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The Effects of Age of Migration on Young Latino Adults

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THE EFFECTS OF AGE OF MIGRATION ON YOUNG LATINO ADULTS

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Abstract

The purpose of this study was to address a gap in the literature regarding the relationship between the age of migration of young Latino adults, acculturation styles, life satisfaction and psychological well-being. There have been no recent studies that look at all four variables simultaneously and the information gathered from this study is vital, especially in communities as diverse as South Florida, where many Latino immigrants reside. The current study analyzed whether age of migration was related to acculturation styles, life satisfaction or psychological well-being using the Acculturation, Habits, and Interests Multicultural Scale for Adolescents Scale (AHIMSA; Unger, Gallaher, Shakib, Ritt-Olson, Palmer, & Johnson, 2002), the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen & Griffin (1985), and the Psychological Well-being Scale (Ryff & Keyes, 1995). Seventy-two participants (21 male, 51 female) ranging in age from 18 years to 39 years, with an age of migration from 1 year to 32 years, accessed an anonymous online survey (Psychdata.com). They were asked to respond to a short demographic questionnaire, the AHIMSA, the SWLS, and the Psychological Well-being Scale. One-way ANOVAs, correlations and linear regressions were used to test the hypotheses. Results showed age of migration is related to acculturation style and predicts psychological well-being. There were no significant results to support that age of migration is related to or predicts life satisfaction. The results of this study will be useful in diverse, young adult Latino immigrant communities as they are at an age that can impact our economy, culture and policies. This study and others like it can also further the research on well-being and migration studies.

Introduction

Acculturation is the concept of cultural change, often seen as the smaller cultural group converging into the bigger cultural group. Berry (2008) identified five different styles of acculturation: assimilation, integration, separation, revitalization, and marginalization. He observed three different scenarios and concluded that out of all five styles, the most common were integration and separation. Assimilation is the concept of non-dominant societies converging toward the dominant ones. Integration is the concept of mutual change between both groups, leading to shared common qualities while retaining their respective distinctive features. Separation is the notion of the small cultural group fully rejecting the bigger cultural group's influence. The destruction of non-dominant cultures is known as marginalization. One can argue that these different acculturation styles lead to different life satisfaction outcomes.

Life satisfaction is the assessment of feelings and attitudes about one's own life (Diener, 1984). Life satisfaction can be measured in multiple ways, sometimes measured across one's life span and other times measured at particular points in a person's life. To operationalize life satisfaction, different variables are often measured such as one's values, environment, emotions, etc.

After migration to a culturally different place, acculturation has to happen. The individual may integrate into their new adopted culture, separate from it completely, fully assimilate, resist and revitalize or become marginalized by the dominant culture. But the acculturation style might not be all that dictates life satisfaction. The age of migration has been shown to affect life satisfaction as well. Angel and Angel (1992) found that

immigrating later in life undermined immigrants' morale and overall lead to difficulty performing basic daily life activities.

Studies like Nesdale and Mak's (2000) have shown that identifying with the host country is positively affected by the degree to which migrants feel accepted by the host country, which in turn is affected by the degree in which migrants integrate into their new culture. The more a migrant tries to integrate and take part in their host's culture, the more likely they are to feel welcomed and accepted by that culture. Neto and Fonseca (2016) also found that overall life satisfaction was positively related to integration and negatively related to separation and marginalization. In a study done by Frankenberg, Kupper, Wagner, and Bongard (2013), there appeared to be no differences in life satisfaction between migrants and natives and it was hypothesized that either integration or assimilation of the migrants helped explain the comparative life satisfaction.

Problem Statement

Several studies have been conducted on migration to examine the relationship between acculturation styles and life satisfaction or psychological well-being. There have also been a few studies done on different ages of migration and life satisfaction or psychological well-being and even a correlation between age of migration and acculturation styles. There is very little research on how age of migration affects acculturation styles, life satisfaction, and psychological well-being simultaneously. Furthermore, most research on age of migration focuses on either a younger population or those well into adulthood; there is very little data on young adult migrants and their life satisfaction or psychological well-being. This missing data is vital as young adults are at an important time in their lives full of serious life decisions and their life satisfaction and

psychological well-being is significant to further the research on well-being and migration studies.

Advance Organizer

In the following section, acculturation styles, life satisfaction and psychological well-being will be reviewed more in depth. This is followed by the review of correlational studies on acculturation methods, life satisfaction, and psychological well-being. Subsequently, a review of studies examines the relationship between age of migration, life satisfaction and psychological well-being. After, using the literature for support, all four concepts will be tied in together and predictions are made on the relationship between the four. This ends with a statistical analysis on the results and a discussion on the results and the four concepts.

Literature Review

Acculturation

Berry (2008) examined the relationship between globalization and acculturation and used these two processes to predict the outcome resulting from intercultural contact. Berry defined acculturation as the phenomena that results when individuals from different cultures come into contact with one another which causes one or more changes in the individual's original culture. It is the changes to the culture that happen when those of different cultures meet for the first and consecutive time. It is important to note that according to Berry, acculturation is mutual and the process can bring change to both groups involved and not just change the non-dominant group.

Berry comes up with four possible acculturation styles due to globalization. He says one possibility could be that globalization will lead to the homogenization of world

cultures, most likely by non-dominant societies converging toward dominant ones. This is also called the assimilation acculturation style. Another possibility is that there is a mutual change leading to some convergence among both groups in contact, leading to some shared common qualities while retaining distinctive features of both, known as the integration style. The third possibility could be that non-dominant groups reject the influence of the dominant society either by turning away from them at the outset which is the separation style or by shedding them once they have begun which is the revitalization style. The last possibility is that globalization can lead to the destruction of non-dominant cultures, leaving their members without any cultural nexus in which to carry out their lives, also known as the marginalization style.

Berry reviewed three separate studies to support his acculturation styles. In the first study, which was a review of the Aboriginal People Survey of 1993, Berry saw that the indigenous people surveyed were not very opened to change. Adult and children of aboriginal and mixed Indian/French or Scottish background were surveyed on their language and practices. Results showed that these traditional practices were still strong among the community, even after 400 years of colonization. When cultural identities were sampled at three periods in time (past, present and estimation of cultural identify in the future), results showed that there was resistance to cultural absorption and that those asked saw themselves as having stronger identity ties to their culture in the future (Berry, 2008).

In the second study, Berry reviewed Adam's (1992, 1996, 2000) study which examined the Canadian and U.S. societies due to their close proximity with one another. Adam surveyed over 14,000 individuals from the U.S. and Canada over a span of three

years. Adam surveyed the participants on social values and then separated the participants into 15 regions. Out of these 15 regions, only the U.S. region that bordered the Canada region shared the same values. Adam suggested that this could be a result of mutual acculturation where both Canadian and American values influenced each other.

