Potential moderators of Caribbean immigrants’ experience of discrimination

by

Vanessa Hazell

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From 1996 to 2001, the number of people of Caribbean background in Canada increased by 11%, compared to 4% for the overall Canadian population (Statistics Canada, 2013). With increasing numbers of Caribbean immigrants moving to Canada every year, it is important for researchers to gain a better understanding of this group successfully copes with this major life transition. This study adopted a resilience framework in its examination of the acculturative stressor of discrimination and its relationship with sociocultural and psychological adaptation and psychological well-being. The potential protective roles of religious coping and bicultural competence (i.e., one’s ability to develop and maintain competence in the heritage and receiving cultures) in these relationships were also examined. Data was collected from 115 first-generation Caribbean Canadian immigrants from the Ontario community. Path analyses revealed that 1) discrimination predicted lower levels of psychological and sociocultural adaptation, but not psychological well-being; 2) positive religious coping protected psychological well-being from the harmful effects of discrimination; 3) bicultural competence protected psychological adaptation from the harmful effects of discrimination; 4) negative religious coping was associated with lower levels of psychological adaptation and psychological well-being. The researcher offers suggestions for future research in this area.
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"The ship of my life may or may not be sailing on calm and amiable seas. The challenging days of my existence may or may not be bright and promising. Stormy or sunny days, glorious or lonely nights, I maintain an attitude of gratitude. If I insist on being pessimistic, there is always tomorrow. Today I am blessed." – Maya Angelou

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POTENTIAL MODERATORS OF CARIBBEAN IMMIGRANTS’ EXPERIENCE OF DISCRIMINATION

Introduction

Individuals of Caribbean origin represent approximately 2% of the Canadian population (Statistics Canada, 2013) and most immigrated to Canada within the last 30 years (Lindsay, 2007). From 1996 to 2001, the number of people of Caribbean background in Canada increased by 11%, compared to 4% for the overall Canadian population (Lindsay, 2007). Despite the fact that Caribbean Canadians make up a sizeable portion of the immigrant Canadian population, this ethnic group’s experiences are surprisingly understudied and therefore not well-understood. With increasing numbers of immigrants moving to Canada every year, it is important for researchers to gain a better understanding of how immigrants in general, and Caribbean immigrants in particular, successfully cope with this major life transition.

Acculturation & Acculturative Stress

Acculturation refers to behavioural or psychological changes in individuals from either of two cultural groups—a non-dominant group (e.g., immigrants) and a dominant group (e.g., receiving society—as a result of contact with one another (Berry, 2003; Redfield, Linton, & Herskovits, 1936; Safdar, Chuong, & Lewis, 2013). The stress that arises from this acculturation process is known as acculturative stress (Berry, 2006a). Acculturative stress arises from a perceived imbalance between one or more cultural demands (e.g., language difficulties, lack of acceptance by the host culture; Hwang & Ting, 2008) and available resources (Smart & Smart, 1995). This form of stress can manifest itself physically, psychologically, or socially, and includes such distress responses as depression, anxiety, psychosomatic symptoms, and withdrawal (Berry, 1997).
Berry and colleagues (1987) argue that the level of acculturative stress an individual experiences is influenced by the nature of the acculturating group, the nature of the receiving society, an individual’s self-placed importance on his/her cultural heritage, and a number of demographic, social, and psychological factors. In the current study, the impacts of the nature of an acculturating group, immigrants of Caribbean descent, and the receiving society, Canada, on acculturative stress are examined through the social factor of discrimination. Discrimination has been conceptualized as a key source of acculturative stress for immigrants (e.g., Caplan, 2007; Roche & Kuperminc, 2012), and this issue is of particular salience for Caribbean Canadians. Specifically, first-generation Caribbean Canadians were raised in a culture where Black people are the majority group, and as a result ethnic discrimination against Black people is much less prevalent (Sutherland, 2013). Therefore it is important that researchers gain a better understanding of how this population copes with this acculturative stressor. The current study also examines the impacts of religious coping and bicultural competence as two skill sets that may help Caribbean immigrants cope with this discrimination based form of acculturative stress. The goal is to determine if these factors may play a role in buffering psychological well-being from perceived discrimination.

Researchers have found that in general acculturative stress negatively impacts mental health by leading to psychological distress. Specifically, it has been observed that a positive relationship exists between acculturative stress and the frequency of symptoms of depression in a variety of immigrant groups, including Greek-Canadian immigrants (Sands & Berry, 1993); Korean-American immigrant women (Shin, 1994); Hispanic immigrants (Torres, 2010); Central American immigrants (Hovey, 2000a); and Mexican immigrants (Hovey, 2000b).
Canadian research examining acculturative stress is limited. In one such study, however, Lay and Nguyen (1998) examined the relationship between acculturation-specific (acculturative stress) and non-specific hassles and depression in Vietnamese immigrants to Canada. The researchers observed that acculturation-specific hassles and non-specific hassles predicted depressive symptoms, even when one of these types of hassles was controlled for. In addition, the researchers found that acculturation-specific ingroup hassles (i.e., challenges interacting with one’s in-group) and non-specific hassles (general hassles) were highly correlated with depression, and acculturation-specific outgroup hassles (i.e. challenges interacting with one’s out-group) was moderately correlated with depression.

In a similar study examining the relationship between immigrant-specific and nonspecific hassles and psychophysical symptoms in a sample of Iranian immigrants to Canada, Safdar and Lay (2003) found that immigrant-specific out-group hassles predicted depressive symptoms after other types of hassles (i.e., general or nonspecific hassles) were controlled for. The authors argue that acculturative stress, at least partly, contributes to psychophysical symptoms of this particular immigrant group.

Discrimination

Berry (2006b) identifies discrimination as an important acculturative stressor, which may play a significant role in undermining immigrants’ psychological and sociocultural adaptation to the receiving culture. Discrimination is defined as “unfair behaviour or unequal treatment accorded others on the basis of their group membership or possession of some arbitrary trait” (Dion, 2001, p. 2). Three levels of discrimination have been identified: interpersonal discrimination, institutional discrimination, and cultural discrimination. Interpersonal discrimination refers to “the behavior of individual members of one race/ethnic/gender group
that is intended to have a differential and/or harmful effect on the members of another race/ethnic/gender group” (Pincus, 1996, p. 186). Institutional discrimination refers to policies developed by the dominant ethnic/gender group, which impacts minorities differently, or cause more harm to minority groups (Pincus, 1996). Cultural discrimination refers to discrimination in everyday culture (e.g. media; Joseph & Kuo, 2009). Due to the ambiguous nature of discrimination, there are no objective standards of how to identify an event as a discriminatory versus non-discriminatory (Major & Sawyer, 2009). As a result, judgments of discrimination are typically subjective (Major & Sawyer, 2009). While the bulk of previous research has examined the construct of discrimination from the perspective of the perpetrator (Dion, 2001), recent research has sought to understand the antecedents and consequences of discrimination from the perspective of the targets of discrimination (Major & Sawyer, 2009). The current research focuses on the consequences of ethnic discrimination, in particular, the psychological and sociocultural impact of perceiving oneself to be a victim of ethnic discrimination.

Members of visible minorities are more likely to experience discrimination than majority group members (Dion, 2001), and Black individuals perceive higher levels of discrimination than other ethnic minority groups (Dion & Kawakami, 1996). Further, Caribbean Canadians also report experiencing discrimination. In 2002, 41% self-identified as experiencing discrimination in the last five years, and 89% of these individuals believed that it was due to their ethnicity or skin colour (Lindsay, 2007). Considering the perceived frequency of experiencing discrimination and its negative impact on well-being, it is important that researchers obtain a better understanding of how its impact can be lessened in order to facilitate Caribbean immigrants’ transition into Canada.
Many researchers have proposed using a stress and coping framework to enhance conceptual understandings of discrimination from the perspective of the targets of ethnic discrimination (e.g., Dion, 2001; Hoggard et al., 2012; Major & Sawyer, 2009). In applying Lazarus and Folkman’s (1984) transactional stress and coping model to ethnic discrimination, it is theorized that person factors (i.e., dispositional characteristics such as personality and identity) and situational factors (i.e., aspects of the situation such as novelty and duration of the event) individually and conjointly impact how individuals appraise and cope with discrimination (Hoggard et al., 2012; Major & Sawyer, 2009). According to this model, discrimination is not inherently stressful; it is the primary appraisal of the situation as threatening and self-relevant that determines how the event is experienced (Hoggard et al., 2012). For example, discrimination can be perceived as a threatening experience when one self-identifies as an intended target of discrimination, as this reflects a view that the world is dangerous and threatening on a personal level (Dion, 2001; Major & Sawyer, 2009). Further, the unpredictable nature of discrimination makes it even more challenging for the victim to cope than it is for a predictable or controllable stressor (Dion, 2001). Once the discriminatory event has been deemed to be a threat, the individual engages in secondary appraisal to assess if he/she has the resources to cope with the situation (Cohen, Kessler, & Gordon, 1995; Lazarus & Folkman, 1984). If the individual does not perceive himself/herself as having the resources to cope with the situation, or uses maladaptive coping strategies to cope with the situation, this evokes negative physiological and psychological stress responses (Clark, Anderson, Clark, & Williams, 1999; Cohen et al., 1995). These physical and emotional states can play a role in the development of physical and/or mental health concerns (Clark et al., 1999; Cohen et al., 1995). If the individual perceives that he/she possesses the necessary resources to cope with the threat, however, a stress response does not
take place (Cohen et al., 1995). Indeed, the use of adaptive coping strategies is theorized to minimize negative physiological and psychological states and in this way lessen the impact of discrimination on health outcomes (Clark et al., 1999).

The psychological literature on the targets of discrimination has focused heavily on documenting the variety of negative physical and mental health outcomes associated with perceiving discrimination (e.g., Pascoe & Smart Richman, 2009; Williams, Neighbors, & Jackson, 2003). For example, in Pascoe and Smart Richman (2009)’s meta-analytic review of 134 studies pertaining to discrimination, they found that perceived discrimination is significantly related to poorer physical health (e.g., hypertension, cardiovascular disease, diabetes, headaches, pain), mental health (e.g., depressive symptoms, psychiatric distress), and general well-being such as life satisfaction, quality of life, self-esteem. The latter relationship was found to be robust across the assessed indicators of mental health and across ethnicity and gender. The researchers also found that perceived discrimination produces significantly heightened physiological and psychological stress responses, which can lead to the development of physical and psychological illnesses. This finding supports the stress and coping model’s hypothesis. Finally, Pascoe and Smart Richman found that discrimination also impacts health through increasing the frequency of unhealthy behaviours (e.g., substance use) and decreasing participating in healthy behaviours (e.g., exercise, healthy diet). Thus discrimination impacts physical and mental health through a number of pathways.

