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Ethnic Identity Development or Acculturation Style; Prediction of Haitian Adolescent's Mental Health

Andrew Bedford

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ETHNIC IDENTITY DEVELOPMENT OR ACCULTURATION STYLE;
PREDICTION OF HAITIAN ADOLESCENT'S MENTAL HEALTH

by

Andrew Bedford, B.S.

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Andrew Bedford, B.S.

Approved:

Pamela D. Hall, Ph.D.
Associated Professor of Psychology

Karen A. Callaghan, Ph.D., Dean
College of Arts and Sciences

Linda Bacheller, Psy.D., J.D.
Associate Professor of Psychology

Date

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Abstract

This study investigated which adaptation method, ethnic or racial identity development, and acculturation style, in Haitian adolescents is a better predictor of Mental Health as measured by depression, anxiety, and self-esteem and the external process of aggression. Eighty-six students in a summer program participated. The ages ranged from 10 to 15 years, and 31 males, and 55 females. Forty-eight participant self-reported as Haitian, 26 African American, one Caribbean, and eight as mixed or other with three failing to report any ethnicity. The regression models failed to support the study's hypothesis. Secondary analyses through correlations of all variables and then dividing the sample by gender and then self-identified race showed that this sample failed to perform in ways past research would predict. Only the subcategory of physical aggression correlated with acculturation style between the independent and dependent variables. Study limitations and tentative interpretations are presented for these findings.

Introduction

Erik Erikson, in his theory of psychosocial development, postulated that the adolescent years include a psychosocial crisis that requires the development of an identity, or the individual will experience role confusion (Erikson, 1968, p. 87). This crisis is not the only time the individual might have to create or change their identity (Erikson, 1968, p. 85-87). However, it is the time at which the individual takes all the childhood dreams and skills and synthesizes them into the identity for adulthood (Erikson, 1968, p. 85, 156). Other researchers have since studied the processes an individual can use to advance through to develop an identity. There does appear to be a metapsychological construct of identity that includes measurable factors. However, research and theory have pointed to sub-identities combining to subsequently form one's complete identity (Helms, 1996). Erickson wrote about this idea. When an individual is not able to integrate all the separate parts of himself or herself into a complete "wholeness," the identity becomes characterized by a "totalistic" identity. This identity is created by an individual using only parts of him or herself to create the whole identity (Erikson, 1968, p. 176).

This paper will cover the sub-identity of racial, or ethnic identity. Theories that explain the development of these identities include, the four stage model by Marcia (1966), the 1971 Nigrescence Identity model by Cross as updated by Vandiver, Fhagen-Smith, Cokley, Cross and Worrell in 2001, the Black and White Racial Identity Development models by Helms (1996), the three stage model by Phinney (1993), and most recently the Ethnic and Racial Identity or ERI (Schwartz, et al., 2014). The ERI model attempts to bring together all the previous theories into a cohesive structure. The

theories of ethnic or racial identity have focused on the transitions the individual goes through; from accepting the dominant cultural values to awareness of the individual's racial or ethnic cultural values, and finally a complete integration of all the chosen (or personally accepted) values into a complete identity.

An individual who has or develops a different racial or ethnic identity other than the dominant culture might also have to decide how they wish to acculturate.

Acculturation is the way an individual chooses to interact with the dominant culture. The individual can choose to accept or reject the new society's norms, and also the individual can choose to hold onto the society of origin's norms or reject them (Bourhis, Moïse, Perreault & Senécal, 1997). Acculturation research most often studies immigrant cultures, but an individual who decides to develop an ethnic or racial identity other than the dominant ethnicity or race may experience similar processes.

Both lines of research, identity, and acculturation, show that an individual who integrates all parts of himself or herself into a whole, experiences better mental health. This study will describe the foundation of identity development in Erik Erikson's stages of psychosocial development and the further evolution of the concept in Marcia's model of identity development. Then the progression of the theory of ethnic or racial identity development from two different concepts to its current form as a universal model of ethnic and racial identity or ERI will be reviewed.

The field of acculturation study started with a linear model of acculturation presented by Gordon (as cited in Bourhis, Moïse, Perreault & Senécal, 1997) where the individual progressed from the culture of origin to the new culture. This model proved insufficient, and a bidirectional model was created by Berry (1997). On one side of the

model, the individual can choose to retain the culture of origin or reject it and on the other side, the individual can choose to accept the new culture or reject it (Berry, 1997). This model has effectively accounted for the variation of acculturation styles observed by researchers. For this study of adolescents, a model by Unger et al. (2002) will be described and used. This model is modified because the only acculturation options available to adolescents are if they retain their culture of origin or reject it. Regarding the new culture, interactions at school will force them to adopt the new culture. This paper will review the effects of ethnic and racial identity development and acculturation style on mental health in minority groups. The study reported here will then identify which construct is a better predictor of mental health in Haitian adolescents. For this study, we will conceptualize the meta-construct of mental health as a composition of internal processes of depression, anxiety, and self-esteem and the external process of aggression in Haitian adolescents in the greater Miami area.

Erikson's Psychosocial Stages

Erick Erikson expounds on his theory of psychosocial development in his book; *Identity, Youth and Crisis* (1968). Erikson's theory proposes eight critical stages or periods of life that everyone will progress through. Each stage consists of a crisis with a possible strength or weakness as an outcome (p. 95). The first stage of the theory is Trust versus Mistrust where the infant can learn that they can trust those around them. The second stage is Autonomy versus Shame and Doubt where the toddler can learn that it is acceptable to be him or herself. The third stage is Initiative versus Guilt where the young child begins exploring and seeking his or her interests. The fourth stage is Industry versus Inferiority where the child attempts to produce and contribute to those around him or her.

The fifth stage is Identity versus Identity Confusion, the adolescent explores and creates the person he or she desires to be. The sixth stage is Intimacy versus Isolation where the young adult creates long-term relationships with those around him or her. The seventh stage is Generativity versus Stagnation where the adult can transition to providing for others and influencing others. The eighth and last stage is Integrity versus Despair where the individual will look back at the life and assess how the life was lived (Erikson, 1968, Chapter 3). Every stage's strengths and weaknesses are present throughout the individual's life, however in each stage or critical period that particular crisis will become forefront (Erikson, 1968, p. 95). Erikson clarifies that these crises are not periods of catastrophe but instead times when the individual will experience heightened potential that will either lead to a strength or a weakness in that particular area (Erikson, 1968 p. 96).

This developmental theory explains how society can help the individual progress through the stages of development. Each stage builds upon the previous strength and weakness, so the first four stages will be discussed in regards to how they lay the internal foundation for the fifth stage of development and the child's identity. In the first stage, the individual develops the capacity for mutual recognition based on trust, versus autistic isolation from mistrust. A beneficial identity requires that the individual experience societal influences from the past and present. For this exchange between the individual and the society to occur a mutual recognition needs to be present. Autistic isolation hampers society's ability to impart its cultural influence on the individual and thus the resulting identity will be in conflict with the external world (Erikson, 1968, p. 168-169). The second stage develops the will to be oneself based on autonomy, versus self-doubt

from shame and doubt. As similar as an individual may attempt to become to others, the individual will never be exactly like others. To have a complete identity, the individual must have the will and autonomy to express, and to be, their unique self (Erikson, 1968, p. 129, 183). The third stage helps the individual with anticipation of future roles based on initiative, versus role-inhibition from guilt. The individual needs to be prepared to find and try on different roles when they find the current roles insufficient to incorporate whom they see themselves to be. Role inhibition hampers the individual's ability to look for and try different roles (Erikson, 1968, p. 184). The fourth stage helps the individual with task identification from an internalized sense of industry, versus having a sense of futility from a feeling of inferiority (Erikson, 1968, p. 123-124). Task identification allows an individual to identify basic interests and desires. The need to have a complete identity that incorporates all the differing parts of oneself must be identified and pursued. Society can help the individual, but it is the individual that identifies the need and pursues a solution. A sense of futility will cause the individual to be stifled in the pursuit of a complete identity because the individual fears it is an insurmountable task (Erikson, 1968, p. 185).

Should all the above-mentioned positive elements be present, the individual still needs the time to use these elements to create their personal identity for the future. Erikson calls this period a "psychosocial moratorium during which the young adult, through free role experimentation, may find a niche in some section of his society, a niche that is firmly defined and yet seems uniquely made for him (1968, p. 156)." It is the role of the individual during this moratorium, to discover the identity that fits him or her; and it is the role of the society to acknowledge the individual and his or her chosen role.

In a socially accommodating environment, society will provide for the individual's moratorium. Erikson notes that each culture has a period of moratorium that frequently coincides with the transition from adolescence or childhood to adulthood (Erikson, 1968, p. 157). The individual is upholding the values of the culture, and not putting them on hold or attempting to shirk them when the individual partakes in the moratorium (Erikson, 1968, p. 157).

When the requirements of society and the individual have been met, complete identity development is facilitated and the fifth stage development is completed successfully. Failure in the fifth stage leads to a totalistic personality due to a perceived lack of ability to reintegrate the differing parts of one's identity (Erikson, 1968, p. 81-82). An individual with a totalistic personality chooses one part or aspect of the identity and uses that part or aspect to define the whole self (Erikson, 1968, p. 78-79, 88). The individual's identity will be rigid. Any acceptance of variation by the individual could be a reminder of ignored parts of the identity (Erikson, 1968, p. 81). The person and chosen identity will be rejected by society because this identity will not accommodate some part of the past, present, or future culture (Erikson, 1968, p. 87). Eventually, the identity will not be able to function in society, which can lead to a psychotic break or other negative mental health symptoms (Erikson, 1968, p. 172-176).

The identity that encompasses the wholeness of the individual is one that adapts and accommodates the changing environment and person (Erikson, 1968, p. 217-218). This identity experiences a constant level of psychic tension that helps the individual monitor how and when to flex. Erikson theorizes that there is also tension among the society, the I, and the Ego (Erikson, 1968, p. 219-220). The I is the individual's identity,

which must accommodate the Ego and the society (Erikson, 1968, p. 219). When the I is in constant flux to accommodate its surroundings, it is postulated by Erikson to have reached wholeness (Erikson, 1968, p, 223-224).

Marcia (1966) postulated a theory of identity development based on Erikson's original theory of psychosocial stages of development. Marcia takes the fifth stage of the theory and creates a model of four different statuses of how an adolescent might resolve this crisis. The complete identity according to Marcia is similar to that described by Erikson because it has "achieved a resolution that leaves him free to act" and "is not overwhelmed by sudden shifts in his environment" (Marcia, 1966, p. 552).

Four-Status Model of Identity Development

Marcia (1966) conceptualized the identity versus role-confusion stage of Erikson's developmental model for adolescents as a continuum. Marcia assessed adolescents on the bases of crisis and commitment. This research identified two clustering's of individuals along this continuum besides the "polar alternatives" (p. 551). The four statuses Marcia described are identity-diffusion, moratorium, foreclosure, and identity- achievement. The adolescent who is currently in the midst of crisis is described as being in the moratorium. This adolescent scores high on measures of crisis but low on measures of commitment as the adolescent struggles to compromise between all the influences, internal and external, that are trying to define the identity (Marcia, 1966). The other clustering identified by Marcia (1966) is called foreclosure. These adolescents have not experienced a crisis but do rate high on measures of commitment.

