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Cross-cultural transition, coping, and social support: relationships among psychological outcomes among British Migrants in Australia

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Cross-Cultural Transition, Coping, and Social Support: Relationships among
Psychological Outcomes among British Migrants in Australia

Samantha Shooter

A report submitted in Partial Fulfilment of the Requirements for the Award of
Bachelor of Arts/Science (Psychology) Honours, Faculty of Computing, Health and
Science,

Edith Cowan University.

Submitted (October, 2008)

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(Literature Review)

Cross-Cultural Transition: The Roles of Coping and Social Support

Samantha Shooter

Cross-Cultural Transition: The Roles of Coping and Social Support

Abstract

This review examines the relationships among coping strategies, social support, and migrant adjustment. Research suggests that due to losses of the homeland, such as loss of family, friends and community, and adjustment difficulties in the new country, migration can be a difficult experience. Several key findings in the literature however, revealed that particular coping strategies and social support are two key factors that can ameliorate the negative effects of migration. Research has typically found an association between coping strategies and psychological outcomes, such that, problem-focused or active coping strategies, whereby migrants take direct action to solve the problem, are typically associated with better psychological outcomes. Social support has also been found to predict better psychological outcomes. Several limitations were also evident in the literature which included both methodological and measurement issues. The most prominent limitation is that the majority of the research has been conducted among non-English speaking background (NESB) immigrants that have relocated to an English speaking background (ESB) country, whilst there is a paucity of research on the stress-coping/social support relationship among ESB migrants who have relocated to an ESB country. Therefore, further research is required to determine the moderating effects of coping strategies and social support within these immigrant populations.

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Cross-cultural Transition: The Roles of Coping and Social Support

Immigration is the act of people moving permanently from one country to another (Stahl & Caligiuri, 2005). Consistent with global increases in immigration the percentage of the total population that was foreign-born increased in Australia (from 22.9% to 23.8%), in the United Kingdom (from 6.7% to 9.7%), and in the United States (from 7.9% to 12.1%), between 1991 and 2005 (Migration Policy Institute [MPI], 2008). This finding has not gone unnoticed by researchers with an increasing amount of study being conducted in this area over the last few decades (Stahl & Caligiuri, 2005). In addition, there has been the founding of a number of international journals centered on migration (Cohen, O'Connor, & Breen, 2004), thus reinforcing the importance of this topic.

One area of interest has been to investigate the effect cross-cultural transition has on the migrant (Ward & Rana-Deuba, 1999). Outcomes of this research suggest that migration can be a difficult experience (Ward & Rana-Deuba, 1999). For example, in a study by Choudhry (2001) one Indian immigrant who had relocated to America stated that:

I felt I was in Hell and wanted to go back to India every moment of my life; I was very much home-bound and had no friends, no acquaintances, didn't know the language, had nobody to talk to. We [she and her husband] felt we were trapped. I could not go anywhere and I still cannot because I don't know any English and I feel I will get lost if I move out of this house (p. 387).

The process of acculturation has typically been researched within a stress-coping framework and refers to the psychological and behavioural adjustments that occur for the migrant as a result of continual contact with members of differing cultural groups (Ward & Rana-Deuba, 1999). A particular focus has been placed on

negative consequences, such as stress, anxiety, distress and depression; also referred to as acculturative stress (Ward & Rana-Deuba, 1999).

Much of the research on migration and acculturative stress has been conducted among people from non-English speaking backgrounds (NESB) who have relocated to an English speaking background (ESB) country (Khavarpour & Rissel, 1997). The outcomes of this research suggest that acculturative stress occurs as a result of the migrant experiencing losses from their homeland, such as friends, family, home, and community (Khavarpour & Rissel, 1997). Acculturative stress may also arise as migrants from NESB make changes to adapt to their new home, such as learning the language and cultural norms (Ward & Rana-Deuba, 1999).

Berry's (2006) widely established model of acculturation proposes that the magnitude of acculturative stress experienced by an individual is the result of several factors that operate on both personal and societal levels. Societal factors include the multicultural beliefs and ethnic attitudes of the country of settlement, whilst personal variables include personality variables, problem appraisal, and amount of contact with the new culture (Berry, 2006). Although these factors are influential in the amount of acculturative stress experienced, other moderating factors are also in existence (Berry, 2006) which is the focus of this review. Berry's (2006) model suggests that there are several variables which may moderate acculturative stress including acculturation strategies, language competency, and education status. For example, research has consistently found that integration is the most successful acculturation strategy for the immigrant, whilst marginalisation is the poorest (Berry, 2006). That is, immigrants who value building relationships within the new culture, as well as placing importance on maintaining aspects of their own culture, are predicted to have less depression, anxiety and/or distress than individuals that do not value nor maintain

their own culture and exclude themselves from relations within the new culture (Ward & Rana-Deuba, 1999). In addition, research indicates that language proficiency and a higher level of education predict a lower level of acculturative stress, possibly because they are not only personal resources, but also predictors of other resources available to the immigrant (Berry, 2006). For example, higher educational attainment predicts higher income and occupational status (Berry, 2006).

It is beyond the scope of this review to discuss all of the moderating factors in acculturative stress, therefore the focus of this review will be on coping strategies and social support. These are two of the key factors that have been identified in previous research (Berry, 2006). Coping emphasises the significance of life changes, their judgment by the individual as challenging, and the selection of coping strategies to deal with psychological distress (Lazarus & Folkman, 1984); whilst social support emphasises the importance of having others to rely on in times of difficulty (Komproe Rijken, Ros, Winnubst, & Hart, 1997). Migration has been found to be a challenging experience therefore it is important that the best ways of coping can be found, not only to aid the process of acclimating to a new culture but also, to enhance psychological health (Crockett et al., 2007).

This review will begin by discussing the stress-coping and social support frameworks as it applies to not only immigration research, but also the broader literature. This will be followed by a discussion and evaluation of the research relating to immigrant populations.

Stress-coping Framework

Stress and coping theory suggests that coping strategies play a fundamental role in the stress-adjustment relation (Crockett et al., 2007). Coping refers to the cognitive, behavioural and/or emotional efforts a person uses to manage situations

they appraise as demanding (Lazarus & Folkman, 1984). Numerous models of coping have been proposed in the broader literature, many of which were developed for research on specific populations such as those coping with diabetes (Band & Weisz, 1990); pain (Gil, Williams, Thompson, & Kinney, 1991); parental cancer (Compas, Worsham, Ey, & Howell, 1996); and family stress (Feldman, Fisher, Ransom, & Dimiceli, 1995). Despite the array of coping models however, the broader literature indicates that two have been particularly dominant (Skinner, Edge, Altman, & Sherwood, 2003).

The first model is approach coping (also referred to as active coping) versus avoidant coping (Crockett et al., 2007). Approach coping refers to strategies that manage the problem, either cognitively or via action, such as making a plan of action or coming up with possible strategies to solve the problem (Carver, Scheier, & Weintraub, 1989). In contrast, avoidant coping refers to strategies that enable the person to ignore the problem, such as seeking out the company of other people to distract themselves from the problem, or denying the existence of a problem (Carver et al., 1989).

The second model most commonly cited in the literature is problem-focused coping versus emotion-focused coping (Lazarus & Folkman, 1984). Problem-focused strategies aim to manage the origins of the stress (Lazarus & Folkman, 1984). For example, a migrant who asks his/her neighbour for advice because they do not know which of the several doctors in the area they should seek medical attention from is engaging in a problem-focused coping strategy because they are seeking out information they require. Alternatively, emotion-focused strategies aim to manage emotions resulting from the stress (Lazarus & Folkman, 1984). An example of this is a migrant who denies there is a problem, such as difficulty adjusting to a new job.

Research in both the broader literature and immigrant populations has supported the hypothesis that approach/active coping and problem focused coping can buffer the effects of stress, and in turn enhance psychological outcomes, whereas avoidant and emotion focused coping have been found to be less effective (Crockett et al., 2007). Whilst it has been argued that these coping models are too broad and that many ways of coping are likely to fit into both dimensions (Skinner et al., 2003), they remain the dominant approaches in research on stress and coping.

Another area of focus within the stress-coping framework has been the relationship between the context of coping and its subsequent effectiveness (Stahl & Caligiuri, 2005). Lazarus and Folkman (1984) suggest that context has a moderating effect on the type of coping strategies people utilise when under stress, therefore differing types of coping are not competing but can all be considered healthy responses to stressful situations, depending on the situation. For example, research indicates that when individuals are faced with highly stressful situations whereby they are helpless to actively alter or control their environment, such as suffering a chronic illness, emotion-focused coping strategies are more effective than a problem-focused coping style (Lazarus & Folkman, 1984). Conversely, when individuals are presented with a highly stressful situation whereby they can actively change their environment, problem-focused coping strategies are more effective than emotion-focused strategies (Lazarus & Folkman, 1984). Thus, not only is the type of coping strategy engaged in an important determinant of coping effectiveness, but the context of the coping is also a fundamental factor in the stress-coping relationship (Noh & Kaspar, 2003). For example, a migrant that prefers a passive coping style but has moved to a culture that not only endorses the use of active coping strategies but also perceives that passive coping strategies are inadequate may find that, in this context, the preferred passive

coping strategies do not provide sufficient resources to adjust to the host culture (Torres & Rollock, 2004). In turn, this could result in acculturative stress (Torres & Rollock, 2004).

Social Support Framework

Social Support occurs when members of an individual's social network provide aid and assistance (Komproe et al., 1997). Social support and coping are closely related (Komproe et al., 1997). For example, seeking informational social support, such as talking to someone that can do something concrete about the problem, is often perceived as a problem-focused coping strategy, whilst seeking emotional social support, such as discussing one's feelings with a friend, is often perceived as an emotion-focused coping strategy (Komproe et al., 1997). Typically, social support research, with a variety of populations, has been centered on the main-buffer debate (Komproe et al., 1997). One side of this debate proposes that social support has a main effect on both physical and psychological outcomes, such that the positive influences of social support on physical and psychological health may be apparent even when migrants are not under great stress (Komproe et al., 1997). The other side of the debate proposes that social supports acts as a buffer in times of high stress (Komproe et al., 1997). As such, this argument suggests that social support protects migrants only in times of stress (Komproe et al., 1997). Evidence in both the broader literature and immigrant populations has supported both sides of the debate (Komproe et al., 1997).

Another framework for exploring social support in both the broader literature and among immigrant populations has been to categorise social support into different types (Reblin & Bert, 2008; Winemiller, Mitchell, Sutliff, & Cline, 1993). For example, Cohen and Wills (1985) conceptualised social support into four categories:

esteem/emotional support, instrumental support, informational support, and social companionship. Esteem/emotional social support included behaviours such as providing approval, affection, sympathy, and encouragement (Cohen & Wills, 1985). Informational social support was defined as helping and understanding with difficult experiences, such as providing education or advice (Cohen & Wills, 1985). Social companionship was identified as behaviour that involved engagement with others; and finally, instrumental support was characterised as providing services and resources including the lending of money or helping with child care (Cohen & Wills, 1985). Conceptualising social support in this way is beneficial because, depending on the situation or context, migrants may have different preferences for the type of social support they need (Reblin & Bert, 2008).