Williams and colleagues (2003) reviewed 53 studies solely examining ethnic discrimination. The researchers found a strong relationship between discrimination and negative mental health outcomes, such that perceived discrimination was associated with psychological distress and depression. Perceived discrimination was also associated with lower levels of well-
being (e.g., happiness, life satisfaction), self-esteem, mastery, and perceived control. Perceived discrimination was also associated with negative physical health outcomes, such as global self-ratings of health and hypertension, as well as with health behaviours, such as cigarette smoking and alcohol use, which are detrimental to overall health. Thus, perceiving discrimination has detrimental impacts on both physical and mental health of ethnic minorities in particular, including Black populations, in a North American context.

While research on the impact of discrimination on ethnic minorities is continuing to grow, research on the impact of discrimination on immigrants is surprisingly scarce (Edge & Newbold, 2013). In one of these studies, De Maio and Kemp (2010) found that the self-reported health status of immigrants to Canada significantly decreased from six months after arrival in Canada to four years after arrival in Canada. Specifically, 43% of the sample rated their physical health as excellent six months after arrival, but only 23% rated their physical health as excellent four years after arrival. Similarly, six months after arrival in Canada only 5% immigrants self-identified as having depressive symptoms, but after living in Canada for four years, this percentage increased to approximately 29%. Further, it was found that immigrants who experienced discrimination and visible minority group members were most likely to report a decrease in their physical and mental health over the course of the study. Thus, it appears that discrimination may be an important social determinant of health, and this has important implications for the Caribbean Canadian population.

In sum, the negative impact of perceiving discrimination on physical and mental health is well-documented in the literature. The mechanisms and processes underlying this relationship, however, are not well-understood (Gibbons, Kingsbury, Weng, Gerrard, Cutrona, Wills et al., 2014; Williams et al., 2003). Pascoe and Smart Richman (2009) suggest that coping may
moderate the relationship between perceived discrimination and negative health outcomes, such that active/problem-focused coping may buffer this relationship while passive/emotion-focused coping may strengthen this relationship. However, this relationship may only exist at lower levels of perceived discrimination and may differ across ethnic groups.

The current research seeks to make a contribution towards better understanding the mechanisms underlying the discrimination-health relationship by identifying potential moderators in this relationship. In particular, the potential role of coping in this relationship is examined.

Resilience

The studies presented in the previous sections are in the realm of traditional acculturation research, focusing on how acculturation experiences can negatively impact immigrants’ psychological health and social adjustment (Pan, 2011). However, a research paradigm shift has recently taken place in acculturation research, and the field of psychology in general, where the focus has shifted from a psychopathological perspective (e.g., risk factors, negative outcomes) to a resilience framework (e.g., individuals’ strengths, resources, positive outcomes; Michaud, 2006; Pan, 2011; Utsey, Bolden, Lanier, & Williams III, 2007; Zautra, Arewasikporn, & Davis, 2010). For example, researchers have found that some immigrants experience resilience during the acculturation process (Bhugra, 2004). This paradigm shift is the result of the positive psychology movement, which seeks to shift psychology’s focus from psychopathology and suffering to include a focus on flourishing and optimal functioning (Gable & Haidt, 2005). The goal of this movement is for a more balanced and comprehensive understanding of human experiences to be gained (Gable & Haidt, 2005; Seligman, Steen, Park, & Peterson, 2005).
Resilience is a complex, multidimensional construct which has been defined in a number of ways within the behavioural sciences (Windle, 2010; Wong, 2011), however it is generally conceptualized as responses to adversity which are adaptive in nature (Zautra et al., 2010). Richardson (2002) argues that the concept of resilience has developed over the course of three waves of resiliency inquiry. The first wave of inquiry described resilience as personal characteristics or strengths which help people thrive when faced with adversity (termed resilient qualities). The second wave of inquiry described resilience as a process of coping with adversity in a way which leads to the identification, strengthening, and enhancement of resilient qualities and positive outcomes (Hjemdal, Friborg, Stiles, Rosenvinge, & Martinussen, 2006). For example, Zautra and colleagues (2010) conceptualized resilience as the outcome of successfully adapting to stressful life events. The third wave of inquiry identifies resilience as a motivational drive to pursue goals of wisdom, self-actualization, altruism, and harmony with a spiritual source of strength. Debate over whether resilience is a personal characteristic or a process of coping persists into the present (Gucciardi, Jackson, Coulter, & Mallet, 2011), while the third wave of inquiry does not appear to have gained much momentum.

In terms of acculturation research, Pan (2011) identifies two ways that a resilience framework can be applied. The first method is to identify positive adaptation outcomes of acculturation, such as happiness and life satisfaction (Pan, 2011). The second method is to identify acculturative protective factors and examine how they promote positive adaptation outcomes despite the presence of acculturative stressors (Pan, 2011). Such methods adhere to the protective model of resilience, where the study focus is on the moderating effect of protective factor(s) on the relationship between a risk factor and an outcome (French & Chavez, 2010; Windle, 2011). Researchers appear to have adopted the second methodological approach, as a
number of protective factors have been identified which moderate the relationship between acculturative stress and psychological distress.

The current study seeks to apply the resilience framework to the study of discrimination and its impact on psychological health but using both of the methods specified above. That is, it seeks to examine the impact of discrimination on a potential positive outcome, namely psychological well-being, and it seeks to identify protective factors in these relationships, namely bicultural competence and religious coping. The current study also includes the examination of two negative outcomes—psychological adaptation and sociocultural adaptation—as points of comparison. Despite their positive-sounding names, these variables are conceptualized within the traditional psychopathological perspective.

The author proceeds by outlining these outcome variables, followed by the proposed protective factors. The current study is then introduced.

Adaptation

Relocating to a new country is a major life transition for immigrants, and researchers are increasingly interested in learning about how they adapt to the host culture. Adaptation has been conceptualized and measured in a number of ways in the psychological literature (e.g. adjustment, acculturation; Demes & Geeraert, 2014; Searle & Ward, 1990; Ward & Kennedy, 1999), which makes it problematic to draw conclusions about immigrants’ adaptation processes. Therefore Searle and Ward (1990) developed a model to better define the concept of cross-cultural adaptation. Specifically, they identify adaptation as having two dimensions: psychological and sociocultural. Psychological adaptation is conceptualized as feelings of well-being (i.e., absence of mental health symptoms) and satisfaction with being in a new culture, while sociocultural adaptation is conceptualized as the “ability to ‘fit in’ and negotiate interactive
aspects of the new culture” (Searle & Ward, 1990, p. 450; Ward & Kennedy, 1999). Ward and Kennedy (1999) argue that sociocultural adaptation also includes the ability to develop culturally appropriate skills (e.g. effective communication skills; Witte, 1993). Thus, while psychological adaptation refers to the affective domain of adaptation, sociocultural adaptation refers to the behavioural domain (Ward & Kennedy, 1999). Further, psychological adaptation is conceptualized with a stress and coping framework (both personality and situational factors impact cross-cultural adaptation; Hoggard et al., 2012; Major & Sawyer, 2009), while sociocultural adaptation is conceptualized within a social learning/culture learning framework (i.e., possessing the required social skills needed to adapt to cross-cultural transitions is key to successfully adapting to a new culture; Searle & Ward, 1990; Ward & Kennedy, 1999).

In an empirical examination of the distinctiveness of these two concepts, Searle and Ward (1990) confirmed that psychological and sociocultural adaptation are related, but conceptually distinct concepts which are predicted by different types of factors. Specifically, in their study of Malaysian and Singaporean student sojourners to New Zealand, the researchers found that acculturative stress, social difficulty, extraversion, and satisfaction with relationships with host culture members were significant predictors of psychological adaptation. Sociocultural adaptation was predicted by anticipated difficulty in adjusting to the host culture and cultural distance (i.e., perceived amount of difference between the home and host cultures). More recent empirical studies have identified other predictors of psychological and sociocultural adaptation. Specifically, coping styles and social support have been found to predict psychological adaptation, while sociocultural adaptation has been predicted by a number of cultural learning and social skills-related variables (e.g., cultural knowledge, amount of interaction with the host culture, language fluency; Ward & Kennedy, 1993, 1994, 1999; Ward & Searle, 1991). Thus,
there is mounting empirical evidence that psychological and sociocultural adaptation are empirically distinct.

The bulk of the psychological literature appears to have focused on examining the psychological adaptation of immigrants, as studies examining the impact of acculturation and acculturative stress on the psychological adaptation (conceptualized as the absence of mental health symptoms) are numerous (e.g., Hovey, 2000a; Safdar & Lay, 2003; Sands & Berry, 1993; Torres, 2010; see the previous section for examples). However, research examining sociocultural adaptation is much less widespread. In a recent study of psychological and sociocultural adaptation, Demes and Geeraert (2014) found that among sojourners (international students) and immigrants to the United Kingdom, higher levels of psychological adaptation, as well as higher levels of sociocultural adaptation are associated with lower levels of stress and anxiety and higher levels of self-esteem and life satisfaction. In addition, it was found that higher levels of cultural distance were associated with poorer levels of sociocultural adaptation, as well as lower levels of psychological adaptation and general well-being (i.e., higher levels of stress and anxiety, lower levels of self-esteem and life satisfaction).

Psychological Well-Being

Subjective well-being refers to individuals’ emotional and cognitive evaluations and reactions to their lives and consists of the dimensions of emotional well-being (i.e., positive feelings and evaluations about one’s life) and positive functioning (i.e., psychological well-being, social well-being; Keyes & Magyar-Moe, 2003). The construct of psychological well-being from within the area of positive functioning is the focus of this paper.

The construct of psychological well-being evolved from decades’ worth of research drawing on a humanistic perspective focusing on optimal human functioning which emphasized
striving towards one’s full potential, realizing one’s capacities, and the successful negotiation of life challenges (Keyes & Magyar-Moe, 2003; Ryff, Keyes, & Hughes, 2003). Psychological well-being is considered to be a stable, yet dynamic construct, with scores on scales measuring this construct generally remaining stable over time, especially in the short-term (Ruini, Ottolini, Rafanelli, Tossani, Ryff, & Fava, 2003). Ryff (1989) developed a model of psychological well-being consisting of six dimensions of wellness which indicate the areas that people struggle with in their pursuit to fully function and realize their capacities (Keyes & Magyar-Moe, 2003). These dimensions are conceptualized as not culture-specific, although Ryff and Singer (1996) acknowledge that their emphasis and expression may vary due to cultural considerations.

The first dimension of Ryff’s (1989) model of psychological well-being is self-acceptance, which entails possessing a positive attitude toward oneself, including both the pleasant and unpleasant aspects of oneself (Keyes & Magyar-Moe, 2003). The second dimension is positive relations with others, which entails the ability to develop and foster the development of warm, trusting, intimate relationships with others, as well as the abilities of empathizing and cooperating with others (Keyes & Magyar-Moe, 2003). The third dimension of psychological well-being is autonomy, which consists of the pursuit of self-determination and independence and the abilities of resisting societal pressures and using personal standards and values to guide and evaluate behaviour (Keyes & Magyar-Moe, 2003). The fourth dimension is environmental mastery, which refers to the recognition of personal wants and needs and the perception of one’s ability to be active in obtaining these wants and needs from the environment (Keyes & Magyar-Moe, 2003). The abilities within this dimension are the capabilities of managing everyday concerns, controlling a variety of external activities, taking advantage of opportunities, and choosing or creating contexts that suit one’s needs (Keyes & Magyar-Moe, 2003). The fifth
dimension of psychological well-being is purpose in life, which consists of life goals and a sense of purpose and direction in life (Keyes & Magyar-Moe, 2003). Finally, the sixth dimension of psychological well-being is personal growth, which entails the continuous pursuit of personal development opportunities and opportunities for realizing one’s potential (Keyes & Magyar-Moe, 2003).