An adolescent who is in the identity-diffusion status might not have experienced a crisis yet. Marcia (1966) defines crisis in his model as a period of "engagement in

choosing among meaningful alternatives” (p. 551). If an adolescent does claim commitments or beliefs, the adolescent is likely to change the commitments or beliefs with ease, or they appear as a disjointed set of beliefs or plans (Marcia, 1966). The adolescent, in the moratorium status, is in the crisis or is actively looking for meaningful alternatives. This adolescent’s goals and beliefs are not crystallized, but the adolescent is in an active struggle to make a coherent framework or identity that will fit with the demands of society and other people. The adolescent’s identity can present in a hectic or bewildered manner, but it is due to an active struggle, and not ambivalence towards an identity (Marcia, 1966). An adolescent who has achieved identity-achievement has passed through the crisis and molded an identity. The adolescent has evaluated past beliefs and reached a conclusion, allowing the adolescent freedom to adapt to future changes in the environment (Marcia, 1966). The adolescent in the foreclosure status has never been through a crisis, yet holds rigid views. These beliefs have little difference from those of the parents. Marcia (1966) states, “that if he were faced with a situation in which parental values were nonfunctional, he would feel extremely threatened” (p. 552).

The results of Marcia’s (1966) study of college students supported the theorized four groups. The individual’s recognized as having accomplished identity-achievement showed greater perseverance in tasks designed to threaten an individual’s sense of identity than any other group in the study. This perseverance signified that possible failure does not threaten the individuals’ identity (Marcia, 1966). The foreclosure group endorsed stricter values such as “obedience, strong leadership, and respect for authority” (Marcia, 1966, p.557). This group was theorized to be taking on the values of the parents, and thus did not expect or tolerate the freedom to choose his or her values (Marcia,

1966). The diffusion group scored predictably low on identity tests and identity threatening tests, but not the lowest of all groups. The foreclosure group held this distinction (Marcia, 1966). Marcia (1966) theorized this difference could be the type of diffuse-identity individuals who would be in college. These people would be a “playboy” type or individuals who had not accepted a set of norms yet. On Erikson’s scale, the diffuse-personality individuals are representative of the schizoid personality type who would not have made it to college (Marcia 1966).

Ethnic or Racial Identity Development

Following these two theories by Erikson and Marcia, multiple identity development models were created for individuals in different racial and ethnic groups. The authors of the different models wanted to explain how different ethnic and racial groups had unique pressures and struggles that required special skills to overcome and the resulting diverse outcomes. This section will first discuss the different definitions of the racial identity and ethnic identity followed by a description of several theories in each category.

Race has been and continues to be best defined as a description of a phenotype or genetic characteristic of an individual (Cokley, 2007; Helms, 1996). Race is an observable characteristic that can be used to label. Helms (1996) and Helms and Talleyrand (1997) argue that race is “socially defined and arbitrary” (Helms, 1996, p. 147). They call this concept socio-race or psycho-race groups. Examples of individuals in socially defined groups are mixed race, albino, or adoptive children. Therefore, Helms (1996) defines racial identity as a construct that explains how an individual views himself

or herself in relation to intergroup conditions or how the individual views, adapts and experiences stressors in life as part of a socially defined group.

Ethnicity is defined by Cokley (2007) as a group that is viewed by themselves and others as having shared characteristics including, ancestry, history, and tradition and cultural traits “such as language, beliefs, values, music, dress, and food” (p. 225). Helms (1996) states that ethnicity is something that can be abandoned or blended, this means that ethnicity is voluntary while race is not. Ethnic identity is the chosen role in a group of the individual’s choice and is measured by assessing fit in the group and personal fulfillment (Helms, 1996).

Racial Identity Models

Nigrescence. Researchers have developed customized identity development models for specific ethnic or racial groups. An early model of racial identity development is the Nigrescence Identity model by Cross in 1971. Cross chose the term Nigrescence because it is the French word for becoming black (Vandiver, 2001). In this theory, Cross wanted to describe the process that a Black American would go through to transition from “Black self-hatred to Black self-acceptance” (Vandiver, 2001).

The first stage is the pre-encounter stage. Vandiver and colleagues (2001), in the most recent rendition of the theory, state that there are two groups of individuals comprising the pre-encounter stage: assimilation and anti-black groups. Individuals in the assimilation group have low salience for race and therefore define their identity as American. The anti-black group favors the White culture and hate themselves. Vandiver et al. postulated self-hate is created by believing the distortions presented by the White

culture and educational system. When the individual internalizes the negative stereotypes, Vandiver et al. calls this miseducation.

The second stage is Immersion-Emersion in which a rejection of the white culture occurs and everything black is viewed as good. Vandiver et al. (2001) point out that this stage contains two different concepts, involvement in black culture and rejection of white culture. Vandiver et al. state that because the level of intensity with which the individual can engage in the activities of involvement and rejection can differ, the constructs need to be considered separate. The individual, at this stage, will only engage in activities that have relevance to blackness. The concentrated focus of energies has produced an expansion of black literature, arts, and social groups as the individuals have enthusiastically explored their new identity. However, there are also negative effects, such as individual feelings of guilt over having not been aware of the black culture, or rage toward the white culture for denying the black culture (Vandiver et al., 2001).

The third stage, internalization, contains two sub-stages, Internalization and Internalization-Commitment. In the internalization sub-stage, the individual puts aside the negative emotions and accepts himself or herself “without romanticizing Blackness or hating Whiteness” (Vandiver et al., 2001, p. 179). The final sub-stage is when the individual will look beyond labels that society has placed on the black culture and accept who the individual is and engages in more diverse activities. In contrast to earlier models of the theory, Vandiver et al. (2001) state that an individual’s change, from pro-white to pro-black, might change the “person’s worldview, value system, ideology, or reference group orientation” (Vandiver et al., 2001, p. 179). Vandiver et al. (2001) caution that this change might not promote better mental health.

Three possible identities can develop according to this theory (Vandiver et al., 2001). The first identity is Black Nationalism, which is an individual's desire for an equal or separate group identity for blacks. Frederickson says the individual's goal is to "acknowledge and honor the dignity and humanity of Black people" (as cited in Vandiver et al., 2001, p. 180). Vandiver et al. (2001) state that this is the most misunderstood identity. The goal of this individual is to empower Blacks and promote economic independence, culture, and history. Black Nationalism can either be separatist or inclusive. A separatist advocates a separation of Black culture from American culture through returning to Africa, establishing a separate nation inside the United States, or by becoming self-sufficient. In contrast, the inclusion identity wants to achieve political, economic and educational parity in the United States. Some individuals also attempt to promote anti-capitalist socialism. The second possible identity is biculturalism, in which the individual accepts their identity as being both Black and American, without romanticizing one part over the other (Vandiver et al., 2001). The last identity is multicultural, or the acceptance that the individual is part of multiple groups, with each personalized identity having nearly equal status (Vandiver et al., 2001).

Black and white racial identity development. Helms' (1996) developed models for addressing racial identity development in counseling sessions. Helms' models present hypothetical statuses or stages that an individual will progress through. Since statuses are not observable, Helms identified schemas that are identifiable and as she points out, measurable. These schemas are similar to the schemas in Cognitive Behavioral Therapy.

The black racial identity development model has five statuses that an individual will progress through (Helms, 1996). Conformity is the first status. The individual

accepts societies imposed definition of blacks that devalues them and idealizes whites.

The individual accepts the rules that society uses for dispensing resources. The measurable schemas for this status include “denial, distancing, own-group blaming, individualism” (Helms, 1996, p. 156). Dissonance is the second status. The individual experiences ambivalence and confusion about his or her role in his or her racial group. The individual will lack a clear racial self-definition. Schemas present in this status includes “disorientation, repression, vacillation” (Helms, 1996, p. 156).

Immersion/emersion is the third status. The individual idealizes his or her racial group. The individual uses definitions of his or her group and the contrasting group provided by others inside his or her group. The individual also resists definitions presented by society or others. Schemas observed in individuals in this status include “hypervigilance, judging, dichotomizing, combative” (Helms, 1996, p. 156). Internalization is the fourth status. The individual will resolve the internal struggles with identity and internalize positive racial characteristics. By internalizing positive racial characteristics, the individual can objectively respond to members of the contrasting groups. Schemas present in this status are “analytic, flexible, intellectualizing” (Helms, 1996, p. 156). Integrative awareness is the last status. The individual begins looking beyond him or herself and will be able to see similarities with other oppressed people. The individual also questions and analyzes all forms of oppression. Schema used by the individual in this status are “probing, restructuring, integrating” (Helms, 1996, p. 156).

The goals of Helms’ models are applicability to the counseling session and therefore are based on the observable. Her schemas are the methods by which an individual will “encode, analyze, react to, and retrieve racial information” (Helms, 1996,

p. 155). Helms (1996) states that two individuals can appear to use the same schema even if they are in different statuses of their identity development, which is why she says the statuses, are hypothetical constructs.

The statuses are different for each racial group because the challenges each group faces on the way to creating a racial identity are different. However, four themes underlie the statuses in all of Helms (1996) theories. One, racial development is a contrasting mechanism that requires another racial group to contrast against. Two, the individual must abandon socially defined group definitions and characteristics for self-definition. Three, the individual will make more sophisticated differentiations between individuals and groups as the individual matures through the statuses. Four, schema or expressions of the statuses can be measured, and statuses can only be inferred (Helms, 1996).

Ethnic Identity Models

Helms. Helms (1996) defines ethnic identity in an attempt to differentiate it from racial identity. According to Helms, an ethnic identity theory covers groups that are organized around cultural constructs that are more than superficial. These contrast theories that address contrasting groups, oppositional groups, or group conflicts are racial or socioracial theory according to Helms.

Helms' (1996) conceptualization of ethnic identity development encapsulates two major categories, cultural adaptation, which would include acculturation theories that will be discussed later in the paper, and ethnic group affiliation. Theories that explain group affiliation or lack thereof, attempt to create a measurement for ethnic participation but not the development of the individual into his or her role in the ethnic group (Helms, 1996). Helms (1996) presents a theory by Bernal, Knight, Garza, Ocampo, and Cota as an

example of ethnic identity theories. Bernal et al. (as cited in Helms, 1996) state that ethnic identity is comprised of five factors, self-categorization into the ethnic group, an awareness of the permanence of ethnic characteristics, performance of roles in the ethnic group even if not knowledgeable performed, knowledge of the content of the ethnic culture, and an attraction to the ethnic group. These five factors are not dependent on each other and can each be used to measure the ethnic identity of the individual. Development of the ethnic identity is theorized to progress as a component of age as the individual becomes aware of the subtle cues of the ethnic group (Helms, 1996).

This conceptualization of ethnic identity by Helms shows why she has tried to make a clear distinction between ethnic identity and racial identity. For her, race is a clearly defined construct, and ethnicity is more ambiguities, closer aligned to acculturation than to race (Helms, 1996). Other authors such as Cokley (2007) and Phinney (1993) believe that individuals will experience similar developmental processes in regards to ethnicity as with race. Cokley (2007) and Phinney (1993) argue that the definition of ethnicity is so broad it can encompass race.

