THE INFLUENCE OF PERCEIVED SOCIAL SUPPORT ON 
THE RELATIONSHIP BETWEEN ACCULTURATION 
AND SUBJECTIVE WELL-BEING AMONG 
ASIAN INDIANS

By
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To the Faculty of Washington State University

The members of the Committee appointed to examine the dissertation of MONIKA PARIKH find it satisfactory and recommend that it be accepted.

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Abstract

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This study was designed to investigate the mediating and moderating role of perceived social support (PSS) from family and friends on the relationship between four modes of acculturation (e.g., Integration, Assimilation, Separation, and Marginalization) and subjective well-being (SWB) among Asian Indians residing in the United States. Few studies have examined this relationship among Asian Indians residing in the United States.

Participants were 255 first-and second-generation Asian Indians in the United States from cities with high concentrations of Asian Indians who completed a demographic questionnaire, the Acculturation Attitudes Scale for Asian Indians (AAS; Krishnan & Berry, 1992), the Stephenson Multigroup Acculturation Scale (SMAS; Stephenson, 2000), the Perceived Social Support from Friends and Family Scales (Procidano & Heller, 1983), the Satisfaction With Life Scale (SWLS; Diener et al., 1985), and the Positive and Negative Affect Schedule Expanded Form (PANAS-X; Watson & Clark, 1994).

Hypotheses included: 1) SWB will be positively associated with Integration and Assimilation and negatively associated with Separation and Marginalization, 2) PSS-Friends and PSS-Family will be positively associated with Integration and Assimilation and negatively
associated with Separation and Marginalization, 3) PSS-Friends and PSS-Family will be a positive predictor of SWB, 4) the effects of acculturation on SWB will be partially mediated by PSS, and 5) the relationships between the four acculturation modes and SWB will be stronger for individuals with higher PSS.

Results for Hypothesis 1 indicated that Marginalization was negatively correlated with both SWLS and PA, and positively correlated with NA, while Assimilation was only modestly correlated with PA. Support for Hypothesis 2 was quite limited such that only Marginalization was negatively correlated with PSS-Friends. For Hypothesis 3, as expected, PSS-Friends and PSS-Family were positively correlated with PA and SWLS, and negatively correlated with NA. In the test of Hypothesis 4, the relationship between Assimilation and SWB was fully mediated by PSS-Friends and PSS-Family, while only PSS-Friends partially mediated the impact of Marginalization on SWB. For Hypothesis 5, there was a significant interaction between PSS-Friends and Assimilation for one of the three SWB variables (e.g., PA). Interpretation and limitations of the findings, applied implications, and future directions are discussed.
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Dedication

This dissertation is dedicated to my grandmother, Ba, who taught me how to persevere through challenges and emphasized the importance of education.
CHAPTER ONE

Introduction

The purpose of this study was to investigate the mediating and moderating role of perceived social support on the relationship between acculturation and subjective well-being among Asian Americans and more specifically the Asian Indian subgroup. Over the years, research on this specific subgroup has increased which has sparked an interest in better understanding the unique experiences that may contribute to the mental health and experiences of Asian Indians residing in the United States.

There is a longstanding lack of consistency in the labeling of Asian Indians. Some researchers refer to individuals from India as South Asian, East Indian, Indian, Asian Indian or under the umbrella term Asian. However, Durvasula and Mylvaganam (1994) noted that most Asian Indians feel that they differ from the other Asian immigrant groups and assert that the term “Asian Indian” may be the ideal classification for this group; therefore, for the purpose of this study, individuals from India were referred to as Asian Indians.

Due to the passage of the Immigration and Naturalization Act of 1965, there has been an upsurge of Asian Indians in the United States, and these numbers continue to rise. As a result, there is a dire need to understand the unique experience of this population regarding their adaptation to the cultural norms in the U.S. Berry and Kim (1988) posited that the process of adaptation of immigrants to the dominant culture directly impacts the psychological well-being and health of immigrant groups such as Asian Indians. Despite being the “model minority,” Asian Indians appear at high risk for mental health concerns and it is crucial to examine how the acculturation process may impact these difficulties (Das & Kemp, 1997).

Asian Indians’ ethnic identity, acculturation and psychological adjustment are rooted in
the central role of the family (Farver, Narang, & Bhadha, 2002). In immigrant families, U.S.-
born or second-generation children tend to adapt and acculturate to the American culture faster
than their immigrant parents (Farver, Narang, & Bhadha, 2002). In particular, Dasgupta (1998)
distinguishes one of the primary differences between Asian Indian and European American
cultural belief systems as the concept of the self. Asian Indians tend to be allocentric, where the
self and the family are essential components rather than separate components. These
contradictions between cultures could result in a sense of dissonance among collectivistic
familial demands and the American society’s emphasis on individualism. These factors may lead
to supplementary problems in the acculturation process of immigrant parents and their children
as well as implications for psychological well-being. However, despite the upsurge of this
population to the U.S., Asian Indian individuals are still underrepresented in mental health
literature (Durvasula & Mylvaganam, 1994).

Although there is limited research on the mental health status of Asian Indians, past
research indicates that Asian Indians generally have a negative view towards counseling as a
source of coping when dealing with mental health issues (Parekh, 2000; Sharma, 1994). When
compared to European Americans, Asian Indians are more inclined to utilize more traditional
forms of aid when experiencing stress or emotional distress due to the significant stigma
associated with counseling in the Indian culture. Consequently, Shen and Takeuchi (2001)
suggest that social variables such as social support may influence the relationship between the
acculturation process and the mental health of Asian Americans.

Traditionally, research on the process of acculturation tends to predominately focus on
how an individuals’ level of acculturation is associated with negative outcomes (i.e.,
psychological symptoms); however, more recent research incorporates the relationship to
positive outcomes such as subjective well-being and the role of mediating and/or moderating variables such as social support. Kim (2001) asserts that social support provides individuals with the ability to adequately cope and adapt to stress and psychological distress. Due to cultural differences between the Western culture and Asian culture, there are significant variations in the benefits of social support among populations. For Asian Americans, research has consistently shown that the mere perception of social support may be associated with positive psychological and subjective well-being. However, the majority of research studies on social support in Asian Americans fail to specifically include Asian Indian populations.

A shortcoming of the current research regarding Asian Indians is the lack of focus on the role of social variables such as perceived social support in better understanding the relationship between the process of acculturation and Asian Indians’ subjective well-being. Therefore, the proposed study primarily focused on bridging the significant gap in the literature by examining the moderating or mediating role of perceived of social support on the relationship between acculturation and subjective well-being of Asian Indians residing in the United States. This study also sought to contribute to the limited mental health research that addresses the unique experiences of Asian Indians and identifies possible factors that may impact Asian Indians’ subjective well-being. The specific role of perceived social support from friends and family has significant implications for counseling and influences the subjective well-being of this specific subgroup, further highlighting the importance of considering social variables when working with ethnic minorities. Therefore, with the rising number of Asian Indians residing in the United States it is imperative that psychologists refine their treatment modalities to incorporate the influence of social support into their treatment approaches and consider the influence of the acculturative process in order to better support the unique challenges and experiences of Asian
Indians residing in the United States.
CHAPTER TWO

Literature Review

The purpose of this chapter is to describe the unique experiences of Asian Indians in the United States and to review the literature on the process of acculturation, mental health, subjective well-being, and the role of perceived social support among Asian Americans in general as well as the Asian Indian subgroup.

Asian Americans are the fastest growing ethnic minority group in the United States and the 2000 census indicates that people of Asian descent represent 4.2% of the U.S. population (U.S. Bureau of Census, 2000). The category of Asian Americans is comprised of many heterogeneous subgroups from all over Asia including Chinese, Japanese, Filipinos, Koreans, Cambodians, Vietnamese, Asian Indians, and many other groups. Due to the passage of the Immigration and Naturalization Act of 1965, more Asians and Asian Indian immigrants have been permitted access into the United States and these numbers continue to rise (Durvasula & Mylvaganam, 1994). According to the 2000 census, Chinese, Filipinos, and Asian Indians are the three largest Asian American subgroups in the United States. There are over 1.9 million Asian Indians residing in the United States, which represents approximately 16% of all Asian populations (U.S. Bureau of Census, 2000). A large proportion of the Asian Indian immigrants who migrated to the United States since 1965 are professionals, highly educated individuals, or students with the desire to obtain professional degrees. In addition, many families have immigrated to the U.S. in hopes of attaining more financial stability and providing better educational and career opportunities for their children.

Although there are a growing number of Asian Americans in the U.S., this population tends to be overlooked or disregarded in research due to the idea that Asian Americans are a
“model minority” (Leong, 1980). The “model minority” is typically considered to attain high levels of success. However, Asian Americans such as Asian Indians are not exempt from experiencing prejudice and discrimination, but they face more subtle forms of discrimination. Despite the increase in Asian Indians, most Americans know little about first-generation Asian Indians due to their relative economic and professional success (Sodowsky & Carey, 1988). Like other ethnic minorities, these immigrants may also experience distress related to adopting cultural norms of the dominant culture. Therefore, this conception has become known as the “model minority myth” in that Asian Americans are stereotyped as the minority group that has effectively adapted into the U.S. culture (Leong, 1980).