The mechanism through which social support operates in stressful circumstances has also been explored (Komproe et al., 1997). For example, research has investigated both the perceived availability of social support and actual received social support on levels of depression (Komproe et al., 1997). Results have found that perceiving the availability of social support does not significantly affect a person's perceptions of how stressful the situation is (Komproe et al., 1997). That is, even if a person recognises that social support is available to them, they may still not appraise a situation as less threatening, and therefore excessive stress may still occur (Komproe et al., 1997). Perceiving the availability of social support has however, been found to promote social support seeking behaviour (Komproe et al., 1997). This finding suggests that perceiving that social support is available increases psychological well-being independently of the appraisal process, thus supporting the notion that social support directly improves psychological health (Komproe et al., 1997). Received social support has been found to indirectly improve psychological well-being by

influencing coping behaviour (Komproe et al., 1997). This indicates that a migrant's well-being may only be improved if social support has a positive influence on how they cope, such as facilitating an adequate coping response to the perceived stressor (Komproe et al., 1997).

Stress-coping Literature and Immigrants

Consistent with research findings in the broader literature, research among NESB immigrant populations has supported the hypothesis that approach/active coping and problem-focused coping can improve psychological outcomes, whereas avoidant and emotion-focused coping have been found to be less effective (Ataca & Berry, 2002; Crockett et al., 2007). To illustrate, extensive research within Mexican immigrants residing in the U.S.A has supported the stress-coping framework as applied to cross-cultural transition. Crockett and colleagues (2007) found that Mexican immigrants who reported the use of avoidant coping strategies, substance use or denial of the problem, for example, also reported anxiety and depression. Conversely, participants who employed active coping strategies, including planning how to solve the problem and taking direct action, reported less depression. A significant interaction however, was also found between gender and avoidant coping which indicated that a greater use of avoidant coping predicted anxiety in females only, suggesting that relations between coping strategies and psychological health may differ by gender (Crockett et al., 2007).

Similar to Crockett and colleagues (2007), Farley, Galves, Dickinson, and Perez (2005) also explored the coping styles of Mexican immigrants (citizens), living in the U.S, although this study also included Mexican-American and non-Hispanic participants. At an aggregate level the results indicated that coping strategies were associated with perceived intensity of stress. For example, behavioral disengagement,

self-blame, denial and self-distraction were all associated with elevated stress levels, whilst active coping, humor, and acceptance of the problem were all significantly correlated with lower levels of perceived stress. A relationship was also found between an avoidant coping style and reduced quality of life, such that avoidant coping strategies predicted a poorer quality of life. In addition, employing the coping strategies of positively reframing the problem and acceptance were related to better physical health (Farley et al., 2005).

The findings of these two studies among Mexican immigrants living in the U.S.A have been replicated in other immigrant populations in the U.S.A. For example, one study examined which variables predict depression in older ethnic groups, in particular African Americans, European Americans, and African Carribeans residing in the U.S.A (Magai, Kerns, Consedine, and Fyffe, 2003). The variables included demographic variables, early events and achievements, later events and achievements, social integration, protective factors, provoking factors, and emotional inhibition as a coping response. Analysis of the results revealed several findings. The researchers found that the more social support a participant had the less stress they reported and the less they used emotional inhibition as a coping response. Moreover, of the six variables, the use of emotional inhibition in response to stress was the most robust predictor of depressive symptoms (Magai et al., 2003). This finding is consistent with the general coping literature in which it has been found that emotion-focused coping is associated with poorer psychological outcomes (Crockett et al., 2007).

In addition to immigrants residing in the U.S.A, the stress-coping framework has also been supported among immigrants in Hong Kong (Chiu-Wan Tam & Siu-Yuk Lam, 2005). The focus of the study was to explore the association between

acculturative stress, psychological health, and coping strategies among adolescent Chinese immigrants relocated in Hong Kong (Chiu-Wan Tam & Siu-Yuk Lam, 2005). The study found that active coping was correlated with higher levels of self-esteem, prosocial behaviour, and lower levels of depression and delinquent behaviour, whilst withdrawal or avoidant coping responses were associated with higher levels of depression and more delinquent behaviour (Chiu-Wan Tam & Siu-Yuk Lam, 2005).

As well as exploring which coping strategies predict better psychological health among NESB immigrants, research has also examined how the context of coping influences the strategies effectiveness (Torres & Rollock, 2004). For example, Torres and Rollock (2004) investigated the relationship between acculturative distress, coping responses, and intercultural competence within Hispanics residing in the U.S.A. The findings revealed that, in general, participants utilised emotion-focused coping strategies that are embedded in their culture, and that this was associated with poorer psychological outcomes. For the few participants that did adopt active coping strategies, lower levels of acculturative stress were found. Torres and Rollock suggest that the context of coping can explain these findings. That is, these authors argued that in American culture the use of active and confrontational coping strategies are preferred and passive coping strategies are perceived as inadequate (Torres & Rollock, 2004). Conversely, Hispanics prefer passive coping strategies over those that are more direct and confrontational (Torres & Rollock, 2004). Therefore, when Hispanics are in their home country they may find passive coping strategies to be effective in reducing distress, however, when in the American context, passive coping responses may not be sufficient and in turn lead to increased distress (Torres & Rollock, 2004). Consequently, Torres and Rollock's findings suggest that the context

of coping must be considered when discussing the effectiveness of particular strategies.

Further support for the contextual hypothesis of coping within immigrant populations is provided by two studies conducted by Noh, Beiser, Kaspar, Hou, and Rummens (1999) and Noh and Kaspar (2003). In the first of these studies Noh and colleagues (1999) found, that in a sample of Chinese, Vietnamese and Laotian refugees located in Canada, coping strategies improved the negative effects of discrimination, such that those who had utilised emotion-focused coping strategies to cope with discrimination also had lower levels of depression. Contrary to the literature, no such finding was evident for problem-focused coping strategies. Consequently, the study concluded that the Southeast Asian participants had employed coping responses preferred by their culture, whereby they had maintained an avoidant conflict resolution style to dealing with discrimination (Noh et al., 1999). However, the researchers also proposed that the benefits of emotion-focused coping strategies may have resulted from the unique life situation of refugees, exemplified by poor language skills, a lack of financial security and confidence in their abilities to adequately resolve discrimination based conflict. Moreover, it was suggested that as the social context changes for the refugees, that is, as their resources expand (i.e., improved language proficiency) and they gain confidence living in Canadian society, the effectiveness of problem-focused coping strategies may become evident (Noh et al., 1999).

To examine this notion further, Noh and Kaspar (2003) compared the results of the study within the Southeast Asian refugees to Korean immigrants living in Toronto. Similar to Southeast Asian cultures, Korean culture is collectivist in nature (Noh & Kaspar, 2003). Collectivist cultures value the group and interpersonal

relationships over being an individual alone, thus they place precedence on group loyalty, commitment, and belonging (Noh & Kaspar, 2003). Within the context of coping, collectivist cultures have a preference for indirect and non-assertive ways to solve problems whilst individualistic cultures value the individual and the use of (self) assertive and confrontational coping strategies (Aldwin, 1994). Noh and Kaspar (2003) hypothesised firstly, that as the Korean and Southeast Asian sample were both collectivist in orientation and therefore have a preference for indirect and non-confrontational coping strategies, the two samples would display similar outcomes in regards to the effectiveness of emotion-focused coping, if the situational context of coping is unimportant. The Korean immigrants however, did differ in other ways from the Southeast Asian refugees in that they had greater financial resources, education attainments, a higher level of employment status, and had resided in Canada for a longer period of time, therefore suggesting that they experienced a different situational context than the Southeast Asian refugees (Noh & Kaspar, 2003). Consequently, a second hypothesis was that if the situational context was significant the Korean immigrants would experience benefits of problem-focused coping, due to experiencing a different situational demand. The study found that the Korean immigrants who had used problem-focused coping strategies to cope with perceived discrimination had lower levels of depression compared to those who had utilised a passive/emotion focused coping strategy. Given that Southeast Asia and Korea are both collectivist cultures and therefore would favor a similar coping style, the conclusion was that the diversity between the two groups, in regards to effective coping strategies, was the result of the context they experienced (Noh & Kaspar, 2003).

Taken together, the aforementioned studies not only support the stress-coping framework, but also that the effectiveness of problem-focused and active coping strategies is consistent across different NESB migrant groups including Mexican, Chinese, African Caribbean, and Korean immigrants, and across different age groups including adolescents and older adults. The research however, also emphasises that the context is an important factor in regards to the effectiveness of particular coping strategies (Noh & Kaspar, 2003).

Social Support Literature and Immigrants

Social support has been found to be a key variable that can mediate the negative effects of acculturative stress, and in turn improve psychological outcomes (Barnes & Aguilar, 2007). The importance immigrants place on social support can be demonstrated with the following quotes from Cuban refugees who had recently resettled in America:

They [Cubans] have helped us emotionally, they have helped us a lot. They have helped us with clothes, for example, with information, teaching us where to apply [for jobs]. They have helped us, thank God (Barnes & Aguilar, 2007, p.230).

I have had many relationships with Americans, and until now I maintain relationships with those Americans who supported me. It has been very good. In the hotel where I worked, the Americans were very attentive to me. I learned a lot from them, too (Barnes & Aguilar, 2007, p. 231).

As with the social support literature in general, research within NESB immigrant populations has suggested that social support can have a main effect on acculturative stress, however, it can also serve as a buffer for acculturative stress (Hovey & Magana, 2002; Jasinskaja-Lahti & Liebkind, 2007; Jasinskaja-Lahti,

Liebkind, Jaakkola, & Reuter, 2006). That is, social support may not only be beneficial to physical and psychological health under high stress conditions, but that the positive effects of social support may also be apparent even when individuals are not under great stress (Komproe et al., 1997). To illustrate, Hovey and Magana (2002) examined the influence of several variables, including the perceived effectiveness of social support and level of acculturative stress, on anxiety levels within a population of Mexican migrant farm workers, residing in America's Midwest. The results found that, despite the participants perceiving different levels of acculturative stress, social support was moderately correlated with anxiety levels, such that perceptions that social support would be ineffective predicted higher scores on an anxiety scale, therefore suggesting a main effect of this variable (Hovey & Magana, 2002).

Conversely, Jasinskaja-Lahti and colleagues (2006) and Jasinskaja-Lahti and Liebkind (2007) found that there were no direct effects of social support on well-being among a group of immigrants from the former USSR now residing in Finland. Instead, social support was found to buffer the negative effects of acculturative stress only when stress levels were high, such as when experiencing discrimination. This suggests that the mediating effects of social support on acculturative stress depends on the level of stress experienced, such that social support may not be useful at low levels of acculturative stress (Jasinskaja-Lahti & Liebkind, 2007).