Berry's third study review was Berry, Phinney, Sam, and Vedder (2006)'s study in which the researchers sampled young immigrants from 26 different cultural backgrounds that moved to 13 different countries. The participants were given a questionnaire with various questions on acculturation and adaptation attitudes. A cluster analysis was carried out which resulted in four acculturation profiles. Out of the 4,334 participants, 36.4% scored in the integration profile, 22.5% scored in the separation profile, 18.7% scored in the assimilation profile and 22.4% scored in the marginalization profile. Berry et al. concluded that based on their results, the maintenance of young immigrants' heritage culture is important.

Based on the three studies reviewed, the outcomes from globalization and acculturation seem to most likely be either integration or separation. For the aboriginal study (1993), the results reflected separation styles with some revitalization styles. For Adam's (1992, 1996, 2000) longitudinal study, the shared cultural values between Canada and U.S. reflected the integration style. And for Berry et al.'s (2006) study, the highest participants in a profile was 36.4% which was about 1,576 young immigrants that fit in their integration profile. The second most utilized acculturation style was separation, with 976 participants fitting in the separation profile. Berry concluded his literature review by stating that, while high degrees of intercultural contact can have various outcomes based on his five acculturation styles, his study review supported that

both integration and separation styles were the most popular used among different groups of individuals.

Life Satisfaction and Well-being

Life satisfaction can be defined in multiple ways. There is eudaimonic well-being, psychological well-being, subjective well-being and many more. Based on how the term is defined, there are even more various ways that it can be measured.

Diener (1984) defined life satisfaction as a cognitive, judgmental process that assesses a person's quality of life according to their chosen criteria. While good health, financial status and a career may mean life satisfaction to some, these values may not be as important to others. Measuring life satisfaction as a whole means throughout all aspects important to the individual. Diener, Emmons, Larsen and Griffin (1985) came up with the Satisfaction with Life Scale (SWLS), designed to cover various subjects that could define life satisfaction. The scale consisted of a 5-item scale that was scored from 1 to 7 with the total lowest score of life satisfaction being a 5 and the highest being a 35. This scale had good internal consistency scores compared to other scales.

Waterman (1993) identified the psychological well-being derived from Aristotle's philosophy of eudaimonism as a call for individuals to recognize and live in a manner consistent with their best potential or "true self". This means that the individual must identify what they want to do with their life, where they wish to end up and what they are doing to achieve this goal. Thus, the construct of eudaimonic well-being is individuals deriving satisfaction from doing what they believe they were born to do. Waterman measured eudaimonic well-being through the Personally Expressive Activities Questionnaire (PEAQ), made specifically for the study. Waterman argues that

eudaimonist philosophies resemble personal expressiveness because personal expressiveness occurs when multiple feelings are present. These multiple feelings are an unusually intense involvement in a task, a feeling of a special belonging with an activity that is not characteristic of most daily tasks, a feeling of intensely being alive, a feeling of being complete or fulfilled while engaged in the activity, an impression that this is what the person was meant to do and a feeling that this is who the individual really is.

Ryan and Deci (2001) look at eudaimonism and compare it to hedonism, rooted in Greek philosopher Aristippus's philosophies that the goal of life is to experience the maximum amount of pleasure. Thus, hedonism means that well-being consists of pleasure and happiness and the avoidance of pain and unhappiness. Hedonism is measured by the subjective well-being scale (SWB) by Diener and Lucas (1999).

Ryff and Keyes (1995) defined psychological well-being as the positive evaluation of oneself and one's past life, a sense of continued growth and development as a person, the belief that one's life is purposeful and meaningful, the possession of quality relations with others, the capacity to manage effectively one's life and surrounding world, and a sense of self-determination. It is these six components of psychological wellness (self-acceptance, personal growth, purpose in life, positive relations with others, environmental mastery and autonomy) that led Ryff and Keyes to create a multidimensional model of psychological well-being. This model showed good capability to measure for positive self-regard, mastery of the surrounding environment, quality relations with others, continued growth and development, purposeful living and the capacity for self-determination.

Relationship between acculturation styles, life satisfaction, and well-being

Neto and Fonseca (2016) conducted a study to evaluate a person's global judgment of migration satisfaction by using the Satisfaction With Migration Life Scale (SWMLS). The SWMLS was developed using the Satisfaction with Life Scale (SWL; Diener et al., 1985) as a starting point and building from it. Neto and Fonseca (2016) developed the new scale in order to better assess migration life satisfaction. The study hypothesized that there would be a significant association between migration satisfaction and self-esteem and loneliness. Diener et al. (1985) found strong positive correlations between life satisfaction and other SWB scales. In that regard, Neto and Fonseca predicted that there would be significant associations between migration satisfaction and self-esteem and loneliness.

In order to test the hypothesis, 216 migrants were surveyed. Neto and Fonseca (2016) examined the SWMLS model and measured length of stay, language proficiency, acculturation attitudes, cultural identity, sociocultural adaptation and social contact to measure acculturation and satisfaction with life. Longer stay would be associated positively with migration satisfaction.

Results showed that migration satisfaction significantly correlated with two measures of well-being: negatively correlated with loneliness and positively correlated with satisfaction with life. Results also showed that migration satisfaction positively correlated with integration and negatively with separation and marginalization. Neto and Fonseca found that the more prolonged the length of stay in the new society, the more migrants tended to be satisfied with their migration life. The more opportunities to both maintain their heritage and identity and to seek relationships among groups of the new

country, the more migrants tend to be satisfied with their migration life (Nguyen & Benet-Martinez, 2013).

Lorenzo-Blanco, Unger, Baezconde-Garbanati, Ritt-Olson, and Soto (2012) conducted a study to see if the risk of depression increases in the Hispanic youth as they acculturate to U.S. society. They argue that Hispanic youth are at higher risk for symptoms of depression due to challenges associated with immigration and cultural adaptation (Potochnick & Perreira, 2010; Zayas et al., 2005). Research has shown that acculturation is often the cause for deterioration in family structures among Hispanics through a loss of their cultural values which promote family cohesion and discourage family conflict (Gonzales et al., 2006; Zayas et al., 2005). Lorenzo-Blanco et al. define acculturation as the acquisition of cultural elements of the dominant culture. It is seen as a one-way process where young Hispanic immigrants disregard their own culture to adopt the dominant U.S. culture. Enculturation is defined as the opposite, where the young Hispanic youth learn and actively engage in the practices and values of their own Hispanic culture (Schwartz et al., 2010). Because of the different ways acculturation and enculturation can affect one's life, Lorenzo-Blanco et al. argue that these different processes will differently affect Hispanic youth's mental health.