One negative consequence of this myth is the contention that Asian Americans are psychologically adjusted and do not face mental health problems because they are academically and vocationally successful. As a result, this myth tends to ignore the psychological implications or adjustment difficulties among Asian Americans and the perpetuation of this myth has also contributed to the lack of research on the subsequent problems of Asian Americans (Leong, 1980). Contrary to the model minority myth, Asian Americans do in fact experience social and psychological problems (Leong, 1986). Further, they experience similar or even higher levels of problems than their White European American counterparts (Lee, Lei, & Sue, 2001; Sue & Morishima, 1982). Fortunately, the rise in Asian Americans in the U.S. has brought a greater interest in understanding their distinct experiences and problems to determine the psychological needs of particular subgroups of this population. It can be extremely detrimental for mental health professionals to respond to various Asian subgroups in a similar fashion; therefore, it is essential to consider within-group differences among Asians.
**Models of Acculturation**

To better understand the psychological experiences of Asian Americans, it is useful to consider the process of adaptation to the U.S. culture and maintenance of traditional Asian cultural norms. Acculturation is a complex, multidimensional process (Sodowsky, Lai, & Plake, 2001) that directly influences the mental health of many minority groups, thus reiterating the importance of considering the positive and negative effects on minority groups such as Asian Americans including Asian Indians. Acculturation can be viewed as a dynamic process of change that individuals endure when interacting with a new cultural environment and that tends to occur across various domains (Rivera, 2010). Although it is evident that acculturation is an important construct in cross-cultural research, there are considerable complexities associated with the conceptualization and measurement of acculturation (Berry, 2003). Berry (2003) argued that the primary issue in conceptualizing the acculturation process tends to be its dimensionality. Models of acculturation often measure acculturation based on a single dimension or multiple dimensions that are influenced by cultural factors and are viewed as either unidimensional (unilinear) or bidimensional/multidimensional (bilinear/multilinear) (Berry, 2003; Olmedo, 1979).

Traditionally, the process of acculturation has been explained as a concept which assumes that acculturation can be measured primarily with unilinear by proxy variables (demographic variables) such as the generational status, years of residence in the U.S., or age at immigration for the individual undergoing acculturative change (Mendoza, 1984; Mendoza & Martinez, 1981; Padilla, 1980; Ryder, Alden, & Paulhus, 2000). According to this perspective, acculturation can be determined by an individuals’ degree of exposure with the dominant culture (Ryder et al., 2000) and is viewed as a process that occurs on a continuum with the dominant culture and “new” culture representing opposite ends (Suinn, 2009). Thus, individuals are
identified as either having low acculturation (limited involvement with the dominant culture) or high acculturation (highly involved with the dominant culture). As a result, the measurement of acculturation can be solely based on a single score, which in turn represents an individual’s level or degree of acculturation (Berry, 2003). Further, Garcia and Lega (1979) conceptualized acculturation as a unidirectional process of assimilation that involves rejecting one’s traditional cultural values, beliefs, while concurrently practicing and espousing those of the dominant culture. The unidirectional model tends to primarily emphasize the process of assimilating into the dominant culture (Rivera, 2010). While acculturation and assimilation are often used interchangeably, Teske and Nelson (1974) considered these processes to be different. They described assimilation as a unidirectional relationship toward the dominant culture, while acculturation was described as a two-way reciprocal relationship between the dominant culture and one’s native culture.

Although the unidimensional model is often employed in studies, there are noteworthy limitations to this model. Rivera (2010) criticized the unidimensional conceptualization of acculturation as it precludes the ability to employ different ways to adapt to a new culture. In particular, Cabassa (2003) and Rivera (2010) argued that this model does not account for bicultural individuals who are negotiating between both cultures simultaneously. Other underlying criticisms of this model are that it assumes that acculturation solely occurs for ethnic minorities immigrating to the United States and that it occurs without being influenced by the dominant culture (Berry 1997; Cabassa, 2003). Overall, this model views cultural change to be solely determined by the dominant culture and assumes that an individual cannot identify with more than one culture since the different cultures are deemed as independent of each other (Ramirez, 1984).
In comparison, the acculturation process has increasingly been viewed as a bidimensional (or multidimensional) adjustment process such that it involves both the minority groups’ culture and the dominant culture (Berry, 1997; Cabassa, 2003; Cuéllar, Arnold, & Maldonado, 1995; Lee, Yoon, & Liu-Tom, 2006; Mendoza & Martinez, 1981; Mendoza, 1984; Padilla, 1980; Ryder et al., 2000; Zane & Mak, 2003). According to these authors, an individual’s level of acculturation can be determined by measuring two distinct components: the degree of adaptation to the dominant culture and the degree of maintenance of the minority culture. Berry et al. (1989) refers to acculturation as the process in which ethnic minorities adapt to the dominant culture and the subsequent changes in their beliefs, attitudes, values, and behaviors. Kim (2007) asserted that Berry’s conceptualization of the acculturation process or cultural maintenance may be consistent with the experiences of Asian American immigrants. However, he argued that the term acculturation may not accurately depict the unique experiences of Asian Americans born in the U.S. These Asian Americans may not have been socially immersed in their Asian ethnic cultural norms, resulting in a different level of adaptation to their native culture. Therefore, the term enculturation refers to the process of integrating and maintaining one’s indigenous cultural norms (Kim, 2007). Kim and Abreu (2001) highlight that high adherence to Asian cultural norms is not comparable to low levels of acculturation, but rather individuals can identify with both cultures in varying degrees.

The bidimensional model presumes that ethnic minorities can have either a strong or weak identification with both the dominant culture and their native culture indicating that these cultural orientations are independent of each other (Reddy, 2002). However, it is important to highlight that a strong identification with the dominant culture does not signify a weak identification with one’s native culture (Reddy, 2002). In other words, the bidimensional model
of acculturation assesses the degree to which individuals enculturate and acculturate. Similarly, Mendoza and Martinez (1981) assert that a multidimensional model may be more appropriate in encompassing the plethora of factors associated with the acculturation process as it accounts for the influence of multiple cultural and developmental factors that may be interdependent.

Berry (1997) proposed a bidimensional model of acculturation that addresses the possible interaction between acculturation and enculturation, leading to four distinct acculturation modes that ethnic group members could identify with the dominant and native cultures: assimilation, separation, marginalization, and integration. Assimilation refers to the individual identifying primarily with the dominant culture and severing ties with their native culture. Individuals in this status are highly acculturated but not enculturated. Separation refers to the individual primarily identifying with their native culture and rejecting the dominant culture entirely. Individuals in this status are highly enculturated but not acculturated. Marginalization refers to the individual rejecting both their native and dominant culture. Individuals in this status are neither acculturated or enculturated. Integration refers to the individual becoming “bicultural” by retaining characteristics from their own culture while selectively attaining characteristics from the dominant culture (e.g., biculturalism). Hence, individuals in this status are both highly acculturated and enculturated (Berry 1997; Kim, 2007). In summary, the bidimensional framework of acculturation underscores that acculturation occurs along two dimensions (dominant and native culture) and at varying degrees across different domains (Rivera, 2010).

Measurement of Acculturation and Enculturation. The field of acculturation research has progressed theoretically and conceptually over the years, which has significantly impacted the modes of measuring acculturation. However, there is limited research that specifically addresses how these two models of acculturation and enculturation (e.g., unidimensional and
bidimensional) influence the measures of the process of acculturation (Cabassa, 2003; Ryder et al., 2000). Thus, not only has there been debate on a universal definition of acculturation, there have also been several challenges associated with constructing measures that correspond with the proposed theoretical/conceptual notion of acculturation.

For instance, one challenge faced by researchers is translating the conceptualization of acculturation into empirically valid measurements (Mendoza, 1984). When developing acculturation instruments, it is critical for the scales to have construct, content, and criterion validity. Unidimensional measures tend to have insufficient construct and content validity as they may be disregarding other related factors. Another considerable concern with studies investigating acculturation levels is the use of different measures that are often evaluating distinct components or varied conceptualizations of both acculturation and enculturation resulting in low criterion validity (Mendoza, 1984). Acculturation measures tend to assess both behavioral and attitudinal domains including language use, preference, social affiliation, cultural traditions, communication style, among others (Zane & Mak, 2003). They also tend to vary in the type of domain being assessed to determine degree of cultural change; however, the majority of acculturation measures tend to focus on language use, followed by social affiliation, and identification with a culture (Zane & Mak, 2003). Additionally, there often tends to be variation in the use of proxy indicators of acculturation within and between scales (Zane & Mak, 2003). This limits the ability to compare findings across studies as they may be evaluating different components of cultural change resulting from adapting to the dominant culture (Rivera, 2010). In other words, although these domains provide an array of behavioral and attitudinal aspects to assess acculturation, a significant shortcoming of these measures is the content validity, specifically the extent to which these measures are adequately assessing the domain (Zane &
Mak, 2003). Not only is it important that acculturation measures evaluate validity, it is also valuable to assess the reliability of the structure of the instrument. Further, Mendoza and Martinez (1981) argued that one’s level of acculturation should be identified as a dependent or independent variable so demographic information (i.e., generational level, socioeconomic status, etc.) are not sole indices of acculturation.