Although the main-buffer debate is evident in the social support literature among NESB immigrant populations, research has also focused on exploring how different sources of social support impact on its effectiveness in reducing acculturative stress (Gellis, 2003; Thomas and Choi, 2006). In one such study, Thomas and Choi (2006) explored the effects of differing sources of social support,

with a particular focus on the effects of social support sourced from friends, parents, social organisations, religion, cultural associations. The results found that, among a sample of Indian and Korean adolescent immigrants living in the U.S.A, adolescents with an overall lower level of social support were more likely to experience acculturative stress than those with an overall higher level of social support. Moreover, when the influence of the different sources of social support was examined the most significant predictor of reduced acculturative stress was social support from parents, leading Thomas and Choi (2006) to conclude that parental support can mitigate the negative effects of acculturative stress.

In contrast to Thomas and Choi (2006) however, Gellis (2003) in a study with a group of adult Vietnamese immigrants living in America, found that non-kin support, such as support from the broader community, predicted lower levels of depression. In contrast, support from kin, such as family members, predicted higher levels of depression. It has been suggested that this may be because those who are highly distressed and are more in need of social support are less likely to receive it as the psychological distress may drive family and friends away (Sarason, Pierce, & Sarason, 1994). Also, for Vietnamese people there is shame attached to acknowledging mental health issues, therefore, heavy family demands may exert pressure, leading to negative health effects on this group only (Sarason, Pierce, & Sarason, 1994). It can also be speculated that the findings of Gellis (2003) differed to Thomas and Choi (2006) due to the age of the participants. The participants in Thomas and Choi's study were adolescents, whilst the participants in Gellis's study were adults. Parents often play a more significant role in adolescents' daily lives than they do adult children, which may explain why Thomas and Choi found that parental

social support was the most effective, whilst Gellis found that support from the broader community was more beneficial.

As well as exploring the relationship between differing sources of social support and immigrant adjustment, research has also investigated the impact different types of social support have on health outcomes (Finch & Vega, 2003). For example, research with 3012 Mexican-born immigrants, residing in California investigated the relationship between instrumental, emotional, and religious social support and physical health (Finch & Vega, 2003). Analysis of the data indicated that perceiving discrimination predicted poorer physical health. Social support however, mitigated this negative effect, such that those who perceived discrimination but who also had social support, particularly instrumental social support and religious social support did not have the same poor physical health outcomes as those who perceived discrimination and did not have social support. As such, discrimination may only be a predictor of poorer physical health outcomes among Mexican immigrants whose instrumental and religious social support is lacking (Finch & Vega, 2003). Consistent with Jasinskaja-Lahti and others (2006) and Jasinskaja-Lahti and Liebkind (2007) this finding also indicates that social support buffers the negative effects of acculturative stress when stress levels are high, such as when experiencing discrimination.

The role of social support has also been examined within NESB migrant groups in the Australian context (Kovacev & Shute, 2004; Mak & Nesdale, 2001). For example, in one Australian study in which the effects of social support on psychological outcomes were explored, a positive relationship was found between psychosocial outcomes, measured by global self-worth, and having close friends to rely on (Kovacev & Shute, 2004). However, the participants in the study were

adolescent refugees, who may differ from voluntary migrants in many important ways, such as fewer financial resources or the experience of having to flee their homeland; therefore the findings may not be representative of all migrants in Australia (Kovacev & Shute, 2004). Nonetheless, Mak and Nesdale (2001) found a relationship between social support and psychological outcomes for Chinese migrants residing in three Australian cities, such that migrants with higher numbers of Australian friendships had lower scores on the General Health Questionnaire, suggesting that social support had a positive impact on psychological outcomes. This finding supports the notion that social support can aid migrant adjustment, among non-refugee populations, in the Australian context.

In summary, the research suggests that, among NESB populations, social support is complex and multidimensional in nature, such that social support can have both a main effect and a buffer effect on acculturative stress (Hovey, & Magana, 2002; Jasinskaja-Lahti & Liebkind, 2007; Jasinskaja-Lahti et al., 2006) and that different sources and types of social support may predict different outcomes in regards to alleviating acculturative stress and, in turn, enhancing psychological outcomes (Thomas & Choi, 2006).

Limitations and Gaps in Current Research

One limitation of both the coping and social support literature is the cross-sectional and correlational nature of most of the studies, because this means that directionality is a problem and therefore causality cannot be inferred (Martin, 2004). The majority of the research has investigated the variables of either coping strategies or social support and their prediction of depression or anxiety scores. However, it is not known if the coping style or the social support has caused the level of depression or anxiety, or if the level of depression or anxiety has caused a particular coping style,

or social support to be used. This limitation however, could be overcome with a longitudinal study design (Crockett et al., 2007). Although, it is still not experimental in nature, longitudinal designs follow the same group of participants over a temporal period, therefore allowing a participant's patterns of change to be tracked over time (Crockett et al., 2007). Despite this however, only one of the aforementioned studies, conducted by Gellis (2003), adopted a longitudinal methodology. Specifically, Gellis (2003) conducted a two-wave longitudinal study where data was collected from the same participants one month and six months after initial contact. The results found that social support predicted lower levels of depression, thus supports the findings of many cross-sectional studies (Gellis, 2003).

A lack of longitudinal research has also been an issue in the broader stress-coping literature, however, in recent years this limitation has started to be addressed with many researchers adopting a longitudinal methodology (Lazarus, 2000). Research findings have been consistent with those of cross-sectional studies (Pritchard & McIntosh, 2003). For example, Pritchard and McIntosh (2003) followed law students over a one year period and found that the use of a less active coping style at the beginning of the year predicted poorer adjustment at the end of the year. Although this research enhances our knowledge in regards to the directional relationship between coping and adaptational outcomes (Lazarus, 2000) the findings need to be replicated among immigrant populations.

Another noteworthy point is that many of the aforementioned studies exploring the stress-coping and social support framework, within migrant populations, have used discrimination as a measure of acculturative stress. Whilst it is evident from the literature that migrants from NESB can and do experience discrimination, it is only one form of stress; other factors such as lack of language proficiency or post-

migration unemployment may also be implicated (Finch & Vega, 2003). Berry's model (2006) suggests that several factors can contribute to acculturative stress, such as the multicultural beliefs and ethnic attitudes of the country of settlement, personality variables and amount of contact with the new culture, thus measurement of acculturative stress should take into account several factors that may contribute to the acculturative process.

Evaluating the coping literature specifically, one limitation is that the measures used to assess coping responses in immigrant populations have been modified from scales in the domestic context (Stahl & Caliguiri, 2005). Although the research has used standardised multidimensional coping measures with good reliability, such as The Brief Cope Scale (Carver, 1997), and the COPE (Carver, Scheier, & Weintraub, 1989) not all of the items may apply to coping with the migration experience. Moreover, the items may not capture the unique coping strategies used by immigrants (Stahl & Caliguiri, 2005). For example, the coping strategy of "going native" would not be necessary when residing in the homeland; however, it may be a useful coping response for an immigrant (Stahl & Caliguiri, 2005). Consequently, coping measures should be developed to adequately assess the unique experiences of cross-cultural transition.

In regards to social support, much of the research exploring the relationship between acculturative stress, social support, and psychological outcomes has typically measured the quantity of social support received whilst disregarding measures of perceived quality or satisfaction of the social support (Finch & Vega, 2003). This may be problematic in that a larger social network does not always guarantee that the support will be helpful (Finch & Vega, 2003). Instead, it may be the quality of the relationship that is more significant for psychological health (Finch & Vega, 2003).

Therefore, a more accurate measure might assess not only the source or function of the support, but also assess the quality of the social support for immigrants (Finch & Vega, 2003).

Furthermore, many studies have utilised unstandardised measures to research the social support construct (Winemiller et al., 1993). Although a number of the abovementioned studies utilised a standardised measure of social support, such as Harter's social support scale for children (1985; cited in Kovacev & Shute, 2004), three studies did not (Gellis, 2003; Mak & Nesdale, 2001; Thomas & Choi, 2006). Consequently, the validity of the measure is unknown which in turn, makes it difficult to compare the findings to other research (Winemiller et al., 1993). The ad hoc measurement of social support however, is not a new limitation, with Winemiller and colleagues, in a 1993 review paper, stating that one of the chief flaws in social support research is that researchers "often develop unstandardised measures tailored to the idiosyncratic nature of a particular research question" (p. 638).

A final and prominent limitation to be discussed is that the overwhelming majority of the research on the stress-coping and social support relationship, in immigrants, has been conducted among NESB migrants who have relocated to an ESB country. This may be because it is perceived that the NESB country and ESB host country are culturally different, including differing languages or cultural norms therefore it is perceived that NESB migrants will experience adjustment problems (Ward & Styles, 2003). Moreover, as ESB migrants are language proficient there may be an expectation that they will "fit in" with the ESB host country without difficulty (Stratton, 2000). Research on cultural distance however, suggests that this notion may be misguided (Selmer, 2007). Cultural distance refers to how similar or dissimilar a person perceives the host culture to be compared to their own culture

(Selmer, 2007). Theory and research typically suggests that the more disparate the host culture is perceived to be compared to the migrant's own culture, such as speaking a different language, the more difficult the process of adjustment will be, subsequently impacting on psychological outcomes such as depression and anxiety (Selmer, 2007). Some research however, has produced findings to the contrary (Selmer, 2007).

Selmer (2007) proposed that adjusting to a similar host culture could be as difficult as adjusting to a host culture that is dissimilar to one's own. To explore this notion a survey, assessing perceived cultural distance and sociocultural adjustment, was conducted with two groups of American business expatriates, one group was residing in Canada, which is culturally similar to the U.S.A, whilst the other group was residing in Germany. The study found that although American business expatriates perceived Germany to be more culturally different to the U.S.A than perceptions of Canada, no significant differences were evident between the two groups in regards to general adjustment, interaction adjustment, work adjustment, and psychological adjustment. Selmer (2007) acknowledges the exploratory nature of the research nevertheless it does suggest that the degree of cultural distance perceived may not be a key factor in how easy it is for a person to adjust (Selmer, 2007).

Further supports for this claim are research findings from a study conducted by Ward and Styles (2003). The study focused on the migration process for British and Irish women who had migrated to Western Australia. Respondents stated that they did not feel a sense of belonging to Australia, they had feelings of strong attachment to their homeland, the desire to return to their homeland, and that they did not enjoy living in Australia. This can be exemplified with the following participant's quotes.

Well I'll be sad to leave my family....I think I could leave Australia alright laugh). Isn't that awful I've spent 20 years here you know (1126); I will always be English. Probably simply circumstances-I don't think I'll ever feel a sense of belonging to Australia (6180); (Ward & Styles, 2003, p 358).

These findings suggest that firstly, ESB migrants who have moved to an ESB country can experience difficulty with the migration process and secondly, that years of residency does not appear to predict when a migrant will achieve a positive sense of belonging to the host country (Ward & Styles, 2003).

