support nor education. While social support and education did not serve as protective factors for the experience of bicultural stressors, they did serve as protective factors for symptoms of depression. The presence of social support and education were found to be related to depressive symptoms. Additionally, social support and education were correlated. Therefore, social support and education serve as protective factors against experiencing more depressive symptoms, serving as a barrier to the experience of negative mental health outcomes among bicultural persons of African descent.

Limitations

The present study is limited by several things. The first limitation is that the study employed restricted sampling through an online survey. The participants in the study were individuals who had access to a computer and were able to complete self-report measures online. The recruitment of the sample was done through a solicited email to my professional and personal contacts. This type of recruitment excluded individuals without access to a computer and individuals who were not able to complete the survey online.

Another limitation is that, as a result of employing a snowball-sampling technique, there was an overrepresentation of one ethnic group. Of the total sample, 56 of the participants identified (60.2%) identified themselves as Eritrean. This is a limitation because it is not known if the findings can be generalized across all ethnic groups represented in the sample. Due to the small sample ($n=93$) and the unequal representation of ethnic groups in the study, group differences as they related to ethnic identification and the primary study variables could not be

examined. In addition, due to the restrictive nature of participant recruitment, it was not possible to determine if the participants were representative of all bicultural persons of African descent.

Finally, this sample presented vast differences in self-identifications which explains the diversity of the data with regard to cultural, ethnic, racial, generational, and linguistic richness. The absence of qualitative components is a limitation of the present study. Adding a qualitative component could have added value to the study by giving voice to this population which is uniquely underrepresented in the psychological literature. This study has significant value in that it brings attention to the diversity of self-identification within the African population. For instance, in this study the participants defined their own racial categories (Black, African, African-American, Mixed race) and presented a poignant understanding of how people chose to self-identify when they were not limited to categories. Thus, the inclusion of qualitative components, such as open-ended questions, could serve to enhance and give voice to the rich bicultural experiences of this population.

Clinical Implications

The African population in the United States is one of the most increasingly diverse immigrant groups. Although there is a dearth of research of the cultural experiences of this population in the current literature, the findings of this study are consistent with previous research that highlights the necessity of understanding bicultural experiences as they relate to mental health outcomes. As mentioned previously, the sample for this study was rich and diverse, as 13 African countries were represented amongst the participants. This is a call for attention to clinicians that work with this population to be aware of racial/ethnic/cultural within-group differences and to not treat this population as a homogenous racial, ethnic, and cultural

group. Furthermore, the heterogeneity among persons of African descent and their bicultural experiences are paramount to understanding the within and between group differences.

In understanding the bicultural experiences of people of African descent, it is imperative to recognize generational differences within this population, particularly regarding immigration status, acculturative processes, and the integration of these cultural processes in identity development. The experiences of first-generation and second-generation bicultural Africans are entirely different, which suggests that a level of sensitivity and an awareness of the vast differences in acculturation and bicultural identity development are important, as well as in understanding the ramification of these processes.

The nativity of an individual and the development of one's ethnic identity are critical factors to consider when it comes to individuals maintaining a bicultural identity. Moreover, children of African immigrants may experience unique cultural pressures that may affect their adjustment and navigation between two cultures.

The results of this study showed that social support and education served as protective factors that mitigated negative mental health outcomes (symptoms of depression). Therefore, it is imperative that clinicians are aware of the importance family, friends, and significant others may serve and capitalizing on these resources. There is a vast richness in the diversity among African immigrants in the US, however, a salient factor in the identity and cultural fabric of Africans is the value of education. Africans are recognized as one of the most well educated ethnic groups in the US (Kent, 2007), which is consistent with the findings of this study. Thus, it is important to recognize the role of education in the experiences of bicultural children of immigrants. Additionally, the potential impact of the acculturation process on educational involvement is critical to understand and to recognize.

Recommendations for Future Research

The goal of the present study was to examine the relationship between bicultural stress and mental well-being, and the roles of the protective factors of social support and education among people of African descent. While this study has illuminated the significant relationships between the primary variables, there are some areas that require further research.