Universal measure of ethnicity. Phinney (1993) attempted to create a model that would explain universal stages of development of ethnic identity. The model is developed from Erikson's Ego Identity-Development model and endeavors to integrate current identity models from Cross and Helms, among others. Phinney proposes three stages an individual will experience during development. The three stages are: unexamined ethnic identity, ethnic identity search, and achieved ethnic identity (Phinney, 1993).

The first stage of ethnic identity development is characterized by acceptance of the dominant cultures beliefs and attitudes. The individual has not explored ethnic

identity and how it is separate or unique from the presentation of facts by the dominant culture. If the individual has internalized the dominant cultural values without thought, this stage parallels the concept of identity foreclosure presented in Marcia's 1966 theory (Phinney, 1993). In Phinney's (1993) research, she could not find a measurable difference between individuals who had internalized the dominant culture's values and those who had not thought about it as described in the diffusion stage of Marcia's 1966 theory. For this reason, Phinney (1993) combined the two stages into this one stage.

The second stage, ethnic identity search, or moratorium stage, begins when something triggers the individual's desire to investigate ethnic identity. Contrary to other theories, Phinney (1993) did not find evidence that the trigger is usually an emotionally upsetting event or series of events. Here, the adolescents that Phinney studied reported an increase in exploratory activity focused on learning about their ethnic culture. The adolescents also reported becoming aware of discrimination and prejudices during this time. However, unlike other theories, Phinney did not find evidence that the individuals become emotionally upset and act out. Phinney postulates, that because her research was with a younger population, they did not have a history of discrimination.

The third and final stage is achieved ethnic identity. The optimum result is an internalization of one's ethnicity. There was a correlation between high scores on identity scales and an individual reaching the achieved ethnic identity stage. Phinney (1993) points to this fact as evidence that ethnic identity is a part of a larger search for one's self, or identity development.

Phinney's (1993) model drew on research in the areas of ethnic identity development and racial identity development. Phinney studied a diverse population in the

development of her model and was able to show that race and ethnicity require individual exploration to leave the socially defined group and enter into the group of the individual's choosing. Her model assessed the progression of the individual through the stages of development whether it was ethnic or racial.

Ethnic Identity or Racial Identity

The differentiation between ethnic and racial identity is ambiguous. Both terms have suffered from political influences. Cokley (2007), in his critique of the field of ethnic and racial research, provides the example of Asian Indians to describe some of the political influences on ethnic labels. The U.S. Census office has given the Asian Indian ethnic group several different labels. Regarding race, the field of psychology has itself created controversy by presenting theories that claimed higher intelligence was related to racial heritage (Cokley, 2007). Further convoluting these concepts is that most racial identity studies have been conducted with African American and European American samples, while ethnic studies have focused on Asian Americans and Latino Americans (Cokley, 2007).

Cokley (2007) applies the definitions of ethnicity and race to identity. He states that an ethnic identity is a subjective belief that an individual belongs to a group based on "self-labeling, sense of belonging, preference for the group, positive evaluation of the ethnic group, ethnic knowledge, and involvement in ethnic group activities" (Cokley, 2007, p. 225). Racial identity is the "collective identity of any group of people socialized to think of themselves as a racial group" (Cokley, 2007, p. 225).

Both definitions include some aspect of self-decision. For ethnicity, the individual is drawn to the group, for race the individual is socialized to think they are part of the

group. In both cases, a journey of self-discovery and conscious decision making will allow the individual to develop his or her identity. Phinney and others in the most recent wave of research have tried show that the constructs might be slightly different, but the development appears to progress in similar ways.

Ethnic and Racial Identity

The most recent wave of research has focused on bringing together the ethnic identity research, theories, and models, with the racial identity research, theories, and models. This group has chosen the term Ethnic and Racial Identity or ERI (Schwartz et al., 2014). This group states that since the constructs of ethnic and racial identity overlap and the definitions are poorly defined, the actual differentiation between them is arbitrary. This group starts by defining ERI as a “subjective, self-ascribed sense of oneself as a member of an ethnic or racial group” (Schwartz et al., 2014, p. 59). Referencing Cokley’s (2007) differentiation between the constructs, Schwartz et al. (2014) agree that academically, a separation is possible between the two, but in the United States population, ethnicity and race are functionally equivalent. A group of people can be better defined by ethnicity or race depending on what the group uses as a commonality, cultural or biological similarities. However, when doing research, the developmental process and interaction mechanism with the greater culture are similar. ERI, therefore, strives to be able to measure the underlying mechanisms of all the ethnic and racial groups and compare them to each other. Phinney’s (Phinney & Ong, 2007) universal model and measure is seen as an advancement in the field by the ERI groups since it purportedly measures a universal process mechanism that guides an individual’s development of Ethnic and Racial identity.

The ERI theory frames its analysis as positive group affiliation. The theory postulates that an individual usually chooses a group membership for the benefits that it provides the individual (Schwartz et al., 2014). A goal of identity research is to discover ways to help individuals move from an unwanted or dysfunctional view of identity to a positive and functional view of him or herself. ERI is representative of the field moving from the measurement of an individual's static position in the process of identity attainment to a progressive view of how an individual goes through the process. Schwartz and colleagues (2014) challenge ERI to broaden its sampling, from convenience samples to those individuals representative of the population, and then to follow these individuals longitudinally as they progress through their identity development.

Acculturation

The comparison variable in the present study is acculturation. Drawing from Phinney's (1993) theory of ethnic identity and Berry's (1997) theory of acculturation, Farver, Narang, and Bhadha (2002) and Farver, Xu, Bhadha, Narang and Lieber (2007) make a comparison of the theories. Ethnic identity is the racial, ethnic or cultural group that an individual decides to associate or identify with (Phinney, 1993) Acculturation is how the individual chooses to adapt to the dominant culture if they are part of a cultural minority group (Berry, 1997).

Acculturation occurs when first-hand contact with another culture requires an individual to rectify their culture of origin with the culture that they are now in contact with (Redfield, Linton & Herskovits, 1936). The process through which this definition is conceptualized to work has changed, but the definition is still in common usage (Berry & Sabatier, 2011; Murray et al., 2014). Early theorists like Gordon in 1964 (as cited in

Bourhis, Moïse, Perreault & Senécal, 1997) believed that acculturation was a linear process in which the individual adopted the new culture as the old culture was rejected. Testing of this theory revealed these two constructs, accepting the new culture and rejecting the old culture, were not correlated. This finding led to the separation of the variables and the bi-dimensional model presented by Berry (as cited in Bourhis, Moïse, Perreault & Senécal, 1997). Working off later research conducted with adolescents, which showed that most adolescents use either assimilation or integration as their acculturation style, Unger et al. (2002) postulated that a simplified bi-directional model might still be applicable for adolescents. The model would be between accepting both their culture of origin and the new culture and accepting only the new culture.

Bi-dimensional model. Acculturation occurs when an individual or group from one culture has contact with another cultural group. Berry (1997) theorized that the individual could choose from four adaptation styles, which form a bi-dimensional model. An individual who accepts their culture of origin and also the new culture is said to have an integration style. When an individual holds on to his or her culture of origin and rejects the new culture, it is called separation. If an individual rejects the culture of origin and accepts the new culture, it is called assimilation. Lastly, when an individual rejects the culture of origin and also the new culture, it is called marginalization.

Berry (1997) theorizes that there are five main features in the individual's choice of acculturation style. Preexisting factors moderate each feature in the individual and factors that occur during the process. Factors that are preexisting include "age, gender, education...status, migration motivation, expectations...cultural distance...personality" (Berry, 1997, p. 15). Factors that occur during the process are "length of

time...acculturation strategies... coping: strategies and resources...social support...social attitudes; prejudice & discrimination” (Berry, 1997, p. 15). The first feature of the acculturation choice is the individual experiences an interaction of two cultures. Second the individual assigns meaning to the event. The individual can see it as an opportunity or stressful event. The third feature is the individual’s preparations to cope with the stress the individual might be placed under while navigating the interaction between the two cultures. The fourth is the actual stress that the individual experiences during the cultural interaction. A positive outcome can be reached when the individual has prepared and successfully used coping mechanisms, but inadequate coping mechanisms can lead to a negative outcome. The last feature is the actual adaptation of the individual and society. Adaptation is the acculturation style that the individual chooses and for the society, which acculturation style it prefers outsiders to use. However, the adaptation does not always lead to a better fit between the individual and new society (Berry, 1997). The incompatibility occurs when the individual’s chosen acculturation style does not match the style that the new society wants from the individual.

Adolescent acculturation. Unger et al. (2002) created a measure to assess Berry’s acculturation styles in adolescents. Unger et al. chose not to base the measure on adult assessments because of the unique cultural situation of adolescents. Assessing language acquisition is a simple and quick method of measuring acculturation. However, for an adolescent, language is theoretically weak because others dictate the language the adolescent can use in school and the home (Unger et al., 2002). Unger et al. (2002) also chose not to measure philosophies or beliefs because theoretically, the adolescent's psychosocial developmental stage involves creating and changing beliefs. Referencing

work on ethnic identity development by Phinney, Unger et al. decided to focus the measure on behaviors. Focusing on behaviors allowed Unger et al. to ask general questions and provide general responses that are effective for adolescents from many different cultural backgrounds. The last benefit of measuring behaviors is the ability to assess multiple domains or areas the behaviors occur in (Unger et al.,2002)

The resulting scale is the Acculturation, Habits, and Interests Multicultural Scale for Adolescents (AHIMSA). The scale was normed on 317 sixth graders of multiple ethnic backgrounds. The dominant response to all the questions defined each participant's acculturation style. One hundred and twenty-three students had a dominant preference for the United States, 103 for Both Countries, and 86 had no dominant response. Four students responded with Other Country, which is the country of origin, and one student responded with Neither country. The lack of individuals predominantly choosing either Other Country or Neither country led Unger et al. (2002) to question whether Separated or Marginalized acculturation styles were theoretically necessary for adolescent groups. Unger et al. (2002) postulated that unless the adolescents live in an ethnic enclave, their participation in school forces them to integrate into society, making separation or marginalization nearly impossible.

Unger's research has contributed to the generalizability of the acculturation concept across multiple contexts. Acculturation research struggles because each receiving or dominant culture has a preference for how the immigrant or minority individual acculturates to the dominant culture. If the minority individual does not acculturate in the desired style, they can experience acculturation stress. Later in this paper, interactions

between immigrants and countries of western culture will be reviewed to identify interactions between acculturation and mental health.

Mental Health

The World Health Organization (WHO, 2014) defines mental health “as a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to her or his community.” The Center for Disease Control (CDC, 2013) expounds on the concept of well-being in three areas; emotional, psychological, and social well-being. Emotional well-being is a “perceived life satisfaction, happiness, cheerfulness, peacefulness” (CDC, 2013). Psychological well-being is a “self-acceptance . . . optimism, hopefulness, purpose in life . . .” (CDC, 2013). Lastly, social well-being is a “social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, sense of community” (CDC, 2013).