Lorenzo-Blanco et al. also examined Hispanic family values. More specifically, they took a look at the cultural values of *familismo* (familism), *respeto* (respect) and *fatalismo* (fatalism). The first two concepts promote family closeness and independence in Hispanic families. *Familismo* emphasizes trust between family members, loyalty to the family, and a general dedication to the family (Rivera et al., 2008). *Respeto* oversees positive mutual interpersonal relations and dictates differential behavior towards family,

thus maintaining family harmony (Torres, 1998). These two cultural values are important because acculturation has been related with reduced *familismo* and *respeto* (Gil et al., 2000; Miranda et al., 2000) and lower *familismo* and *respeto* were associated with increased problem behavior in Hispanic immigrant youth (Gil et al., 2000). *Fatalismo* is the belief that one is powerless in altering negative life circumstances (Unger et al., 2002). *Fatalismo* is believed to be a culturally-rooted adaptive response to unfavorable life situations (Cuéllar et al. 1995a) and has been linked with increased depressive symptoms ((Roberts et al. 1997). According to Neff and Hoppe (1993), *fatalismo* promotes social support and belonging in collectivistic cultures like Hispanics.

Lorenzo-Blanco et al. hypothesized that acculturation will be negatively associated with Hispanic cultural values and enculturation will be associated positively with cultural values. They also predicted that Hispanic cultural values will be negatively associated with family conflict and positively associated with family cohesion. Finally, they also expected family conflict to predict increased depressive symptoms and family cohesion to predict lower depressive symptoms and expected acculturation and enculturation to be linked indirectly with depressive symptoms by way of family conflict and cohesion. They surveyed 1,922 Hispanic students in a longitudinal study of acculturation and substance use called Project RED (Reteniendo y Entendiendo Diversidada para Salud) (Unger et al., 2009). The study was administered in the Fall of the student's 9th, 10th and 11th grade year in high school. Lorenzo-Blanco et al. surveyed for family cohesion, family conflict, *familismo*, *respeto*, traditional gender roles, *fatalismo*, depressive symptoms and demographic characteristics.

Some of the hypotheses were supported and others rejected. Unexpectedly, acculturation was associated with higher *familismo* and *respeto*. This is the opposite of what was anticipated, as research had stated that acculturation is accompanied with a loss in cultural values (Miranda et al., 2000; Gil et al., 2000). Enculturation was associated with increased reports of *familismo* and *respeto* which in turn linked with more positive family lives. Family cohesion was associated with lower levels of depressive symptoms and family conflict was linked with higher levels of depressive symptoms. This shows that individuals in Hispanic culture could protect against depression by way of positive family ties. *Fatalismo* was associated with higher levels of family conflict and lower levels of family cohesion. Acculturation and enculturation were also indirectly linked with depressive symptoms by way of family functioning.

Marsiglia, Booth, Baldwin, and Ayers (2013) noticed an increase of the Latino population in the United States and wanted to advance their knowledge about the distinct challenges migration and acculturation might have on the mental health of Latinos. Their study examined the impact of linguistic acculturation and the endorsement of traditional Latino values, specifically *familismo*, on life satisfaction and resilience. They defined life satisfaction as an individual's ability to lead a life that meets their needs and to be happy. They argued that in addition to life satisfaction, resilience was a key component to the positive psychology movement, which they claimed was the best way to address mental health issues. They stated that resilience acts like a buffer for negative mental health outcomes and that it enables individuals to recover more quickly when they encounter stressful situations.

Marsiglia et al. argued that acculturation is a vitally important process to consider when discussing life satisfaction and resilience because acculturation affects life satisfaction. They discussed some studies that found that high levels of integrating acculturation were associated with a decrease in negative mental health outcomes and some with opposite results. They discuss a study that found that low levels of acculturation among Mexican American women was associated with higher levels of depressive symptoms and feelings of hopelessness. Torres (2010) found that a variety of factors associated with being an immigrant in the U.S increased the likelihood of reporting depression. Marsiglia et al. introduced *familismo*—the cultural norms of loyalty, solidarity and reciprocity—and argue it may provide a more complex picture of acculturation and account for one aspect of Latinos’ culture that promotes grounding one’s self and positive mental health.

Marsiglia et al. hypothesized that among Latinos, an integrative orientation would be more associated with an increased life satisfaction and resilience than assimilation or separation. They also hypothesized that Latinos with higher levels of *familismo* would have increased levels of life satisfaction and resilience due to the values it represents. Their study was longitudinal, and data was gathered from a four year long randomized control trial that tested Families Preparing the New Generation, a parenting intervention developed to help increase drug and alcohol resistance skills. The data used came from 307 seventh grade students. General life satisfaction was measured using a 10-items questionnaire in which respondents answered questions about their level of satisfaction, ranging from questions about their spiritual life to their level of trust in important people in their lives. Resilience was operationalized as the ability to successfully cope with

changes or misfortune and was integrated in the life satisfaction scale, which was isolate and analyzed separately during analysis. Marsiglia et al. argued that linguistic-based measures have been useful in identifying English language proficiency as a predictive factor for low acculturative stress, especially in Latino immigrants. Because language is such a significant aspect of acculturation due to the fact that language fluency is important to acculturation, they measured acculturation using a 3-item scale asking in which language does the participant speak, read and watch/listen to the TV/radio. *Familismo* was measured by using a Likert scale and asking participants how strongly they agreed to statements having to do with family loyalty, solidarity and reciprocity.

The first hypothesis was partially supported. Results showed support that individuals who have been able to integrate aspects of both the host culture and their original culture have better mental health outcomes than those who are still culturally separated. Immigrants who chose an integrative orientation of acculturation had higher ratings of life satisfaction than those who chose to remain culturally separate. Immigrants who had fully assimilated did not show high ratings of life satisfaction. However, resilience was not only found in those who chose to integrate like predicted. Both the culturally integrated and assimilated individuals reported higher rates of resilience than their separated counterparts. Results also supported the hypothesis that identifying with *familismo* would result in higher levels of life satisfaction and resilience. Their results illustrated the potential protective effects of remaining connected to traditional norms and value while integrating into their adopted culture, which allows an individual to be more successful in navigating through American culture.

Leite, Cardoso, Marques and Morais (2017) investigated individuals' satisfaction with emigration through a social identification perspective. Social identification happens when individuals categorize themselves and others as members of a group, their behavior guided by the part of their self-concept associated with their group's memberships—that is, their social identity. Leite et al. state that social identification predicts well-being and life satisfaction. Social identification has an important role in emigrants' integration. Integration has been correlated to psychological adaptation and low levels of stress. Identifying with the host country can help emigrants adjust more easily to their new lives, bringing in a sense of security, validation, and facilitating goal achievements. Overall, identifying with the host country contributes to emigrants' life satisfaction. Leite et al. argue that an important part of identifying with the host country is the belief in a just world (BJW). BJW helps an individual through threatening situations by protecting the individual from negative psychological consequences when they face unjust, harsh realities or uncertainty. They argue that BJW is critical for emigrants to pursue long term goals as it increases the individuals' belief that they will be rewarded for their hard work. BJW is an important predictor to the process of integration into the host country.