Given the limited scope of research on this population, this study focused on a specific, restricted subgroup and participants were recruited as a convenient sample. Moreover, this study employed an online survey that may have excluded individuals unintentionally. Therefore, the findings of this study may not have captured the global experiences of bicultural individuals of African descent. Although the recruitment of the sample may be a limitation, the study revealed a richness that was defined by the ethnic, cultural, generational, and linguistic differences amongst Africans, as a whole. In order to better understand the unique experiences of people of African descent, it is recommended that future studies incorporate qualitative methods so that the voices of this unique population can be heard and their experiences better understood. Inclusion of a qualitative methodology would enhance the understanding of bicultural experiences as they relate to mental health outcomes for this subgroup. Also, it is recommended that future studies employ different recruitment efforts to reach a greater sample size.

The general understanding of the acculturative experiences of African immigrants is significantly underrepresented in the literature. There is an absence in psychological research that pertains to the bicultural experiences of children of African immigrants. This study highlighted some of the relationships between bicultural stress and mental well-being, and the roles of education and social support as protective factors. More importantly, this research illuminated the diversity of this population and the need for future research. It is hoped that this

study can serve as a catalyst for future studies to elucidate the bicultural experiences of persons of African descent. Due to the limited research regarding the experiences of African immigrants, it is encouraged that others conduct future studies to highlight the distinctive experiences of bicultural individuals and the significant challenges that occur as a result of navigating and integrating two worlds. Research that captures the unique diversity of this population and that addresses the between and within-group differences of this rich population will provide a greater understanding of culturally-based clinical interventions and assessments for this population. It may serve as a means to also disseminate information in order to educate professionals.

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Appendix A

Solicitation Email

Dear Potential Participant,

My name is Zemed B. Berhe and I am a doctoral student in Seton Hall University's Counseling Psychology Ph.D. program. As a Bicultural student, I am interested in examining the bicultural experiences and mental well-being among people of African descent, adults ages 18 and older, and would like to invite you to participate in my study. The study consists of four surveys that are quick and easy to fill out. You can complete it on-line at your own convenience, and it should take approximately 20-30 minutes to complete.

Participation in this study is completely voluntary and anonymous. The survey will not ask you for any identifying information about you and you are free to withdraw at any time. Additionally, any information gathered from the study will be written about collectively so that no one person's information will be displayed. All data collected will be kept on a USB memory key and stored in a locked filing cabinet in an office at Seton Hall University College of Professional Psychology and Family Therapy, which can only be accessed by myself and my academic advisor, Dr. Laura Palmer.

If you are at least 18 years old and are willing to participate in this study please click on the following link: _____ . Your completion of the survey will serve as your consent to participate in the study. In addition, I would appreciate it if you would forward this email to any other person of African descent you may know whom may also be interested in participating in this study.

If you have any questions or concerns about the study please feel free to contact myself or my advisor using the contact information provided below. This study has been approved by the Seton Hall University Institutional Review Board. Questions regarding subjects' rights should be directed to the Director of the IRB at Seton Hall University, Dr. Mary F. Ruzicka, at (973)313-6314

Thank you for your time and consideration,

Zemed Berhe, Ed.M.
Counseling Psychology PhD Program
Seton Hall University
(323) 316-6846
Zemed.berhe@student.shu.edu

Laura Palmer, Ph.D.
Counseling Psychology PhD Program
Seton Hall University
(973) 761-9449
palmerla@shu.edu

Appendix B

Informed Consent

Dear Participant:

Purpose and Duration of Research

Thank you for your interest in this survey. I am currently a Ph.D. Candidate in the Counseling Psychology program in the Department of Professional Psychology and Family Therapy at Seton Hall University. This project aims to investigate the bicultural experiences and its relationship with mental well-being among adults of African descent. It is intended to add to the breadth of knowledge that currently exists within the field. Your participation in this survey should only take about 20-30 minutes to complete.