It is important to note that although poor subjective well-being and mental health issues are correlated, these two constructs lie upon different axes (Keyes & Lopez, 2002) and therefore can exist concurrently (Ryff, Keyes, & Hughes, 2003). That is, subjective well-being (or the presence of wellness) is an independent level of mental functioning which cannot be equated with the absence or inverse of negative aspects of mental health (Ruini et al., 2003; Ryff et al., 2003; Ryff & Singer, 1996). This is a distinction which is frequently missed in the literature, and as a result a great deal of complexity has been missed by focusing solely on negative well-being outcomes (Zautra et al., 2010).

Few studies have been conducted examining psychological well-being in the positive psychology context and even fewer have been conducted with groups of individuals who belong to ethnic minority groups (Ryff et al., 2003). In one of the few studies to examine psychological well-being with an ethnic minority sample, Ryff and colleagues (2003) examined the relationship between status inequality and psychological well-being by using data from the Midlife in the United States (MIDUS) survey of Americans between the ages of 25 and 74. The researchers found that ethnic minority status is a positive predictor of all dimensions of psychological well-being relative to Caucasians. In other words, African Americans and Mexican Americans had higher levels of psychological well-being compared to the Caucasians in the sample. In addition, education level accounted for the role of ethnic minority status in its relationship to certain
dimensions of psychological well-being. Specifically, Black participants with higher levels of education had higher levels of autonomy and purpose in life and lower levels of self-acceptance than Caucasian participants. The researchers also found that perceived discrimination was a negative predictor of psychological well-being, particularly among ethnic minority women. These findings provide a potential starting point upon which hypotheses can be developed about psychological well-being among ethnic minorities in the context of acculturative stress.

Research examining the psychological well-being of ethnic minorities in Canada is much less prevalent than similar research conducted in an American context. In one of these Canadian studies, Safdar and Lay (2003) found that high levels of psychological adjustment (i.e., psychological well-being) served as a buffer in the relationship between out-group hassles and depression and psychophysical distress in Iranian immigrants to Canada. Specifically, Iranians with lower levels of psychological adjustment who experienced high levels of out-group hassles reported higher levels of depression and psychophysical distress than Iranians with higher levels of psychological adjustment.

Jibeen and Khalid (2010) utilized a stress-health model to examine the impact of coping resources and strategies on the psychological well-being and negative mental health outcomes of Pakistani immigrants living in Canada. The researchers found that higher levels of acculturative stress were negatively associated with all six dimensions of psychological well-being and were positively associated with negative mental health symptoms, such as depression and anxiety. It was also found that sense of coherence—a coping resource reflecting an individual’s perceptions of the comprehensibility, manageability, and meaningfulness of his/her internal and external environment (Antonovsky, 1979, 1987)—increased psychological well-being and decreased distress by buffering individuals from acculturative stress. In a later study, Jibeen & Khalid
(2011) found that sense of coherence served as a moderator in the relationship between acculturative stress and psychological well-being, buffering Pakistani immigrants against the harmful effects of acculturative stress by enhancing psychological well-being. However, sense of coherence was not found to be a significant moderator in the relationship between acculturative stress and psychological distress. Thus, these studies demonstrate the benefits of examining psychological well-being separately from psychological distress, by demonstrating that different variables have a differential impact on each of these outcomes.

Coping

The role of coping strategies in the context of stress and its impact on psychological outcomes has been of particular interest to psychological researchers (Joseph & Kuo, 2009). Coping is described as a regulatory process entailing the use of cognitive and behavioural strategies which help individuals decrease negative emotions arising from stressful situations (Lazarus & Folkman, 1984). Coping strategies are typically broadly characterized into approach (i.e., the active, problem-focused management of stressful situations) and avoidant (i.e., the management of stressful situations by ignoring or repressing the difficulties) coping strategies (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001).

Researchers are becoming increasingly aware of the role that culture plays in coping with life stressors (Joseph & Kuo, 2009). Researchers suggest that culture shapes how stressors are perceived, the context within which a coping response is needed, and which coping strategies are chosen to address specific stressors (Daly, Jennings, Beckett, & Leashore, 1995). Further, it has been found that ethnic minority group members not only use the general coping strategies identified above, but also culturally-specific coping strategies which are not captured within the former category of coping strategies (Joseph & Kuo, 2009; Utsey, Adams, Bolden, 2000). For
example, individuals of African descent have been found to use coping strategies originating from African culture (i.e., Africultural coping), which include cognitive/emotional debriefing, spiritual-centered coping, collective coping, and ritual-centered coping (Joseph & Kuo, 2009; Utsey et al., 2000). Although most research examining the coping strategies of ethnic minorities have focused on general coping strategies, researchers are increasingly beginning to explore the culturally-specific coping strategies used by different ethnic groups.

In an examination of the both general and culturally-specific coping strategies, Joseph and Kuo (2009) examined the strategies used by Black Canadians to cope with ethnic discrimination. The researchers found that their sample (50% immigrants) used a range of coping strategies. Specifically, Black Canadians most frequently used spiritual-centered methods to cope with interpersonal discrimination, and infrequently used problem-focused strategies to cope with this form of discrimination. However, problem-focused coping strategies were favoured in addressing cultural discrimination, above other forms of coping. In terms of institutional discrimination, no significant preferences for coping strategies were identified, however there was a trend towards to use of spiritual-centered coping methods. Thus, Joseph and Kuo’s study confirms that Black populations demonstrate flexibility in their use of coping strategies and provides a more accurate understanding of the coping strategies employed by this population by demonstrating that the type of discrimination plays an important role in their selection of coping strategies. This study also demonstrated the importance of spiritual/religious coping in addressing discrimination, therefore this type of coping is included as a focus in our study.

Religious Coping

In many people’s lives, religion plays an important role in coping with stressful events (Pargament, 1997). However, religion has been, and continues to be, understudied in the field of
psychology (Weaver, Kline, Samford, Lucas, Larson, & Gorsuch, 1998). Religious coping is defined as “the use of cognitive or behavioural techniques, in the face of stressful life events, that arise out of one’s religion or spirituality” (Tix & Frazier, 1998, p. 411). Pargament and colleagues (1990) conceptualize religious coping as a multidimensional construct consisting of affective (positive and negative emotions towards God), behavioural (e.g., participating in religious services), interactional (interacting with God and the congregation), and motivational (e.g., striving towards spiritual development) components. Religious coping is also conceptualized as multifunctional, due to its ability to provide a variety of methods of coping with a variety of situations (Pargament, Koenig, & Perez, 2000).

The use of religious coping is determined by the complex interplay of the person, situation, and context (as theorized by the transactional model of stress and coping) and not by any one of these factors alone (Pargament, 1997). Further, Pargament (1990), elaborating on Lazarus and Folkman’s (1984) transactional model of stress and coping, argues that religion can play a role within the coping process contribute to the coping process, and be a product of the coping process. For example, religion can play a role within the coping process through the religious appraisals of stressors (e.g., perceiving hardships as God’s punishment) or engaging in religious coping activities (e.g., praying to God, obtaining support from the congregation). In addition, various aspects of religion can serve as resources and constraints which impact an individual’s coping process (e.g. religious belief systems; Pargament et al., 1990).

Another assumption underlying religious coping research is that individuals possess an orienting system and are proactive coping agents who choose from a number of coping options (Harrison et al., 2001). Specifically, people bring beliefs, aspirations, practices, and relationships as resources in coping with stressful situations, and these components form an individual’s
orienting system (Pargament, 1990). Religion (e.g., religious beliefs, emotions, practices, and relationships) is a component of an individual’s orienting system which serves as a framework which guides how he/she anticipates, interprets, and manages stressful life events (Hill & Pargament, 2008; Pargament, 1997). The extent to which religion plays a role in one’s orienting system varies across individuals, but the greater the role that religion plays in one’s orienting system (i.e., the more elaborated and encompassing a religious orientation a person possesses; Hill & Pargament), the more easily and quickly it is drawn upon for coping purposes (Pargament), and the more religious coping methods the individual may have access to (Hill & Pargament).

The literature consistently documents that religion uniquely predicts physical and mental health outcomes (Hill & Pargament, 2008; Taylor, Chatters, & Levin, 2004), over and above nonreligious coping methods (Pargament, Smith, Koenig, & Perez, 1998), even after controlling for demographic and psychosocial factors (Gall & Guirguis-Younger, 2013; Tix & Frazier, 1998). Explanations for the mechanisms underlying the relationship between religious coping and positive health outcomes, however, are still unclear (Hill & Pargament, 2008). These findings suggest that religious coping is an important variable to consider in the study of psychological adjustment and provides evidence that religion provides a unique contribution to the prediction of physical and mental health variables (Hill & Pargament; Tix & Frazier, 1998).

The positive relationship between religion and physical and psychological outcomes has been robust within Black populations in particular (Taylor et al., 2004). Members of this ethnic group have generally been reported to be more highly religiously involved or committed, and thus rely more heavily on religious coping methods, such as prayer (Chatters, Taylor, Jackson, & Lincoln, 2008; Dunn & Horgan, 2000; Ellison & Taylor, 1996; Pargament, 1997). Further, this
population is more likely than Caucasians to report using religious coping methods to cope with a variety of stressors (Chatters et al., 2008; Dunn & Horgas, 2000), including discrimination (e.g., Lewis-Coles & Constantine, 2006). In their review of studies examining ethnic differences in the effects of religion on well-being, Taylor and colleagues (2004) documented the positive impact of religious attendance, salient religious beliefs, religious attributions, and strength of religious affiliation on African Americans’ mental health and general well-being (e.g., life satisfaction, less depression, hopelessness, happiness). They also found strong support for the role of religion as a protective factor which serves not only to prevent the development of mental health issues and psychological distress, but also to alleviate the harmful impact of life stress on subsequent mental health and well-being.

In one of the few studies to examine religious coping among Caribbean-origin individuals, Chatters and colleagues (2008) found that Caribbean Blacks indicated that prayer (i.e., looking for support and guidance from God) was an important mechanism for dealing with stress, and that this was particularly the case for first-generation immigrants (vs. later-generation immigrants). This study provides a starting point for better understanding the experiences of Caribbean populations in their use of religious coping.