Yoon et al. (2013) conducted a meta-analysis of 325 studies from 1981 to 2010, investigating the interaction between acculturation/enculturation and mental health. The variables used in these studies to assess mental health were depression, anxiety, psychological distress, negative affect, self-esteem, satisfaction with life, and positive affect (Yoon et al., 2013). The WHO (2014) and the CDC (2013) both focus on the positive aspects of mental health in contrast to mental illness. The current research field appears to focus on both the positive and negative aspects of mental health (Yoon et al., 2013). This study will continue in the vein of previous research and use depression, anxiety, and self-esteem to assess mental health. In addition to these variables, this study will also use aggression to measure an external aspect of mental health.

Depression, anxiety, and aggression are used to identify mental illness in the general child and adolescent population. Using a modified structured interview from the WHO administered by trained lay individuals, Merikangas et al. (2010) investigated the lifetime prevalence rates of mental illness in adolescents age 13 to 18. The National Institute of Mental Health (NIMH, n.d.) references the study to claim the prevalence rate of mental illness is 46.3%. Merikangas et al. (2010) report that for these adolescents “11.7% met criteria for major depressive disorder or dysthymia 31.9% met criteria for an anxiety disorder and 6.8% met criteria for conduct disorder” (p. 4-5). Perou et al. (2013) reported mental illness prevalence based on parental and self-reported surveys conducted from 2005-2011. Parents reported lifetime prevalence in children and adolescents of 3.9% for depression, 4.7% lifetime prevalence of anxiety, and 4.6% lifetime prevalence of oppositional defiance disorder or conduct disorder (Perou et al., 2013). There appears to be a large discrepancy between the estimates. However, Perou et al., (2013) did have access to one survey of the adolescents themselves. When surveying adolescents’ age 12-17 years old for lifetime and current diagnoses of major depressive disorder they reported 12.8% lifetime prevalence and 8.1% current diagnoses. This finding contrasts to parent reported rates of 7.1% lifetime prevalence and 3.5% current diagnosis rates for the same age group (Perou et al., 2013).

The population of adolescents that suffer from mental health issues, according to the previous studies, surpasses one-third. Given the high rate of mental health issues, finding which aspect, an individual’s development or lifestyle, provides the greatest protection of mental health will help organizations direct their funds and resources. Therefore, this study will compare the constructs of ethnic identity and acculturation style

to see which best protects against depression, anxiety, and aggression and promotes self-esteem.

Review of Literature

The researchers investigating the conceptualization of mental health as depression, anxiety, and self-esteem have identified models of interaction between mental health and ethnic identity development and acculturation style. The models have conceptualized several mediating factors that include ethnic affirmation (Brittian et al., 2015) and discrimination (Brittian et al., 2015; Nakash, Nagar, Shoshani, Zubida & Harper, 2012; Tynes, Umaña-Taylor, Rose, Lin & Anderson, 2012). This study will investigate which concept, ethnic identity development or acculturation style, is a better predictor of mental health. Therefore, the mediating variables will not be discussed here. The following section will discuss and point out commonalities in current research that influenced the goals of the present study.

Ethnic Identity Development and Mental Health

Researchers of depression and its interaction with ethnic identity development have divided ethnic identity development into two parts, identity exploration and then identity commitment. An individual in identity exploration actively engages in seeking an identity or trying on different identities. Identity commitment is when the individual has completed or settled upon an identity. The findings regarding ethnic identity exploration have been mixed. Syed and Juang (2014) found that exploration is correlated with an increase in depression amongst college aged ethnic minorities. Fisher et al. (2014) found this to be true for multiracial adolescents but not for monoracial African American or Caucasian adolescents in high schools. Brittian et al. (2015) found no

relationship between the variables in college age individuals. Brittian, Umaña-Taylor, and Derlan (2013) found that the benefit from ethnic identity exploration is dependent on the age of the individual engaged in ethnic identity exploration. Brittian, Umaña-Taylor and Derlan researched ethnic identity development in college students and found that contrary to theory; ethnic identity exploration was positively correlated with depression. The researchers postulate that this contrary finding is due to age. Adolescents are expected to be engaging in exploration so it is seen as positive by society while college students are considered adults and should be committed to an identity (Brittian et al., 2015; Brittian, Umaña-Taylor & Derlan, 2013).

The findings regarding ethnic identity commitment have confirmed the theory that it protects against depression in the case of a minority ethnic identity (Brittian et al., 2015; Brittian, Umaña-Taylor & Derlan, 2013; Fisher et al., 2014; Syed & Juang, 2014). Meaning this only holds true for an individual of non-White or non-American identity. Syed and Juang (2014) found that the White participants did not receive the protective benefits of identity commitment that the non-White participants received. Kiang, Witkow, and Champagne (2013) found that in Asian immigrants to the United States, a commitment to an American identity did not protect against depression while the same individual's commitment to his or her ethnic identity did protect against depression.

Researchers have found anxiety about ethnic identity to be contextually dependent but when it occurs the relationship is stronger than that of ethnic identity development and depression (Fisher et al., 2014). Brittian, Umaña-Taylor and Derlan, (2013) found a significant relationship between anxiety and ethnic identity development. They were investigating ethnic identity development in school with differing ratios of ethnic

minorities to non-minorities. Their study identified a significant interaction between the school type and the other two variables. The line test they conducted showed that individuals in schools with low ethnic composition experienced more anxiety when rating low on ethnic identity resolution, than those who were in a high ethnic composition school. However, when an individual scored high on ethnic identity resolution, the trend reversed with the individual in low ethnic composition schools experiencing less anxiety while the individual in a high ethnic composition school experienced an increased level of anxiety. The change of anxiety each group experience was not enough to reach significant levels but the interaction between the group was significant (Brittian, Umaña-Taylor & Derlan, 2013).

Tynes et al. (2012) found an interaction between anxiety, level of ethnicity and online discrimination. An individual experiencing a low level of discrimination online will experience more anxiety if the individual has a high sense of ethnic identity than with a low sense ethnic identity. When experiencing high levels of online discrimination, the individuals with high ethnic identity will experience a decrease in anxiety while the individuals with low ethnic identity will experience an increase in anxiety. The interaction effect in this study was significant (Tynes et al., 2012).

Research supports the strong relationship between self-esteem and ethnic identity. Piña –Watson, Ojeda, Castellon and Dornhecker (2013) postulate that since the relationship between self-esteem and ethnic identity is so strong, it may suggest that one's feelings about his or herself in regards to ethnicity affects one's overall feelings about his or herself. This point supports the theories of identity development that each part of the identity contributes to the whole identity (Erikson, 1968). Kiang, Witkow, and

Champagne (2013) found that both ethnic and American identity development in foreign and native-born immigrants were positively correlated to self-esteem. Syed and Juang (2014) found in their sample that minority ethnic identity significantly correlated to self-esteem in multiple samples from a diverse range of geographic and college contexts. The white sample Syed and Juang (2014) used for comparison did not reach a significant level of correlation between self-esteem and White ethnic identity, but the correlation coefficients did not differ significantly from those of the minority ethnic identity. This finding is in line with Kiang, Witkow and Champagne (2013) who found a significant correlation for both groups or that both Whites and minorities benefit from a sense of ethnic identity.

Research has found an interaction between ethnic identity development and aggression that supports current theories. A more complete and permanent ethnic identity protects against aggressive ideations (Thomas, Hammond, & Kohn-Wood, 2015), aggressive behaviors (Belgrave, Nguyen, Johnson & Hood, 2011), and antisocial behavior resulting from acculturative stress (Williams, Aiyer, Durkee & Tolan, 2014). Thomas, Hammond, and Kohn-wood (2015) studied college-aged African Americans. The study participants fit into three ethnic identity profiles, identity ambivalent, identity appraising, and identity consolidating. The researchers found that a more consolidated ethnic identity that is stable and moderate allows the participants to temper other identity traits that could lead to aggressive ideations. Belgrave, Nguyen, Johnson and Hood (2011) studied gender differences in African American adolescents' ethnic identity and empathy and the relationship to prosocial and aggressive behavior. The research showed well-adjusted boys had lower levels of overt aggression than those who had a low ethnic

identity. This finding did not hold for girls and instead the girls who had higher levels of aggression were those with lower levels of empathy as compared to the girls in the well-adjusted group. The girls in the low empathy group were characterized by average ethnic identity and below average empathy. Williams, Aiyer, Durkee and Tolan (2014) studied adolescents in Chicago, 61% were African-American, and 39% Latino. The research showed that the effect of ethnic exploration and affirmation was most prominent when the individual experienced discrimination. Individuals engaged in identity exploration showed higher levels of antisocial behavior while an affirmation of an identity appeared to protect against the negative effects of discrimination in this group. Like most relationships, ethnic identity and aggression have moderating variables that affect their relationship. Smokowski, Evans, Cotter, and Webber (2014) found that the relationship was moderated by self-esteem in American Indian youth. Their research revealed a significant relationship between ethnic identity development and externalized behavior including aggression. However, the relationship was no longer significant when self-esteem and future optimism were added to the models.

Acculturation Style and Mental Health

There are fewer studies that have investigated the relationship between acculturation and mental health when compared to research on ethnic identity development and mental health. Most research concerning acculturation is the relationship to distress or stress because an individual will choose an acculturation style that provides the best or least distressing interaction with the dominant culture. Distress or stress is a readily available construct that can be measured. Acculturation's relationship with depression, anxiety, self-esteem and aggression is not straightforward.

A restriction to generalizing research in this area is the culture of every immigrant group is different, and each receiving culture has different expectations of the immigrant group. Therefore, each immigrant group and receiving culture will have a different interaction with each other. There are commonalities between acculturation styles and ethnic identity development that do provide us with constructs to compare. Research has found in multiple groups that abandoning one's culture of origin can lead to increased depression and accepting one's culture of origin will promote self-esteem. The following section will provide evidence as to what way the variables in the present study can be expected to relate.

Researchers have found commonality in the research across multiple immigrant groups in the United States, Netherlands, and Israel. Immigrants who choose an integration form of acculturation will experience the lowest level of depression when compared to individuals using other acculturation styles (Behrens, del Pozo, Großhennig, Sieberer & Graef-Calliess, 2015; Castillo et al., 2015; Nakash et al., 2012; Ruzek, Nguyen & Herzog, 2011; Ince et al., 2014). Ince and colleagues (2014) studied Turkish immigrants in the Netherlands. Their research showed that most of the immigrants who experienced depression used the separation form of acculturation. The group with the lowest depression was integration (Ince et al., 2014). Nakash and colleagues (2012) had similar findings in Israel among a diverse group of second-generation immigrants. The integrated group had the lowest depression rate, and the assimilated group had the highest rates of mental health symptoms. Nakash and colleagues (2012) postulate that denying one's heritage through assimilation might be beneficial in reference to interacting with society but the rejection of the individual's heritage could have negative mental health

repercussions. Research of Latino population in the United States had similar findings. Latino men experience acculturative stress that leads to depression. The stress is postulated to come from a discrepancy of what it means to be a Latino man, machismo and reserved emotions, and values that the culture of the United States promotes, like help seeking and emotional openness. Latino's experience pressure from others of the native group to maintain the native identity and the more the pressure is experienced, the more likely the individual is to be depressed (Castillo et al., 2015). For females but not for males, this pressure can take the form of marginalization from her group, which causes negative mental health outcomes (Castillo et al., 2015).