As previously mentioned, the unidimensional perspective measures acculturation as a function of demographic variables; however, a significant drawback of this model is that it tends to disregard other significant factors or individual differences that may affect one’s adaptation to a new culture (Ryder et al., 2000). Another notable limitation of the unidimensional model is the failure to account for bicultural individuals who have successfully adapted to both cultures when going through the acculturation process (Cabassa, 2003; Garcia & Lega, 1979). For example, the Acculturation Rating Scale for Mexican Americans (ARMSA) (Cuéllar, Harris, & Jasso, 1980) presupposes a unidimensional model, which requires respondents to rate cultural domains (e.g., language, food, music, and preferences for T.V., spoken language, and identity) on a single continuum ranging from Mexican/Spanish to Anglo/English. This type of single continuum requires individuals to choose between the two cultures, which may imply that for individuals to acculturate they must predominantly adhere to more than one culture (Cuéllar et al., 1995). Rivera (2010) outlined additional limitations to further highlight fundamental issues with the use of unidimensional measures in acculturation research including the lack of consistent methods for assessing acculturation and collapsing scores on measures with multiple indicators into a total score of acculturation.

Suinn and his colleagues (1987) addressed these limitations among Asian Americans by developing an instrument, the Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA),
which assesses psychological acculturation as an individual-differences measure. This instrument measures acculturation as a unidimensional construct that ranges from highly traditional on one end, bicultural at the midpoint, and highly assimilated at the other end. Although, these researchers included a component of biculturalism to the SL-ASIA, this instrument fails to sufficiently account for the bidimensional component of acculturation and enculturation (Kim & Abreu, 2001) and primarily concentrates on behavioral components of acculturation (Kim & Omizo, 2003). In addition, its psychometric properties (e.g., underlying factor structure) have not been adequately established (Kim & Abreu, 2001). Overall, it is evident that the unidimensional model may not provide a comprehensive representation of one’s adaptation to either the dominant or native culture. Unidimensional instruments such as the ARSMA and the SL-ASIA would not be able to accurately distinguish bicultural individuals who strongly identify with both cultures or one who does not strongly identify with either (Ryder et al., 2000).

On the other hand, recent studies on acculturation and enculturation support a bidimensional conceptualization and consider these two orientations to be independent of each other (Cabassa, 2003; Cuéllar et al., 1995; Kim & Abreu, 2001; Lee et al., 2006). Therefore, measures developed from this perspective provide an assessment of the two independent dimensions (acculturation and enculturation), which addresses the inherent limitations of unidimensional measurements (Cabassa, 2003). A separate measurement of these two components offers an individual with the option of preserving his or her culture of origin while concurrently obtaining attitudes, behaviors, and values of the dominant culture.

In regards to bidimensional measurements, the Acculturation Rating Scale for Mexican Americans-II (ARSMA-II; Cuéllar et al., 1995) is one of the most advanced acculturation and enculturation scales and tends to be utilized in a significant number of studies. Although the
ARSMA-II has not been validated specifically with Asian Indians, a recent study investigated the use of the ARSMA-II among two samples of Asian Americans (Lee et al., 2006). According to Lee et al. (2006), the ARSMA-II subscales yielded scores with adequate internal consistency reliability; however, further research is required to illustrate internal consistency reliability and validity for Asian Americans including Asian Indians. Fortunately, more instruments based on the bidimensional model have been developed specifically to assess the adaptation of Asian American populations such as the Multicultural Acculturation Scale (MAS; Wong-Rieger & Quintana, 1987), the Asian Values Scale (AVS; Kim, Atkinson, & Yang, 1999), the European American Values Scale for Asian Americans (EAVS-AA; Wolfe, Yang, Wong, & Atkinson, 2001), and the Vancouver Index of Acculturation (Ryder et al., 2000). Recent measures include the General Ethnicity Questionnaire (GEQ; Tsai, Ying, & Lee, 2000), and the Asian American Multidimensional Acculturation Scale (AAMAS; Chung, Kim & Abreu, 2004). The Asian Values Scale (Kim et al., 1999) is a measure of adherence to Asian values that assesses enculturation rather than behavioral components of acculturation; therefore, it does not truly correspond with the bidimensional approach for conceptualizing acculturation and enculturation. In order to address that the AVS only assesses the level of adherence to Asian values, the authors developed the EAVS-AA to correspondingly assess adherence to European American values to provide a more accurate representation of both cultural environments (Suinn, 2009). The AAMAS measures acculturation, enculturation, and panethnic identification across various life domains for Asian Americans; however, further research needs to be conducted to establish robust psychometric properties. The MAS is a measure that assesses multiple components (behaviors, identity, and values) based on Berry’s four acculturation modes, and accounts for biculturalism (Suinn, 2009).
Similar to the unidimensional model, there are some criticisms for the bidimensional model. Although Berry’s model of acculturation is the most commonly used bidimensional approach, it has been criticized on both a conceptual and methodological level (Ryder et al., 2000). The theoretical interdependency of the two orientations suggests that a high score on one scale should imply a low score on the other three. In accordance, Berry’s model has been criticized for not adequately portraying the unique characteristics of the four proposed modes of identifying with the dominant or native culture.

Despite the recent efforts to develop measures of acculturation consistent with the bidimensional model, additional efforts are needed to rectify the gap that still exists between the conceptualization and measurement of acculturation (Rivera, 2010). In response to the challenges associated with measuring the dynamic construct of acculturation, Cabassa (2003) outlined five suggestions to improve measures of acculturation including: (a) reducing the reliance on indirect indicators (i.e., generational status, language usage, years of residence in the United States, and age of immigration) as measures of acculturation; (b) establishing a more standardized approach of conceptualizing and measuring acculturation; (c) an operationalization of acculturation indicators such as values and attitudes; (d) incorporating a theoretical framework into the measurement of the acculturation/enculturation process; and (e) an assessment of contextual factors to assist in identifying mediator and moderator variables that influence the process. Berry (2003) and Rivera (2010) supported the notion that the process in which an individual adapts to the dominant culture or maintains their native culture is an outcome of contextual factors such as the cultural context in which they undergo acculturation and the larger society. Similarly, other authors have recommended additional ways to improve the measurement of acculturation including paying closer attention to the acculturation models that
are being used and the auxiliary factors that are often overlooked (Kim & Abreu, 2001; Zane & Mak, 2003).

In summary, acculturation is an intricate construct that cannot be assessed with a single index or viewed as an unitary process involving solely demographic variables; therefore, as a result, the acculturation process, as outlined by Berry (1997), is more frequently being viewed as a bidimensional or multifaceted construct that highlights the consideration of cultural, cognitive, behavioral, and affective factors as well as includes both the dominant and native culture (Cuéllar et al., 1995; Cuéllar et al., 1980). Therefore, it would be unwise to determine one’s degree of acculturation on the basis of measuring one cultural trait or characteristic as it may lead to a misconstrued assessment of acculturation and enculturation. As previously mentioned, this process has a significant influence on the well-being or mental health access of minority groups including Asian Americans and Asian Indians.

Etic versus Emic Assessment of Acculturation. In cross-cultural psychology a recurrent issue involves whether to import instruments or develop new indigenous measures, which is commonly referred to as the emic-etic issue (Yang & Bond, 1990). Traditionally, when assessing a particular construct, researchers have translated and adapted existing measures to employ when assessing a new culture rather than develop a new indigenous measure for the purpose of ease. This has frequently been referred to as “imposed etic” (Triandis & Marín, 1983; Yang & Bond, 2001). However, Triandis and Marín (1983) argued that an instrument developed for one culture and then applied to another culture would not be useful in assessing distinct cultural components for each culture. According to Church (2001), imported (imposed-etic) measures tend to assess universal constructs, while indigenous (emic) measures tend to assess culture-specific constructs.

In relation to acculturation, each individual undergoing the acculturative experience may
differ in their level of exposure, integration, and rejection of each of the cultures (Cuéllar, Siles, & Bracamontes, 2004). Therefore, a risk associated with viewing the process of acculturation as being universal across broad social categories (i.e., Asian or Asian Americans) is the possibility that one could discount both within- and between-group differences that may exist (Berry, 2003). As a result, the use of imported measures may not adequately evaluate components of adapting to the new cultural environment resulting in overlooking culture-specific components (Church, 2001). Triandis (1972) suggested that when assessing subjective cultural variables (e.g., attitudes, beliefs, and values), one should utilize both emic and etic measures to enhance the information obtained regarding cultural differences (as cited in Triandis & Marín, 1983). This further highlights the need for developing more valid and reliable measures that assess “emic” or culture specific constructs in order to provide a better understanding of the distinct experiences of different ethnic minority groups including Asian Indians.