The purpose of the study was to investigate the role of BJW on emigrants' identification with the host country and on satisfaction with emigration. Leite et al. hypothesized that a stronger BJW increases social identification, which then increases satisfaction with emigration. The study sample consisted of 144 emigrants who were given a questionnaire to measure their belief in a just world, the extent they identified with their host country and how satisfied they were with their migration.

The results support the hypothesis. Stronger BJW was found to have an effect on identification with the host country and satisfaction with emigrant life. The results show that emigrants who have stronger BJW are also more likely to positively identify with their host countries. Satisfaction with emigration is also influenced positively by positive social identification. This study shows the importance of social identification as a mechanism that links BJW and satisfaction with emigration. Believing in a just world has important consequences on the process of identifying with the host country and also plays a key role in satisfaction with emigration.

Lincoln, Lazarevic, White and Ellis (2016) examined the impact of acculturative stress and acculturation style on mental health outcomes among Somali refugee adolescents. The study focused on the Somali refugee population due to their unique health challenges such as the fact that they have a higher rate of experiencing PTSD and depression. Lincoln et al. found that immigration in general often brings additional burdens associated with acculturation styles in adolescents such as social networks, struggles to fit in, language barriers and conflict with parents and caregivers who are often more rooted in their native culture (2016). Their literature review found that integration was related to fewer mental health symptoms in adolescents of different cultures than their host culture and assimilation was related to increased levels of depressive symptoms.

The study looked to answer whether acculturation style made a difference to the severity Somali refugee adolescents' experience with acculturative hassles and whether the association between acculturative hassles and mental health (measured through PTSD and depression symptoms) differ by acculturation style. The data was drawn from a larger

study that examined stigma and PTSD on the Somali refugee population. Sampling was taken from three New England cities and the participants had to be of Somali descent and be born outside of the U.S. 135 Somali refugee adolescents participated with an average age of 15.4 years.

Results showed that the severity of acculturation hassles did vary by acculturation style, showing the assimilated group reported significantly greater severity of hassles than the other groups. They also showed that a higher severity of acculturation hassles was associated with higher average PTSD and depressed mood symptoms. Participants in the marginalized group reported significantly higher levels of symptoms of depression than subjects in the assimilated and integrated groups. This indicates that the severity of acculturative hassles is more harmful to marginalized subjects than those in other acculturative style groups. The results also showed that those who had a marginalized acculturation style showed the strongest association between severity of acculturative hassles and PTSD. The marginalized and separated groups reported higher depression symptom levels than the assimilated and integrated groups, which suggest that having an acculturative style that resists interaction with the host culture may create more challenges for those within that group.

Relationship between age of migration and life satisfaction and well-being

Angel and Angel (1992) conducted a study to examine the impact of age of migration and social contacts on physical and emotional well-being in three different Latino cultures. The study used data collected from the 1988 National Survey of Hispanic Elderly People and focused on Mexican Americans, Cuban Americans and Puerto Ricans. Angel and Angel stated that these three different groups differed in levels of

cultural assimilation, socioeconomic status, economic mobility and migration experiences. They argued that immigrants, regardless of age, have to go through social support, living arrangements and economic changes when migrating. These changes require going through a taxing period of adaptation and acculturation. Because of the stress of change, migration can affect the migrants' well-being because it often means cutting ties with the migrants' social network. In older migrants, this may be more difficult since they are more used to their social network and set in their ways. The stress may be too much that it affects other parts of their life, such as their well-being.

The study hypothesized that, because migration severs old ties and requires that one reestablish their social network, elderly Hispanics who migrated to the U.S. later in life will have less well-established sources of support than will those individuals who migrated early in life and as such, will report poorer self-assessed health, more disability and lower life satisfaction (Angel & Angel, 1992). A telephone survey was conducted, gathering data about elderly Hispanics' living arrangements, year of migration, economic resources, retirement benefits, social network, family support, functional disability and health status. 2,019 participants from across the U.S. were surveyed.

The hypothesis was supported. Their findings showed that those who interacted more frequently with their family and friends and involved themselves with their community fared better than those that were more socially isolated. Research among younger immigrants showed that low levels of acculturation were associated with poorer physical and mental health (Worobey & Angel, 1991). This was also found to be true in those who migrated at a later age. This, however, could be due to low social integration in the elderly since their ability to integrate is lower than those of younger immigrants.

Gubernskaya (2014) wanted to test the immigrant health paradox, a finding that shows that foreign born individuals, especially those who have recently arrived to a new county, have equal or superior health to that of the native born. While numerous studies have replicated the paradox's finding, these studies are inconsistent regarding whether this effect carries into mid and later life. Gubernskaya argues that while immigrants have lower mortality and better health, the advantage becomes smaller the longer the immigrant stays in the U.S. and usually disappears within 15-20 years after migration. She states that older age at migration is often associated with fewer opportunities to participate in school or workplaces which would facilitate language acquisition and increase cultural knowledge of the U.S. These effects could hinder access to health care and increase social isolation. On the other hand, Gubernskaya points out that the limited acculturation can be a protective factor of health as the lack of social interaction outside of family is likely to reduce the risk of acculturative stress and discrimination. Nevertheless, even though these factors should mean that individuals who migrated at an older age have better health, they also work in risky and unhealthy situations and have limited access to non-emergency health care (Gubernskaya, 2014).

Thus, Gubernskaya hypothesizes that those foreign born who arrived at younger ages will maintain better health by age 50 due to greater opportunities for socioeconomic gain. Gubernskaya also hypothesized that older age at arrival would be associated with faster health decline after age 50 because health deteriorates faster among disadvantaged groups due to accumulated life stressors (Gubernskaya, 2014). Gubernskaya's third hypothesis was that higher levels of education would be associated with better health at age 50. The study focused on one measurement, the self-rated health or SRH, and

examined the SRH trajectories of the native and foreign born after age 50 from the RAND HRS Data file, a longitudinal data set that includes interviews between 1992 and 2008.

The first hypothesis was supported. Data analysis showed that even though at age 50 all foreign born had better SRH compared with the native born, the health advantage was the largest for those who migrated in young adulthood between the ages of 18 to 34. The second hypothesis was also supported as the data showed that older age at migration was associated with steeper health decline after age 50. Those foreign born who migrated after age 35 experienced faster deterioration in SRH after age 50 compared with the native born. The third hypothesis was not supported. The educational differences in the data did not explain either the SRH advantage at 50 years of age for the foreign born who migrated after age 18 or the faster health decline for those foreign born who migrated between ages 35-49.

The results showed that even though most immigrants had better SRH compared with native born at age 50, there was a significant difference in the rate of decline in SRH by age of arrival. Those who migrated as children were the most similar to the native born in SRH, while those who migrated in young adulthood had the largest health advantage at age 50 and were able to preserve this health advantage well into old age. Finally, foreign born who migrated in late adulthood experienced significantly faster health declines in old age and Gubernskaya (2014) theorized it was due to long exposure to unfavorable conditions in the home countries and from limited opportunities in the U.S.