Some research has endeavored to explore the impact of social support on the adjustment of migrants to a less culturally distant host country, typically, among ESB immigrants to an ESB host country (Pernice & Brook, 1996; Ryan, Leavey, Golden, Blizard, & King, 2006). For example, Pernice and Brook (1996) compared post-immigration factors and anxiety/depression scores among refugee, British, and Pacific Island immigrant groups residing in New Zealand. The results suggested that compared to the refugee and Pacific Island immigrants the British born did not experience discrimination. They did however report post-migration problems, such as unemployment and depression. Moreover, the results found that social support was associated with lower levels of depression for the British immigrants (Pernice & Brook, 1996). Similar results were found in a study which investigated the association between a poorly planned migration and depressive symptoms within a sample of Irish immigrants living in London (Ryan et al., 2006). Ryan and colleagues found that poorly planned migration was associated with depression such that the more inadequately planned a migration was, the more likely it was that depression

would be experienced; however, a sufficient level of social support post-migration was found to modify depressive symptoms.

Social support was also one of several key themes that emerged in a qualitative study conducted by Cohen and colleagues (2004), who endeavored to gain a better understanding of why people from the United Kingdom migrated, in particular, to Western Australia. For example, one participant stated that:

We came to Perth because we had very good friends there and we didn't know anyone in Melbourne or Sydney. It makes such a difference to know people when you get off the plane. They have been fantastic to us. I don't know what we would have done without them (Cohen et al., 2004, p. 44).

Although no single theme was found to influence the decision to migrate, but instead a combination of factors was involved, the study does bring to light the importance of social support for ESB people who have migrated to an ESB host country (Cohen et al., 2004). Cohen and colleagues however, do point out that the participants had migrated voluntarily therefore; the findings may not be generalisable to other migrant populations.

Through this research we have started to gain knowledge about the importance of social support for people who have migrated to a country perceived to be less culturally distant than their own; however, the research is limited. In addition, these migrant groups have been neglected in the coping literature, thus to enhance understanding of the relationship between social support, coping strategies and psychological outcomes, further research is required.

Conclusions and Directions for Future Research

In summary, increasing trends in migration have resulted in an increasing amount of research being conducted in this area, particularly in relation to the effect

cross-cultural transition has on the migrant and what factors contribute to migrant adjustment (Ward & Rana-Deuba, 1999). The aim of this review was to inform the reader about two variables that Berry (2006) suggests moderate acculturative stress: social support and coping strategies. The review found a relationship among coping strategies, social support and psychological outcomes, such that, problem-focused or approach type coping strategies, and the use of social support, predicted better psychological outcomes, whilst emotion-focused or avoidant type coping strategies predicted poorer psychological outcomes. The literature however, also revealed several limitations which included methodological and construct measurement problems (Crockett et al., 2007; Finch & Vega, 2003). One of the most significant limitations is that much of the research has been conducted within NESB immigrant populations to ESB countries (Compas et al., 2001; Reblin & Bert, 2008). This may be because it is perceived that these groups will face the most challenges with the migration experience, perhaps due to a greater cultural distance between the homeland and the host country, (Stratton, 2000). Research however, has indicated that the degree of cultural distance perceived may not influence how easy it is for a person to adjust (Selmer, 2007). As such, it is essential that future research investigates the best ways of coping for not only immigrants from NESB to ESB countries, but also for ESB immigrants to ESB countries (Stratton, 2000).

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(Report)

Cross-Cultural Transition, Coping, and Social Support: Relationships among

Psychological Outcomes among British Migrants in Australia

Samantha Shooter

Abstract

This research aimed to examine the relationships among coping strategies, social support and psychological outcomes among a sample of 98 British migrants who had settled in Perth, Western Australia. A cross-sectional survey design was used with a self-report methodology. The COPE scale was utilised to measure coping strategies, whilst the Profile of Mood States and Zung Self-Rating Depression Scale assessed depressed/negative mood and depression, respectively. Participants were recruited through volunteer sampling and snowball sampling. Correlational analyses and hierarchical multiple regression analyses were conducted to investigate statistical relations between coping styles and psychological outcomes. Consistent with previous research, the findings revealed that the avoidant coping strategy of denial was a significant predictor of depression and depressed mood. Contrary to the literature active coping and social support were not found to predict either depression or depressed mood. Limitations of the study are considered, and avenues for future research are suggested.

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Cross-Cultural Transition, Coping, and Social Support: Relationships among Psychological Outcomes among British Migrants in Australia

Immigration is the act of people moving permanently from one country to another, and over the last 20 years has been the focus of an increasing amount of research (Stahl & Caligiuri, 2005). One area of interest has been to explore the impact of cross-cultural transition on the migrant (Ward & Rana-Deuba, 1999). Research among migrants from non-English speaking backgrounds (NESB) who have relocated to an English speaking background (ESB) country suggests that migration can be a difficult experience which results in acculturative stress (e.g., Choudhry, 2001; Crockett et al., 2007; Hovey & Magana, 2002; Ward & Rana-Deuba, 1999). In particular, stress, anxiety and depression may arise as immigrants try to adjust to living in a new cultural context (Ward & Rana-Deuba, 1999). It has been proposed that acculturative stress occurs as a result of the immigrant experiencing losses from his/her homeland, such as friends, family, home, and community (Khavarpour & Rissel, 1997). Acculturative stress may also arise as immigrants make psychological and behavioural changes to adapt to their new home (Ward & Rana-Deuba, 1999).

In comparison to NESB migrants however, little is known about the migration experiences of people from English speaking backgrounds (ESB) that have relocated to an ESB country, such as British people who have migrated to Australia (Stratton, 2000). The experiences of British migrants to Australia are important because these migrants form the largest migrant group (in Australia), comprising 5.5 percent of the population (Australian Bureau of Statistics, 2002). Stratton (2000) suggests that research on this migrant group may be lacking because typically it has been assumed that, because the majority of British migrants are white and speak English, they will merge with the Australian population without difficulty. Stratton (2000) argues that

this assumption should be contested because in recent times Australia has become more independent of Britain, creating differences between British and Australian cultures. As such, it should not be expected that British migrants will 'fit in' with the Australian population (Stratton, 2002).

The notion that migration can be a difficult experience for British people was highlighted in a study (Ward & Styles, 2003) in which participants were asked to talk about their sense of belonging to Australia. For example, one participant stated that "Well I'll be sad to leave my family....I think I could leave Australia alright (laugh). Isn't that awful I've spent 20 years here you know" (1126); whilst another participant said "I will always be English. Probably simply circumstances-I don't think I'll ever feel a sense of belonging to Australia" (6180); (Ward & Styles, 2003, p 358). These quotes suggest that despite the perceived similarities between Britain and Australia, British migrants in Australia do experience difficulty with the migration process (Ward & Styles, 2003).

Stress and Coping Framework

Research on NESB migrant populations worldwide has involved many theoretical perspectives, however, the stress-coping framework has been, and continues to be, the most dominant theoretical approach in relation to acculturative stress and its impact on psychological outcomes (Ward & Rana-Deuba, 1999). Berry's (2006) widely established model of acculturation proposes that the amount of stress a migrant may experience is influenced by several factors that may operate on a individual level, such as acculturation strategies and gender; and a societal level, such as the extent of cultural pluralism existing in the host society (Berry, 2006). The focus of the current research was on coping strategies and social support. These (coping strategies and social support) are two of the key factors that have been identified in

previous research as related to cross-cultural transition for NESB immigrant populations (Crockett et al., 2007; Kovacev & Shute, 2004). Coping emphasises the significance of life changes, their judgment by the individual as challenging and the selection of coping strategies to deal with psychological distress (Lazarus & Folkman, 1984), whilst social support emphasises the importance of having others to rely on in times of difficulty (Komproe, Rijkman, Ros, Winnubst, & Hart, 1997).

Stress and coping theory suggests that coping strategies play a fundamental role in the stress-adjustment relationship (Crockett et al., 2007). Numerous models of coping have been proposed but two have been particularly dominant (Skinner, Edge, Altman, & Sherwood, 2003). The first model contrasts approach coping, also referred to as active coping, with avoidant coping (Crockett et al., 2007). Approach coping refers to strategies that manage the problem, either cognitively or via action, whilst avoidant coping refers to strategies that enable the person to ignore the problem, or act as though the stressor is not real (Carver, Scheier, & Weintraub, 1989).

The second model most commonly cited in the literature contrasts problem-focused coping with emotion-focused coping (Skinner et al., 2003). Problem-focused strategies aim to manage the origins of the stress. For example, a migrant who asks their neighbour for advice because they do not know which of the several doctors in the area they should seek medical attention from is engaging in a problem-focused coping strategy because they are seeking out information they require (Stahl & Caligiuri, 2005). Alternatively, emotion-focused strategies aim to manage emotions resulting from the stress (Stahl & Caligiuri, 2005). Whilst it has been argued that these coping models are too broad and that many ways of coping are likely to fit into both dimensions (Skinner et al., 2003), they remain the dominant approaches in research on stress and coping.

Another key factor identified in previous research as moderating the effect of migration is social support. Social support may be beneficial because members of an individual's social network provide aid and assistance. Social support is, conceptually closely related to coping (Komproe et al., 1997). For example, seeking informational social support, such as talking to someone who can do something concrete about the problem, is often perceived as a problem-focused coping strategy, whilst seeking emotional social support, such as discussing one's feelings with a friend, is often perceived as an emotion-focused coping strategy (Komproe et al., 1997).

Research among NESB immigrant populations has typically supported the hypothesis that problem-focused/active coping can mediate the effects of acculturative stress, whereas avoidant and emotion focused coping have been found to be less effective (Crockett et al., 2007; Ataca & Berry, 2002). For example, among Mexican migrants in the USA, Crockett and colleagues (2007) and Farley, Galves, Dickinson, and Perez (2005) found that active coping strategies, such as taking steps to remove the stressor, were associated with lower levels of depression, whereas avoidant coping was associated with higher levels of depression and anxiety. In particular, behavioural disengagement, self-blame, denial of the stressor, and self-distraction were all associated with elevated stress levels, whilst active coping, humour, and acceptance of the problem were all significantly correlated with lower levels of perceived stress (Farley et al., 2005). These findings have also been consistent across other NESB migrant groups including African-Caribbeans residing in the US., and Chinese adolescents who have relocated to Hong Kong (Magai, Kerns, Consedine, & Fyffe, 2003; Chiu-Wan Tam & Siu-Yuk Lam, 2005).

Research within NESB immigrant populations has also suggested that social support predicts better psychological outcomes. For example, several researchers have found that immigrants who frequently made contact with support networks, not only in the host country but also from their homeland, reported significantly fewer psychological stress symptoms (Hovey & Magana, 2002; Finch & Vega, 2003; Gellis, 2003; Thomas & Choi, 2006; Jasinskaja-Lahti & Liebkind, 2007).