**Impact of Acculturation on Asian American Mental Health**

Recent research indicates that Asian Americans are experiencing similar or greater levels of psychological distress when compared to European Americans (Sue & Morishima, 1982) and non-Hispanic Whites (Sue & Chu, 2003). Moreover, Sue and Chu (2003) highlighted that Asian Americans tend to experience major mental and emotional problems such as depression. These researchers asserted that prevalence rates of mental health of Asian Americans and Pacific Islanders are generally low, but appear to be in the same range as non-Hispanic Whites. These authors also noted that the prevalence of mental health issues in Asian Americans is likely to increase due to the increased acculturation of Asian Americans into the U.S. culture (Sue & Chu, 2003). Therefore, as one of the fastest growing immigrant groups in the United States, it is imperative that researchers become familiar with the factors that may increase the likelihood for
poor mental health in Asian Americans.

Berry (1980) defined acculturative stress as the behaviors and experiences associated with the acculturation process that may lead to pathology or negatively disrupt the individual’s experience. The majority of our knowledge regarding the prevalence of clinical disorders among Asian Americans comes from two primary sources: epidemiological surveys on community samples and treated cases from mental health systems (Akutsu & Chu, 2006). Epidemiological studies provide evidence that Asians Americans do in fact experience psychological disturbance; however, as recently mentioned, they do not seek psychological help. Akutsu and Chu (2006) reviewed the mental health literature on Asian Americans and found several significant themes regarding the prevalence of psychological disorders. First, depression is one of the most prevalent clinical problems and is often experienced at higher rates than among White Americans. Specifically, there are higher levels of depression among South Asian and Korean Americans when compared to Chinese, Japanese, and Filipino Americans. Moreover, the Chinese American Psychiatric Epidemiological Study (CAPES) examined the rates of depression among 1,700 Chinese Americans and results indicated that Chinese Americans had low to moderate levels of depressive disorders. Approximately seven percent of the respondents reported experiencing depression in their lifetimes, and a little over three percent reported being depressed during the past year. Second, anxiety is also a common clinical problem, with high rates of Posttraumatic Stress Disorder (PTSD) among South Asian refugees. Third, Akutsu and Chu (2006) also found supportive evidence suggesting that Asian Americans are more likely to express their mental health conditions in somatic terms when compared to other ethnic groups. In regard to college students, Leong (1986) suggested that Asian American college students may experience major adjustment problems, while Lee, Lei, and Sue’s (2001) review of mental health
research on this population indicated that Asian American college students were more likely to experience high levels of stress and anxiety especially related to receiving parental pressure to succeed academically. Similarly, Asian Americans typically appear to be experiencing similar to higher prevalence rates of depression, somatization, and PTSD when compared to White Americans (Lee et al., 2001). In general, Sue and Chu’s (2003) review of the mental health of ethnic minority groups (i.e., African Americans, Hispanic Americans, Asian Americans, American Indians, and Alaska Natives) indicated that Asian Americans tend to describe themselves with more frequent and more serious mental health symptoms when compared to non-Hispanic Whites. These studies indicate that the mental health of Asian Americans is an important issue among several subpopulations.

According to Aponte and Barnes (1995), the beliefs, values, attitudes, feelings, and behaviors of ethnic minority groups have a significant influence on an individual’s psychological functioning, concept of mental illness, and expression of these symptoms. Parekh (2000) also suggested that the presence of severe psychological disturbances may be a result of an individual’s difficulty or inability to cope with life’s situational demands. One could hypothesize that an individual’s ability to successfully adapt to the dominant culture (i.e., acculturation) may be associated with one’s psychological well-being in that those individuals who are slower to adapt to the U.S. culture are more likely to display greater levels of distress (Hwang & Ting, 2008).

Not surprisingly, the manner in which an individual perceives, values, and interprets his or her acculturation process may also have considerable effects on his or her psychological well-being (Berry & Kim, 1988). Past research has examined the process of acculturation and its impact on psychological adjustment of immigrant populations and found acculturation may be
more difficult for some ethnic groups than others. Furthermore, if there is a greater discrepancy between one’s native culture and the dominant culture, individuals may be more likely to experience higher levels of stress, and have more difficulty in their psychological functioning (Farver, Narang, & Bhadha, 2002). Schmitz (1992) noted that individuals may interpret their efforts to acculturate as “stressful life events,” which may consequently result in greater health problems.

Berry and Kim (1988) contend that these acculturation modalities have a direct impact on psychological functioning. Kim (2007) suggested that integration is the most adaptive form of acculturation as it may be associated with better psychological well-being. Overall, integrated individuals tend to experience less stress and anxiety associated with the process of acculturation, and have fewer psychological problems than individuals who were marginalized, separated, or assimilated. Berry and Kim (1988) suggested that marginalization may lead to a high degree of stress, and thus engender poorer mental health. Indeed, the marginalization mode is probably the least adaptive. Marginalized individuals tend to suffer the most psychological distress (Berry et al., 1989), which may be a result of rejecting norms from both cultures (Kim, 2007). Similarly, separation may also be associated with relatively poor mental health even though these individuals are not faced with the challenge of balancing both cultures since the conflict has been minimized to some extent. Lastly, Berry and Kim (1988) suggested that assimilation is associated with a sense of cultural loss, resulting in lower mental health functioning compared to the integration mode. In regard to strategies for coping, Schmitz (1992) also found that integration is the most effective for long-term health and wellbeing and separation the least effective.

Additionally, the acculturation process may cause familial conflict, which could directly
influence prevalence rates of mental health problems. In other words, one potential consequence of the generational differences in the acculturation process is the subsequent culture conflicts experienced by Asian Americans from differential levels of adherence to the dominant culture. These cultural conflicts engender a sense of a disconnection between Western values and parental loyalty to cultural values, which in turn may lead to susceptibility of mental health problems and interpersonal conflicts among Asian Americans (Leong, 1986). A number of studies have supported the idea that acculturation is a predictor of mental health among Asian Americans (Akutsu & Chu, 2006; Gim, Atkinson, & Whiteley, 1990).

Akutsu and Chu (2006) revealed some evidence of the relationship between psychotic disorders and acculturation. Trends indicated that more acculturated Asian Americans (i.e., Chinese, Japanese, Koreans, and Filipino Americans) reported higher rates of psychotic disorders compared to less acculturated groups such as South Asian Americans. In contrast, Gim and her colleagues (1990) found that Southeast Asian Americans, compared to their Chinese, Japanese, Korean and Filipino American counterparts, conveyed greater concerns in the following three domains: relationships, academic/career, and health/substance abuse. In general, Asian Americans perceived financial, academic, or career concerns to be the most prominent problems. Additionally, Gim et al. (1990) found that less acculturated Asian Americans endorsed financial concerns as a predominant problem, whereas Asian Americans who were highly acculturated endorsed academic or career concerns as more significant problems. However, there were also acculturation effects on severity of concerns related to health or substance abuse. Both acculturation groups reported their lowest severity rating to health and substance abuse concerns.

Furthermore, these results posit that acculturation may be inversely related to the severity of concerns experienced by Asian Americans. This may contribute to the fact that, in general,
less acculturated Asian Americans experience more psychosocial stressors compared to their more acculturated counterparts. This difference in levels of psychological concerns could be related to the idea that less acculturated Asian Americans were faced with a higher degree of conflict between both cultures, while more acculturated Asian Americans espoused cultural values of the dominant culture, and were not faced with coping with as much cultural conflict (Gim et al., 1990). Moreover, Sue and Chu (2003) offered evidence that acculturation is inversely related to prevalence rates or symptom levels of depression, indicating that acculturation is associated with improved mental health.

Most empirical studies of Asian Americans have investigated how one’s level of acculturation impacts the mental health of Asian Americans. However, Hwang and Ting (2008) contend that another cultural variable, acculturative stress, should also be considered. These authors argued that the degree of stress associated with the acculturation process is related more strongly than acculturation level to psychological wellbeing. This suggests that acculturative stress may be a more notable risk factor for psychological maladjustment among Asian Americans. Acculturative stress is defined as “the stress associated with adjusting to a new cultural environment” (Berry, 1988, p. 142) and is considered the most common psychological consequence of the acculturation process. Moreover, the degree of acculturative stress may be associated with more mental health outcomes after accounting for general perceived stress. Thus, Asian Americans may experience and conceptualize acculturative stress differently than everyday life stress.