Religious coping is believed to be an important coping mechanism for Black populations when faced with discrimination, however, few studies have tested this empirically (Ellison, Musick, & Henderson, 2008). In one study which sought to fill this gap in the literature, Ellison and colleagues analyzed longitudinal data from the National Survey of Black Americans and found that religious attendance (i.e., frequency of church attendance) and religious guidance (i.e., the amount of daily guidance provided by religion) moderated the relationship between recently experiencing discrimination and psychological distress, such that religious attendance and
guidance buffered Black Americans from the harmful impact of discriminatory experiences. Thus religion may protect Black populations from the harmful impact of discrimination.

Religious coping is also starting to be included in research involving immigrant populations. For example, in a study examining the impact of acculturative stressors (i.e., citizenship status, English language proficiency, financial difficulties) on the general well-being of Korean immigrants, Lee and Woo (2013) found that acculturative stress was associated with lower levels of general well-being (i.e., positive well-being, self-control, vitality) and that higher levels of social support and religious participation (e.g., prayer) were associated with higher levels of general well-being. Thus it appears that religious involvement may have beneficial impacts for immigrant populations as well.

Studies such as those presented above provide information about whether various forms of religious coping are used to cope with stressful situations, however they do not provide any indication of how these religious coping strategies are used (Ano & Vasconcelles, 2005). Pargament and colleagues (1998) offer a solution, suggesting that the study of patterns of religious coping, rather than individual religious coping methods (e.g., prayer), may be a useful way of better understanding a range of religious coping methods. Therefore, Pargament and colleagues (1998; 2000) conceptualize religious coping as being comprised of positive and negative patterns. Positive religious coping reflects having a relationship with God which is secure, possessing a sense of spirituality, and perceiving the world as trustworthy. Positive religious coping methods include redefining a stressor as benevolent through the use of religion; collaborating with God to solve a problem; and seeking spiritual support. Negative religious coping reflects having an insecure relationship with God, struggling with one’s spirituality, and perceiving the world as threatening. Examples of negative religious coping methods include
redefining a stressor as God’s punishment or due to the actions of the Devil, and; communicating confusion and dissatisfaction with God.

Researchers have generally found that positive religious coping strategies are adaptive, and are therefore associated with positive outcomes, whereas negative religious coping strategies are generally maladaptive, and are therefore associated with negative outcomes (e.g., Ano & Vasconcelles, 2005; Pargament, Ano, & Wachholtz, 2005; Pargament et al., 1998). For example, in their review of the religious coping and psychological adjustment literature, Ano and Vasconcelles found that the use of positive religious coping methods was positively associated with positive outcomes such as higher levels of positive affect, self-esteem, stress-related growth, and spiritual growth, and inversely associated with negative outcomes such as psychological distress and depression. Negative religious coping methods, however, were positively related to negative outcomes, but not inversely associated with positive outcomes. The researchers explain this finding by arguing that people who use negative religious coping strategies can still experience positive outcomes such as spiritual growth as a result of using such coping methods.

Bjorck and Thurman (2007) built upon these findings by examining the potential moderating roles of positive and negative religious coping on the relationship between negative life events and psychological functioning. The researchers found that among their sample of Protestant church members, negative events were associated with increased use of both positive and negative religious coping, even after religious participation was controlled for. Supporting previous research, they also found that the use of negative religious coping strategies was associated with higher levels of depression and lower levels of life satisfaction, while the use of positive religious coping strategies was associated with higher levels of life satisfaction and
lower levels of depression. In terms of moderating effects, negative religious coping did not protect individuals from negative life events, however positive religious coping did provide such protection. Specifically, positive religious coping dampened the impact of experiencing negative life events on depressive symptoms.

Beagan, Etowa, and Bernard (2012) also provide evidence for the adaptive nature of positive religious coping methods in their mixed-methods study examining the role of spirituality as a means of coping with racism-related stress among African Canadian women living in Nova Scotia. The participants described discrimination as a cumulative stressor, however its impact was not manifested as depressive symptoms. The participants identified spirituality as an important coping strategy, specifically as a means of finding hope and making meaning on both personal and community levels. On a community level, spirituality helped these individuals form connections with others who shared their values through church activities. On a personal level, people drew on their personal connection with God (e.g., through prayer, reading scared texts) as a source of protection, strength, and inner peace in order to cope with discrimination. Further, discriminatory events were spiritually reframed as events, which they believed they could overcome with God’s blessing and protection. Thus, Beagan and colleagues’ study provides insight into how spirituality is used as a coping mechanism by Black Canadians to cope with discrimination and indirectly suggests that this coping mechanism may play a role in protecting these individuals from depressive symptoms.

Bicultural Competence

Biculturalism is conceptualized as “a process of cultural adaptation” (p. 540) which entails adapting to both the mainstream and host cultures (Basilo et al., 2014). Bicultural competence, then, refers to an individual’s ability to function and maintain relationships in both
cultures (Basilo et al., 2014; David, Okazaki, & Saw, 2009; LaFromboise, Coleman, & Gerton, 1993). LaFromboise, Coleman, and Gerton (1993) suggested that bicultural individuals’ psychological well-being relies on their ability to develop and maintain competence in both the heritage and receiving cultures. These researchers theorized that such bicultural competence is comprised of six components: knowledge of cultural beliefs and values, positive attitudes towards the heritage and non-heritage groups, bicultural efficacy (i.e., the belief that an individual can live effectively and satisfactorily within two cultures without having to make sacrifices to his/her cultural identity), communication ability, role repertoire (i.e., possessing a range of culturally appropriate behaviours), and groundedness (i.e. possessing well-developed social networks in both cultures). Thus, bicultural competence entails the possession of cognitive, emotional, and motivational attributes which enable individuals to adaptively function in both their heritage and receiving cultures (Berry, 2011).

It has been found that bicultural individuals who fail to successfully navigate the aforementioned challenges and fail to function adaptively in more than one cultural context are at risk of experiencing psychological distress (e.g., Sands & Berry, 1993). The benefits of possessing high levels of bicultural competence include higher levels of interpersonal adjustment (Fernandez-Barillas & Morrison, 1984), better sociocultural adaptation (Ward & Searle, 1991), lower levels of anxiety (Rivera-Sinclair, 1997), and fewer depressive symptoms (Wei, Liao, Chao, Mallinckrodt, Zsai, & Botello-Zamarron, 2010). Eng and colleagues (2005) also suggest that the psychological well-being maintained by bicultural individuals may simply be due to the fact that these individuals are generally more emotionally resilient when faced with distressing events (including acculturative stressors such as discrimination).
Research directly examining the relationship between bicultural competence and discrimination is surprisingly rare. In a related study, Wei and colleagues (2010) examined the relationship between bicultural competence and minority stress among ethnic minority students attending a predominantly White university. Minority stress is defined as stress which arises from being a member of an ethnic minority group, and includes discrimination stressors (experiencing discrimination), interethnic stressors (e.g., difficulty managing relationships with majority group members), within-group stressors (e.g., pressure to conform to the members of one’s own ethnic group), social climate stressors (stresses associated with the climate of the campus), and achievement stressors (stresses pertaining to one’s ability to succeed in college; Harrell et al., 1993; Yoo & Pituc, 2013). The researchers found that minority stress was positively related to depressive symptoms (controlling for general stress) and bicultural competence was negatively related to depressive symptoms (controlling for general and minority stresses). Interestingly, Wei and colleagues also found that bicultural competence served as a moderator in the relationship between minority stress and depressive symptoms. Specifically, the relationship between minority stress and depressive symptoms was close to zero among ethnic minority individuals with high levels of bicultural competence, while this relationship was significant among participants with low levels of bicultural competence. Since Wei and colleagues’ research includes a discrimination component, their findings may provide a potential starting point for researchers seeking to examine the relationship between discrimination and bicultural competence more directly.

Although research examining both discrimination and bicultural competence is rare, research examining bicultural competence in the context of acculturative stress as a general construct, has been, and continues to be conducted. For example, Torres and Rollock (2004)
found that high levels of intercultural competence may serve as a protective factor for Hispanic adults from acculturative stress, even more than adopting an active coping style. The researchers found that intercultural competence is a significant predictor of lower acculturative stress. In a later study, Torres and Rollock (2007) examined the relationship between acculturation, coping, and intercultural competence in Hispanic adults. The researchers found that utilizing an active, problem-solving coping style was significantly correlated with fewer depressive symptoms. In addition, they found that intercultural competence served as a moderator in the relationship between acculturation and depression. Specifically, it was found that individuals with a high level of acculturation and high intercultural competence demonstrated fewer depressive symptoms than individuals with lower levels of acculturation and intercultural competence.

Taken together, previous research examining minority stress and acculturative stress suggest that bicultural competence has a positive impact on psychological outcomes, and may perhaps even play a protective role. The current study seeks to fill the gap in the literature concerning the relationship between discrimination and bicultural competence by exploring the potential protective properties of bicultural competence.

*Purpose of the Current Research*

The current study seeks to build on previous research examining the relationship between perceived discrimination and psychological adjustment in Black populations in three important ways. First, the proposed research uses a Caribbean Canadian immigrant sample, as this group in particular, and Black populations, in general, have been understudied in research examining acculturative stress. Indeed, this study seeks to draw attention to the fact that the Black population is diverse, and not the “monolithic entity” (p. 224-225) that it is portrayed to be in the academic literature (Taylor et al., 2004). In addition, Caribbean Canadians have a high level of
representation in Canadian society relative to other Black populations, therefore they are a particularly important group to include in this research. In addition, discrimination is a particularly relevant issue for this ethnic group, and religious coping has been identified in the literature as an important resource for this ethnic group. First-generation immigrants were invited to participate in the study due to the high risk of acculturative stress among these individuals. Later generations of immigrants were not included in this study due to concerns that generational differences in the experience of acculturative stress may make the findings difficult to interpret.

Second, the present study seeks to obtain a better understanding of resilience in the context of discrimination and its contribution to psychological well-being and adaptation. Such research is greatly lacking in the current research literature, where psychological distress is frequently the focus. Therefore, a resilience framework was adopted in the examination of the relationship between perceived discrimination and well-being. In contrast to previous research, not only did the present study seek to identify potential protective factors of perceived discrimination (i.e., bicultural competence and religious coping), as many researchers have done, but also sought to identify potential positive adaptation outcomes (i.e., psychological well-being, psychological adaptation, and sociocultural adaptation) of perceiving discrimination. By examining positive outcomes of discrimination as well as potential factors which may play a protective role in these relationships within a single study, a more comprehensive understanding of perceived discrimination as an acculturative stressor and its interrelationships can be obtained.

This research also seeks to build upon Jibeen and Khalid’s (2011) research, by examining discrimination, rather than acculturative stress in general, and by examining the potential moderating role of bicultural competence, in addition to coping strategies, in the relationship
between acculturative stress and psychological well-being. This is the second way in which the proposed research seeks to build on previous research.

Finally, research in this area in a Canadian context is lacking, therefore the current research seeks to fill this void by enhancing understanding of acculturative stress and discrimination in the context of a multicultural society.