The benefits from the integration acculturation style have been observed even in the clinically depressed population. Behrens and colleagues (2015) studied acculturation in an outpatient clinical setting. Their research showed that the integration style is a protective factor in the level of depression an individual is experiencing. In line with other studies, the researchers found that an individual using the marginalization style of acculturation will show the most depressive symptoms (Behrens et al., 2015). In support of the research by Nakash and colleagues (2012) and Castillo and colleagues (2015), an individual in the acculturation style of segregation had fewer symptoms of depression than an individual who used the assimilation style of acculturation (Behrens et al., 2015). Behrens and colleagues (2015) postulate that even with the emotional instability the individual is experiencing, the individual can still hold on to the identity that is provided by the culture of origin.

Lastly, contrary results showing that not every cultural interaction follows the previous findings will be addressed. Ruzek, Nguyen, and Herzog (2011) investigated

acculturation style by dividing it into values and behavioral engagement in American culture versus Asian Culture. The sample for their study was Asian Americans on college campuses. The engagement in Anglo behavior, Asian behavior, and Asian values did not predict depression rates. However, European values was a predictor of depression rates. In contrast to the Latino males discussed earlier the Asian Americans who adopted European values experience lower rates of depression (Ruzek, Nguyen & Herzog, 2011).

The relationship between acculturation style and anxiety is also not always clear. Ince and colleagues (2014) included anxiety in their research of Turkish migrants in the Netherlands and found no relation. Valencia-Garcia, Simoni, Alegría and Takeuchi (2012) studied the relationship between social capital and acculturation in Mexican-American women. There was no relationship between acculturation level and anxiety in the relational model developed from the study. In an Asian American population, a relationship was found with anxiety as a response to acculturation style (Ruzek, Nguyen & Herzog, 2011). The study showed that the more the individual displays Asian behaviors and endorsed fewer European values the more anxiety the individual reported. The authors believe that the individual is feeling distressed from the incongruence with the dominant culture. However, the Asian culture displays somatic symptoms, and this distress might be presented as anxiety (Ruzek, Nguyen & Herzog, 2011). A concrete finding was observed by Fox, Merz, Solórzano and Roesch (2013). In their sample of African American, Hispanic and Asian American high school students, the individuals using a separation style of acculturation had significantly higher levels of anxiety than individuals using either the integration or assimilation form of acculturation. Despite the

mixed findings referenced here, the field has found an overall relationship between higher levels of enculturation and higher anxiety (Yoon et al., 2013).

The relationship between self-esteem and acculturation style continues to find support. Integration appears to be the acculturation style that promotes the most self-esteem across multiple cultures (Fox, Merz, Solórzano & Roesch, 2013; Yoon et al., 2013). Yoon et al. (2013) in a meta-analysis found that acculturation and enculturation both had positive relationships with self-esteem. These two variables together are what constitute the integration form of acculturation in Berry's theory. Fox, Merz, Solórzano and Roesch (2013) found in a diverse, 50% Asian, 33% Latino, and 16% black, group of college students that those students who used the integration form of acculturation had higher levels of self-esteem in comparison to those who chose assimilation. Other finds from populations in the United States include Latinos in a primarily Latino town (Guinn, Vincent, Wang & Villas, 2011), Hispanic youth from varying levels of acculturation (Perez, 2011), and international students (Lopez & Bui, 2014; Li, Liu, Wei & Lan, 2013). Guinn, Vincent, Wang, and Villas (2011) found that even Latino's living in an insulated minority community reported higher self-esteem when having a high acculturation to the United States culture. Perez (2011) studied self-esteem in adolescents with varying levels of linguistic acculturation when with family and others. Perez found no difference in the adolescents' self-esteem when with family or friends of the adolescent who had high or low linguistic acculturation. However, adolescents with a medium level of linguistic acculturation did report higher levels of self-esteem when away from the family. Lopez and Bui (2014) and Li, Liu, Wei and Lan (2013) both studied temporary international students in the United States. These two studies show the acculturation style has to be

functional and in line with the goals of the individual in the environment. Both studies found that high levels of assimilation were associated with high self-esteem. Lopez and Bui (2014) also found low integration was associated with high self-esteem while Li, Liu, Wei and Lan (2013) found no relationship between self-esteem and enculturation. The authors postulated that the goal of the individuals was to learn about the new culture the student lived. Therefore, retentions of the heritage cultural values do appear to support self-esteem in temporary international students (Li, Liu, Wei & Lan, 2013; Lopez & Bui, 2014).

Like the other variables, the relationship between acculturation style and aggression is moderated by acculturation stress (Lawton & Gerdes, 2014). Lawton and Gerdes (2014) review the research for the use by clinicians and note that many studies fail to find a direct link between acculturation and mental health in Latinos. However, they note that acculturation stress provides a pathway between acculturation and many mental health variables including aggression. Lawton and Gerdes (2014) note that a common source of this stress is from the different acculturation styles between the parents and adolescents. Kim and Park (2011) investigated this relationship in Korean American families. Their research identified that it was specifically a gap in the adolescents' and parents' retention of the culture of origin or enculturation that lead to aggression and not a gap in adoption of the dominant culture or acculturation. Buchanan and Smokowski's (2011) research on Latino adolescents corroborates Kim and Park's (2011). Buchanan and Smokowski's (2011) studied factors that lead to negative friend relationships in Latinos. They found a significant pathway from acculturation conflict to parent conflict to externalized problems, which include aggression, to negative friend

associations. There does exist some evidence for the generalizability of findings even with the warnings to generalize with caution. Özbek, Bongers, Lobbestael and Nieuwenhuizen (2015) studied Turkish and Moroccan young adults in the Netherlands and found that individuals who have a moderate attachment to their culture of origin and host culture have more externalized problems including aggression than those who chose to integrate or separate.

Mental Health

Ethnic Identity

Two means by which ethnic identity is theorized to affect mental health are self-exploration and identification with a larger group. By exploring one's self, the individual is better able to understand all the aspects that make up the self and to discover the personal strengths or weaknesses that will need to be compensated for with various coping mechanisms (Smith & Silva, 2011). The identification with a larger group allows an individual to view problems through a second appraisal (Outten, Schmitt, Garcia & Branscombe, 2009). The individual can see the problem as something the group commonly faces, a sense of camaraderie develops, and the individual can see how others in the group address the problem.

Smith and Silva (2011) conducted a meta-analysis of ethnic identity and its effect on well-being. The goal of their study was to provide a synthesis of the extensive research on the subject. The consensus among the field has been that a strong ethnic identity is related to positive well-being, but there has also been contradictory evidence. Smith and Silva (2011) therefore surveyed 184 studies that examined the relationship. The results showed a small relationship between the two constructs ($r = .17$), which the

authors point out, leaves 97% of the variance unexplained. Several contributions to the field noted by the authors were; first, that the association was not affected by the individual's "race (excluding Caucasian), gender, education level, and socioeconomic status" (Smith & Silva, 2011, p. 51). Second, the MEIM was used in the majority of studies to assess ethnic identity development, and adolescent and young adult samples had larger effect sizes than children and older adults. Third, the acculturation of the participant was a moderating factor between ethnic identity and well-being. Lastly, ethnic identity was correlated with positive mental health, but not as strongly with negative mental health (Smith & Silva, 2011). A discussion of the rationale for this study will touch on these four points.

A sense of ethnic identity has been shown to affect one's well-being and mental health positively. This effect might be produced by providing a sense of belonging and increased knowledge of one's self. The adolescent population appears to be one of the groups that benefit most from a developed sense of belonging. The advantage of belonging to a group of the individual's choice comes with the maturation of the adolescent's identity (Erikson, 1968). Another factor that appears to moderate ethnic identity's relationship with positive well-being and mental health is the level of acculturation of the individual to the environment. The surrounding environment must accept the individual's chosen ethnic identity or acculturation style and level. An example would be an individual living in a cultural enclave. The best acculturation style would be separation because they do not need to accept the dominant culture. If, however, the individual chooses to assimilate completely into the dominant culture, the ethnic group may rebuff the individual (Smith & Silva, 2011).

Acculturation

There has been some debate over the most beneficial acculturation style. In his original work, Berry (1997) postulated that an integrated form of acculturation would be the most beneficial. He believed that this style would allow an individual to accept who he or she was, but also give himself or herself the freedom to adapt to the new culture. Subsequent revisions of the theory stated that, for the acculturation style to be beneficial, the individual's style had to match the accepted style of the culture. If the culture wanted to ostracize the immigrant, a separation form of acculturation would be the most adaptive. Yoon et al. (2013) reference multiple studies that found separation and assimilation equally favorable forms of acculturation, with similar or better mental health than integration. Therefore, Yoon et al. (2013) conducted a meta-analysis of 325 studies on acculturation and enculturation and their relationship to mental health. The resulting analyses showed that integration was positively correlated with positive mental health, while marginalization was correlated to negative mental health. Separation and assimilation were not significantly correlated with either positive or negative mental health.

Present Study – Rationale

The purpose of this study is to identify which construct, ethnic identity or acculturation style, has a greater effect on mental health as defined by low depression, low anxiety, high self-esteem, and low aggression in Haitian youth. According to the research conducted by Smith and Silva (2011), ethnic identity should be a predicting construct because race, gender, education level, and socioeconomic status do not appear to be confounding factors. The Haitian population has received little attention in research.

Therefore, this study will also attempt to validate these protective relationships in the Haitian adolescent population. The chosen tool to measure ethnicity is the Multigroup Ethnic Identity Measure (MEIM). The MEIM is the widest used measure and also this studies population, adolescents, has been shown to produce the largest effect sizes (Smith & Silva, 2011). Therefore, the results can be compared to the general population and also if there is an effect, this age group will be the most likely to show it.

This study will base the hypothesis on Smith and Silva (2011) postulation that acculturation style is a mediating factor between ethnic identity and positive mental health. Therefore, the hypothesis is as follows.

Null Hypothesis 1 (H01): $\mu_1 = \mu_2$: Acculturation style will not lead to greater mental health as measured by depression, anxiety, self-esteem and aggression than ethnic identity development.

Alternative Hypothesis 1 (HA1): $\mu_1 \neq \mu_2$: Acculturation style will lead to greater mental health as measured by depression, anxiety, self-esteem and aggression than ethnic identity development.

The sub-hypothesis for each aspect of our conceptualization of mental health are as follow.

Null Hypothesis 1 (H01a): $\mu_1 = \mu_2$: Acculturation style will not lead to greater mental health as measured by depression than ethnic identity development.

Alternative Hypothesis 1 (HA1a): $\mu_1 \neq \mu_2$: Acculturation style will lead to greater mental health as measured by depression than ethnic identity development.

Null Hypothesis 1 (H01b): $\mu_1 = \mu_2$: Acculturation style will not lead to greater mental health as measured by anxiety than ethnic identity development.

Alternative Hypothesis 1 (HA1b): $\mu_1 \neq \mu_2$: Acculturation style will lead to greater mental health as measured by anxiety than ethnic identity development.

Null Hypothesis 1 (H01c): $\mu_1 = \mu_2$: Acculturation style will not lead to greater mental health as measured by self-esteem than ethnic identity development.