Hwang and Ting (2008) examined how two culture-related factors, acculturation and acculturative stress, contribute to mental health among 107 Asian American college students. Findings were consistent with past research suggesting that stressors associated with the
acculturation process may increase the risk of maladjustment among Asian Americans. Hwang and Ting’s (2008) findings indicated that the retention of one’s native culture was not associated with maladjustment, but lack of identification or adaptation into the U.S. culture was predictive of maladjustment among Asian Americans. Asian Americans who were less acculturated to the mainstream U.S. culture were more susceptible to psychological distress as measured by the Brief Symptom Inventory (BSI) and at greater risk for clinical depression as measured by the Hamilton Depression Inventory (HDI). In contrast, adherence to, or retention of, one’s native culture was not directly associated with mental health outcomes.

Krishnan and Berry (1992) examined the relationship between acculturative stress and acculturation modalities among 76 Asian Indian immigrants in Midwestern United States. Their results demonstrated that Asian Indians preferred to maintain their Indian culture while integrating into mainstream U.S. culture. Further, the degree of acculturative stress was strongly linked to the level of acculturation. Stronger attitudes of rejection of both native and mainstream cultures and separation from the U.S. culture were associated with greater levels of acculturative stress, whereas stronger attitudes toward integration of both cultures were associated with lower levels of acculturative stress.

It is evident that the acculturation and enculturation process may exacerbate the risk of mental health problems among Asian Americans. Thus, the process of acculturation has a significant influence on the psychological functioning of Asian Americans. However, although a number of studies have investigated the moderating effect of acculturation on the mental health of Asian Americans, the existing empirical investigations on Asian Americans often fail to include Asian Indians. Thus, there is a paucity of research on the relationship between acculturation and mental health within the Asian Indian population.
**Impact of Acculturation on Asian Indian Mental Health**

Similar to other Asian Americans, Asian Indians have also been ignored by researchers because they are viewed as a “model minority” that has successfully integrated both socially and economically into the dominant culture. Parekh (2000) suggested that Asian Indians may not experience significant financial or language barriers, compared to other ethnic minorities, but that there are other cultural variables that may contribute to psychological adjustment. Due to the increased immigration of Asian Indians to the U.S., there has been an increased interest in understanding the uniqueness of this population. Unfortunately, there is still a lack of studies examining the influence of acculturation on psychological well-being among Asian Indians in the United States. However, there are studies addressing this population to some degree in Great Britain.

Cochrane and Stopes-Roe (1981) conducted a community survey of 50 Indian- and 50 Pakistani-born immigrants to examine the relationship between migration, and social and psychological adjustment as measured by the Langner 22-Item Scale and Life Events Inventory. Findings indicated that Asian Indian and Pakistani immigrants had lower rates of mental health admissions compared to the native group (Cochrane & Stopes-Roe, 1981). Similarly, Cochrane and Stopes-Roe (1977) found that the Asian Indian immigrants were psychologically and socially better adjusted than the native group. In contrast to Cochrane and Stopes-Roe, Bagley (1969) found that Asian Indian immigrants were more likely to be admitted to mental health hospitals than British born natives.

More recent studies of Asian Indians in Great Britain also indicated differences in mental health. Furnham and Shiekh (1993) conducted a study to evaluate the relationship between gender, generational, and social support correlates and psychological adjustment to life in Britain.
among 100 Asian immigrants from India and Pakistan. Findings showed that female immigrants were more likely to experience greater levels of psychological distress than their male counterparts. Additionally, these authors found that social support networks and acculturation were mediators of psychological well-being for Asian Indian women more than for men. Second-generation women suffered less psychological distress than first-generation women as measured by the Langner 22-Item Scale, a measure of general psychological and psychophysiological health. Differences in acculturation of the two groups could explain this disparity. First-generation immigrants tend to lack English friends, which contributes to their psychological distress, whereas second-generation immigrants tend to be more integrated into the majority culture, which could buffer their experience of psychological stressors. These authors provided information on Asian Indians living in Britain; however, there are very few studies that have examined psychological adjustment and mental health among Asian Indians in the United States (Farver et al., 2002; Metha, 1998; Reddy, 2002).

Parekh (2000) highlighted that Asian Indians may outwardly appear as well adjusted; however, she contends that the subsequent effects of acculturation may be more internal. Parekh (2000) developed the Acculturation Scale for Asian Indians (ASAI) as a means to thoroughly understand the relationship between acculturation and adjustment among Asian Indians. This author found that psychological and health factors such as diet, exercise, smoking, depression, and anxiety were not related to acculturation levels as measured by the ASAI.

Metha (1998) assessed the relationship between aspects of acculturation and mental health among 195 first-generation Asian Indian immigrants in the U.S. The author considered three components of the acculturation process as identified by Berry (1980). The three aspects of acculturation were perception of acceptance (contact experiences with the dominant culture),
cultural orientation (cultural involvement and social ties), and language usage. Acculturation was measured using the American International Relations Scale (AIRS). Three aspects of mental health, psychological distress, acculturative stress, and well-being or general life satisfaction, were also measured. Psychological distress was measured with the Langner 22-Item Scale and well-being or general life satisfaction was measured using a subjective report. Acculturative stress was measured using a scale devised by the author with items derived from Naidoo (1985). Metha (1998) hypothesized that better mental health would be associated with greater perception of acceptance, being concurrently oriented toward U.S. culture and involved in the Indian culture, and greater use of English. Findings indicated that perception of acceptance and cultural orientation played a vital role in mental health for Asian Indian immigrants. Metha (1998) found that perception of acceptance by the American society was associated with better mental health in Indian immigrants, whereas social rejection was associated with poorer emotional wellbeing. Moreover, in regard to cultural orientation, immigrants who actively engaged with Americans, had greater connection to the U.S. culture, and had fewer Indian ties reported better mental health than those individuals who reported lower levels of social relationships with Americans. Metha (1998) asserted that positive attitudes toward U.S. culture and Americans influence Indian immigrants’ mental health regardless of the number of years that they have resided in the U.S. and their progress in society. Lastly, although speaking English was typically associated with better mental health, this effect was eliminated when social and demographic variables were taken into account. Thus, participants who primarily spoke an Indian language were as mentally healthy as those who preferred to speak English. However, Metha (1998) affirmed that being unable to speak English may engender stress and directly impact mental health. Metha’s findings were consistent with previous research examining acculturation and mental health among Asian
Americans. However, further research on Asian Indians should focus on using a more heterogeneous sample to study the acculturation process of different generations of Indian immigrants and its impact on mental health.

Additionally, Farver et al. (2002) investigated how Asian Indian families adjust to the U.S. culture and examined various factors that may influence the gender differences in the acculturation process among Asian Indian families. Using Berry’s (1980) model, Farver et al. (2002) found that females were more likely to identify with a marginalized acculturation style, whereas males were more likely to identify with an integrated acculturation style. This could partially be due to the differential gender socialization that is represented among Asian Indian cultures, especially the increased sense of independence that is granted to Asian Indian males compared to females. Consistent with past research, Asian Indian adolescents with an integrated or assimilated acculturation style had higher perceived self-competence, self-esteem, and overall positive psychological functioning (Farver, Bhadha, & Narang, 2002; Farver, Narang, & Bhadha, 2002).

To better understand how Asian Indian immigrants adjust to the United States, Reddy (2002) also investigated how their sense of ethnic identity and acculturation level influence their psychological adjustment among 132 Asian Indian adults in the Michigan area. This researcher found that Asian Indians who have lived in the United States longer and have attained higher education levels were more likely to have higher levels of acculturation. Thus, longer length of residence in the United States was associated with higher levels of adjustment, suggesting that individuals’ adjustment to the dominant culture may increase through prolonged interaction. In contrast, Sharma (1994) found that Asian Indian individuals who had their initial contact with the U.S. culture at a younger age appeared to report more psychological distress than those
Reddy’s (2002) study resulted in unexpected findings regarding the relationship between acculturation, ethnic identity, and psychological adjustment. In contrast to other studies, Reddy (2002) found that demographic variables were related to psychological adjustment such as life satisfaction, family relationship, and positive and negative affect rather than to acculturation and ethnic identity. For Asian Indians, later adulthood and marriage were associated with higher levels of life satisfaction. In regard to affect, Reddy (2002) found that a longer number of years of residence in the United States was correlated with lower levels of negative affect, as compared to Asian Indians who have lived in the United States for a fewer number of years. On the other hand, Nagra (2005) examined factors that may contribute to psychological distress among Asian Indians and did not find a significant relationship between acculturation and psychological distress.

Although Reddy (2002) and Nagra (2005) failed to find a role for acculturation in their research, different levels of acculturation between parents and their U.S.-raised children have been shown to increase the risk of family conflict and psychological maladjustment (Farver, Bhadha, & Narang, 2002). In general, children of immigrant families tend to acculturate more rapidly to the dominant culture than their parents. Therefore, this acculturation gap could instigate familial conflict and potentially contribute to psychological problems faced by first and second-generation adolescents and their parents. Moreover, Dasgupta (1998) proposed that not only do Asian Indians have to deal with the acculturation gap, they may also experience more familial dysfunction because of the discord between the increased sense of autonomy stressed in the American culture and the sense of collectivism stressed in the Indian culture. For example, in Asian Indian families, conflict tends to revolve around the parents’ discontent with Western
attitudes regarding dating and autonomy especially concerning career aspirations and marriage preferences (Dasgupta, 1998). These high levels of distress may be a reflection of the unique immigration experiences of Asian Indian families and the differential acculturation styles of parents and adolescents.