Adhering to the protective model of resilience and Pan’s (2011) resilience framework, psychological well-being was conceptualized as an outcome variable, as it is believed that discrimination, as an acculturative stressor, is a significant life event which can lead to shifts in psychological well-being. That is, it is believed that psychological well-being can serve as a positive adaptation outcome as a result of successful adaptation to discrimination as a source of acculturative stress (e.g., Zautra et al., 2010). Indeed, this approach has been adopted by Jibeen and Khalid (2011). The following is hypothesized:

**Hypothesis 1.** Perceived discrimination will be associated with lower levels of psychological well-being (PWB), psychological adaptation (PA), and sociocultural adaptation (SCA).

**Hypothesis 2.** Positive religious coping will moderate the relationship between perceived discrimination and PWB, and the relationship between perceived discrimination and PA, with higher levels of use of positive religious coping strategies protecting individuals against the harmful effects of perceived discrimination.

**Hypothesis 3.** Bicultural competence will moderate the relationship between perceived discrimination and each of the outcome variables (PWB, PA, SCA), with higher levels of bicultural competence protecting individuals against the harmful effects of perceived discrimination.
Hypothesis 4. Negative religious coping will be associated with lower levels of PWB & PA.

These hypotheses are in accord with previous research finding similar relationships between acculturative stress and various psychological distress outcomes (e.g., depression, anxiety). This proposed model is presented in Figure 1.

Method

Participants

One hundred and fifteen first-generation adult Caribbean immigrants to Canada participated in this study. All participants were over 18 and lived in Ontario. The sample was predominantly female (64.0%) and had a mean age of 55.70 (SD = 16.7), with a range of 20 to 83 years old. Most of the participants were born in Jamaica (28.7%), Trinidad (24.4%), and Guyana (19.2%). Other reported countries of birth included St. Kitts & Nevis (7.9%), Barbados (7.8%), Antigua (3.5%), and Grenada (2.6%). Most participants had been living in Canada for more than 10 years (92.9%). The majority of the sample self-identified as religious to some extent, with 62.2% attending church regularly and 44.1% of the sample indicating that they were very religious/spiritual and 38.7% indicating that they were moderately religious/spiritual. Fifty-four percent of the sample was married/common-law, while 20.4% were single and 18.6% were separated or divorced. The mean number of individuals living in participants’ household at the time of the survey was 3.02 with a minimum of one person and a maximum of eight people. Most participants had at least a college (29.2%) or university degree (45.1%), and 16.8% had some post-secondary education. Approximately six percent (6.2%) of the sample had a high school diploma and 2.7% had less than a high school education. The sample was primarily comprised of full-time workers (39.3%) and retirees (38.4%). The remainder of the sample was
employed part-time (8.0%), self-employed (7.1%) or unemployed (7.1%). Most of the sample had an annual income between $60,000 and $90,000 (26.9%) and between $40,000 and $59,000 (25%). Thirteen percent of the sample earned over $120,000 while 5.6% earned less than $20,000 in 2012.

Procedure

Adult first-generation Caribbean Canadian immigrants were recruited using snowball and convenience sampling from community groups, community and student organizations, and churches across Ontario which served the Caribbean community. After introducing the study to the contact person and/or staff members of these sites, interested organizations circulated a flyer advertising the study to their members, other organizations, and other potentially interested community members who serve, or are members of, the Caribbean community. Interested individuals followed the directions on the flyer to access the survey measures online or contacted the researcher to complete a paper-and-pencil version of the measures. Participants who completed the survey were encouraged to share the flyer with other potentially interested Caribbean community members. In addition to the procedure outlined above, students from the University of Guelph were recruited via the undergraduate psychology pool. Participants’ responses were collected anonymously, with all potentially identifying information stored separately from the survey data. Participants were either provided with course credit (University of Guelph students) or entered into a draw for a $50 Tim Horton’s gift card (community participants) in return for their participation.

Measures

Most participants completed the measures online (53.9%). The measures described below are presented in the order in which they were presented to participants. The Discrimination
Stress Scale, Brief Measure of Religious Coping, Bicultural Self-Efficacy Scale measured the independent or exogenous variables in the study, while Ryff’s Scales of Psychological Well-Being, Psychological Adaptation Scale, and Socio-Cultural Adaptation Scale measured the dependent or endogenous variables in the study. The specific items included in each of the measures are presented in the Appendices.

**Demographic Questionnaire.** Participants completed a brief 11-item questionnaire asking them to provide general background information in order to obtain demographic information about the sample (e.g., age, gender, immigration status, length of residency in Canada). Socioeconomic status was assessed by asking participants to indicate their level of household income in 2012. Religiosity was assessed by asking participants to self-report how religious/spiritual they consider themselves to be, while church attendance was assessed by asking participants if they attend a place of worship on a regular basis. Education level was assessed by asking participants to indicate their highest level of education. Employment status was assessed by asking participants to indicate their current employment circumstances (e.g. employed full-time, employed part-time, unemployed, etc.).

**Discrimination Stress Scale (DSS).** The DSS scale (Flores, Tschann, Dimas, Bachen, Pasch, & de Groat, 2008) is a 14-item measure which assesses perceived discrimination due to ethnic minority status. Participants responded to the items (e.g., “How often are you treated rudely or unfairly because of your ethnicity?”, “How often do you have to prove your abilities to others because of your ethnicity?”) using a 4-point Likert scale ranging from 1 (never) to 4 (very often). Item means were calculated to obtain a scale score, with higher scores indicating higher levels of perceived discrimination. This scale has demonstrated excellent internal consistency among adults of Mexican-origin ($\alpha = .92$; Flores et al., 2008). Although this measure was
developed for participants of Mexican and Latino-origin (Flores et al., 2008), the items appeared to be applicable to Caribbean immigrant participants as well. Indeed, Cronbach’s alpha for this measure was .92 with the current Caribbean immigrant sample.

**Brief Measure of Religious Coping (Brief RCOPE).** The Brief RCOPE (Pargament, Smith, Koenig, & Perez, 1998) is a 14-item measure which consists of two 7-item subscales which assesses positive (RCOPE+) and negative (RCOPE-) religious coping strategies. Participants indicated the extent to which they use each of the identified religious coping methods to deal with discrimination on a 4-point Likert scale ranging from 0 (not at all) to 3 (a great deal). Examples of positive religious coping items include “Looked for a stronger connection with God” and “Sought God’s love and care”. Examples of items which assessed negative religious coping strategies included “Wondered whether God had abandoned me” and “Wondered what I did for God to punish me”. Mean scores for each subscale were calculated, with higher scores indicating more frequent use of positive or negative religious coping strategies. This measure has demonstrated good internal consistency among college students (positive religious coping subscale: α = .90; negative religious coping subscale: α = .81; Pargament et al., 1998), and African Americans (positive religious coping subscale: α = .95; negative religious coping subscale: α = .87; Szymanski & Obiri, 2011). In the current sample, Cronbach alphas for the positive (α = .95) and negative (α = .88) religious coping subscales were good.

**Bicultural Self-Efficacy Scale (BSES).** The BSES scale (David et al., 2009) is a 26-item measure which assesses participants’ perceived bicultural competence in their heritage and receiving cultures based on the six dimensions theorized by LaFromboise and colleagues (1993): (1) knowledge of cultural beliefs and values, (2) positive attitudes towards the heritage and non-
heritage groups, (3) bicultural efficacy, (4) communication ability, (5) role repertoire, and (6) groundedness. Participants responded to the scale items on a 9-point Likert scale ranging from 1 (strongly disagree) to 9 (strongly agree). Examples of items on this measure include “I can count on both mainstream Canadians and people from the same heritage culture as myself” and “I can develop new relationships with both mainstream Canadians as well as people from the same heritage culture as myself”. Higher mean scores indicate higher levels of perceived bicultural competence. This scale has demonstrated excellent reliability among international students ($\alpha = .91$; Wei et al., 2010). The Cronbach alpha for this measure in this study was $\alpha = .95$.

**Ryff’s Scales of Psychological Well-Being (PWB).** This measure (Ryff, 1989; Ryff & Keyes, 1995) assesses six dimensions of psychological well-being: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. The short version of this measure was used, with three items assessing each of these dimensions for a total of 18 items. Participants responded to the scale items (e.g., “I tend to be influenced by people with strong opinions”, “In general, I feel I am in charge of the situation in which I live”) using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). An overall mean psychological well-being score, as well as mean scores on each subscale were calculated, with higher scores indicating higher levels of well-being overall, or within that particular domain, respectively. This measure has demonstrated good reliability in a variety of samples, including Pakistani immigrants ($\alpha = .87$; Jibeen & Khalid, 2010, 2011), Chinese and Korean immigrants ($\alpha = .79$; Downie et al., 2004), and Iranian immigrants ($\alpha = .74$; Safdar et al., 2003). The reliability of this measure was adequate in the current sample ($\alpha = .77$). Subscale reliabilities were quite poor ($\alpha$s = .18 - .53), therefore psychological well-being was measured as an overall construct.
Psychological Adaptation Scale (PAS). This 8-item measure assesses respondents’ level of comfort and happiness concerning being in a new culture (Demes & Geeraert, 2014). Participants were asked to indicate the frequency of their experiencing of eight positive emotions and negative emotions related to their home and host country over the last two weeks. Examples of items included in this scale are “Excited about being in Canada” and “Sad to be away from the Caribbean”. Responses were recorded on a 7-point Likert scale ranging from 1 (never) to 7 (always). Higher mean scores indicate higher levels of psychological adaptation. This measure has demonstrated good internal consistency among international students ($\alpha = .72$; Demes & Geeraert, 2014) and migrants ($\alpha = .73$; Demes & Geeraert, 2014). This measure demonstrated good internal consistency among the current sample ($\alpha = .85$).

Socio-Cultural Adaptation Scale (SCAS). This 12-item measure assesses respondents’ effectiveness in navigating the new culture (Demes & Geeraert, 2014). Participants were asked to consider the level of ease it took for them to adapt to various aspects of Canadian culture (e.g., climate, social environment, values and norms) on a 7-point Likert scale ranging from 1 (very difficult) to 9 (very easy). Higher mean scores indicate higher levels of socio-cultural adaptation. This measure has demonstrated good internal consistency among international students ($\alpha = .85$; Demes & Geeraert, 2014) and migrants ($\alpha = .84$; Demes & Geeraert, 2014). This measure demonstrated good internal consistency among the current sample ($\alpha = .89$).

Results

Two hundred and six surveys were submitted, however after using listwise deletion to remove surveys which were completely blank ($n = 73$), cases where none of the endogenous measures were completed ($n = 13$), and cases where most of the exogenous were not completed ($n = 2$), this left a total of 115 cases for analysis. Little’s MCAR test indicated that the data were
missing completely at random ($\chi^2 (3454) = 3462.38, p > .05$), therefore for the primary analysis, missing data values were replaced with expectation maximization methods in IBM’s SPSS Statistics Program, Version 21.