In relation to British migrants there is very little research addressing stress-health experiences as it concerns to cross-cultural transition (Stratton, 2000). One exception is a study by Ward and Kennedy (2001) who, with a sample of British migrants living in Singapore, examined which coping strategies were good predictors of psychological outcomes, such as depression. Twelve subscales of the COPE (Carver et al., 1989) were used to assess coping strategies, however, a principle components analysis of the results found that some subscales were inter-correlated (Ward & Kennedy, 2001). Consequently, Ward and Kennedy proposed a four factor model of coping consisting of approach coping, avoidant coping, acceptance, and social support. Analysis of these four factors found that avoidant coping was related to poorer psychological outcomes (depression); whereas an approach coping style predicted better psychological outcomes (Ward & Kennedy, 2001).

Ward and Kennedy's study (2001) was conducted with British people in Singapore, thus the findings may not be generalised to the Australian context. For example, British people may experience language difficulties in Singapore, where many people speak Chinese and Malay, but not in Australia, thus migration to Singapore might be more difficult. Also, in contrast to other research, Ward and Kennedy (2001) failed to find a relationship between social support and psychological outcomes. This may be due to the research only investigating the type of social

support and not the source or quality of the social support, which others have found to be important in enhancing psychological outcomes for migrants (Ward & Kennedy, 2001). Moreover, in Ward and Kennedy's sample, 83% of the participants described themselves as sojourners (temporary migrants). This may have influenced the findings because sojourners, unlike other migrants, have not moved to the host country on a permanent basis, which may impact on the use, quality, or access to social support (Ward & Kennedy, 2001). For example, compared to a permanent migrant, a sojourner may not place emphasis on developing long term close friendships with others.

In regards to social support, research suggests that it is an important factor for British immigrants in the Australian context (Cohen, O'Connor & Breen, 2004). For example, in a study conducted by Cohen and colleagues one participant stated that "The first thing we did was join the British Club. That put us in contact with so many people from the U.K., and made us feel right at home" (p.45). This quote highlights the important role that social support played for UK migrants who have relocated to Australia, in particular providing knowledge about the host country and reducing isolation (Cohen et al., 2004). The main focus of Cohen and colleagues study however, was to explore the decisions to migrate to Australia among people from the UK, rather than the relationship among social support and psychological outcomes, therefore, further research is needed in this area.

Research indicates that, for British people, migration to Australia can be a challenging experience (Ward & Styles, 2003, 2005). However, there is a paucity of research in regards to the stress-coping relationship within this migrant group. It is important that the best ways of coping are identified for British migrants; to not only aid the process of adjusting to Australian culture but also, to enhance psychological

health. This knowledge can be used to inform government and non-government support, as well as provide information for prospective immigrants. Consequently, the primary aim of this research was to examine the relationships between coping strategies and psychological outcomes among British migrants to Western Australia. This was explored with a sample of British immigrants (citizens, permanent residents, and sojourners) living in Perth, Western Australia and utilising measures of coping strategies (Carver et al., 1989; Carver, 2007), and measures of depressed mood and depression (McNair, Lorr, & Droppleman, 1971; Zung, 1965). Based on research among NESB populations (e.g., Crockett et al., 2007) and Ward and Kennedy's (2001) research among British immigrants, it was predicted that particular kinds of coping strategies would be associated with overall depressed mood and depression. Also, on the basis of research among NESB immigrants, it was predicted that social support would be associated with overall depressed mood and depression. Specifically, it was hypothesised that approach/problem-focused coping strategies and more social support will be associated with lower levels of depressed mood and depression, whilst avoidant coping strategies will be associated with higher levels of depressed mood and depression.

Method

Research Design

This study adopted a cross-sectional survey design with self report data. The predictor variables were type of coping strategy and social support. Based on prior research approach coping and avoidant coping were examined, as well as social support. The criterion variables were depressed mood state and overall negative mood state, measured by the Profile of Mood States Questionnaire (McNair et al., 1971) and depression measured by the Zung Self-rating Depression Scale (ZSDS) (Zung, 1965).

Participants

The participants in the study were British migrants residing in Perth, Western Australia. To participate in the research respondents must have met the following criteria: hold a temporary or permanent residency visa, or be a British born Australian Citizen; be over 18 years of age and reside in Perth. 109 respondents participated in the study; however, the data from 11 participants were excluded from the analysis because they were found to be multivariate outliers. The final sample included 58 males and 40 females whose ages ranged from 21 to 60 years ($M = 41.96$, $SD = 9.10$). The majority (97%) described themselves as either a permanent resident or Australian citizen; the remainder (3%) defined themselves as sojourners (temporary residents). Length of residence in Perth ranged from 1 to 36 years ($M = 8.79$, $SD = 8.53$). The majority of the participants described themselves as having no religion (45%), 28% classified themselves as Protestant, 14% stated they were Roman Catholic, and 12% described themselves as belonging in the 'other' category. With respect to educational attainment, 5% had only completed primary school, 18% had completed high school, 47% had completed technical college, 20% had a partially complete or completed university degree, and 8% indicated they had obtained a post graduate degree as their highest completed qualification. A small number of the participants reported they were currently studying at post secondary level (10%).

Materials

An information sheet was used to inform respondents about the aims and procedure of the study (see Appendix A). The study also utilised a questionnaire (see Appendix B) which, based on previous research, included the COPE inventory (Carver et al., 1989; Carver, 2007) to measure coping styles; the POMS (McNair et al., 1971) to measure negative/depressed mood; and the ZSDS (Zung, 1965) to

measure depression. In addition, the questionnaire contained questions designed to elicit demographic data, including gender, age, and length of residence in Perth. Statements were also included to elicit participants' perceptions of the post-migration experience. Furthermore, two open ended questions were included inviting participants to comment on what they had found easy and difficult about relocating to Perth.

The COPE (Carver et al., 1989) is a multidimensional coping inventory. Thirteen of the 15 subscales of the COPE were used to assess coping responses in this study: planning (PL) active coping (AC), seeking instrumental social support (SI), seeking emotional social support (SE), suppression of competing activities (SC), positive reframing and growth (PO), restraint coping (RC), acceptance (AA), venting emotions (VE), denial (DE), mental disengagement (MD), humour (H), and behavioural disengagement (BD). Each subscale contains four items. For example, one item in the subscale of planning is "I make a plan of action". Participants were asked to think about how they dealt with stress related to their post-migration experience and then respond to the items using a 4-point scale; this ranged from 1 (*I have not done this at all*) to 4 (*I have been doing this a lot*) (Carver et al., 1989). The COPE subscales have been used in cross-cultural transition research and have demonstrated good to high internal consistency with Cronbach's alpha ranging from .62 to .92 (Carver et al., 1989).

The POMS uses a list of adjectives to measure mood states (McNair et al., 1971). In this scale, respondents are asked to rate their moods at three different points in time; 'presently', 'in the last week', and 'in the last month'. The aim of this is to assess participants' mood states over time, thus, allowing a comprehensive measure of recent psychological health. The POMS contains 65 adjectives that describe feelings

(e.g., friendly, tense, grouchy, angry). Participants rated each item on a 5-point scale (ranging from 0 *not at all* to 4 *extremely*) to describe their moods. Scores were calculated for six different moods states: Tension-anxiety, depression-dejection, anger-hostility, vigour-activity, fatigue-inertia, and confusion-bewilderment. This study focused on the depression-dejection subscale scores; also the sum of the scales was used as a summary score for general negative mood. Higher scores on the POMS indicate more mood disturbance. The POMS has good internal consistency with Cronbach's $\alpha = .90$ (McNair et al., 1971).

The ZSDS (1965) is made up of 20 items that measure psychological and physiological symptoms of depression (e.g., "I feel downhearted and blue"). Participants rate each item on a four point scale ranging from 1 (*some of the time*) to 4 (*all of the time*) to describe how often they experience each symptom. A ZSDS total score is derived from summing responses to all 20 items. Higher ZSDS scores are related to higher levels of depression. The Zung (1965) has been used extensively in cross-cultural transition research. Ward and Kennedy (2001) reported good internal reliability with Cronbach's $\alpha = .80$ and Lee, Chan, and Berven (2007) reported an internal consistency estimate of .88.

To elicit information about the post-migration experience, participants were asked to respond to three statements using a seven point likert scale ranging from *Strongly Disagree* to *Strongly Agree*. The three statements were: (1) I have found the post-migration experience difficult; (2) I feel that I received adequate support from others; (3) I am satisfied with the support that I received from others.

Procedure

The study utilised a sample of convenience. Participants were recruited using volunteer sampling and snowball sampling. Volunteer sampling was achieved via the

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participation register. Snowball sampling involved acquaintances of the researcher being asked if they would like to participate in the study. Those participants were then asked to suggest other people who may be willing to participate in the research and then the researcher approaching them formally to ask if they would like to participate. Those who expressed an interest in taking part in the study were then asked if they knew of anyone who may also be interested in participating, who were then given the contact details of the researcher.

All prospective participants were provided with an information letter and given a verbal or e-mailed (see Appendix C) description of the study by the researcher. People who were willing to participate were required to either e-mail, telephone, or personally contact the researcher to arrange a setting and convenient time to complete the self-report questionnaire. Before the participant completed the questionnaire the researcher introduced herself and the purpose of the research. Each participant was informed that their participation was voluntary and as such, they could withdraw from the study at any point. Verbal consent was given when the participant agreed to complete the self-report questionnaire. If it was not possible for the researcher and participant to meet in person, the researcher posted the research questionnaire, and a pre-paid return envelope, to the participant. The questionnaire took approximately 10-20 minutes to complete.

Results

Scale Reliabilities and Descriptive Statistics

Of the 13 subscales of the COPE, six had internal reliabilities of less than 0.70 (Cronbach's $\alpha = .58$ to $.63$) and were excluded from further analysis. The seven remaining subscales were emotional social support, instrumental social support, active

coping, planning, humour, denial, and a focus on and venting of emotions. Internal reliability of the subscales was good to high, with Cronbach's alphas ranging from .71 to .83. Because of the sample size not all of the COPE subscales could be used for analysis; therefore, based on theory and research, emotional social support, instrumental social support, active coping and denial were selected for further analysis. On the ZSDS, internal reliability was good with Cronbach's $\alpha = .74$. Internal reliability of the POMS total and the depression-dejection component was also high with Cronbach's alphas = .89 and .90, respectively.