Alternative Hypothesis 1 (HA1c): $\mu_1 \neq \mu_2$: Acculturation style will lead to greater mental health as measured by self-esteem than ethnic identity development.

Null Hypothesis 1 (H01): $\mu_1 = \mu_2$: Acculturation style will not lead to greater mental health as measured by aggression than ethnic identity development.

Alternative Hypothesis 1 (HA1): $\mu_1 \neq \mu_2$: Acculturation style will lead to greater mental health as measured by aggression than ethnic identity development.
development.

Method

Participants

Adolescents attending a summer education program for Haitian youth at a Catholic university in Miami completed the surveys for this study. One hundred and eleven students participated while only 91 completed all the surveys. Five more were excluded from the study because the acculturation style (four denoted separation and one marginalization) that they reported using is theoretically (Cokley, 2007) and psychometrically (Unger et al., 2002) tentative. The remaining 86 participants ranged from 10 to 15 years old with a mean of 12.02, and 31 were males, and 55 females. An item on the MEIM requested what ethnicity the participant perceived themselves as, 48 reported Haitian, 26 African American, one Caribbean, and eight as mixed or other with three failing to report any ethnicity.

Measures

The participants in the summer educational program were of Haitian decent. The following measures were chosen because they have norms for ethnically diverse groups.

Multi-group Ethnic Identity Measure. The MEIM was developed by Phinney (2014) and is a 12-item scale that uses a 4-point Likert scale with four, meaning strongly agree and one, meaning strongly disagree. Two subscales exist with one measuring a search for ethnic identity and the second affirmation, belonging and commitment. The scores are averaged and reported for the whole survey. According to a memo on Phinney's website (2014), the reported alphas have consistently been above .80 for the measure (See Appendix D, for MEIM).

Acculturation, Habits, and Interest Multicultural Scale for Adolescents (AHIMSA). The AHIMSA was developed by Unger et al. (2002) and measures an individual's acculturation style. The original scale was normed on adolescents at a multicultural school. There are eight items that the participants respond to by stating United States, Other Country, Both, or Neither. The results showed good support for United States ($\alpha=.79$) and Both ($\alpha=.79$) but the Other Country, and Neither responses had a compressed range and failed to reach acceptable alpha levels. Unger and colleagues correlated the scores with the Acculturation Rating Scale for Mexican-Americans-II and English Usage to verify construct validity. According to Unger and colleagues findings all the correlations were significant except for Neither Country Orientation on the AHIMSA (See Appendix E, for AHIMSA).

Reynolds Adolescent Depression Scale 2nd edition. Reynolds (2004) developed the RADS-2. This scale is a 30-item scale with four response options to the first person

statements provided. The responses are, almost never, hardly ever, sometimes, and most of the time. There are four subscales for in this scale, dysphoric mood, anhedonia or negative affect, negative self-evaluation, and somatic complaints. Dysphoric mood assesses disturbances in the adolescents' mood and symptoms of depression. Anhedonia or negative affect assesses behavioral changes associated with depression, such as abstaining from previously pleasant activities. Negative self-evaluation assesses the cognitive component of depression such as, thoughts of self-harm or self-denigration. Somatic complaints assess common physical complaints of depressed adolescents, such as stomachaches and sleep disturbances (Hilsenroth, Segal & Hersen, 2004). The items were chosen to reflect diagnosis as defined in the Diagnostic and Statistical Manual of Mental Disorders (Reynolds & Mazza, 1998). If an individual scores above the cutoff of 77, the authors recommend that a structured diagnostic interview be used to determine if the individual is clinically depressed (Davis, 1990). Davis (1990) also reports that reliability is high, a Cronbach alpha between .90 and .96 across multiple ages and races. Test-retest was $r=.80$ at six weeks, $r=.79$ at three months, and $r=.63$ at one year. Validity was established through a comparison of the test with a structured interview. The interviewer's ratings had 86% agreement with the test scores (See Appendix F, for RADS-2).

Multidimensional Anxiety Scale for Children – 10 Item. March, Parker, Sullivan, Stallings, and Conners (1997) original MASC used 39 questions to measure the symptoms of anxiety over the last week. The responses are on a 4-point Likert scale from zero, never true about me, to three, often true about me. There are four subscales, Physical Symptoms, Social Anxiety, Separation Anxiety/Panic, and Harm Avoidance.

March et al. (1997) state that they desire for all alphas for their test fall within the .6 to .9 range. The original study had alpha scores ranging from .74 to .85 with a total of .90 (March et. al., 1997). Subsequent researchers have used the measure on populations in China (Yao et al., 2007), Sweden (Ivarsson, 2006) and Iceland (Ólason, Sighvatsson, & Smámi, 2004) and also the African-American population (Kingery, Ginsburg & Burstein, 2009) with Cronbach alphas in the desired range of the original authors. A subsequent study by March, Sullivan and Parker (1999) identified 10 items that could reliably identify a global construct of anxiety which was developed into the MASC-10 that this study uses (See Appendix G, For MASC-10).

Rosenberg Self-Esteem Scale. This scale uses ten questions to measure an individual's evaluation of their worth as a human being. The questions consist of five positive statements and five negative statements. Responses are on a 4-point Likert scale from strongly agree, to strongly disagree (Rosenberg, 1965). Across a sample of 53 nations, internal validity ranged from .45 to .90 Cronbach alpha with a mean on .81. Using the split Guttman split-half reliability test, scores ranged from .53 to .86 with an overall score of .73 (Schmitt & Allik, 2005). The mean scores for all cultures were above the median test score for self-esteem, as theorized (See Appendix H, for Rosenberg Self-Esteem Scale).

Buss-Perry Aggression Questionnaire. This questionnaire consists of 29 questions reported on a 7-point Likert scale from one, extremely uncharacteristic of me to five, extremely characteristic of me. There are four subscales, Physical Aggression, Verbal Aggression, Anger, and Hostility. The subscales assess the physical or the verbal aspects of aggressive behavior. Anger assesses the arousal and preparatory aspects of

aggression or emotional and affective aspects of aggression. Hostility is the cognitive aspect of aggression and involves ill will of the individual (Buss & Perry, 1992). These subscales have been shown valid in multiple cultures. The original questionnaire was normed on college students but has continued to be used on new populations and shown valid. The original sample had a Cronbach alpha of .72 to .85 for the subscales and a total of .89 and a test-retest reliability of .80 correlation between the questionnaires results (Buss & Perry, 1992). In a representative sample of the Hungarian population, Cronbach alpha ranged from .68 to .82 for the subscales and together the subscales explained 47.3% of the variation in the reported scores (Gerevich, Bácskai & Czobor, 2007). Gerevich, Bácskai and Czobor (2007) state that although the scores from their sample did not initially factor into the four theorized subcategories, with rotational factor analysis the original subcategories received validation and were still significant (See Appendix I, for BPAQ).

Procedure

The participants were administered the surveys on the first day of the summer program. Completion of the surveys took approximately one hour. Graduate students of the Clinical Psychology program helped the participants understand any questions that they had problems comprehending. The data is now part of an archive administrated by Dr. Pamela D. Hall of the psychology department at Barry University.

The sub-hypotheses were tested using the statistical package SPSS 22.0. Four regression analyses between the MEIM and AHIMSA scores and the criterion variable scores of the RADS, MASC, RSES, and BPAQ provided evidence for which construct, ethnic identity or acculturation, has a greater effect on mental health.

Results

Four multiple regression analyses were conducted to identify whether ethnic identity development or acculturation style was a better predictor of mental health as defined as low depression, low anxiety, high self-esteem, and low aggression. Contrary to previous research the predictor variables were not correlated to any of the criterion variables as seen in Appendix A.

The sub-hypothesis that acculturation style will have a greater effect on depression than ethnic identity development was not supported. The regression model, with both predictors entered was not significant, $R^2 = .02$, adjusted $R^2 = -.002$, $F(2,83) = .9$, $p = .41$. The predictor variables were also individually not significant models, acculturation style, $R^2 = .004$, adjusted $R^2 = -.01$, $F(1,84) = .34$, $p = .56$, and ethnic identity development, $R^2 = .01$, adjusted $R^2 = .002$, $F(1,84) = 1.13$, $p = .29$.

The sub-hypothesis that acculturation style will have a greater effect on anxiety than ethnic identity development was also not supported. The regression model, with both predictors entered was not significant, $R^2 = .01$, adjusted $R^2 = -.01$, $F(2,83) = .48$, $p = .62$. The predictor variables were also individually not significant models, acculturation style, $R^2 = .01$, adjusted $R^2 = -.001$, $F(1,84) = .9$, $p = .35$, and ethnic identity development, $R^2 = .00$, adjusted $R^2 = -.01$, $F(1,84) = .01$, $p = .94$.

The sub-hypothesis that acculturation style will have a greater effect on self-esteem than ethnic identity development was also not supported. The regression model, with both predictors entered was not significant, $R^2 = .02$, adjusted $R^2 = -.01$, $F(2,83) = .76$, $p = .47$. The predictor variables were also individually not significant models,

acculturation style, $R^2 = .00$, adjusted $R^2 = -.01$, $F(1,84) = .00$, $p = .96$, and ethnic identity development, $R^2 = .02$, adjusted $R^2 = .01$, $F(1,84) = 1.5$, $p = .22$.

The sub-hypothesis that acculturation style will have a greater effect on aggression than ethnic identity development was also not supported. The regression model, with both predictors entered was not significant, $R^2 = .03$, adjusted $R^2 = .00$, $F(2,82) = 1.23$, $p = .3$. The predictor variables were also individually not significant models, acculturation style, $R^2 = .01$, adjusted $R^2 = -.001$, $F(1,83) = .89$, $p = .35$, and ethnic identity development, $R^2 = .02$, adjusted $R^2 = .01$, $F(1,83) = 2.02$, $p = .16$.

Descriptive

The sample has between 85 and 86 valid cases for the analyses. The RADS-2 was completed by 86 students with a raw score mean of 54.66 and a standard deviation of 13.27. The MASC – 10 item was completed by 86 students with a mean of 10.85 and a standard deviation of 5.55. The Reynolds Self-Esteem Scale was completed by 86 students with a mean score of 22.45 and a standard deviation of 5.14. The Buss-Perry Aggression Questionnaire was completed by 85 students with a mean of .5 and a standard deviation of .14.

The independent variable of acculturation style is a categorical variable of assimilation or integration style of acculturation. The sample consists of 22 students that identified assimilation as their acculturation style and 64 students who use the integration acculturation style. The mean for the assimilation style student's scores on the RADS-2 is 53.23 with a standard deviation of 10.33. The mean for the student's scores on the MASC – 10 item is 11.82 with a standard deviation of 6.34. The mean for the Reynolds Self-Esteem Scale is 22.41 with a standard deviation of 4.61. The mean for the Buss-Perry

Aggression Questionnaire is .527 with a standard deviation of .14. For the students who indicated an acculturation style of integration, the mean score for the RADS-2 is 55.16 with a standard deviation of 14.18. The students mean score for the MASC – 10 item is 10.52 with a standard deviation of 5.27. The mean score for the Reynolds Self-Esteem scale is 22.47 with a standard deviation of 5.34. A student who reported using the integration style of acculturation did not complete the Buss-Perry Questionnaire so the number of subjects is 63 with a mean of .49 and a standard deviation.