In summary, Asian Indians’ psychological distress may be due to the profound disconnection between Asian Indian and American culture. However, research on the acculturation process and mental health of Asian Indians is limited, indicating a strong need to consider this ethnic subgroup in empirical research. This will allow a better understanding of the unique implications of acculturation on this population.

Subjective Well-being

An area of positive psychology research that has received increasing attention is the construct of subjective well-being (SWB; Diener, 1984), which is often referred to as “happiness.” SWB is comprised of three distinct components including life satisfaction, positive affect, and negative affect (Diener, Emmons, Larsen, & Griffin, 1985). SWB includes both cognitive and affective judgments (Diener, 2000), specifically SWB assesses the degree to which an individual tends to experience positive and negative affect, and their overall satisfaction with life (Diener, et al., 1985). Past research on SWB primarily utilized a single self-report item to evaluate each of the determinants of SWB such as “How do you feel about your life as a whole?” Unfortunately, solely relying on a single item limits the ability to obtain more robust information on specific areas of satisfaction or emotional states (Diener, 1984). In the recent years, measures of SWB such as the Positive and Negative Affect Scale (PANAS; Watson, Clark, & Tellegen, 1988) and the Satisfaction With Life Scale (SWLS; Diener et al., 1985) contain multiple items in order to capture SWB as a whole.
Research has shown that SWB is also influenced by culture (Diener & Suh, 2000). More emphasis has been placed on understanding the cultural and societal factors that influence SWB, thus studies on SWB and culture have increased over the past decade (Sue & Oishi, 2004). However, little is known on how culture may moderate the outcomes of SWB. Diener (2000) suggests that factors may influence life satisfaction in different ways in dissimilar cultures such as individualistic cultures that emphasize the self and collectivistic cultures that emphasize sacrificing the self for the benefit of the group. According to Sue and Oishi (2004), the notion of “happiness” differs between North American and East Asia with an emphasis of attaining happiness through individual achievements and self-esteem in North America and through social relationships in East Asian cultures. Lee, Aaker, and Gardner’s (2000) findings also revealed that a tendency to give attention to one’s group membership as seen in collectivistic cultures led to a propensity to focus on negative consequences, whereas a tendency to consider oneself as seen in individualistic cultures was associated with a focus on positive consequences. Thus, the unequivocal cultural differences in self-enhancement between individualistic and collectivistic cultures may contribute to the differential effects on SWB.

Recent research has identified substantial national differences in life satisfaction and well-being (Diener, 2000; Diener, Diener, & Diener, 1995; Diener, Oishi & Lucas, 2003). As aforementioned, individualistic cultures emphasize the self, while collectivistic cultures stress the collective group and sacrificing one’s own needs for the group. In general, individuals from collectivistic cultures display slightly lower levels of life satisfaction compared to individuals from individualistic cultures (Myers & Diener, 1995). To better understand the processes that may differentially influence SWB across cultures, Diener and Diener (1995) examined the cultural differences between domains of satisfaction and global satisfaction. These researchers
proposed that the predictors of life satisfaction (e.g., satisfaction with self, family, friends, and finances) correlated differently across different cultures especially among individualistic and collectivistic cultures. These researchers evaluated how life satisfaction differed among 13,118 college students from several universities in 31 countries. In general, the researchers found that self-esteem and SWB were correlated. Also, they found that self-esteem and satisfaction with friends was a stronger predictor of life satisfaction in individualistic societies compared to collectivistic societies. Contrary to expectations, the relationship between family satisfaction and life satisfaction was weaker in collectivistic societies. Lastly, there was a stronger link between financial satisfaction and life satisfaction in poorer societies. Diener and Diener (1995) propose that individuals from individualistic cultures may attribute life satisfaction to more internal characteristics, while individuals from collectivistic cultures may be associated with external aspects (e.g., societal expectations, traditions, and norms). Thus, in collectivistic cultures individuals’ life satisfaction may be achieved through their “in-group” (e.g., family, friends, and coworkers) rather than self-esteem (Diener & Diener, 1995). Similarly, Oishi, Diener, Lucas, and Suh (1999) found that satisfaction with self strongly predicted life satisfaction in individualistic nations than in collectivistic nations. They also found that one’s cultural values influence SWB ratings (higher SWB) in individualistic countries that emphasize one’s sense of freedom and the self.

Moreover, Radhakrishnan and Chan (1997) evaluated the cultural differences between self and life satisfaction and its relationship with subjective well-being among Indians and Americans. These researchers found that Indian participants did not differentiate their personal goals from those of their parents while the exact opposite was found for their American counterparts. In addition, Americans attributed greater importance to their own goals than the
goals of their parents compared to Indians who deemed personal goals and their parent’s goals as equally important. In regard to SWB, Indian participants who did not consider their parent’s goals as important reported lower levels of SWB. On the other hand, among American participants, a large discrepancy between their own goals and those of their parents was associated with lower levels of SWB.

Diener (2000) asserts that the considerable differences on the influence of cultural factors on SWB may be associated with variations in social factors such as social support among others. For instance, in collectivistic cultures, it is common to comply with traditional expectations put forth by elders or family members that may contradict with American traditions, while also relying on family members for social support during times of distress. Due to the contradictory nature of these findings, it is difficult to ascertain the true function of social support among dissimilar cultures.

Similar to Diener and Diener (1995), Diener et al. (1995), acknowledged the influence of the cultural variable of individualism-collectivism. However, former researchers did not address how social support correlates with this variable. Consequently, to broaden the current research on SWB and culture, there has been a rise in research examining the effect of various forms of perceived availability of support on well-being (Diener, Diener, & Diener, 1995; Uchida et al., 2008). In general, collectivistic cultures are commonly associated with supportive relationships among in-group members, and often tend to be associated with a sense of distrust with out-group members, which could potentially lead to lower ratings of SWB (Triandis, 2000). Tajfel (1982) provided some evidence that collectivism is linked with high levels of social support, which in turn may influence an individuals’ self-esteem. Consequently, it is predicted that these individuals may have higher ratings of SWB. Diener et al. (1995) presumed that higher degrees
of social support may exist within collectivistic cultures, resulting in higher endorsements of SWB. On the contrary, they found that individualism was highly correlated with SWB. A few explanations for this contradiction have been proposed, such as individualistic societies attributing success to personal attainment of goals and the presence of a sense of freedom to make one’s own decisions. Diener and his colleagues (1995) note that although individuals from individualistic societies may possess or utilize less social support when experiencing distress, the degree of independence to select and pursue personal goals may shield the negative consequences and predict SWB.

Similar to the concept of individualism-collectivism, researchers have also investigated the concept of independence-interdependence and its relationship with variants of social support. Uchida et al. (2008) examined the effect of perceived emotional support on subjective well-being and physical health within a cultural context among two populations, college students and nonstudent adults. These researchers hypothesized that perceived emotional support may be poorly related to SWB or health in European American cultures that underscore independence, while the perception of emotional support would be positively linked in Asian cultures that emphasize interdependence. Uchida and her colleagues (2008) found that both Japanese and Filipino college students’ perceived emotional support was positively associated with well-being (positive affect) independent of self-esteem and perceived emotional support had a strong effect on self-esteem among both cultures. The relationship between European Americans’ well-being, physical health, and perceived emotional support was strengthened when factoring in high levels of self-esteem. These researchers’ findings provide some evidence that within European American cultures one’s sense of independence may be reaffirmed through the availability of supportive social relationships. Comparable findings were found regarding the relationship
between self-esteem and well-being among Asian cultures who value interdependence; however, the effect was weaker in Asia than in the United States. Although this study primarily focuses on the influence of emotional support rather than social support, it still provides evidence of the positive influence of receiving support from individuals in one’s social network.