Table 1

Means and Standard Deviation scores for Coping Strategies, Social Support, and Depression for Men, Women and Full Sample

Variable	Men	Women	Overall
Difficulty of migration experience (Possible range = 1-7)	3.23 (1.85)	3.98 (1.92)	3.67 (1.92)
Denial (Possible range = 4-16)	5.72 (1.88)	5.48 (2.08)	5.58 (1.99)
Active coping (Possible range = 4-16)	23.42 (5.42)	23.29 (5.67)	11.70 (2.73)
Instrumental support (Possible range = 4-16)	10.85 (2.97)	11.22 (2.67)	11.07 (2.79)
Emotional support (Possible range = 4-16)	8.60 (3.08)	11.21 (2.90)	10.14 (3.23)
Adequacy of support (Possible range = 1-7)	5.23 (1.23)	5.41 (1.41)	5.34 (1.34)
Satisfaction of support (Possible range = 1-7)	5.40 (1.26)	5.31 (1.61)	5.35 (1.47)
ZSDS score (Possible range = 20-80)	30.49 (4.99)	33.94 (7.24)	32.52 (6.60)
POMS total score (Possible range = 0-256)	9.28 (25.19)	13.61 (30.80)	11.84 (28.59)
Depression/dejection (Possible range = 0-56)	4.00 (0.38)	7.74 (9.50)	6.21 (8.01)

Role of Demographic Factors

Results of the data (see Table 1) showed that the average of UK migrants' responses to the statement "I have found the post-migration experience difficult" was in the mid-part of the scale (1-7). However, the distribution of responses to this variable was almost bi-modal with nearly an equal number of responses ($n = 26$) in

the 'agree somewhat' range and the 'disagree' range ($n = 21$). As is also evident in Table 1, women ($n = 58$) reported that the migration experience was more difficult than men ($n = 40$). An independent samples t -test however, found that the gender difference was not significant (see Appendix D).

Bivariate correlations were conducted to examine the relationships among the demographic factors age, length of residence, level of education, and perceived difficulty of the migration experience, and the criterion variables ZSDS scores, the POMS total score, and the depression-dejection score. As is evident from Table 2 Length of residence was found to have a significant positive relationship with depression-dejection scores indicating that participants who had resided in Australia longer had higher levels of depression/dejection. Difficulty of the migration experience was also found to have a significant positive relationship with the outcome variables indicating that participants who had found the migration experience more difficult had higher levels of depression/depressed mood. For age and education level, no significant relationship was found with the ZSDS score, POMS total score, and the depression-dejection score.

Independent t -tests were conducted to examine the effects of gender on the ZSDS score, POMS total score, and the depression-dejection subscale of the POMS. A significant difference was found between men and women's scores on the ZSDS $t(88) = 2.68, p < .05$, with women having a significantly higher score on the ZSDS than men (see Table 1). A significant difference was also found between men and women on the depression-dejection component of the POMS $t(96) = 2.62, p < .05$, with women having significantly higher scores than men (see Table 1). No significant difference was found between men and women scores on the POMS total score (see Appendix E).

Table 2

Correlations between Age, Length of Residence, Education, Difficulty of Migration, and ZSDS score, POMS total score, and Depression-dejection score.

Scales	1	2	3	4	5	6	7
1. Age	-	.49**	-.16	-.20*	-.03	-.04	.07
2. Length of Residence		-	-.08	-.22*	-.05	.12	.20*
3. Education Level			-	.04	-.05	-.01	-.01
4. Difficulty				-	.27**	.29**	.28**
5. ZSDS Score					-	.62**	.51**
6. POMS Total Score						-	.86**
7. Dep/dej Score							-

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

Relationships among Coping Strategies, Support, and Depression

In response to the statement 'I feel that I received adequate support from others', participants ($n = 98$) generally fell in the 'agree somewhat' range. Participants' satisfaction with the support they had received from others also fell in the 'agree somewhat range'. Bivariate correlations were conducted to examine the relationships among the variables active coping, denial, instrumental social support, emotional social support, satisfaction of support received, and adequacy of support received and the criterion variables ZSDS scores, the POMS total score, and the depression-dejection score. As is evident from Table 3, a significant relationship was found between denial and the ZSDS score, the POMS total score, and the depression-

dejection score. This positive correlation indicated that participants who had used the coping strategy of denial had higher levels of depression and depressed mood. A significant relationship was also found between adequacy of social support received and two of the criterion variables, ZSDS scores and POMS depression/dejection score, such that participants who reported more adequate social support had lower levels of depression/depressed mood. A significant relationship was found between satisfaction of support and the three criterion variables: ZSDS score, POMS total, and depression/dejection score, such that participants who were satisfied with the support they received had lower levels of depression and depressed mood. No significant relationship was found between active coping, emotional support, instrumental support and the ZSDS, POMS total, and Depression-dejection scores.

Table 3

Correlations between Active Coping, Denial, Social Support and ZSDS score, POMS total score, and Depression-dejection score.

Scales	1	2	3	4	5	6	7	8	9
1. Active Coping	-	-.10	.37**	.59**	.13	.08	-.16	.02	.03
2. Denial		-	.13	.01	-.01	-.03	.28**	.27**	.21*
3. Emotional Support			-	.61**	.08	.06	.05	.13	.13
4. Instrumental Support				-	.11	.14	-.10	.09	.02
5. Satisfaction of Support					-	.84**	-.23*	-.20*	.23*
6. Adequacy of Support						-	-.19*	-.13	-.18*
7. ZSDS Score							-	.62**	.51**
8. POMS Total Score								-	.86**
9. Dep/dej Score									-

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

Because of the sample size ($n = 98$) only three of the remaining subscales were selected for multiple regression analyses. Based on prior research and theory, and the pattern of relationships among the bivariate correlations, denial, perceived adequacy of social support, and satisfaction of social support were selected. Two multiple regression analyses were conducted. A hierarchical regression was conducted to examine the influences of the predictor variables denial, perceived adequacy of social support, and satisfaction of social support on the criterion variable ZSDS score, whilst controlling for gender. Data for the ZSDS was missing for nine

people; thus all data from these people were excluded from this analysis ($n = 89$). In step 1, denial, adequacy of social support and satisfaction of social support were entered into the analysis. In step two, gender was entered into the analysis. The results are summarised in Table 4. The resulting model for ZSDS scores was significant when all predictors were included in the analyses which accounted for 12.5% of the variance in ZSDS scores (adjusted R squared change = .09), $F(3, 86) = 4.09, p < .05$. However, only the predictor denial $t(86) = 2.70, p < .05$ (*standardised β* = .27) made an independent significant contribution to predicting ZSDS scores. This effect remained when gender was entered into the equation, indicating that denial is a significant predictor of ZSDS scores, over and above the influence of gender.

The second hierarchical regression examined the influence of the predictor variables denial, perceived adequacy of social support, and satisfaction of social support on the criterion variable depression-dejection score whilst controlling for gender. As with the previous regression, denial, adequacy of social support and satisfaction of social support were entered into the analysis first. In step two, gender was entered into the analysis. The results are summarised in Table 5. The resulting model for depression-dejection scores was significant when all predictors were included in the analyses which accounted for 9.8% of the variance in depression-dejection scores (adjusted R squared change = .07) $F(3, 94) = 3.37, p < .05$. However, consistent with the previous regression, only the predictor denial $t(94) = 2.17, p < .05$ (*standardised β* = .23) made a significant independent contribution to the equation. Also, consistent with the previous regression, the effect remained when gender was entered into the equation.

Table 4

Summary of Hierarchical Regression Analysis for Variables Denial and Social Support Predicting Scores on the ZSDS (n = 89)

Variable	<i>B</i>	<i>SE B</i>	β
Step 1			
Denial	.95	.35	.27*
Adequate Support	.16	.90	.03
Satisfaction of Support	-1.01	.81	-.25
Step 2			
Denial	1.01	.34	.30*
Adequate Support	-.29	.87	-.06
Satisfaction of Support	-.68	.79	-.15
Gender	3.90	1.32	.29*

Note. $R^2 = .13$ for Step 1; $\Delta R^2 = .08$ for Step 2 ($ps < .05^*$)

Table 5

Summary of Hierarchical Regression Analysis for Variables Denial and Social Support Predicting Scores on the Depression-dejection scale (n = 98)

Variable	<i>B</i>	<i>SE B</i>	β
Step 1			
Denial	.86	.39	.21*
Adequate Support	.35	1.10	.06
Satisfaction of Support	-1.49	1.00	-.27
Step 2			
Denial	.91	.38	.23*
Adequate Support	-.12	1.09	-.02
Satisfaction of Support	-1.09	1.58	-.20
Gender	3.89	1.58	.24*

Note. $R^2 = .10$ for Step 1; $\Delta R^2 = .06$ for Step 2 ($ps < .05^*$).

Discussion

One coping strategy proved to be associated with psychological adjustment (i.e., level of depression and depressed mood) among British migrants in Perth. The results of the current study provide support for the hypothesis that avoidant coping will be associated with higher levels of depression and depressed mood. In contrast, the present research did not support the hypotheses that active coping and social support will be associated with lower levels of depression and depressed mood.

Based on previous research and theory (e.g., Ward & Kennedy, 2001) it was hypothesised that a positive correlation would exist between avoidant coping and

depression/depressed mood. This hypothesis was supported with results indicating a significant positive relationship between the predictor variable denial, which has been described in prior research as an avoidant coping strategy, and the ZSDS and depression-dejection scores. Specifically, participants that used denial as a coping response had a higher level of depression and depressed mood. During the primary appraisal process avoidant coping responses, such as denial, may benefit the individual as they temporarily distance them from an overwhelming stressor (Carver et al., 1989). For migrants however, it is not possible for them to remove themselves completely from the host culture therefore the continual use of avoidant strategies is likely to result in acculturative stress (Ward & Kennedy, 2001). Whilst this notion is supported by prior research (e.g., Crockett et al., 2007), the present research extends on this knowledge. Previous research has focused primarily on the relationship between coping strategies and adjustment among NESB migrants in an ESB host country; the findings of the current research however, confirm that a similar relationship, between avoidant coping strategies and poorer psychological outcomes, exists among British migrants in Perth, Western Australia.

In the present study, active coping was unrelated to psychological outcomes. This is surprising given that the effectiveness of approach and problem-focused coping strategies have been well documented in both the broader stress-coping literature, and in the literature relating to cross-cultural transition (e.g., Ward & Kennedy, 2001; Crockett et al., 2007). Several reasons can be speculated upon for the non-significant relationship between active coping and psychological outcomes in the present study.

Firstly, for the British migrants who reported that the post-migration experience was not difficult, the research questionnaire may not have related to their

experiences. As previously cited, coping emphasises the significance of life changes, their judgment by the individual as challenging, and the selection of coping strategies to deal with psychological distress (Lazarus & Folkman, 1984). The participants who reported that the migration experience was not difficult may not have appraised the situation as challenging, therefore no psychological distress occurred and coping strategies were not required. Consequently, they may not have been able to accurately respond to the COPE scale which, in turn, may have influenced the findings. This notion is supported by anecdotal evidence. For example, one of the research participants stated that they could not complete the COPE scale because the transition was not challenging and therefore they had not needed to use coping strategies. To investigate this notion further analysis exploring the relationships between the predictor variables and the criterion variables for the participants who experienced difficulty with the migration process was recommended for the present study. However, the number of participants ($n = 44$) was not adequate for multiple regression analyses with three predictor variables. Future research should consider exploring the relationships between coping strategies and psychological outcomes, particularly for migrants who perceive the transition to be more challenging.