Secondary Analyses

The sample for this study does not appear to have the same characteristics as other ethnic groups. Therefore, a correlation matrix was conducted to identify what correlations do exist between the variables in our sample of youth. The only significant relationship is a negative relationship between acculturation style and the subcategory of physical aggression, $r(83) = -.26, p = .015$. This means that individuals with an integrated acculturation style endorse less physical aggressive behaviors than adolescents with an assimilation acculturation style. For males this relationship was even stronger, $r(29) = -.47, p = .007$, while in females the relationship was not significant at all. These correlations can be seen in Appendix B and C. There is support for the construct of positive mental health as defined by low depression, low anxiety, high self-esteem and low aggression. These correlations are medium, ranging from .19 to .46. There is also a relationship between ethnic identity development and acculturation style that is approaching significance. As an individual affirms more of the ethnic identity an integrated method of acculturation is more likely to chosen, versus an assimilated

acculturation style. This finding is in line with previous research that has found that acculturation style mediates ethnic identities effect on mental health.

Discussion

The findings for this study failed to support the hypotheses. Furthermore, the sample of Haitian youths that were assessed in this study do not appear to experience better mental health from either their acculturation style or ethnic identity development. These findings are in contrast to previous studies that found some sort of relationship between mental health and acculturation style or ethnic identity development across multiple ethnic and racial samples. The underlying constructs appear to be present as evidenced by the correlation matrixes. Some correlations do exist between the predictor and criterion variables, but they were not part of the a priori test and therefore should be viewed conservatively.

The hypothesis for the study was not supported because the sample did not experience the theorized benefits of acculturation style and ethnic identity development. As displayed in Appendix A there exist no correlation that is significant between the predictor variables and any of the criterion variables for the complete sample. The relationships for acculturation styles are not similar to those of the general population when compared to the correlation of $r = .10$ from the meta analyses conducted by Yoon et al. (2013). The relationship between this sample's ethnic identity and mental health appear similar to those of the population studied in Smith and Silva's (2011) meta analyses. Smith and Silva had a correlation of $r = .17$ while this sample had correlations of $r = .13$ and $-.15$. This could mean that our study did not have enough power to catch the small relationship between the variables.

The constructs of acculturation and ethnic identity and the conceptualization of mental health as multiple parts appear to be valid in this sample. The medium correlation of all the measures that were chosen to measure mental health and in the theorized direction confirmed our conceptualization of mental health. The relationship between ethnic identity development and acculturation style in this study was similar to the findings of Smith and Silva's (2011) and support the finding that acculturation style could have a moderating effect.

There were significant correlations that were not part of the a priori analyses but did appear while assessing group demographics. On Appendix A part 2 and 3 the sample is divided by gender and self-identified race. The whole sample is racially Haitian so the self-identification of any other race is a social construct. The first difference between the samples is the correlation between ethnic identity development and acculturation is true for males but not for females and self-identified African Americans and not Haitians. Females and Haitians, however, have a correlation between all the measures, or most of the measures, of mental health while males and self-identified African Americans do not. These two findings are important because the relationship is medium to large while the other gender and group does not have any or minimal correlation. These findings can become problematic if it means the groups do not share similar concepts of positive mental health. As a whole population the concept of mental health appears to be valid but when looking at the parts of the population, the conceptualization might not be valid in all instances. These findings could signal that there is a population difference between Haitians who self-identify as African American and those who do not. These variables were not part of the a priori analyses and therefore not controlled to be correctly assessed.

Limitations

This study did not head Schwartz and colleagues (2014) critic of the field and was conducted on a sample of convenience. The population was from a Haitian community in the greater Miami, Florida area. The reported sample consisted of both self-identified Haitian's (48) and self-identified African American's (26). This should not have affected our analyses based on reviewed research. A possible explanation for the different findings is the sampled population. The population is from an academic summer camp provided free of charge by the university. The population would therefore have a high academic focus, high family support, and low truancy. The program was free and had a wait list. So our sample would be representative of the general population of adolescents with school involvement. Most research with adolescents is conducted in a school setting so this population could be argued to have similar characteristics to other researched adolescent populations.

Conclusion

The findings of this study show that Haitian youths have a similar mental health construct to other populations. However, if our research holds true, they do not receive the same benefits of positive mental health as a result of ethnic identity development or acculturation style. Since there is little research on the Haitian population to compare these findings to, those helping Haitian youth either need to conduct a more extensive study or accept that helping this population acculturate or investigate their ethnic identity will not increase their mental health.

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Appendix A

Summary of Intercorrelations, Means, and Standard Deviations for Scores on the MEIM, AHIMSA, RADS, MASC, RSE, BPAQ

Measure	1	2	3	4	5	6	<i>M</i>	<i>SD</i>
1. MEIM								
2. AHIMSA	.20							
3. RADS	-.11	.06						
4. MASC	.01	-.10	.46**					
5. RSE	.13	.00	-.45**	-.19				
6. BPAQ	-.15	-.10	.39**	.19	-.26*			
<i>M</i>	3.13	2.49	54.66	10.85	22.45	.50		
<i>SD</i>	.50	.87	13.27	5.55	5.14	.14		
Gender								
1. MEIM	_____	.43*	.00	.02	-.02	-.29	3.11	.49
2. AHIMSA	.04	_____	.07	-.10	.20	-.35	2.29	.97
3. RADS	-.17	.01	_____	.44**	-.25	.20	51.39	10.63
4. MASC	-.01	-.17	.47**	_____	.03	-.05	9.48	6.10
5. RSE	.21	-.08	-.51**	-.30*	_____	-.13	23.13	4.70
6. BPAQ	-.10	.01	.45**	.31*	-.31*	_____	.48	.13
<i>M</i>	3.14	2.61	56.51	11.62	22.07	.51		
<i>SD</i>	.51	.80	14.31	5.12	5.37	.14		
Race								
1. MEIM	_____	.03	-.11	.06	.10	-.28	3.14	.49
2. AHIMSA	.44*	_____	.03	-.12	-.15	-.12	2.51	.87
3. RADS	-.26	-.10	_____	.52**	-.59**	.45**	55.06	12.37
4. MASC	.00	-.04	.36	_____	-.16	.27	11.38	5.56
5. RSE	.07	.16	-.32	-.20	_____	-.34*	23.23	3.95
6. BPAQ	.19	-.19	.24	.04	-.15	_____	.48	.14
<i>M</i>	3.10	2.38	52.73	10.42	21.23	.53		
<i>SD</i>	.51	.94	13.88	6.04	6.80	.12		

Note. In the first section intercorrelations for all participants are presented. In the second section intercorrelations for males ($n = 31$) are presented above the diagonal, and intercorrelations for females ($n = 55$) are presented below the diagonal.

In the third section intercorrelations for Haitian ethnicity ($n = 48$) are reported above the diagonal, and African American ethnicity ($n = 26$) are reported below the diagonal. Means and standard deviations for males and Haitian ethnicity are presented in the columns and females and African American ethnicity are presented in the rows. For RADS, MASC, RSE, and BPAQ higher scores denote a higher levels of the measured construct. MEIM = Multi-group Ethnic Identity Measure; AHIMSA = Acculturation, Habits and Interest Multicultural Scale for Adolescents; RADS = Reynolds Adolescent Depression Scale; MASC = Multidimensional Anxiety Scale for Children; RSE = Rosenberg Self-Esteem Scale; BPAQ = Buss-Perry Aggression Questionnaire.

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

Appendix B

Summary of Intercorrelations, Means, and Standard Deviations for Scores on the MEIM, AHIMSA, and RADS subscales

Measure	1	2	3	4	5	6	<i>M</i>	<i>SD</i>
1. MEIM								
2. AHIMSA	.20							
3. RDM	-.05	.11						
4. RAN	-.19	-.07	.15					
5. RNS	-.08	.05	.70**	.18				
6. RSC	-.05	.11	.70**	.15	.52**			
<i>M</i>	3.13	2.49	15.07	10.96	13.06	15.44		
<i>SD</i>	.50	.87	5.18	2.96	4.69	4.28		
Gender								
1. MEIM	_____	.43*	.08	-.20	.03	.04	3.11	.49
2. AHIMSA	.04	_____	.25	-.17	-.06	.13	2.30	.97
3. RDM	-.11	.02	_____	-.14	.61**	.66**	14.03	3.92
4. RAN	-.18	.06	.32*	_____	.03	.10	11.64	3.18
5. RNS	-.14	.05	.71**	.33*	_____	.44*	11.61	3.70
6. RSC	-.11	.04	.73**	.28*	.52**	_____	14.10	4.37
<i>M</i>	3.14	2.61	15.65	10.57	13.87	16.20		
<i>SD</i>	.51	.80	5.72	2.79	5.01	4.07		
Race								
1. MEIM	_____	.03	-.01	-.18	-.09	-.07	3.14	.49
2. AHIMSA	.44*	_____	.05	-.12	.08	.04	2.51	.87
3. RDM	-.19	.05	_____	.02	.64**	.70**	15.08	4.99
4. RAN	-.23	-.11	.39	_____	.16	-.04	10.98	2.94
5. RNS	-.30	-.24	.70**	.25	_____	.42**	13.02	4.34
6. RSC	-.06	.13	.73**	.37	.58**	_____	16.00	4.54
<i>M</i>	3.10	2.38	14.54	10.92	12.46	14.35		
<i>SD</i>	.51	.94	5.48	3.00	4.69	3.70		

Note. In the first section intercorrelations for all participants are presented. In the second section intercorrelations for males ($n = 31$) are presented above the diagonal, and intercorrelations for females ($n = 55$) are presented below the diagonal.

In the third section intercorrelations for Haitian ethnicity ($n = 48$) are reported above the diagonal, and African American ethnicity ($n = 26$) are reported below the diagonal. Means and standard deviations for males and Haitian ethnicity are presented in the columns and females and African American ethnicity are presented in the rows. For RDM, RAN, RNS, and RSC higher scores denote a higher levels of the measured construct. MEIM = Multi-group Ethnic Identity Measure; AHIMSA = Acculturation, Habits and Interest Multicultural Scale for Adolescents; RDM = Dysphoric Mood, RAN = Anhedonia or Negative Affect, RNS = Negative Self-Evaluation, RSC = Somatic Complaints.