**Descriptive Statistics**

Means and reliabilities for all scales can be observed in Table 1. Most participants (99.1%) reported experiencing at least one instance of discrimination in Canada ($M = 2.05, SD = 0.23$), with 41.7% often experiencing discrimination. In coping with this acculturative stressor, participants indicated using positive religious coping strategies ($M = 1.96, SD = .93$) and infrequent use of negative religious coping strategies ($M = .48, SD = .64$). Participants also self-identified as having high levels of bicultural competence ($M = 7.38, SD = 1.07$), psychological well-being ($M = 4.17, SD = .48$), psychological adaptation ($M = 5.33, SD = 1.22$), and sociocultural adaptation ($M = 5.34, SD = 1.06$).

**Correlations**

As presented in Table 2, among demographic variables, socioeconomic status was significantly correlated with positive religious coping ($r = -.29, p < .01$), negative religious coping ($r = -.20, p < .05$), bicultural competence ($r = .29, p < .01$), psychological well-being ($r = .23, p < .05$), psychological adaptation ($r = .28, p < .01$), and sociocultural adaptation ($r = .31, p < .01$). Thus participants with higher levels of income had lower levels of use of positive and negative religious coping to cope with discrimination, and higher levels of bicultural competence, psychological well-being, psychological adaptation, and sociocultural adaptation. It was also found that religiosity was significantly correlated with both positive ($r = .63, p < .01$) and negative religious coping ($r = .22, p < .05$), such that participants with higher levels of religiosity indicated higher levels of use of positive and religious coping strategies to deal with
discrimination. In addition, it was found that level of education was significantly correlated with bicultural competence ($r = .24, p < .01$), and psychological well-being ($r = .25, p < .01$), such that participants with higher levels of education had higher levels of bicultural competence and psychological well-being. Number of years in Canada was also correlated with psychological adaptation ($r = .34, p < .01$), such that the more years than Caribbean immigrants lived in Canada, the higher their levels of psychological adaptation. Finally, employment status was significantly correlated with psychological adaptation ($r = .31, p < .01$).

Correlations among the constructs are presented in Table 3. As expected, positive and negative religious coping were significantly correlated ($r = .31, p < .01$), as were psychological and sociocultural adaptation ($r = .35, p < .01$). The data also revealed significant relationships between perceived discrimination and psychological well-being ($r = -.22, p < .05$), perceived discrimination and psychological adaptation ($r = -.37, p < .01$), and perceived discrimination and sociocultural adaptation ($r = -.27, p < .01$). Negative religious coping was negatively correlated with psychological well-being ($r = -.31, p < .01$) and psychological adaptation ($r = -.24, p < .01$). Bicultural competence was significantly correlated with psychological well-being ($r = .46, p < .01$), psychological adaptation ($r = .35, p < .01$), and sociocultural adaptation ($r = .38, p < .01$). Psychological well-being was also found to significantly correlate with psychological ($r = .43, p < .01$) and sociocultural ($r = .27, p < .01$) adaptation.

*Path Analysis*

The primary analysis involved path analysis to examine the interrelationships among the variables and test the fit of data to the proposed model. Each of the aforementioned measures served as indicators of their respective constructs. Perceived discrimination, bicultural competence, and positive and religious coping were conceptualized as exogenous variables and
psychological well-being, psychological adaptation, and sociocultural adaptation were conceptualized as endogenous variables in the model. All of the variables were modeled as mean total scores. Although bicultural competence is a multidimensional construct, researchers have typically examined this variable as a whole, therefore its combined scores were modeled instead of its subscale scores. Psychological well-being is also a multidimensional construct, however some researchers have examined this construct both as a whole, while others have examined its subscales. Due to low subscale reliabilities, the current study adopted the former approach. Moderation was modeled with interaction terms, with the centered mean scores of each variable multiplied with each other.

As outlined in Figure 2, direct paths were specified from perceived discrimination to each of the endogenous variables and from negative religious coping to psychological well-being and psychological adaptation. In addition, bicultural competence and positive religious coping served as moderators in the model, therefore paths were specified from the interaction term of perceived discrimination and bicultural competence to each of the endogenous variables and from the interaction term of perceived discrimination and positive religious coping to psychological well-being and psychological adaptation. All paths in the model were selected in order to test the study’s hypotheses. Measurement error was fixed at 1.0 for the endogenous variables, however measurement error was not modeled for the exogenous variables due to the SEM assumption that these variables are measured without error (see The University of Texas at Austin, 2001). Path analyses were conducted with IBM’s SPSS Amos 20.0 software.

The structural model fit the data very well, $\chi^2(13) = 10.24, p > .05, \chi^2/df = .79, \text{GFI} = .98, \text{CFI} = 1.00, \text{RMSEA} = .000$. Specifically, the Goodness-of-fit indices were above .90, the Root Mean Square Error of Approximation was within the acceptable range of .00 to .05, and a non-
significant Chi-square all indicated that the model was a very good fit (Raykov & Marcoulides, 2000). The variables in the model accounted for 35% of the variance in psychological well-being, 29% of the variance in psychological adaptation, and 18% of the variance in sociocultural adaptation.

Consistent with Hypothesis 1, perceived discrimination significantly predicted psychological adaptation ($\beta = -0.22, p < .01$) and sociocultural adaptation ($\beta = -0.24, p < .01$), however perceived discrimination did not predict psychological well-being ($\beta = -0.14, ns$).

In order to assess for significant moderators, the coefficient of the interaction term was tested for significance with Amos. If this term was found to be significant, an Excel worksheet was used to calculate and visually display the predicted relationship between the outcome and predictor variables under varying conditions of the moderator variable by using simple slopes techniques outlined by Aiken and West (1991), Dawson (2014), and Dawson and Richter (2006). As hypothesized (Hypothesis 2) and as presented in Figure 3, positive religious coping significantly moderated the relationship between perceived discrimination and psychological well-being ($\beta = 0.17, p < .05$). Simple slope analyses using Bonferroni adjusted alpha levels of .025 per test (.05/2) revealed that when positive religious coping is low (-1SD), greater perceived discrimination is associated with lower levels of psychological well-being ($b = -0.38, t(111) = -2.52, p < .001$), while when positive religious coping is high (+1 SD), the relationship between perceived discrimination and psychological well-being is not significant ($b = -0.12, t(111) = 0.82, ns$). Positive religious coping did not moderate the relationship between perceived discrimination and psychological adaptation ($\beta = -0.11, ns$), however.

Bicultural competence was a significant predictor of psychological well-being ($\beta = 0.45, p < .001$), psychological adaptation ($\beta = 0.30, p < .001$), and sociocultural adaptation ($\beta = 0.36, p < .001$).
Consistent with Hypothesis 3, bicultural competence moderated the relationship between perceived discrimination and psychological adaptation ($\beta = .20, p < .05$). Simple slope analyses using Bonferroni adjusted alpha levels of .025 per test (.05/2) indicated that when bicultural self-efficacy is low (-1 SD), higher levels of perceived discrimination are associated with lower levels of psychological adaptation ($b = -1.12, t(111) = -4.57, p < .001$), while when bicultural competence is high (+1 SD), the relationship between perceived discrimination and psychological adaptation is not significant ($b = -.23, t(111) = .74, ns$). (see Figure 4). Bicultural competence did not moderate the relationship between perceived discrimination and psychological well-being ($\beta = .14, p = .07$) or between perceived discrimination and sociocultural adaptation ($\beta = -.07, ns$).

Consistent with Hypothesis 4, negative religious coping was a significant predictor of psychological well-being ($\beta = -.32, p < .001$) and psychological adaptation ($\beta = -.20, p < .05$).

Discussion

Caribbean immigrants are well-represented in the Canadian population, however their acculturation experiences are not well-understood. This study is one of the first to examine the acculturation experiences of Caribbean Canadian immigrants, and is unique in that it used a resilience framework to gain an understanding of the factors which protect positive adaptation outcomes and well-being, rather than the factors which temper negative adaptation outcomes.

The results of the present study demonstrated that perceived discrimination was associated with lower levels of psychological and sociocultural adaptation among first-generation Caribbean immigrants. These findings support previous research which has documented the negative impact of perceived discrimination on the mental health and such factors as mastery and life satisfaction (Searle & Ward, 1990) of immigrants (De Maio & Kemp,
Black populations (Gibbons et al., 2014; Pascoe & Smart Richman, 2009; Searle & Ward, 1990; Williams et al., 2003), adult Caribbean Blacks (Williams, Haile, Mohammed, Herman, Sonnega, & Jackson et al., 2012), and second-generation Caribbean youth (Seaton, Caldwell, Sellers, & Jackson, 2008, 2010). Thus these findings demonstrate that perceiving discrimination not only contributes to the development of mental health concerns of Caribbean immigrants, but it also impairs their ability to successfully navigate Canadian culture.

However, the current study did not find evidence that perceived discrimination was associated with psychological well-being. This is not consistent with previous research examining the relationship between acculturative stress and psychological well-being (Baker et al., 2012; Jibeen & Khalid 2010, 2011). This finding may demonstrate that perceived discrimination is not stressful or powerful enough to impact a resource as stable as psychological well-being. That is, perceiving discrimination may not be a significant enough life challenge to cause a shift in psychological well-being (e.g. Ruini et al., 2003; Safdar, Calvez, & Lewis, 2012).

Another potential explanation is that perceiving discrimination soon after arriving in Canada could have had a negative impact on psychological well-being, as was expected, however after living in Canada for many years, discrimination events become less novel or threatening, resulting in these events having less of an impact on psychological well-being. That is, discrimination is not an inherently stressful event, according to the stress and coping framework. New Caribbean immigrants to Canada would presumably have had limited exposure to discrimination prior to immigrating to Canada, therefore such events are likely to be appraised as threatening due to the situation’s novelty, their identity as a visible ethnic minority group, and their lack of skills and resources to cope with these situations. These events would then take a toll on their psychological well-being. However, since most of the participants in this study have
lived in Canada for over 10 years (93%), it is possible that perceiving discrimination is less stressful than it was initially, due to its lack of novelty and developing skills to cope with such events. This would result in discrimination having less of an impact on psychological well-being. A longitudinal study could examine this issue further.

The current study also found that bicultural competence served as a protective factor in the relationship between perceived discrimination and psychological adaptation, such that bicultural competence dampened the negative relationship between discrimination and psychological adaptation. Although this finding is supported by Torres and Rollock (2007), it was still a somewhat surprising finding, given the fact that previous research (e.g. Ward & Kennedy, 1993, 1994, 1999; Ward & Searle, 1991) indicated that sociocultural adaptation is more closely linked to cultural knowledge and acculturation strategies than psychological adaptation. However, since psychological adaptation is influenced by life changes, it appears that bicultural competence may be the mechanism which can explain how discrimination as a life change impacts psychological adaptation. Another possibility is that it may simply be the case that in the context of discrimination, bicultural competence has a direct impact on sociocultural adaptation, while its role in psychological adaptation is interactive in nature. Indeed, the current findings support such an assertion.