Secondly, active coping may not have significantly predicted psychological outcomes because of the nature of acculturative stress for British migrants. It is possible that for this migrant group, acculturative stress is acute rather than long-lasting. That is, it may be during the initial months that British migrants appraise the situation as challenging and, in turn, require coping strategies to deal with the psychological distress. In the present study however, the mean length of residence was nine years thus the data reflects participants' post-hoc construction of their migration experience. This may be problematic because, through gained knowledge

and experiences, some migrants may have forgotten or modified the impact that the earlier, and potentially more difficult, stage of the migration process had on them. Exploring the stress-coping relationship among British people in the early stages of migration deserves attention in future research.

Social support was unrelated to psychological outcomes in this study. This is unexpected given that much of the research on migrant adjustment has supported its effectiveness (e.g., Jasinskaja-Lahti & Liebkind, 2007). That said however, Ward and Kennedy (2001) also failed to find a relationship between social support and depression in a sample of British migrants in Singapore. Ward and Kennedy suggested that the non-significant finding may have occurred because the study tapped into types of social support, rather than the quality or satisfaction of the support. Also, 83% of Ward and Kennedy's participants described themselves as sojourners, which may have influenced the findings because sojourners, unlike other migrants, have not moved to the host country on a permanent basis which may impact on the use, quality, or access to social support. The current study aimed to address these limitations firstly, by asking participants about their perceptions of adequacy of the support received and their satisfaction with the support received; and secondly, by using a sample where 97% described themselves as either a permanent resident or British-born Australian citizen. Nevertheless, social support was still found to be unrelated to psychological outcomes. The present study however, did not use standardised measures to assess participants' perceptions of adequacy of support and their satisfaction of the support, thus the non-significant finding may reflect the measure rather than the relationship between social support and psychological outcomes for British migrants in Perth. Also, as previously cited, social support overlaps with aspects of coping. For example, emotional support is often perceived as

an emotion-focused coping strategy, whilst instrumental support is often perceived as a problem-focused coping strategy. As such, the distinction in the conceptualisation and measurement of coping and social support is not clear, which may have impacted on the present findings.

Thirdly, denial may have been the only significant predictor as only this variable was conceptually related to the outcome measures. The Zung-Self Rating Depression Scale and the Profile of Mood States inventory are designed to assess depression and depressed mood in clinical populations (McNair et al., 1971; Zung, 1965). As such, the scales may have placed an emphasis on the negative. Denial has been described in previous research (e.g., Ward & Kennedy, 2001) as a maladaptive coping response and therefore may be more conceptually related to the ZSDS and POMS scale than active coping and social support. Anecdotal evidence supports this notion with several of the research participants commenting that the questionnaire appeared to focus on the negative, rather than the positive. Future research should consider the influence of coping strategies and social support and their relationships to a wider variety of demographic and psychological outcomes (Ward & Kennedy, 2001). Exploring the impact of cross-cultural transition on the migrant with a resilience framework also deserves attention in future research.

Another interesting finding of the present study is that nearly half (45%) of the participants' responses to the statement "I have found the post-migration experience difficult" fell in the *agree somewhat*, *agree*, or *agree strongly* range. Common difficulties that were reported by the participants included: leaving family and friends in the UK, not having daily contact with family/friends, making new friends, getting settled in the workplace, finding a job they liked, having to start their career again (after being successful in the UK), buying a home, finding new

amenities, and dealing with the Australian immigration process. The findings of the present study support the viewpoint of Stratton (2000) that, even though British people speak the same language, it should not be assumed that they will 'fit in' to the Australian population with ease. Moreover, the results found a significant positive relationship between difficulty of the migration experience and the outcome variables indicating that participants who had found the migration experience more difficult had higher levels of depression/depressed mood. Therefore, the current study represents the need for more research among this migrant group.

The present study did have several limitations. The first limitations are in relation to the sample. Firstly, the study used a sample of convenience whereby people had volunteered to participate. Volunteer samples are typically biased (Liamputtong & Ezzy, 2005). For example, the present study assessed British migrants' level of depression/depressed mood; however, British migrants who suffer from depression may not have volunteered for the study. Consequently, the findings may only be representative of the sample group.

Secondly, the sample size was not adequate for the analysis that was conducted. 108 participants were required for the present study. This sample size is based on the formula suggested by Tabachnick and Fidell (2001), $104 + m$ (where m = the number of independent variables), for the statistical analysis of a multiple regression, expecting a medium effect, and with four predictor factors under investigation (Tabachnick & Fidell, 2001). Although 109 people completed the questionnaire, 11 of the participants' scores were removed because they were multivariate outliers. Consequently, 98 participants' scores were entered into the multiple regression examining the relationship between the predictor variables and the depression-dejection subscale. Due to missing data for nine participants on the ZSDS,

89 participants' scores were entered into the regression examining the relationship between the predictor variables and the ZSDS scores. As a result, the power of the model was reduced which, in turn, may have influenced the ability of the model to detect a significant relationship between the predictor variables and the outcome variables.

Another limitation of the current study is that the outcome variables [depression-dejection scores and ZSDS scores] are ordinal measures. Much of the research on the stress-coping relationship, as it relates to cross-cultural transition, has used ordinal data with multiple regression analysis, hence this analysis was chosen for the present study. Nevertheless, Field (2005) states that the outcome variable/s must be quantitative, that is they must be measured at an interval level. Consequently, the conclusions drawn about the stress-coping relationship from the study sample may not be representative of the broader British migrant population.

The correlational nature of the study is also a shortcoming as this means that causality cannot be inferred (Ward & Kennedy, 2001). For example, the present study found a significant relationship between the coping strategy of denial and depression scores. However, it is not known if using denial as a way of coping is causing the level of depression, or if the level of depression is causing this particular coping strategy to be used. Longitudinal research is recommended to further examine the stress-coping relationship as it applies to cross-cultural transition (Ward & Kennedy, 2001).

A final noteworthy point in regards to drawbacks of the present study is the oversight that one of the items from the depression-dejection subscale was not included in the questionnaire. McNair and colleagues (1971) state that the results of the POMS are likely to be invalid if more than 10% of the items within a subscale are

missing. The depression-dejection subscale contains 15 items therefore one missing item in the present study does not violate the protocol. Nevertheless, the same item was missing for all participants which may have influenced the findings of this measure.

In conclusion, whilst past research has largely focused on the stress-coping relationship among NESB migrants to ESB countries, the present research aimed to expand on this knowledge by exploring the stress-coping relationship among British migrants in Western Australia. Although the study had several limitations, it nevertheless shed some light on the use and effectiveness of coping strategies, in particular denial, as they relate to cross-cultural transition, for British migrants in Perth. Moreover, the study and its finding that approximately half of the participants agreed that they had found the migration experience difficult indicates a need for further research among this migrant group. In particular, future research should focus on the stress-coping relationship in the earlier stages of transition. Exploring the impact of cross-cultural transition on the migrant with a resilience framework also deserves attention.

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Appendix A

Information Sheet

My name is Samantha Shooter and I would like to thank you for your interest in this study which is titled: Cross-Cultural Transition, Coping, and Social Support: Relationship to Psychological Outcomes among British Migrants in Australia. This research project is being undertaken as part of the requirements of the Psychology Honours program at Edith Cowan University, Joondalup Campus.

The purpose of this research is to explore the migration experiences of British people residing in Perth, Western Australia. In particular, the research hopes to identify how British migrants deal with migration experiences, and what relationship this has with psychological outcomes. This information may be able to inform both professionals and British migrants with knowledge as to how British people can cope with migration in ways that enhance their psychological health. Your contribution to this study will be to complete a questionnaire. It is expected that this will take approximately 30-40 minutes.

This study has been approved by the Edith Cowan University Faculty of Computing, Health and Science Human Research Ethics Committee. Subject to any legal obligations, all data remain confidential. Your identity will not be disclosed in any reports or publications arising from the study. Your participation is voluntary, thus, you are able to withdraw from the study at any time, and can request for the removal of any data you have supplied. No names or identifying information is required.

It is not believed that participation in this study will result in stress, however, support services are available at any time should you require them. If you would like to ask any questions regarding the study, please feel free to contact me Samantha

Shooter ([REDACTED]); email sshooter@student.ecu.edu.au) or my supervisor Dr Justine Dandy (Tel. 6304 5101; email j.dandy@ecu.edu.au). If you have any concerns or complaints about the research project and wish to talk to an independent person, you may contact:

Associate Professor Lynne Cohen at l.cohen@ecu.edu.au or phone 63045575.

Yours sincerely

Samantha Shooter

Support Service:

Edith Cowan University
Psychological Services Centre
Joondalup House
8 Davidson Terrace
Joondalup WA 6027
Ph: 93010011

Appendix B

CROSS-NATIONAL TRANSITION, COPING, AND SOCIAL SUPPORT

Thank you for agreeing to participate in this study.

Your answers are confidential; therefore your name will not appear anywhere. Your participation is completely voluntary and you can withdraw from this study at any time.

Please turn over and begin the questionnaire

SECTION A: COPING STRATEGIES

I am interested in how people respond when they try to deal with the potentially stressful event of migrating from Britain to Australia. Obviously, different events bring out somewhat different responses, but think about how you dealt with **stress related to your post-migration experience**. Try to reflect back on events you may have encountered and how you responded to these events. For example, what did you do to deal with finding your way around a new city, missing friends and family, buying or renting a new home, finding a job, finding a new school for the children, or meeting new people?

Now respond to each of the following items by circling one number for each item using the scale. Please try to respond to each item separately in your mind from each other item. Choose your answers thoughtfully, and make your answers as true for you as you can. Please answer every item. There are no "right" or "wrong" answers, so choose the most accurate answer for YOU.