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

Appendix C

Summary of Intercorrelations, Means, and Standard Deviations for Scores on the MEIM, AHIMSA, and BPAQ subscales

Measure	1	2	3	4	5	6	<i>M</i>	<i>SD</i>
1. MEIM								
2. AHIMSA	.20							
3. Physical	-.07	-.26*						
4. Verbal	-.08	.07	.43**					
5. Anger	-.15	-.09	.54**	.50**				
6. Hostility	-.13	.03	.28**	.44**	.44**			
<i>M</i>	3.13	2.49	.52	.56	.46	.48		
<i>SD</i>	.50	.87	.17	.19	.17	.20		
Gender								
1. MEIM	_____	.43*	-.30	-.06	-.25	-.11	3.11	.49
2. AHIMSA	.04	_____	-.47**	-.07	-.24	-.06	2.30	.97
3. Physical	.07	-.11	_____	.17	.49**	.02	.51	.19
4. Verbal	-.09	.13	.59**	_____	.43*	.64**	.54	.17
5. Anger	-.09	.00	.58**	.54**	_____	.38*	.45	.17
6. Hostility	-.15	.06	.44**	.35*	.47**	_____	.45	.18
<i>M</i>	3.14	2.61	.52	.58	.47	.50		
<i>SD</i>	.51	.80	.16	.21	.16	.21		
Race								
1. MEIM	_____	.03	-.18	-.27	-.24	-.16	3.14	.49
2. AHIMSA	.44*	_____	-.35*	.08	-.14	.08	2.51	.87
3. Physical	-.01	-.32	_____	.39**	.48**	.37**	.50	.18
4. Verbal	.30	.03	.37	_____	.55**	.49**	.53	.20
5. Anger	.15	-.11	.59**	.24	_____	.46**	.44	.15
6. Hostility	.22	-.02	.17	.23	.29	_____	.47	.20
<i>M</i>	3.10	2.38	.52	.60	.48	.53		
<i>SD</i>	.51	.94	.18	.18	.18	.17		

Note. In the first section intercorrelations for all participants are presented. In the second section intercorrelations for males ($n = 31$) are presented above the diagonal, and intercorrelations for females ($n = 55$) are presented below the diagonal.

In the third section intercorrelations for Haitian ethnicity ($n = 48$) are reported above the diagonal, and African American ethnicity ($n = 26$) are reported below the diagonal. Means and standard deviations for males and Haitian ethnicity are presented in the columns and females and African American ethnicity are presented in the rows. For RADS, MASC, RSE, and BPAQ higher scores denote a higher levels of the measured construct. MEIM = Multi-group Ethnic Identity Measure; AHIMSA = Acculturation, Habits and Interest Multicultural Scale for Adolescents; RADS = Reynolds Adolescent Depression Scale; MASC = Multidimensional Anxiety Scale for Children; RSE = Rosenberg Self-Esteem Scale; BPAQ = Buss-Perry Aggression Questionnaire.

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

Appendix D

The Multigroup Ethnic Identity Measure (MEIM)

In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or ethnic groups that people come from. Some examples of the names of ethnic groups are Hispanic or Latino, Black or African American, Asian American, Chinese, Filipino, American Indian, Mexican American, Caucasian or White, Italian American, and many others. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

Please fill in: In terms of ethnic group, I consider myself to be _____

Use the numbers below to indicate how much you agree or disagree with each statement.

(4) Strongly agree (3) Agree (2) Disagree (1) Strongly disagree

- 1- I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.
- 2- I am active in organizations or social groups that include mostly members of my own ethnic group.
- 3- I have a clear sense of my ethnic background and what it means for me.
- 4- I think a lot about how my life will be affected by my ethnic group membership.
- 5- I am happy that I am a member of the group I belong to.
- 6- I have a strong sense of belonging to my own ethnic group.
- 7- I understand pretty well what my ethnic background membership means to me.
- 8- In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.
- 9- I have a lot of pride in my ethnic group.
- 10- I participate in cultural practices of my own group, such as special food, music, or customs.
- 11- I feel a strong attachment toward my own ethnic group.

12- I feel good about my cultural or ethnic background.

13- My ethnicity is

- (1) Asian or Asian American, including Chinese, Japanese, and others
- (2) Black or African American
- (3) Hispanic or Latino, including Mexican American, Central American, and others
- (4) White, Caucasian, Anglo, European American; not Hispanic
- (5) American Indian/Native American
- (6) Mixed; Parents are from two different groups
- (7) Other (write in): _____

14- My father's ethnicity is (use numbers above)

15- My mother's ethnicity is (use numbers above)

Appendix E**Acculturation, Habits, and Interest Multicultural Scale for Adolescents**

Please use the following response options to answer the questions below.

Response options for all items:

- a. The United States
- b. The country my family is from
- c. Both
- d. Neither

Circle the best answer

1. I am most comfortable being with people from...
a. The United States b. The other country my family is from c. Both d. Neither

2. My best friends are from...
a. The United States b. The other country my family is from c. Both d. Neither

3. The people I fit in with best are from...
a. The United States b. The other country my family is from c. Both d. Neither

4. My favorite music is from...
a. The United States b. The other country my family is from c. Both d. Neither

5. My favorite TV shows are from ...
a. The United States b. The other country my family is from c. Both d. Neither

6. The holidays I celebrate are from...
a. The United States b. The other country my family is from c. Both d. Neither

7. The food I eat at home is from...
a. The United States b. The other country my family is from c. Both d. Neither

8. The way I do things and the way I think about things are from...
a. The United States b. The other country my family is from c. Both d. Neither

Appendix F

RADS-2

Directions: Listed below are some sentences about how you feel. Read each sentence and decide how often you feel this way. Decide if you feel this way almost never, hardly ever, sometimes, or most of the time. To answer each item, circle the number under the answer that best describes how you really feel. Remember, there are no right or wrong answers, just choose the answer that tells how you usually feel.

	Almost never	Hardly ever	Some- times	Most of the time
1. I feel happy.....	1	2	3	4
2. I worry about school.....	1	2	3	4
3. I feel lonely.....	1	2	3	4
4. I feel my parents don't like me.....	1	2	3	4
5. I feel important.....	1	2	3	4
6. I feel like hiding from people.....	1	2	3	4
7. I feel sad.....	1	2	3	4
8. I feel like crying.....	1	2	3	4
9. I feel that no one cares about me.....	1	2	3	4
10. I feel like having fun with other students.....	1	2	3	4
11. I feel sick.....	1	2	3	4
12. I feel loved.....	1	2	3	4
13. I feel like running away.....	1	2	3	4
14. I feel like hurting myself.....	1	2	3	4
15. I feel that other students don't like me.....	1	2	3	4
16. I feel upset.....	1	2	3	4
17. I feel life is unfair.....	1	2	3	4
18. I feel tired.....	1	2	3	4
19. I feel I am bad.....	1	2	3	4
20. I feel I am no good.....	1	2	3	4
21. I feel sorry for myself.....	1	2	3	4
22. I feel mad about things.....	1	2	3	4
23. I feel like talking to other students.....	1	2	3	4
24. I have trouble sleeping.....	1	2	3	4
25. I feel like having fun.....	1	2	3	4
26. I feel worried.....	1	2	3	4
27. I get stomachaches.....	1	2	3	4
28. I feel bored.....	1	2	3	4
29. I like eating meals.....	1	2	3	4
30. I feel like nothing I do helps anymore.....	1	2	3	4

Appendix G

MASC-10: Multidimensional Anxiety Scale for Children-10 item

By John March, M.D., M.P.H,

Client ID: _____ **Age:** _____ **Sex:** Male Female

Date: ____/____/____ **School Grade:** _____

This questionnaire asks you how you have been thinking, feeling, or acting recently. For each item, please circle the number that shows how often the statement is true for you. If a sentence is true about you a lot of the time, circle 3. If it is true about you some of the time, circle 2. If it is true about you once in a while, circle 1. If a sentence is not ever true about you, circle a 0. Remember, there are no right or wrong answers, just answer how you have been feeling recently.

Here are two examples to show you how to complete the questionnaire. In Example A, if you were hardly ever scared of dogs, you would circle 1, meaning that the statement is rarely true about you. In Example B, if thunderstorms sometimes upset you, you would circle 2, meaning that the statement is sometimes true about you.

		Never true about me	Rarely true about me	Some- times true about me	Often true about me
Example A	I'm scared of dogs.....	0	1	2	3
Example B	Thunderstorms upset me.....	0	1	2	3

Now try these items yourself.

1.	The idea of going away to camp scares me.....	0	1	2	3
2.	I'm afraid that other kids will make fun of me.....	0	1	2	3
3.	I try to stay near my mom and dad.....	0	1	2	3
4.	I get dizzy or faint feelings.....	0	1	2	3
5.	I feel restless and on edge.....	0	1	2	3
6.	I feel sick to my stomach.....	0	1	2	3
7.	I get nervous if I have to perform in public.....	0	1	2	3
8.	Bad weather, the dark, heights, animals and bugs scare me..	0	1	2	3
9.	I check to make sure things are safe.....	0	1	2	3
10.	I feel shy.....	0	1	2	3

Appendix H

Rosenberg Self-Esteem Scale

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA. If you agree with the statement, circle A. If you disagree, circle D. If you strongly disagree, circle SD.

- | | | | | | |
|-----|--|----|---|---|----|
| 1. | On the whole, I am satisfied with myself. | SA | A | D | SD |
| 2.* | At times, I think I am no good at all. | SA | A | D | SD |
| 3. | I feel that I have a number of good qualities. | SA | A | D | SD |
| 4. | I am able to do things as well as most other people. | SA | A | D | SD |
| 5.* | I feel I do not have much to be proud of. | SA | A | D | SD |
| 6.* | I certainly feel useless at times. | SA | A | D | SD |
| 7. | I feel that I am a person of worth, at least on an equal plan with others. | SA | A | D | SD |
| 8.* | I wish I could have more respect for myself. | SA | A | D | SD |
| 9.* | All in All, I am inclined to feel that I am a failure. | SA | A | D | SD |
| 10. | I take a positive attitude towards myself. | SA | A | D | SD |

Scoring: SA=3, A=2, D=1, SD=0. Items with an asterisk are reverse scored, that is AS=0, A=1, D=2, SD=3. Sum the scores for the 10 items. The higher the score the higher the self-esteem.

Appendix I

Buss-Perry Scale

Please rate each of the following items in terms of how characteristics they are of you. Use the following scale for answering these items.

1	2	3	4	5	6	7	
Extremely Uncharacteristic Of me						Extremely Characteristic Of me	

- 1) Once in a while I can't control the urge to strike another person.
- 2) Given enough provocation, I may hit another person.
- 3) If somebody hits me, I hit back.
- 4) I get into fights a little more than the average person.
- 5) If I have to resort to violence to protect my rights, I will.
- 6) There are people who pushed me so far that we came to blows.
- 7) I can think of no good reason for ever hitting a person.
- 8) I have threatened people I know.
- 9) I have become so mad that I have broken things.
- 10) I tell my friends openly when I disagree with them.
- 11) I often find myself disagreeing with people.
- 12) When people annoy me, I may tell them what I think of them.
- 13) I can't help getting into arguments when people disagree with me.
- 14) My friends say that I'm somewhat argumentative.
- 15) I flare up quickly but get over it quickly.
- 16) When frustrated, I let my irritation show.
- 17) I sometimes feel like a powder keg ready to explode.
- 18) I am an even-tempered person.
- 19) Some of my friends think I'm a hothead.
- 20) Sometimes I fly off the handle for no good reason.
- 21) I have trouble controlling my temper.
- 22) I am sometimes eaten up with jealousy.
- 23) At time I feel I have gotten a raw deal out of life.
- 24) Other people always seem to get the breaks.
- 25) I wonder why sometimes I feel so bitter about thins.
- 26) I know that "friends" talk about me behind my back.
- 27) I am suspicious of overly friendly stranger.
- 28) I sometimes feel that people are laughing at me behind my back.
- 29) When people are especially nice, I wonder what they want.