Harker (2001) conducted a study to examine the effects of immigration and immigration generation on the psychological well-being of immigrant youth within the United States. She claimed that, while first generation immigrants will rarely be expected to reach the same social and economic status as native-born Americans because they have to overcome barriers such as learning a new culture, learning a new language and discrimination, second generation immigrants will often narrow this gap between themselves and the native population in terms of social and economic status. Furthermore, by the third generation, immigrant-descended Americans are thought to differ very little from the native population.

Harker states that often times the process of immigration is seen as a life disturbance that negatively affects one's self-esteem, happiness, sense of identity and views regarding their host society (2001). However, she argues that recent studies have shown that a difference between psychological well-being between immigrants and natives was almost nonexistent once controlled for age, sex and urban/rural differences. She uses the straight-line theory of assimilation to argue that immigrants that assimilate, i.e., culturally and socially, become fully immersed and become accustomed to their host country's values and culture, which often times results in the negative effects of migrating disappear (2001, p. 974). She attests that results have shown that there may be no difference between immigrants and the native population and, that if a difference were to exist, it shows immigrants may have better psychological health than their native-born counterparts of similar demographic characteristics.

Harker wanted to answer two questions: 1) how the immigrant generation affects the psychological well-being of the young and how this relationship is affected by

sociodemographic, family and ethnic background factors? And 2) what factors mediate the effect of immigrant generation on adolescent psychological well-being? Harker used the National Longitudinal Study of Adolescent Health (Add Health), a nationally representative study of 7th through 12th grade adolescents in the United States. Add Health has two parts, an in-school component and a home interview. The in-school component is a self-administered questionnaire for the student, a parental questionnaire for the parent or guardian and a school administrator questionnaire for the teachers. The home interview involved asking the participants whether they were first-, second- or third- generation immigrants, with the latter being labeled native born. Well-being, immigration generation, religion, family and ethnic background were all measured.

Results showed that first- and second- generation adolescents had similar levels of depression and lower levels of positive well-being than native born. However, when this was adjusted for the influence of demographic, family and ethnic backgrounds, first-generation immigrants were associated with lower levels of depression and higher levels of positive well-being, while second-generation had similar results as the native born. Harker (2001) argued that this could be explained by the overrepresentation of the immigrant adolescents in many of the high-risk demographic and family conditions such as low income, poorly educated parents, big family, etc. Therefore, because first-generation immigrants have lower levels of depression and higher levels of positive well-being than native born adolescents once these factors were removed, Harker argued that immigrants must also be affected by a set of protective influences that elevate psychological well-being. She identified these factors as parental supervision, low parent-child conflict, church attendance and social support as these were more predominant

among first-generation immigrants than native born. These same factors were also identified as being part of the reason why first-generation immigrants' results were higher in psychological well-being. Harker reasoned that positive well-being stems in part from "the perception of a close, supportive environment (parental supervision, low parent-child conflict and social support) and a personal connection with a religious deity (church attendance)" (2001, p. 994).

Purpose Statement

This study examined the relationship between the age of migration of young Latino adults and whether it has an effect on different styles of acculturation, life satisfaction and psychological well-being.

Rationale

This study sought to address a gap in the literature regarding the relationship between age of migration of young Latino adults, acculturation styles, life satisfaction and psychological well-being. Multiple studies have often focused on any combination of two out of the four variables, with age of migration being the least researched. There have been no recent studies that look at all four variables simultaneously, let alone in the Latino community. Furthermore, the very little research that has been done on age of migration often focuses on child migrants or older adults. The missing data on young adults is vital, especially in a community like Miami, where 68% of the population is Hispanic or Latino (United States Census Bureau, 2016). This study would be beneficial on examining the outcome age of migration has on acculturation styles, life satisfaction and psychological well-being.

Hypotheses

Based on the results from the studies in the literature review, the following is hypothesized:

1. Age of migration will be related to acculturation style.
2. Age of migration will be related to life satisfaction.
3. Age of migration will predict life satisfaction.
4. Age of migration will be related to psychological well-being.
5. Age of migration will predict psychological well-being.

Method

Participants

Participants had to have been born in a Latin American country and have migrated to the United States. The participants had to be between 18 and 39 years of age. A total of 106 participants were involved in this study, out of which 72 participants met inclusion criteria. The participants were recruited from Barry University's campus and through the use of social media. Out of the participants, 29.2% were male ($N = 21$) and 70.8% were female ($N = 51$). Participants ages ranged from 18-39 years ($M = 24.60$, $SD = 5.58$), with an age of migration ranging from 1-32 years ($M = 11.44$, $SD = 8.02$).

Descriptive statistics showed that out of the 72 participants, 19.4% ($N = 14$) were 19 years of age. The next highest age group was 29-year-olds who made up 9.7% of the participants ($N = 7$). Looking into acculturation styles, the data showed that the 72 participants were not split evenly among the four different styles. Those who identified with the assimilation acculturation style made up 20.8% ($N = 15$), those who identified with the separation acculturation style made up 15.3% ($N = 11$), those who identified

with the integration acculturation style made up 63.9% ($N = 46$), and no participant identified with the marginalization acculturation style. These results show us that integration was the most common acculturation style found within our participants. Looking at country of origin, results showed almost a quarter of all participants (23.6%) migrated from Peru ($N = 17$), followed by 18.1% from Puerto Rico ($N = 13$) and then 12.5% from Cuba ($N = 9$). Table 1 shows the countries the participants came from.

Table 1.

Country of origin.

What country were you born in?	Participants	Percentage
Argentina	1	1.4
Bolivia	1	1.4
Brazil	4	5.6
Chile	1	1.4
Colombia	6	8.3
Cuba	9	12.5
Dominican Republic	6	8.3
Ecuador	1	1.4
El Salvador	1	1.4
Haiti	3	4.2
Mexico	1	1.4
Peru	17	23.6
Puerto Rico	13	18.1
Venezuela	6	8.3
Other	2	2.8

Materials

Demographic questionnaire. A multiple-choice or fill in the blank, seven item questionnaire that asks participants about their gender, current age, in what country they were born, at what age and year they migrated to the United States, their highest level of education completed, current employment status and income level was used to collect demographic data (see Appendix A).

Acculturation, Habits, and Interests Multicultural Scale for Adolescents Scale. The Acculturation, Habits, and Interests Multicultural Scale for Adolescents (AHIMSA; Unger, Gallaher, Shakib, Ritt-Olson, Palmer, & Johnson, 2002) is a brief, multidimensional measure that consists of 8 items with the same four multiple choice answers. The answers classify the participant into one of the four orientations. The different orientations are as follow: U.S. Orientation (Assimilation), Other Country Orientation (Separation), Both Countries Orientation (Integration), Neither Country Orientation (Marginalization). Acculturation style was based on the most frequent response of the four types (assimilation, separation, integration or marginalization) (see Appendix B).