I usually don't do this at all	I usually do this a little bit	I usually do this a medium amount	I usually do this a lot	
1	2	3	4	
1. I try to grow as a person as a result of the experience			1 2 3 4	
2. I turn to work or other substitute activities to take my mind off things.			1 2 3 4	
3. I get upset and let my emotions out.			1 2 3 4	
4. I try to get advice from someone about what to do.			1 2 3 4	
5. I concentrate my efforts on doing something about it.			1 2 3 4	
6. I say to myself "this isn't real."			1 2 3 4	
7. I laugh about the situation.			1 2 3 4	
8. I admit to myself that I can't deal with it, and quit trying.			1 2 3 4	
9. I restrain myself from doing anything too quickly.			1 2 3 4	
10. I discuss my feelings with someone.			1 2 3 4	
11. I get used to the idea that it happened.			1 2 3 4	
12. I talk to someone to find out more about the situation.			1 2 3 4	

..... In dealing with my stress-related migration experience

I usually don't do this at all	I usually do this a little bit	I usually do this a medium amount	I usually do this a lot	
1	2	3	4	
13. I keep myself from getting distracted by other thoughts or activities.				1 2 3 4
14. I daydream about other things than this.				1 2 3 4
15. I get upset, and am really aware of it.				1 2 3 4
16. I make a plan of action.				1 2 3 4
17. I make jokes about it.				1 2 3 4
18. I accept that this has happened and that it can't be changed.				1 2 3 4
19. I hold off doing anything about it until the situation permits.				1 2 3 4
20. I try to get emotional support from friends or family.				1 2 3 4
21. I just give up trying to reach my goal.				1 2 3 4
22. I take additional action to try to get rid of the problem.				1 2 3 4
23. I refuse to believe that it has happened.				1 2 3 4
24. I let my feelings out.				1 2 3 4
25. I try to see it in a different light, to make it seem more positive				1 2 3 4
26. I talk to someone who could do something concrete about the problem.				1 2 3 4
27. I sleep more than usual.				1 2 3 4
28. I try to come up with a strategy about what to do.				1 2 3 4
29. I focus on dealing with this problem, and if necessary let other things slide a little.				1 2 3 4
30. I get sympathy and understanding from someone.				1 2 3 4
31. I kid around about it.				1 2 3 4

32. I give up the attempt to get what I want.	1	2	3	4
---	---	---	---	---

..... In dealing with my stress-related migration experience

I usually don't do this at all	I usually do this a little bit	I usually do this a medium amount	I usually do this a lot	
1	2	3	4	
33. I look for something good in what is happening.	1	2	3	4
34. I think about how I might best handle the problem.	1	2	3	4
35. I pretend that it hasn't really happened.	1	2	3	4
36. I make sure not to make matters worse by acting too soon.	1	2	3	4
37. I try hard to prevent other things from interfering with my efforts at dealing with this.	1	2	3	4
38. I go to the movies, or watch T.V, to think about it less.	1	2	3	4
39. I accept the reality of the fact it happened.	1	2	3	4
40. I ask people who have had similar experiences what they did.	1	2	3	4
41. I feel a lot of emotional distress and find myself expressing those feelings a lot.	1	2	3	4
42. I take direct action to get around the problem.	1	2	3	4
43. I force myself to wait for the right time to do something.	1	2	3	4
44. I make fun of the situation.	1	2	3	4
45. I reduce the amount of effort I'm putting into solving the problem.	1	2	3	4
46. I talk to someone about how I feel.	1	2	3	4
47. I learn to live with it.	1	2	3	4
48. I put aside other activities in order to concentrate on this.	1	2	3	4
49. I think hard about what steps to take.	1	2	3	4

50. I act as though it hasn't happened. 1 2 3 4
51. I do what has to be done, one step at a time. 1 2 3 4
52. I learn something from the experience. 1 2 3 4

SECTION B: MY FEELINGS

Below is a list of words that describe feelings people have. Please read each one carefully. Then circle ONE number next to the answer to the right which best describes HOW YOU HAVE BEEN FEELING DURING THE LAST MONTH INCLUDING TODAY.

The numbers refer to these phrases

Not at all	A little	Moderately	Quite a bit	Extremely
0	1	2	3	4

- | | | | |
|--------------------------|-----------|-----------------|-----------|
| 1. Friendly | 0 1 2 3 4 | 14. Sad | 0 1 2 3 4 |
| 2. Tense | 0 1 2 3 4 | 15. Active | 0 1 2 3 4 |
| 3. Angry | 0 1 2 3 4 | 16. On edge | 0 1 2 3 4 |
| 4. Worn out | 0 1 2 3 4 | 17. Grouchy | 0 1 2 3 4 |
| 5. Unhappy | 0 1 2 3 4 | 18. Blue | 0 1 2 3 4 |
| 6. Clear-headed | 0 1 2 3 4 | 19. Energetic | 0 1 2 3 4 |
| 7. Lively | 0 1 2 3 4 | 20. Panicky | 0 1 2 3 4 |
| 8. Confused | 0 1 2 3 4 | 21. Hopeless | 0 1 2 3 4 |
| 9. Sorry for things done | 0 1 2 3 4 | 22. Relaxed | 0 1 2 3 4 |
| 10. Shaky | 0 1 2 3 4 | 23. Unworthy | 0 1 2 3 4 |
| 11. Listless | 0 1 2 3 4 | 24. Spiteful | 0 1 2 3 4 |
| 12. Peeved | 0 1 2 3 4 | 25. Sympathetic | 0 1 2 3 4 |
| 13. Considerate | 0 1 2 3 4 | 26. Uneasy | 0 1 2 3 4 |

The numbers refer to these phrases

Not at all	A little	Moderately	Quite a bit	Extremely
0	1	2	3	4

27. Restless	0 1 2 3 4	51. Alert	0 1 2 3 4
28. Unable to concentrate	0 1 2 3 4	52. Deceived	0 1 2 3 4
29. Fatigued	0 1 2 3 4	53. Furious	0 1 2 3 4
30. Helpful	0 1 2 3 4	54. Efficient	0 1 2 3 4
31. Annoyed	0 1 2 3 4	55. Trusting	0 1 2 3 4
32. Discouraged	0 1 2 3 4	56. Full of pep	0 1 2 3 4
33. Resentful	0 1 2 3 4	57. Bad-tempered	0 1 2 3 4
34. Nervous	0 1 2 3 4	58. Worthless	0 1 2 3 4
35. Lonely	0 1 2 3 4	59. Forgetful	0 1 2 3 4
36. Miserable	0 1 2 3 4	60. Carefree	0 1 2 3 4
37. Muddled	0 1 2 3 4	61. Terrified	0 1 2 3 4
38. Cheerful	0 1 2 3 4	62. Guilty	0 1 2 3 4
39. Bitter	0 1 2 3 4	63. Vigorous	0 1 2 3 4
40. Exhausted	0 1 2 3 4	64. Uncertain about things	0 1 2 3 4
41. Anxious	0 1 2 3 4	65. Bushed	0 1 2 3 4
42. Ready to fight	0 1 2 3 4		
43. Good natured	0 1 2 3 4		
45. Desperate	0 1 2 3 4	Please Turn the Page	
46. Sluggish	0 1 2 3 4		
47. Rebellious	0 1 2 3 4		
48. Helpless	0 1 2 3 4		
49. Weary	0 1 2 3 4		
50. Bewildered	0 1 2 3 4		

Below is a list of statements that describe how people feel. Please read each one then circle ONE number to the right which best describes HOW YOU HAVE BEEN FEELING DURING THE PAST SEVERAL DAYS

The numbers refer to these phrases

A little of the time Some of the time Good part of the time Most of the time

1	2	3	4
---	---	---	---

1. I feel down hearted and blue.	1	2	3	4
2. Morning is when I feel best.	1	2	3	4
3. I have crying spells or feel like it.	1	2	3	4
4. I have trouble sleeping at night.	1	2	3	4
5. I eat as much as I used to.	1	2	3	4
6. I still enjoy sex.	1	2	3	4
7. I notice that I am losing weight.	1	2	3	4
8. I have trouble with constipation.	1	2	3	4
9. My heart beats faster than usual.	1	2	3	4
10. I get tried for no reason.	1	2	3	4
11. My mind is as clear as it used to be.	1	2	3	4
12. I find it easy to do the things I used to.	1	2	3	4
13. I am restless and can't keep still.	1	2	3	4
14. I feel hopeful about the future.	1	2	3	4
15. I am more irritable than usual.	1	2	3	4
16. I find it easy to make decisions.	1	2	3	4
17. I feel that I am useful and needed.	1	2	3	4
18. My life is pretty full.	1	2	3	4
19. I feel that others would be better off	1	2	3	4

if I were dead.

Please Turn the Page

20. I still enjoy the things I used to do. 1 2 3 4

We all have times in our lives where we feel low. If you would like to talk to a counsellor you may wish to contact:

Edith Cowan University
Psychological Services Centre
Joondalup House
8 Davidson Terrace
Joondalup WA 6027
Ph: 93010011

SECTION C: POST MIGRATION EXPERIENCE

Using the scale below please respond to the following statement by circling the number that best fits your response

Strongly disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Agree strongly
1	2	3	4	5	6	7

1) I have found the post-migration experience difficult. 1 2 3 4 5 6 7

2) What have you found difficult about the post-migration experience?
If you have not found anything difficult about post-migration, what difficulties do you think others may have faced?

3) What have you found easy about the post-migration experience?
If you have not found anything easy about post-migration, what do you think others may have found easy?

Using the scale below please respond to the following statement by circling the number that best fits your response

- | | | | | | | |
|----------------------|----------|----------------------|---------|-------------------|-------|-------------------|
| Strongly
disagree | Disagree | Disagree
somewhat | Neutral | Agree
somewhat | Agree | Agree
strongly |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
- 4) I feel that I received adequate support from others (e.g., family, friends, neighbours, work colleagues) 1 2 3 4 5 6 7
- 5) I am satisfied with the support that I received from others 1 2 3 4 5 6 7

SECTION D: DEMOGRAPHIC INFORMATION

1. Age: How old are you? _____ years

2. Sex: What is your gender?

☐ Female

☐ Male

3. Education:

a. What is the highest level of schooling that you have obtained?

☐ Primary school, or some high school

☐ Completed high school

☐ Technical, Community College (e.g., TAFE)

☐ Some University

☐ Complete University degree

☐ Post graduate degree

b. Are you currently studying in post-secondary education?

☐ Yes

☐ No

c. What is the highest level of schooling that **your mother** has obtained?

☐ Primary school, or some high school

☐ Completed high school

☐ Technical, Community College (e.g., TAFE)

☐ Some University

☐ Complete University degree

☐ Post graduate degree

4. Religion: What is your religion?

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Protestant | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Greek Orthodox | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Other (please write in) _____ | |

5. Employment (paid or unpaid):

What is your occupation?

6. Length of residence:

How long have you lived in Australia? _____ years

7. Citizenship and Residency:

a. Are you an Australian citizen?

- ☐ Yes
☐ No

If yes, for how long? _____ Years

b. Are you a British citizen?

- ☐ Yes
☐ No

c. Are you a Permanent Resident of Australia?

- ☐ Yes
☐ No

Thank you very much for completing this questionnaire. If you would like to be informed of the results of the study, please contact the researchers (details on information letter).

Appendix C

My name is Samantha Shooter and I am undertaking a study as part of the requirements of the Psychology Honours program at Edith Cowan University, Joondalup Campus. The study is titled Cross-Cultural Transition, Coping, and Social Support: Relationship to Psychological Outcomes among British Migrants in Australia.

The purpose of this research is to explore the migration experiences of British people residing in Perth, Western Australia. In particular, the research hopes to identify how British migrants deal with migration experiences, and what relationship this has with psychological outcomes. This information may be able to inform both professionals and British migrants with knowledge as to how British people can cope with migration in ways that enhance their psychological health. Your contribution to this study will be to complete a questionnaire. It is expected that this will take approximately 15-20 minutes. Your participation is voluntary, thus, you are able to withdraw from the study at any time, and can request for the removal of any data you have supplied. No names or identifying information is required.

It is not believed that participation in this study will result in stress, however, support services are available at any time should you require them. If you would like to ask any questions regarding the study, please feel free to contact me Samantha Shooter (Tel. 0405 276 277; email sshooter@student.ecu.edu.au)

Yours sincerely

Samantha Shooter

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Guidelines for Contributions by Authors

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