Procedures and Voluntary Participation

If you are 18 years or older and self-identify as African, African American, Black or of African descent, I invite you to participate in this survey. Your participation is completely voluntary. You may withdraw from this study at any time without consequence. The purpose of this study is to understand the bicultural experiences among people of African descent. Participation in this study involves completing a survey and your total participation time is about 20-30 minutes. Please note that your consent to participate is implied by clicking “Next” to enter the survey.

Anonymity Preservation and Confidentiality

Your anonymity will be maintained throughout all phases of the study. Any information gathered from the study will in no way identify you and results will be reported collectively. All materials collected will be confidential in nature and will be maintained in a strict manner. Completed responses will be kept in a secure location and will only be accessible to my academic advisor, Dr. Laura Palmer and myself. Data will be stored electronically on a USB memory key and kept in a locked, secure office.

Anticipated Risks and Discomfort

There is little to no foreseen risks or discomfort involved in the completion of this study. The experience of any risk or discomfort is very minimal. Should you experience any discomfort during or after the survey please contact the researchers below. In reducing any risks, participation is completely voluntary and participants may discontinue at any time during the survey.

Benefits to Research

Your participation in this study will provide valuable information in further understanding certain challenges and experiences of people of African descent. This survey constitutes a demographic questionnaire, and three scales to measure bicultural stress, mental well-being, and social support. To begin the survey, please click on the following link:

Contact Information

If you have any questions regarding this study or what is expected of your voluntary participation in this study, please contact the researchers below. Specific questions regarding the research or research subject's rights should be directed to the Director of the Institutional Review Board at Seton Hall University, Mary F. Ruzicka, Ph.D. at (973) 313-6314.

Thank you,

Zemed Berhe, Ed.M.

Ph.D. Candidate
Counseling Psychology Program
Department of Professional Psychology
and Family Therapy
Seton Hall University
400 South Orange Avenue
South Orange, New Jersey 07079
Tel: (323) 316-6846
Email: zemed.berhe@student.shu.edu

Laura K. Palmer, Ph.D.

Associate Professor & Training Director
Counseling Psychology Program
Department of Professional Psychology
and Family Therapy
Seton Hall University
400 South Orange Avenue
South Orange, New Jersey 07079
Tel: (973) 761-9450
Email: Laura.palmer@shu.edu

Appendix C

Demographic Questionnaire

Instructions: Please fill out this information sheet

Age: _____

Gender: _____

Race: _____

Religion: _____

Please indicate your highest level of education:

Grade School (1) ___ Less than 8 years (2) ___ 8 years

High School (3) ___ 1-3 years (4) ___ 4 years/diploma

College (5) ___ 1-3 years (6) ___ 4 years/degree

Graduate or professional school (7) ___ Masters or less (8) ___ Doctoral degree

Do you consider yourself a bicultural person? ___ Yes ___ No

Were you born in the U.S.: ___ Yes ___ No **If not**, where were you born? _____

Parent's country of origin?

Mother: _____ Father: _____

What is your country of origin? (Ex. Nigeria, Eritrea, Ghana, Ethiopia, Kenya)

What is your ethnic background? (Ex. Nigerian, Eritrean, Ghanaian, Ethiopian, Kenyan)

What is the primary language spoken in your home?

Generational Status: What do you consider yourself?

_____ First-Generation (born outside the U.S., and have immigrant parents)

_____ Second-Generation (born in the U.S., descendant of immigrant parents born outside of the U.S.)

Appendix D
Bicultural Stressors Scale (Romero & Roberts, 2003)

Please indicate how stressful the following experiences have been for you. If you have never had the experience please circle "1": Never happened to me.

Please fill in only one answer for each item.