Satisfaction with Life Scale. The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen & Griffin, 1985) is a 5-item scale that uses a 7-point Likert scale to score how much the participant agrees or disagrees with each statement. The scoring is divided into seven categories ranging from Extremely Satisfied to Extremely Dissatisfied. Lowest score would be a 5, highest score would be a 35 and the higher score represents greater life satisfaction (see Appendix C).

Psychological Well-being Scale. The Psychological Well-being Scale was originally developed by Ryff and Keyes (1995). The scale tests 6 dimensions in psychological wellness: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptance. The scale has 42 items and uses a 6-point Likert scale that measures how true each statement is for the participant. The answers for items 3, 5, 10, 13, 14, 15, 16, 17, 18, 19, 23, 26, 27, 30, 31, 32, 34, 36, 39, and 41 were reversed scored. Each subscale had 7 items that measured the specific subscale. Autonomy was measured from items 1, 7, 13, 19, 25, 31 and 37. Environmental mastery was measured from items 2, 8, 14, 20, 26, 32, and 38. Personal growth was measured from items 3, 9, 15, 21, 27, 33, and 39. Positive relations with others was measured from items 4, 10, 16, 22, 28, 34 and 40. Purpose in life was measured from items 5, 11, 17, 23, 29, 35, and 41. Self-acceptance was measured from items 6, 12, 18, 24, 30, 36, and 42. Total scale score was acquired by adding the scores/reversed scores and subscale scores were acquired by adding the specific items' scores/reversed scores. Higher scores meant better psychological well-being or a strength in that particular subscale (see Appendix D).

Procedure

The study required participants to access an online survey through Psychdata where they were asked to take a 10-15-minute survey which involved a demographic questionnaire, the Acculturation, Habits, and Interests Multicultural Scale for Adolescents Scale (AHIMSA), the psychological well-being scale and the satisfaction with life scale.

Results

Exploratory Analyses

Exploratory analyses revealed two extreme scores on the psychological well-being scale, which fell below 3 standard deviations of the mean. These participants were therefore removed from further analysis.

Cronbach's Alpha

Reliability analyses were conducted to determine the internal consistency of the scales. The acculturation scale had 8 items ($\alpha = .61$, $M = 2.46$, $SD = 0.83$), the life satisfaction scale had 5 items ($\alpha = .93$, $M = 23.12$, $SD = 7.30$) and the psychological well-being scale had 42 items ($\alpha = .91$, $M = 187.64$, $SD = 25.39$). All scales had sufficient reliability.

Analysis of Variance (ANOVA)

In order to test if there was a relationship between age of migration and acculturation style (H_1), a one-way Analysis of Variance (ANOVA) was conducted. A Brown-Forsyth correction was conducted for a violation of homogeneity of variance. Results showed there is a relationship between age of migration and acculturation style, $F(2, 34.96) = 5.95$, $p = .006$. Post hoc analyses using a Bonferroni correction showed participants who were classified into the assimilation group migrated at significantly younger ages ($M = 6.40$, $SD = 4.73$) compared to those classified into the separation group ($M = 14.09$, $SD = 6.96$, $p = .041$) and integration group ($M = 12.46$, $SD = 8.51$, $p = .029$). There were no differences between the separation and integration groups, $p > .05$.

Correlations

Correlations were performed to determine if there was a relationship between age of migration and life satisfaction (H₃) or psychological well-being (H₅). Results showed there was no significant correlation between age of migration and life satisfaction. H₃ was not supported. Results did show age of migration was significantly, positively correlated with psychological well-being ($p = .040$), supporting H₅. See Table 2 for correlations.

Table 2

Pearson Correlations between Age of Migration, Life Satisfaction and Psychological Well-being

Variables	1	2	3
1. Age of Migration	-		
2. Life Satisfaction	-.09	-	
3. Psychological Well-being	.24*	.56**	-

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

Further correlation analyses were conducted to examine which subscales could be significantly correlated to age of migration. Results showed only personal growth significantly correlated with age of migration, $p = .003$. See Table 3 for subscale correlations.

Table 3

Pearson Correlations between Age of Migration, and subscales of Psychological Well-being.

Variables	1	2	3	4	5	6
1. Age of Migration						
2. Autonomy	.23					
3. Environmental Mastery	.06	.40**				
4. Personal Growth	.34**	.42**	.42**			
5. Positive Relations	.13	.24*	.46**	.46**		
6. Purpose in Life	.18	.47**	.50**	.60**	.35**	
7. Self-Acceptance	.13	.55**	.48**	.46**	.44**	.57**

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

Regressions

Linear regressions were conducted to determine if age of migration predicted life satisfaction (H₄) or psychological well-being (H₆). Analyses showed age of migration did not predict life satisfaction, $F(1, 73) = 0.62$, $p = .435$, $R^2 = 0.09$, rejecting H₄. Results also showed age of migration did predict psychological well-being, $F(1, 73) = 4.38$, $p = .040$, $R^2 = .24$, supporting H₆. Additional linear regressions were conducted to determine what subscales within the psychological well-being scale could be predicted by age of migration. Results showed age of migration predicts personal growth $F(1, 73) = 9.26$, $p = .003$, $R^2 = .34$.

Linear regressions were also performed to see if acculturation styles predicted life satisfaction, psychological well-being and its subscales. There were no significant results for life satisfaction, $F(1,73) = .30$, $p = .589$, $R^2 = .07$; psychological well-being, $F(1,73) = 0.66$, $p = .421$, $R^2 = .10$; autonomy, $F(1, 73) = .03$, $p = .859$, $R^2 = .02$; environmental

mastery, $F(1, 73) = .02, p = .903, R^2 = .02$; personal growth, $F(1, 73) = 1.39, p = .242, R^2 = .14$; positive relations, $F(1, 73) = 1.79, p = .186, R^2 = .16$; purpose in life, $F(1, 73) = .17, p = .681, R^2 = .05$; or self-acceptance, $F(1, 73) = .54, p = .467, R^2 = .09$.

Discussion

This study aimed to see if there were any relationships between age of migration, acculturation styles, life satisfaction and psychological well-being. The results of the study provided evidence for some hypotheses but not others. Hypothesis 1 stated there would be a relationship between age of migration and acculturation style which was supported, with results showing participants who migrated at younger ages being most often classified in, thus identifying with, assimilation. Hypothesis 2 stated there would be a relationship between age of migration and life satisfaction. There was no significant relationship between these two variables and the hypothesis was not supported. Hypothesis 4 stated there would be a relationship between age of migration and psychological well-being. This hypothesis was supported, with results showing age of migration was significantly correlated to psychological well-being. Upon further analysis, age of migration was also found to correlate with one subscale: personal growth.