Moreover, Lu (1995) also assessed how social support, among other variables, contributed to the various determinants of SWB (affective, cognitive, and health) among 581 Chinese participants. Lu (1995) found that social support as measured by the Socially Supportive Behaviors (Barrera, 1981) revealed positive effects for all three determinants of SWB. Specifically, higher levels of social support were associated with fewer psychological symptoms, higher life satisfaction, and higher reports of happiness especially among older participants. These results extended previous findings by evaluating a range of aspects of well-being rather than only focusing on a single aspect. Similar to other research studies, the sample does not include Asian Indians; however, due to the large sample, Lu (1995) contends that these findings may be generalizable to other Asian cultures. In addition, Chou (1999) assessed the relationship between different aspects of social networks and social support (e.g., social network size, social contact frequency, satisfaction with social support, instrumental support, helping others, and composition of social network) and three measures of subjective well-being (depressive symptoms, positive affect, and negative affect) among 475 Hong Kong Chinese young adults ranging from 16 to 19 years of age. They found two noteworthy findings regarding the associations between these variables. First, individuals’ satisfaction with relationships with family members and friends was directly linked to overall SWB (fewer depressive symptoms, lower levels of negative affect, and higher ratings of positive affect). Second, social support from friends was a strong predictor of positive affect compared to familial support. Although Chou’s
findings attest to the influence of social support on SWB among Hong Kong Chinese participants and utilized multiple measures of SWB, the generalizability of these findings may be limited to young Chinese adults. In general, a significant shortcoming of the existing literature assessing culture and subjective well-being is that it primarily consists of East Asian samples such as Japanese, Korean, Chinese, and often Filipino, but fails to include other Asian cultures that value interdependence such as Asian Indians.

Further, research is becoming increasingly interested in the influence of cultural factors such as acculturation on SWB. The majority of past epidemiological studies examining the relationship between acculturation, enculturation, and mental health tend to exclusively focus on the pathological outcome variables such as acculturative stress and psychological distress rather than positive outcome variables such as subjective well-being. Only one study assessed multiple dimensions (e.g., psychophysiological symptoms, acculturative stress, and life satisfaction) that encompass the concept of mental health specifically among Asian Indian immigrants by utilizing three separate scales (Metha, 1998). Metha broadened the construct of mental health by including a subjective report of well-being or general life satisfaction both globally and in three core areas of life (i.e., home, work, and friends). However, Metha combined the three indicators of mental health into a composite index of mental strain or stress, which makes it difficult to distinguish between the influence or relationship between life satisfaction and acculturation. Acculturation and enculturation research has consistently been associated with positive adjustment such as life satisfaction; however, more focus is needed to clarify the relationship between acculturation and psychological adjustment from a more holistic perspective that assesses both positive and adverse outcomes. This study provides support for the importance of considering cultural factors that contribute to SWB.
In summary, one prolific area of research on positive adjustment is SWB, which includes positive and negative affect, and life satisfaction. Although the construct of SWB has been widely studied in the United States and among ethnic minorities, there are comparatively fewer studies that include Asian Indians. Moreover, the predictors of SWB or happiness differ in dissimilar cultures, and are influenced by social variables such as social support. Specifically, Uchida and colleagues (2008) contend that the relationship between perceived emotional support and well-being and health is moderated by culture (European American or Asian). Beyond the limited empirical research on SWB among Asian Indians, there still remains a paucity of research examining the relationship between SWB, acculturation, and social support with Asian Indians.

**Social Support Among Asian Americans and Asian Indians**

The process of acculturation has been frequently associated with one’s mental health in that individuals who experience acculturative stress may be more prone to psychological distress. Shen and Takeuchi (2001) reviewed the existing literature on acculturation and argued that most research tends to primarily focus on the direct relationship between acculturation and mental health, which may disregard the influence of other variables. In specific, these researchers contend that the influence of the acculturation process is mediated by a multitude of social and personal variables including social support or social connectedness; therefore, the inclusion of these confounding variables may assist in better understanding how individuals adjust to new contexts (Shen & Takeuchi, 2001; Yoon, Lee, & Goh, 2008).

The construct of social support can be broadly viewed as the social interactions and relationships within an individual’s social network that offer a sense of love, care, and belonging (Aponte & Barnes, 1995; Taylor, Sherman, Kim, Jarcho, Takagi, & Dunagan, 2004). Studies on
social support tend to examine numerous forms of social support including: instrumental, information, and emotional support. Instrumental support refers to concrete assistance provided by others such as services, financial aid, and other specific forms of assistance. Information support refers to when an individual increases another person’s insight on a stressful event and assists in identifying necessary adaptive coping strategies. Emotional or affective support refers to reassuring an individual that they are cared about through providing affection and support. In addition, Lee and Robbins (1998) introduced another interpersonal construct, a sense of belongingness, which refers to one’s sense of belonging and subjective awareness of relationships within their social context. A sense of connectedness provides an individual with a social lens to make sense of his or her social world. Therefore, a lack of social connectedness may contribute to feelings of loneliness or social distress. It is important to note that social support and social connectedness are often used interchangeably in research as they both involve an interaction between the self and social environment that may lead to a sense of belongingness (Lee & Robbins, 1995).

In general, research proposes that the use of social support is the most effective approach to coping with stressful events such as acculturative stress (Dao, Lee, & Chang, 2007; Oppedal, Roysamb, & Sam, 2004; Shen & Takeuchi, 2001; Thomas & Choi, 2006) and intergenerational family conflict (Lee, Su, & Yoshida, 2005). Consequently, it may be argued that a lack of or insufficient social support may increase one’s vulnerability to experiencing distress. Although studies assessing the construct of social support have utilized various definitions (i.e., instrumental, affective support, etc.), it has been suggested that perceived social support has a significant influence on an individuals’ experience of psychosocial distress as it may alleviate negative effects (Safdar, Lay, & Struthers, 2003) and lead to lower levels of psychological
distress (Kim, 2001). The stress buffering effects of social support may lead to considerable outcomes in that it offers individuals with either a direct or indirect approach to decreasing or solving a problem or may contribute to an individuals’ well-being or sense of self-worth as a result of the presence of positive social connections (Kim, 2001). Nagra’s (2005) research revealed that social support buffers against distress. She found that individuals who endorsed greater satisfaction with perceived social support had lower levels of psychological distress. Moreover, within-group differences showed that perceived social support varied according to whether participants were from colleges in small towns or large cities. Participants from college campuses in small towns reported lower perceived social support and less satisfaction with their support system when compared to their counterparts in larger cities.

Sarason, Shearin, Pierce, and Sarason (1987) contend that individuals who possess high levels of perceived availability of social support generally tend to feel accepted by others and can obtain attention or support from others. Researchers have found that in some situations the sole perception of social support existing was associated with better adjustment to stressful events than receiving social support (Bolger, Zuckerman, & Kessler, 2000; Wethington & Kessler, 1986). These authors found that when individuals actually sought out social support from their social networks to cope with stress, they reported experiencing additional distress because they felt they were a burden on the other person. These findings indicate that perceived social support may be more beneficial than the actual utilization of these resources.

Kim (2001) described social support as “the resources available within one’s social network.” Social support may be obtained from various sources such as one’s partner or spouse, family members, friends, coworkers, religious affiliations, and the community (Kim, Sherman, Ko, & Taylor, 2006). Ethnic groups typically resort to seeking social support from their
immediate and extended family members (Aponte & Barnes, 1995). In many Asian cultures, an integral cultural value includes the emphasis on accessing familial and communal social support (Kim, 2001). Cultural psychology proposes that cultural differences heavily influence how people view the self and their relationships with others (Kim, Sherman, & Taylor, 2008). Since social support consists of one’s relationships with others, how it is used is largely influenced by the cultural context in which the support is offered or received, further emphasizing the need to consider culture-specific components of social relationship among ethnic minorities (Kim et al., 2006; Kim et al., 2008). The degree to which individuals seek and utilize support from their social networks when coping with stress varies according to one’s cultural norms and expectations (Kim & McKenry, 1998; Taylor et al., 2004). In the Western culture, a sense of personal independence is valued, while in more collectivistic cultures, a sense of interconnectedness with others is emphasized. Hence, the Western conceptualization of social support encourages individuals to openly solicit support when dealing with personal problems, while the opposite may be true for ethnic minorities, specifically Asian Americans, who value maintaining a sense of harmony within one’s social group (Taylor et al., 2004). Consequently, types of support that may be socially appropriate for European Americans may not be as useful for ethnic minority groups (Kim & Mc Kenry, 1998). The majority of research has primarily focused on a Western perspective of seeking and using social support, while a limited number of studies have concentrated on cultural differences in offering and receiving social support (Kim et al., 2008). Consequently, a clear understanding of how social support operates across different cultural group is lacking. Previous research indicates that Asians and Asian Americans are less likely to seek social support and consider social support to be less helpful when dealing with stressful events compared to their European American counterparts (Kim et al., 2006; Kim et al.,
To help extend research on social support to Asian Americans, researchers have examined the role of social support as a means of coping among Asian Americans and the presence of cultural differences in the use of social support among Asians, Asian Americans, and European Americans (Kim et al., 2006; Kim et al., 2008; Taylor et al., 2004; Taylor, Welch, Kim, & Sherman, 2007). Taylor and her colleagues (2004) investigated whether cultural differences existed among European and Asian American college students in how they cope with stress by examining their use of social support. Their findings indicated that Asian Americans used social support less than their European American counterparts when dealing with stress. In addition to the Asian Americans seeking less social support than European Americans, they also tend to evaluate the benefits of seeking support differently. Kim et al. (2008) and Taylor et al. (2004) outlined potential explanations for cultural differences that exist among Asian Americans and European Americans in utilizing social support. These explanations included: (a) a belief that individuals should not explicitly request support from others, (b) a belief that personal problems should be settled independently, (c) a belief that sharing problems would exacerbate their own problems, and (d) a notable concern regarding the possible negative relational implications of seeking social support (i.e., disrupting group harmony, worrying others, and/or losing face). These researchers found that Asian Americans were more concerned about the relational consequences associated with seeking support from close friends or family members.