Bicultural competence did not buffer Caribbean immigrants from the harmful effects of discrimination through the enhancement of psychological well-being. This study’s finding demonstrates that although bicultural competence has been found to protect ethnic minorities from negative mental health outcomes when faced with acculturative stress (e.g. Torres & Rollock, 2004, 2007), it does not play this role in psychological well-being. Thus this study provides a more nuanced understanding of bicultural competence’s role in the relationship
between perceiving discrimination and general well-being. However, it is worth noting that the impact of bicultural competence as a moderator in this relationship approached significance. Since the study was underpowered (120 participants were needed to detect a medium-sized effect), it is possible that with a larger sample this would have been a significant effect.

In terms of religious coping, it was found that positive religious coping served as a protective factor in the relationship between perceived discrimination and psychological well-being. Specifically, the use of positive religious coping strategies protected Caribbean immigrants’ psychological well-being from the negative impact of perceiving discrimination. This finding is in accord with previous research demonstrating that positive religious coping is associated with positive psychological outcomes (Ano & Vasconcelles, 2005; Pargament et al., 1998, 2005) and Bjorck and Thurman’s (2007) finding that positive religious coping moderated the relationship between negative life events and depression. Thus, it appears that such coping strategies as collaborating with God, positively reappraising discrimination through religion, and seeking spiritual support prove to be beneficial in helping Caribbean immigrants cope with discrimination (e.g. Beagan et al., 2012) by helping them maintain their psychological well-being.

Positive religious coping, however, did not serve as a protective factor in the relationship between perceived discrimination and psychological adaptation. This is contrary to Bjorck and Thurman’s (2007) finding that positive religious coping moderated the relationship between negative life events and depression among Protestant church members, and contrary to Ward’s (1996) argument that psychological adaptation is influenced by coping style. It is possible that Ward’s speculation is limited to general coping strategies and thus do not reflect religious coping strategies. It is also possible that positive religious coping’s protective effects are limited to
specific mental health issues, rather than psychological adaptation as a whole. Another important point to consider is that positive and negative religious coping strategies are often used conjointly. By separating these coping patterns, the richness of the data, and thus a full understanding of the findings, may be lost. Thus the current study expands on previous research examining the role of religion on coping with stress by the mechanism by which positive religious coping may impact upon the mental health and well-being of Caribbean immigrants.

Finally, as hypothesized, negative religious coping was associated with lower levels of psychological well-being and psychological adaptation among Caribbean immigrants to Canada. These findings support previous research reporting that negative religious coping is associated with negative psychological outcomes (Ano & Vasconcelles, 2005; Bjorck & Thurman, 2007; Pargament et al., 1998, 2005). Thus it appears that Caribbean immigrants who rely upon such techniques as defining discrimination as a punishment from God and expressing feelings of confusion and dissatisfaction with God are more likely to have a more difficult time adjusting to living in Canada. Future research should examine the mechanisms underlying this relationship, including the factors which may moderate this relationship and the factors which may play a role in shifting negative outcomes to positive outcomes (e.g. spiritual growth).

**Strengths and Limitations**

The current study has a number of strengths which are worth highlighting. First, it adopted a resilience framework in order to facilitate understandings of the protective factors involved in protecting psychological well-being from the harmful effects of discrimination. By including both positive and negative outcome variables in the study, the researchers obtained a more balanced and comprehensive understanding of discrimination and the factors which protect people from its outcomes than is presently available in the literature. This study also contributes
to current understandings of the processes involved in maintaining positive functioning in the face of discrimination, specifically pointing to the importance of positive religious coping as a protective factor. Indeed, it has been suggested that the relationships between previously studied moderators of the relationship between acculturative stress and psychological distress may actually be more closely related to the relationship between acculturative stress and positive indicators of well-being (Smith & Silva, 2011), and the current study demonstrated that this may be the case for positive religious coping. Given the fact that the study of religious coping is less widespread, the current study identifies the need for additional research in this area. Another strength of the current study is its use of path analyses. These data analysis methods enabled the researchers to model both positive and negative outcomes into a single model so that the differential impact of potential protective factors could be examined. Such rigor could not be obtained with multiple regression techniques. This study is also one of the few studies to use a Caribbean sample. Given the diversity of Black populations, it is crucial that academic research reflects this diversity. In addition, the current study uses a Canadian sample. The bulk of discrimination research is conducted in the US, where such issues are more salient. However, discrimination is a very real, and prevalent issue in Canada as well, therefore it is vitally important that researchers seek to understand the context within which discrimination in Canada resides.

Although the findings of the current research are quite promising, they must be tempered by the study’s limitations. One of the main limitations pertains to the study design. Specifically, the cross-sectional design of the study does not permit causal inferences to be made about the variables. Further, the current study relied on self-report methodology, which is problematic due to the fact that participants’ responses could have been impacted by their subjective experiences
and reconstruction of how they coped with discrimination (Ano & Vasconcelles, 2005). In addition, after removing a large number of cases from inclusion in the data analyses, the path analyses were slightly underpowered (i.e. according to GPOWER, 119 participants were needed to detect a medium-sized effect). As a result, it is possible that relationships that exist between certain variables were not significant when they would have been if a large sample had been used. As well, although the objective of the current study was to identify a parsimonious model of the variables, there may have been a need to include controls (e.g. age, socioeconomic status, general stress) in the model in order to account for other variables which may have affected the endogenous variables. For example, psychological well-being shifts with age (Ryff & Singer, 1996), therefore age should be controlled for in order to be certain that differences in this variable do not reflect the age differences in the sample. Due to the lack of power in this study, controls could not be examined.

Other limitations with the current study pertain to the survey measures. The survey length was perceived to be long for a number of the participants, and based on the prevalence of missing responses in the data set, this was a major problem. In the future, researchers should consider the fact that community samples may not be used to completing lengthy surveys and thus incentives should be more enticing in order to encourage study participation. Another limitation pertained to the number of years in Canada. The majority of the sample indicated that they had spent more than 10 years in Canada, therefore it is apparent that either more categories were needed to capture length of time in Canada, or a question asking participants to indicate the age they arrived in Canada was needed. These changes would have made the data richer, as a more in-depth understanding of the coping strategies used by Caribbean immigrants who had spent differing lengths of time in Canada could have been obtained. Another issue is the potential
for socially desirable responding for the questions pertaining to religiosity. Religion is a major component of one’s identity, particularly for Black populations, therefore these individuals are strongly invested in maintaining this role (Ellison & Taylor, 1996). As a result, self-ratings of level of religiousness and/or frequency of church attendance may be elevated, as may be the ratings of use of positive religious coping techniques.

**Future Directions**

The current study points to a number of directions which researchers can pursue. The study of psychological well-being with ethnic minority populations is still in its infancy, therefore a number of avenues of exploration are available to researchers. Future research should examine psychological well-being in immigrant populations longitudinally in order to gain a better understanding of whether psychological well-being shifts due to acculturative stressors such as discrimination. Researchers should also conduct studies which second-generation immigrants separately in order to better understand the potential protective factors for the specific nature of their acculturative stress. That is, certain factors may protect first-generation immigrants from their specific sources of acculturative stress (e.g. language proficiency), whereas these factors may prove to be less (or more) effective in protecting second-generation immigrants from their sources of acculturative stress (e.g. navigating conflicting value systems).

Additional research including Caribbean populations is also desperately needed. The current study provides a good starting point for future studies including this population. By gaining a better understanding of the factors which protect these individuals from acculturative stress, applied social psychologists will have a starting point from which they can develop programs to better serve these individuals in helping them function more effectively in society. Future research should go into greater depth concerning the positive religious coping techniques
which Caribbean immigrants use to cope with discrimination. For example, researchers should consider the role of religious support (i.e. social support provided by religious leaders, clergy, and congregation members; Hill & Pargament, 2008) in the adaptation outcomes of Caribbean immigrants to discrimination. Further, the current study draws attention to the fact that possessing a religious identity may play an important role in these relationships. Future research should also examine other acculturative stressors which are relevant to the Caribbean population, and conduct a more rigorous examination of how this population copes with different types of discrimination.

Another potential direction for researchers is to examine denominational differences in Caribbean immigrants. Although not included in the present study, Hill and Pargament (2008) argue that differences in teachings and practices across religious groups are important to consider in terms of mental health issues. Indeed, Taylor, Chatters, and Joe (2011) have found that denominational differences among Black Caribbeans specifically are linked to different suicidal ideation and attempt outcomes. Thus, taken together, religious denomination may be a particularly important variable to include in the study of Caribbean populations.

Finally, researchers should adopt a resilience framework in their examination of the potential protective factors of acculturative stress among other immigrant groups. Instead of fostering the pathologization of the acculturation process, researchers should strive to gain a balanced understanding of acculturation and acculturative stress by striving to better understand the positive outcomes of acculturative stress as well as identifying potential protective factors. The findings from such research can benefit these populations by informing newcomer settlement programs and in this way provide guidance to new immigrants as to how to better cope with this life transition.
Conclusion

In sum, the current research provided evidence for the negative impact of discrimination on adaptation and the protective role of bicultural competence in improving psychological adaptation when faced with this acculturative stressor. The current study also demonstrated the role of positive religious coping as a protective factor in the relationship between discrimination and psychological well-being, such that positive religious coping helps maintain positive functioning of Caribbean immigrants who face discrimination. These findings can be used to help new Caribbean immigrants to Canada successfully cope with this acculturative stressor by being included in newcomer settlement programs. By informing new immigrants about the potentially helpful roles of bicultural competence and positive religious coping, as well as teaching these skills and directing them to resources, Caribbean immigrants may experience an improved adjustment to Canadian society.
References


in adjustment to stressful life events. *Clinical Psychology and Psychotherapy, 201*, 194–201.


Sutherland, J.A. (2013). *How discrimination in Canada has affected the transnational family identity of Jamaican women migrants*. Unpublished manuscript, Athabasca University, Athabasca, AB.