It was found that age of migration did not predict life satisfaction. Hypothesis 3 was not supported. Hypothesis 5 stated age of migration would predict psychological well-being. Results supported this hypothesis. This finding suggests that individuals who migrate earlier in life are more likely to have better mental health. Upon further analysis, results showed the age of migration was able to predict the subscale personal growth in the psychological well-being scale. This means that people who migrate earlier in life are more likely to view themselves as always growing and expanding, and they are open to

new experiences, have a sense of realizing their potential, and can notice improvement in themselves and their behavior over time (Seifert, 2005).

There is no study that directly examines the relationship between age of migration and acculturation style, thus our findings from hypotheses 1—that age of migration has an effect on acculturation style—is important. Research that has been done on age of migration and life satisfaction or psychological well-being may report results on acculturation styles as well, such as in the case of Angel and Angel (1992) or Lincoln, Lazarevic, White and Ellis (2016). These studies showed that integration and separation were the most common forms of acculturation, which this study partially supports with 63% of participants identifying with the integration style but only 15% of the participants identifying with separation. The studies also reported that participants who identified with their new country (assimilation or integration) were more likely to report life satisfaction or psychological well-being. This study supports the findings as well.

The findings for hypotheses 4 and 5 are consistent with prior research that suggests that age of migration has an effect on and predicts psychological well-being (Angel & Angel, 1992; Gubernskaya, 2014; Harker, 2001; Worobey & Angel, 1991).

Limitations

There were some limitations to this study. Some participants were outside the age range for young adults or identified as Latino but were not born in a Latin American country. This limitation could be addressed in future research by having a question that asks for the participants age and if the participant's age falls outside the young adult age group, the survey would thank them for their interest but would not go any further. This could also be applied for Latinos who were not born in a Latin American country.

Another limitation is the small sample size which was not a sample representative of the population. A majority of the participants (70.8%) were female, almost a fifth of the participants (19.4%) were 19 years of age, and almost a quarter of the participants (23.6%) came from one country, which can skew results. Ideally, the study would have had a bigger and more diverse sample.

Another limitation was that the mean age of migration was 11.44 years. This means that most of the participants were still in their middle childhood when they migrated to the U.S. and would not have been able to set up strong roots in their native country, thus making it easier to adapt to the American culture. This could be the reason why most participants (63.9%) identified with the integration acculturation style. Future research should try to gather participants of all ages with different ages of migration.

There are always limitations with self-reports. The results were as honest as the participants were. Due to the delivery of the survey, behavior observations could not be recorded to gauge the honesty or understanding of the participant. This is specifically important when surveying immigrants, as their grasp on a different language may not be the best which can affect results. Future research should try to provide the survey in person, to provide explanation if needed and encourage honesty.

References

- Aboriginal Peoples Survey. (1993). *Final report*. Ottawa: Statistics Canada.
- Angel, J. & Angel, R. (1992). Age at Migration, Social Connections, and Well-Being among Elderly Hispanics. *Journal of Aging and Health, 14*(4), 480-499.
- Berry, J. (2008). Globalisation and acculturation. *International Journal of Intercultural Relations, 32*(4), 328-336.
- Berry, J. W., Phinney, J., Sam, D., & Vedder, P. (2006). *Immigrant youth in cultural transition: Acculturation, identity and adaptation across national context*. Mahwah: Lawrence Erlbaum Associates.
- Cuéllar, I., Arnold, B., & Gonzalez, G. (1995a). Cognitive referents of acculturation: Assessment of cultural constructs in Mexican Americans. *Journal of Community Psychology, 23*, 339–356.
- Diener, E. (1984). Subjective well-being. *Psychological Bulletin, 95*(3), 542-575.
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49*(1), 71-75.
- Gil, A. G., Wagner, E. F., & Vega, W. A. (2000). Acculturation, familism and alcohol use among Latino adolescent males: Longitudinal relations. *Journal of Community Psychology, 28*(4), 443–458.
- Gonzales, N. A., Deardorff, J., Formoso, D., Barr, A., & Barrera, M. (2006). Family mediators of the relation between acculturation and adolescent mental health. *Family Relations, 55*(3), 318– 330.

- Gubernskaya, Z. (2014). Age of migration and self-rated health trajectories after age 50: Understanding the older immigrant health paradox. *The Journals of Gerontology: Series B*, 70(2), 279–290. doi: 10.1093/geronb/gbu049.
- Harker, K. (2001). Immigrant generation, assimilation, and adolescent psychological well-being. *Social Forces*, 79(3), 969-1004.
- Leite, A.C., Cardoso, S. G., Marques, A. G., & Morais, C. (2017). Believing is adapting: Belief in a just world and emigrants' identification and satisfaction with the host country / Creer es adaptarse: Creer en un mundo justo y la identificación y satisfacción de los emigrantes con el país de acogida. *International Journal of Social Psychology/Revista de Psicología Social*, 32(2), 424–439.
- Lincoln, A. K., Lazarevic, V., White, M. T. & Ellis, B. H. (2016) The impact of Acculturation Style and Acculturative Hassles on the Mental Health of Somali Adolescent Refugees. *Journal of Immigrant and Minority Health*, 18(4), 771-778.
- Lorenzo-Blanco, E. I., Unger, J. B., Baezconde-Garbanati, L., Ritt-Olson, A., & Soto, D. (2012) Acculturation, Enculturation, and Symptoms of Depression in Hispanic Youth: The Roles of Gender, Hispanic Cultural Values, and Family Functioning. *Journal of Youth and Adolescence*, 41(10), 1350-1365. doi: 10.1007/s10964-012-9774-7
- Marsiglia, F. F., Booth, J. M., Baldwin, A., & Ayers, S. (2013). Acculturation and life satisfaction among immigrant Mexican adults. *Advances in Social Work*, 14(1), 49-64.

- Miranda, A. O., Estrada, D., & Firpo-Jimenez, M. (2000). Differences in family cohesion, adaptability, and environment among Latino families in dissimilar stages of acculturation. *The Family Journal*, 8(4), 341–350.
- Neff, J. A., & Hoppe, S. K. (1993). Race/ethnicity, acculturation, and psychological distress: Fatalism and religiosity as cultural resources. *Journal of Community Psychology*, 21(1), 3.
- Neto, F., & Fonseca, A. (2016). The satisfaction with migration life scale. *International Journal of Intercultural Relations*, 54, 47-54.
doi.org/10.1016/j.ijintrel.2016.07.004
- Nguyen, A. M., & Benet-Martinez, V. (2013). Biculturalism and adjustment: A meta-analysis. *Journal of Cross-Cultural Psychology*, 45, 660-670.
- Potochnick S. R., & Perreira K. M. (2010). Depression and anxiety among first-generation immigrant Latino youth key correlates and implications for future research. *The Journal of Nervous and Mental Disease*, 198(7), 470–477.
- Rivera, F. I., Guarnaccia, P. J., Mulvaney-Day, N., Lin, J. Y., Torres, M., & Alegría, M. (2008). Family cohesion and its relationship to psychological distress among Latino groups. *Hispanic Journal of Behavioral Sciences*, 30(3), 357–378.
- Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52, 141–166.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality & Social Psychology*, 69, 719–727.