	Never happened to me	Not at all Stressful	A little bit stressful	Quite a bit stressful	Very Stressful
a. I have been treated badly because of my accent.	1	2	3	4	5
b. I have worried about family members or friends having problems with immigration	1	2	3	4	5
c. I do not feel comfortable with people whose culture is different than my own.	1	2	3	4	5
d. I feel uncomfortable when others make jokes about people of my ethnic background	1	2	3	4	5
e. I have had problems at school because of my poor English	1	2	3	4	5
f. I do not like it when others put down people of my ethnic background	1	2	3	4	5
g. I have felt that others do not accept me because of my ethnic group	1	2	3	4	5
h. I feel that I can't do what most American kids do because of my parent's culture.	1	2	3	4	5
i. I feel that belonging to a gang is part of representing my ethnic group.	1	2	3	4	5
j. I do not understand why people from a different ethnic background act a certain way.	1	2	3	4	5
k. I feel that it will be harder to succeed because of my ethnic background.	1	2	3	4	5
l. Because of family obligations, I can't always do what I want.	1	2	3	4	5
m. I have felt pressure to learn my native language.	1	2	3	4	5
n. I have felt that I need to speak my native language better.	1	2	3	4	5
o. My friends think I'm acting "White".	1	2	3	4	5

p. My parents feel I do not respect older people the way I should.	1	2	3	4	5
q. I have had to translate/interpret for my parents.	1	2	3	4	5
r. I have felt lonely and isolated because my family does not stick together.	1	2	3	4	5
s. I have had to help my parents by explaining how to do things in the U.S.	1	2	3	4	5
t. I have argued with my boyfriend/girlfriend over being too traditional.	1	2	3	4	5

Appendix E (CES-D)

Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977), NIMH

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

During the Past Week

Rarely or none of the time (less than 1 day); Some or a little of the time (1-2 days); Occasionally or a moderate amount of time (3-4 days); Most or all of the time (5-7days)

1. I was bothered by things that usually don't bother me.
2. I did not feel like eating; my appetite was poor.
3. I felt that I could not shake off the blues even with help from my family or friends.
4. I felt I was just as good as other people.
5. I had trouble keeping my mind on what I was doing.
6. I felt depressed.
7. I felt that everything I did was an effort.
8. I felt hopeful about the future.
9. I thought my life had been a failure.
10. I felt fearful.
11. My sleep was restless.
12. I was happy.
13. I talked less than usual.
14. I felt lonely.
15. People were unfriendly.
16. I enjoyed life.
17. I had crying spells.

18. I felt sad.

19. I felt that people dislike me.

20. I could not get “going.”

****SCORING:** zero for answers in the first column, 1 for answers in the second column, 2 for answers in the third column, 3 for answers in the fourth column. The scoring of positive items is reversed. Possible range of scores is zero to 60, with the higher scores indicating the presence of more symptomatology.

Appendix F (MSPSS)

Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you Very Strongly Disagree

Circle the "2" if you Strongly Disagree

Circle the "3" if you Mildly Disagree

Circle the "4" if you are Neutral

Circle the "5" if you Mildly Agree

Circle the "6" if you Strongly Agree

Circle the "7" if you Very Strongly Agree

- | | |
|---|-------------------|
| 1. There is a special person who is around when I am in need. | 1 2 3 4 5 6 7 SO |
| 2. There is a special person with whom I can share my joys and sorrows. | 1 2 3 4 5 6 7 SO |
| 3. My family really tries to help me. | 1 2 3 4 5 6 7 Fam |
| 4. I get the emotional help and support I need from my family. | 1 2 3 4 5 6 7 Fam |
| 5. I have a special person who is a real source of comfort to me. | 1 2 3 4 5 6 7 SO |
| 6. My friends really try to help me. | 1 2 3 4 5 6 7 Fri |
| 7. I can count on my friends when things go wrong. | 1 2 3 4 5 6 7 Fri |
| 8. I can talk about my problems with my family. | 1 2 3 4 5 6 7 Fam |
| 9. I have friends with whom I can share my joys and sorrows. | 1 2 3 4 5 6 7 Fri |
| 10. There is a special person in my life who cares about my feelings. | 1 2 3 4 5 6 7 SO |
| 11. My family is willing to help me make decisions. | 1 2 3 4 5 6 7 Fam |
| 12. I can talk about my problems with my friends. | 1 2 3 4 5 6 7 Fri |

**The items tended to divide into factor groups relating to the source of the social support, namely family (Fam), friends (Fri) or significant other (SO).