Table 1
*Cronbach’s Alphas, Means, Standard Deviations, and Ranges*

<table>
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<th></th>
<th>Alpha</th>
<th>Mean (SD)</th>
<th>Range</th>
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<tr>
<td>Perceived Discrimination</td>
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<td>2.05 (.50)</td>
<td>2.79</td>
</tr>
<tr>
<td>Positive Religious Coping</td>
<td>.95</td>
<td>1.96 (.93)</td>
<td>3.00</td>
</tr>
<tr>
<td>Negative Religious Coping</td>
<td>.88</td>
<td>.48 (.64)</td>
<td>3.00</td>
</tr>
<tr>
<td>Bicultural Competence</td>
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<td>7.38 (1.07)</td>
<td>5.23</td>
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<tr>
<td>Psychological Well-Being</td>
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<td>4.17 (.48)</td>
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<tr>
<td>Psychological Adaptation</td>
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<td>5.33 (1.22)</td>
<td>5.25</td>
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<tr>
<td>Sociocultural Adaptation</td>
<td>.89</td>
<td>5.34 (1.06)</td>
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Table 2

*Correlations among demographic variables and constructs.*

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<th>RCOPE-</th>
<th>BSES</th>
<th>PWB</th>
<th>PAS</th>
<th>SCAS</th>
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<td>-.02</td>
<td>-.21*</td>
<td>.10</td>
<td>.20*</td>
<td>.44**</td>
<td>.22*</td>
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<td>Gender</td>
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<td>-.05</td>
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<td>.05</td>
<td>.23*</td>
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<td>Religiosity</td>
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<td>.63**</td>
<td>.22*</td>
<td>-.02</td>
<td>.001</td>
<td>-.09</td>
<td>-.03</td>
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<td>Church Attendance</td>
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<td>.46**</td>
<td>.16</td>
<td>-.13</td>
<td>.000</td>
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<td>People in Household</td>
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<td>.02</td>
<td>-.09</td>
<td>.01</td>
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<td>-.17</td>
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<td>.17</td>
<td>.31**</td>
<td>.05</td>
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<td>Education Level</td>
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<td>-.01</td>
<td>.24**</td>
<td>.25**</td>
<td>.04</td>
<td>.13</td>
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<td>SES (Household Income)</td>
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<td>-.20*</td>
<td>.29**</td>
<td>.23*</td>
<td>.28**</td>
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<td>.17</td>
<td>.34**</td>
<td>.08</td>
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*p < .05. **p < .01.*
Table 3

*Correlations among constructs.

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<td></td>
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<td>2. Positive Religious Coping</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. Negative Religious Coping</td>
<td>.13</td>
<td>.31**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Bicultural Competence</td>
<td>-.14</td>
<td>-.02</td>
<td>-.01</td>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>5. Psychological Well-Being</td>
<td>-.22*</td>
<td>-.04</td>
<td>-.31**</td>
<td>.46**</td>
<td>1</td>
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<tr>
<td>6. Psychological Adaptation</td>
<td>-.37**</td>
<td>-.16</td>
<td>-.24**</td>
<td>.35**</td>
<td>.43**</td>
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<td>7. Sociocultural Adaptation</td>
<td>-.27**</td>
<td>-.02</td>
<td>-.003</td>
<td>.38*</td>
<td>.27**</td>
<td>.35**</td>
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</tr>
</tbody>
</table>

*Note: Higher scores indicate more of the construct.*

*p < .05. **p < .01.
Figure 1. Hypothesized model of the effects of discrimination, religious coping, and bicultural competence on psychological well-being, psychological adaptation, and sociocultural adaptation.
Figure 2. Path model of the effects of discrimination, religious coping, and bicultural competence on psychological well-being, psychological adaptation, and sociocultural adaptation. Estimated path coefficients are completely standardized. Correlations are presented beside the curved arrows. Interactions are presented with multiplication symbols. $p < .05^*; p < .01^{**}$
Figure 3. Positive religious coping moderates the relationship between perceived discrimination and psychological well-being. $p < .025^*$. 
Figure 4. Bicultural competence moderates the relationship between perceived discrimination and psychological adaptation. $p < .025^*$. 
APPENDIX A

Demographic Questionnaire

Year of Birth: ______________

Country of Birth: ______________

Gender:  □ Male  □ Female  □ Other

Marital Status:  □ Single
                □ Married/Common-Law
                □ Separated/Divorced
                □ Widowed

How religious or spiritual do you consider yourself to be?:  □ Very spiritual/religious
                                                        □ Moderately spiritual/religious
                                                        □ Mildly spiritual/religious
                                                        □ Not at all spiritual/religious

Do you attend church, temple, mosque, etc., on a regular basis?:  □ Yes  □ No  □ N/A

Number of People in Household: ______________

Employment Status:  □ Employed- Full Time
                    □ Employed- Part-Time
                    □ Self-employed
                    □ Unemployed
                    □ Retired
                    □ Homemaker

Highest Level of Education:  □ Less Than High School
                               □ High school diploma
                               □ Some Post-secondary education
                               □ College degree
                               □ University degree

What was your household income in 2012?:  □ Less than $20,000
                                          □ $20,000 - $39,000
                                          □ $40,000 - $59,000
                                          □ $60,000 - $90,000
                                          □ $91,000 - $120,000
                                          □ More than $120,000
Number of Years in Canada:  □ Less Than 2 Years
□ 2-5 Years
□ 5-10 Years
□ More than 10 Years
APPENDIX B

Discrimination Stress Scale

These questions are about experiences that people of Caribbean origin sometimes have in this country.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often are you treated rudely or unfairly because of your ethnicity?</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>2. How often are you discriminated against because of your ethnicity?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. How often do others lack respect for you because of your ethnicity?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. How often do you have to prove your abilities to others because of your ethnicity?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. How often is racism a problem in your life?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6. How often do you find it difficult to find work you want because of your ethnicity?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. How often do people dislike you because of your ethnicity?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. How often have you seen friends treated badly because of their ethnicity?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9. How often do you feel that you have more barriers to overcome than most people because of your ethnicity?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10. How often do you feel rejected by others due to your ethnicity?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. How often is your ethnicity a limitation when looking for a job?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. How often do people seem to have stereotypes about your ethnic group?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. How often do people try to stop you from succeeding because of your ethnicity?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. How often do you not get as much recognition as you deserve for the work you do, just because of your ethnicity?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C

Brief RCOPE

You are asked to rate yourself by indicating the extent to which you use each of these methods of coping to deal with the stress of DISCRIMINATION.

<table>
<thead>
<tr>
<th></th>
<th>Not At All</th>
<th>A Great Deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Looked for a stronger connection with God.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2. Sought God’s love and care.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3. Sought help from God in letting go of my anger.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4. Tried to put my plans into action together with God.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5. Tried to see how God might be trying to strengthen me in this situation.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6. Asked forgiveness for my sins.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7. Focused on religion to stop worrying about my problems.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8. Wondered whether God had abandoned me.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9. Felt punished by God for my lack of devotion.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>10. Wondered what I did for God to punish me.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11. Questioned God’s love for me.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>12. Wondered whether my church had abandoned me.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>13. Decided the devil made this happen.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>14. Questioned the power of God.</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
APPENDIX D

Bicultural Self-Efficacy Scale

Please answer each statement as carefully as possible. Please circle ONE of the numbers to the right of each statement to indicate your degree of agreement or disagreement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I can count on both mainstream Canadians and people from the same heritage culture as myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I can communicate my ideas effectively to both mainstream Canadians and the same heritage culture as myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. I have generally positive feelings about both my heritage culture and mainstream Canadian culture.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I am knowledgeable about the history of both mainstream Canada and my cultural group.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. I can develop new relationships with both mainstream Canadians as well as people from the same heritage culture as myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Statement</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>6. It is acceptable for an individual from my heritage culture to participate in two different cultures.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I can communicate my feelings effectively to both mainstream Canadians and people from the same heritage culture as myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I am knowledgeable about the values important to mainstream Canadians as well as to my cultural group.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I feel comfortable attending a gathering of mostly mainstream Canadians as well as a gathering of mostly people from the same heritage culture as myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. An individual can alter his or her behavior to fit a particular social context.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I have a generally positive attitude toward both mainstream Canadians and my cultural group.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. It is acceptable for a mainstream Canadian individual to participate in two different cultures.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. I have strong ties with mainstream Canadians as well as people from the same heritage culture as myself.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I am proficient in both standard English and the language of my heritage culture (e.g., urban street talk, Spanish, etc.).</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I can choose the degree and manner by which I affiliate with each culture.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. I am knowledgeable about the gender roles and expectations of both mainstream Canadians and my cultural group.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. I feel at ease around both mainstream Canadians and people from the same heritage culture as myself.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. I have respect for both mainstream Canadians culture and my heritage culture.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>---</td>
<td>------------------</td>
<td>----------</td>
<td>---------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>19.</td>
<td>Being bicultural does not mean I have to compromise my sense of cultural identity.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>I can switch easily between standard English and the language of my heritage culture.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>I have an extensive network of mainstream Canadians as well as an extensive network of people from the same heritage culture as myself.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>I take pride in both the mainstream Canadian culture and my heritage culture.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>I am confident that I can learn new aspects of both the mainstream Canadian culture and my heritage culture.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>It is possible for an individual to have a sense of belonging in two cultures without compromising his or her sense of cultural identity.</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>---</td>
<td>-------------------</td>
<td>----------</td>
<td>---------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>25. I am knowledgeable about the holidays celebrated both by mainstream Canadians and by my cultural group.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>26. I feel like I fit in when I am with mainstream Canadians as well as people from the same heritage culture as myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
APPENDIX E

Psychological Well-Being Scale

You are asked to rate yourself by indicating the extent to which you agree with the statement as descriptive of you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Moderately Disagree</th>
<th>Neutral</th>
<th>Moderately Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) I tend to be influenced by people with strong opinions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2) In general, I feel I am in charge of the situation in which I live.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3) I think it is important to have new experiences that challenge how you think about yourself and the world.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4) I have not experienced many warm and trusting relationships with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5) I live life one day at a time and don't really think about the future.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6) In many ways, I feel disappointed about my achievements in life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7) I have confidence in my own opinions, even if they are contrary to the general consensus.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8) The demands of everyday life often get me down.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9) For me, life has been a continuous process of learning, changing, and growth.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10) People would describe me as a giving person, willing to share my time with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
11) Some people wander aimlessly through life, but I am not one of them.

12) I like most aspects of my personality.

13) I judge myself by what I think is important, not by the values of what others think is important.

14) I am quite good at managing the many responsibilities of my daily life.

15) I gave up trying to make big improvements or changes in my life a long time ago.

16) Maintaining close relationships has been difficult and frustrating for me.

17) I sometimes feel as if I have done all there is to do in life.

18) When I look at the story of my life, I am pleased with how things have turned out.
APPENDIX F

Psychological Adaptation Scale

Think about living in Canada. In the last 2 weeks, how often have you felt…:

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Never</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excited about being in Canada.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out of place, like you don't fit into Canadian culture.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sad to be away from the Caribbean.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nervous about how to behave in certain situations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lonely without your Caribbean family and friends around you.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homesick when you think of the Caribbean.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frustrated by difficulties adapting to Canada.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Happy with your day to day life in Canada.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX G

Socio-Cultural Adaptation Scale

Think about living in Canada. How easy or difficult is it for you to adapt to Canada?

<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Climate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Temperature, rainfall, humidity)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Natural environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Plants and animals, pollution, scenery)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Social Environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Size of the community, pace of life, noise)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Living</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Hygiene, sleeping practices, how safe you feel)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Practicalities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Getting around, using public transport, shopping)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Food and eating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(What food is eaten, how food is eaten, time of meals)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Category</td>
<td>Very Difficult</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------</td>
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<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Family life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(How close family members are, how much time family spend together)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social norms</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(How to behave in public, style of clothes, what people think is funny)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Values and beliefs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(What people think about religion and politics, what people think is right or wrong)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(How friendly people are, how stressed or relaxed people are, attitudes towards foreigners)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(Making friends, amount of social interaction, what people do to have fun and relax)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(Learning the language, understanding people, making yourself understood)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>