- Roberts, R. E., Roberts, C. R., & Chen, Y. R. (1997). Ethnocultural differences in prevalence of adolescent depression. *American Journal of Community Psychology, 25*(1), 95.
- Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J. (2010). Rethinking the concept of acculturation: Implications for theory and research. *American Psychologist, 65*(4), 237–251
- Seifert, T. A. (2005). *The Ryff Scales of Psychological Well-Being*. Retrieved from <https://centerofinquiry.org/uncategorized/ryff-scales-of-psychological-well-being/>
- Torres, J. B. (1998). Masculinity and gender roles among Puerto Rican men: Machismo on the U.S. mainland. *American Orthopsychiatric Association, 68*(1), 16–26.
- Torres, L. (2010). Attributions to discrimination and depression among Latinos: The mediating role of competence. *American Journal of Orthopsychiatry, 79*, 118–124.
- Unger, J. B., Ritt-Olson, A., Teran, L., Huang, T., Hoffman, B. R., & Palmer, P. (2002). Cultural values and substance use in a multiethnic sample of California adolescents. *Addiction Research Theory, 10*(3), 257– 279.
- Unger, J. B., Ritt-Olson, A., Wagner, K. D., Soto, D. W., & Baezconde-Garbanati, L. (2009) Parent-child acculturation patterns and substance use among Hispanic adolescents: A longitudinal analysis. *The Journal of Primary Prevention, 30*(3–4), 293–313.
- United States Census Bureau. (2016). *Miami-Dade County Population*. Retrieved from <https://www.census.gov/quickfacts/fact/table/miamidadecountyflorida/POP06021>

- Waterman, A. S. (1993). Two conceptions of happiness: Contrasts of personal expressiveness (eudaimonia) and hedonic enjoyment. *Journal of Personality and Social Psychology, 64*, 678–691.
- Worobey, J. L., & Angel, R. J. (1991). Functional capacity and living arrangements of unmarried elderly persons. *Journal of Gerontology, 45*, 95-101.
- Zayas, L. H., Lester, R. J., Cabassa, L. J., & Fortuna, L. R. (2005). Why do so many Latina teens attempt suicide? A conceptual model for research. *American Journal of Orthopsychiatry, 75*(2), 275– 287.

Appendix A

Demographic Questionnaire

1. What is your GENDER?

0 Male 1 Female

2. Indicate your AGE in years: _____

3. What country were you born in:

- Argentina
- Belize
- Bolivia
- Brazil
- Chile
- Colombia
- Costa Rica
- Cuba
- Dominican Republic
- Ecuador
- El Salvador
- French Guiana
- Guadeloupe
- Guatemala
- Guyana
- Haiti
- Honduras
- Martinique
- Mexico
- Nicaragua
- Panama
- Paraguay
- Peru
- Puerto Rico
- Saint-Barthelemy
- Saint-Martin
- Suriname
- Uruguay
- Venezuela
- Other _____

Where is your mother from? _____

Where is your father from? _____

4. At what age and year did you come to the U.S.A? _____

5. Highest level of EDUCATION completed:

- 1 Some High School
- 2 High School Graduate
- 3 Some College
- 4 Bachelor's Degree
- 5 Master's Degree
- 6 Doctorate Degree

6. Current EMPLOYMENT STATUS:

- 1 Full time
- 2 Part time
- 3 Not currently employed

7. What is your INCOME level?

- 1 Less than \$20,000
- 2 \$20,000 – \$29,999
- 3 \$30,000 - \$39,999
- 4 \$40,000 - \$49,999
- 5 \$50,000 - \$59,999
- 6 \$60,000 - \$69,999
- 7 \$70,000 - \$79,999
- 8 \$80,000 - \$89,999
- 9 \$90,000 – \$99,999
- 10 More than \$100,000

Appendix B

Acculturation, Habits, and Interests Multicultural Scale for Adolescents Scale

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

Choose the best answer:

- 1. I am most comfortable being with people from...
- 2. My best friends are from...
- 3. The people I fit in the best are from...
- 4. My favorite music is from
- 5. My favorite TV shows are from...
- 6. The holidays I celebrate are from...
- 7. The food I eat at home is from...
- 8. The way I do things and the way I think about things are from...

Appendix C

Satisfaction with Life Scale

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

_____ In most ways my life is close to my ideal.

_____ The conditions of my life are excellent.

_____ I am satisfied with my life.

_____ So far I have gotten the important things I want in life.

_____ If I could live my life over, I would change almost nothing.

- 31 - 35 Extremely satisfied
- 26 - 30 Satisfied
- 21 - 25 Slightly satisfied
- 20 Neutral
- 15 - 19 Slightly dissatisfied
- 10 - 14 Dissatisfied
- 5 - 9 Extremely dissatisfied

Appendix D

Psychological Well-being Scale

Ryffs Psychological Well-being Scales (PWE), 42 Item version

Please indicate your degree of agreement (using a score ranging from 1-6) to the following sentences:

	Strongly disagree			Strongly agree		
1. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
2. In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
3. I am not interested in activities that will expand my horizons.	1	2	3	4	5	6
4. Most people see me as loving and affectionate.	1	2	3	4	5	6
5. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
6. When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6
7. My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6
8. The demands of everyday life often get me down.	1	2	3	4	5	6
9. I think it is important to have new experiences that challenge how you think about yourself and the world.	1	2	3	4	5	6
10. Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
11. I have a sense of direction and purpose in life.	1	2	3	4	5	6
12. In general, I feel confident and positive about myself.	1	2	3	4	5	6
13. I tend to worry about what other people think of me.	1	2	3	4	5	6
14. I do not fit very well with the people and the community around me.	1	2	3	4	5	6
15. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
16. I often feel lonely because I have a few close friends with whom to share my concerns.	1	2	3	4	5	6

17. My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
18. I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6
19. I tend to be influenced by people with strong opinions.	1	2	3	4	5	6
20. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
21. I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6
22. I enjoy personal and mutual conversations with family members or friends.	1	2	3	4	5	6
23. I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
24. I like most aspects of my personality.	1	2	3	4	5	6
25. I have confidence in my opinions, even if they are contrary to the general consensus.	1	2	3	4	5	6
26. I often feel overwhelmed by my responsibilities.	1	2	3	4	5	6
27. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5	6
28. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
29. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6
30. In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6
31. It's difficult for me to voice my own opinions on controversial matters.	1	2	3	4	5	6
32. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
33. For me, life has been a continuous process of learning, changing, and growth.	1	2	3	4	5	6
34. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
35. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
36. My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5	6
37. I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5	6
38. I have been able to build a home and lifestyle for myself that is much to my liking.	1	2	3	4	5	6

39. I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6
40. I know that I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
41. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
42. When I compare myself to my friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6