Kim et al. (2008) purport that when coping with stress, Asian Americans may use social support in more culturally appropriate ways rather than more explicitly seeking support as reflected in a Western perspective of social support. Explicit social support refers to the use of one’s social networks to directly cope with stressful situations by eliciting advice, instrumental
assistance, or emotional comfort, while implicit social support refers to obtaining emotional comfort from one’s social networks without specifically disclosing one’s personal problems by reminding oneself of or surrounding oneself with their social network (Taylor et al., 2007). Turner, Frankel, and Levin (1983) stated that implicit support is comparable to perceived social support, which specifically refers to feeling a sense of comfort through being aware of the existence of ones’ social support network. Moreover, Kim et al. (2008) explored the distinct benefits of explicit and implicit social support among Asian Americans and European Americans. They found that Asian Americans experienced more psychological distress when seeking explicit social support and benefited from implicit social support, while the opposite was exhibited by European Americans. In other words, Kim and her colleagues (2008) deem that the use of implicit social support reduces the likelihood of experiencing the negative relational ramifications. This cultural difference was also supported in Liang and Bogat’s study (1994), which found that receiving social support resulted in negative effects for Chinese college students in that it increased their stress level and predicted maladjustment, while the perception of available support acted as a buffer to experiencing stress. In summary, empirical studies on Asian Americans and social support strongly highlight the importance of considering culture and one’s cultural context to more thoroughly understand the patterns of seeking and receiving social support during stressful experiences. Asian Americans are less inclined to seek explicit forms of social support compared to European Americans, which could be primarily attributed to various relational factors.

Further, Lee and Robbins (1998) shed light on a gender difference in that their findings indicated that women with higher levels of social connectedness typically dealt with their feelings in an effective manner and were less inclined to experience anxiety when compared to
women with low levels of social connectedness. Similarly, Kim and her colleagues (2006) found that Asian American females were more likely to seek social support compared to their male counterparts; however, more empirical research is needed to explore gender differences. In comparison to individualistic cultures, individuals from collectivistic cultures such as Asian Americans may be more apprehensive in sharing personal problems with others as they may deem that as burdening friends or family members (Kim et al., 2008). These authors contend that this pattern of cultural difference in seeking social support appears to be shared across different subgroups of Asians and Asian Americans. In spite of this, the previously mentioned studies have primarily consisted of samples of Asians and Asian Americans from Chinese, Japanese, Korean, and Vietnamese backgrounds, with fewer participants from Indian and Filipino backgrounds (Kim et al., 2006; Kim et al., 2008; Taylor et al., 2004). Although these researchers expanded the field of research on social support to Asian American populations, they did not include the influence of the degree of acculturation on use of social support (Taylor et al., 2004).

Contrary to the plethora of studies on the link between acculturation and mental health, only a few studies examined the relationship between acculturation and social support or connectedness among Asian Americans. Safdar et al. (2003) investigated the relationship between the use of social support and the acculturation process, and found that social support reduced the negative effects of the process of acculturation. Yoon et al. (2008) investigated the mediating effects of social connectedness (to the mainstream society and ethnic community) between the acculturation and enculturation process and subjective well-being (SWB) among Korean Americans. Their findings indicated that social connectedness to the ethnic community fully mediated the relationship between enculturation and SWB. On the other hand, social connectedness to the mainstream society partially mediated the relationship between
acculturation and SWB; however, the mediation effects were not statistically significant. This implies that an enhancement of one’s connectedness to their ethnic community may directly increase their sense of well-being. Nonetheless, Yoon et al. (2008) found that the connection of acculturation and the mainstream connectedness was significantly stronger than for enculturation and ethnic community connectedness. It appears that feeling connected and accepted into the mainstream society may be a fundamental component of adjusting for individuals who have immigrated to the United States. However, these findings have limited generalizability to other Asian American subgroups especially Asian Indians.

One study has included Asian Indian populations when assessing social support and acculturation (Thomas & Choi, 2006). These researchers examined the association between acculturative stress and social support among 165 Korean and Indian immigrant adolescents and found that participants who reported low levels of social support were more likely to experience stress associated with the acculturation process. In addition, findings indicated that Korean and Indian adolescents primarily obtained support from friends, family, or religious organizations, and females appeared to have more social support compared to males. Although this study was conducted on younger Asian immigrants, it still provides valuable information regarding the relationship between the acculturation process and use of social support. Thomas and Choi’s (2006) findings further supported the role of social support in buffering the experience of acculturative stress. Not only does the presence of social support from significant people (i.e., friends and family) influence one’s mental health, but it also impacts one’s ability to psychologically adapt with environmental changes (i.e., host and ethnic culture) (Oppedal et al., 2004). Oppedal et al. (2004) examined whether social support acted as a mediator or moderator in the link between acculturation and the mental health of young immigrants. These researchers
found that social support both mediated and moderated the effects of changes in adolescents’ ethnic or host culture, and the presence of mental health concerns. In specific, a decrease in family or friend support typically yielded negative effects on individuals’ mental health. Although these findings of the aforementioned studies were not specifically conducted on younger generations of ethnic minorities including Asian Americans, they contribute to the research on the effect of social support on acculturation and mental health among Asians.

Further, Metha (1998) found that Indian immigrants who had a greater connection or affiliation with the American culture and had a greater perception of acceptance by Americans had more positive ratings on mental health. Metha (1998) primarily addressed how social connection to the dominant culture influenced the mental health of individuals of Indian descent, but did not directly incorporate the social involvement with one’s native culture on psychological well-being.

To further extend studies on acculturation and mediator variables, Shen and Takeuchi (2001) examined the relationship between acculturation and mental health (i.e., depressive symptoms) including several mediators such as SES, stress, social support, personality negativity, and physical health perception among Chinese Americans. They found that highly acculturated Chinese Americans tend to attain higher levels of SES, which is associated with more positive perceptions of physical health, more perceived social support, lower personality negativity, and lower degrees of stress and depressive symptoms. In addition, Dao et al., (2007) extended the literature on the mediating role of perceived social support and English fluency between acculturation level and mental health as measured by depressive symptoms among Taiwanese international students. The findings indicated respondents who were female, and had low levels of perceived social support and English fluency were more at risk for experiencing
symptoms of depression. Although these studies offered valuable information to research on 
social support, acculturation, and mental health, the findings are limited to select ethnic minority 
populations. However, these findings may be applicable to other ethnic minorities with similar 
cultural norms.

The processes of acculturation and enculturation can yield both challenges on an 
individual level and between different generations of cultural groups (i.e., immigrant parents and 
their U.S. raised children). These differences among generations can result in an increased 
degree of intergenerational family conflict surrounding cultural obligations and expectations. As 
a result, Lee, Su, and Yoshida (2005) explored the moderating role of seeking social support on 
Asian American college students’ well-being and adjustment when coping with intergenerational 
family conflict. Social support seeking was found to have a moderate effect on the relationship 
between family conflict and positive affect and a small effect on family conflict and somatic 
distress. Findings indicated that when family conflict was high, respondents reported lower use 
of social support, which was associated with lower positive affect, and higher levels of somatic 
distress. In contrast, greater use of social support seeking did not seem to influence positive 
affect or somatic distress. Social support may be a somewhat effective strategy when coping with 
high levels of familial conflict among Asian American college students, but has no distinct 
advantage when conflict is low. These findings provide valuable information regarding the use of 
social support when Asian Americans are faced with intergenerational family conflict; however, 
the generalizability of the findings is limited due to the small sample size. Nonetheless, 
compared to most researchers, Lee and his colleagues (2005) included a diverse sample of Asian 
American ethnicities (i.e., Chinese, Filipino, Hmong, Vietnamese, Indian/South Asian, and other 
Southeast Asian).
One researcher specifically focused on Asian Indians. Khera (2007) examined the influence of acculturation, ethnic identity, and social support on depressive symptoms and substance use among Asian Indians. She found that individuals who identified more with the Indian culture had higher ratings of satisfaction with support from Indian friends and family when compared to individuals who identified more with the U.S. culture. Further, Khera (2007) found that higher satisfaction with social support was associated with lower depressive symptoms suggesting that social support may be related to adjustment and well-being among this sub-population.

Overall, Asian Americans tend to underutilize social support from close networks when dealing with stressful situations compared to European Americans. This difference could be attributed to cultural differences in the perceptions of use and utility of social support seeking. To address these potential discrepancies, previous research highlights the importance of including social variables such as social support or connectedness when assessing the relationship between acculturation and mental health among ethnic minority groups. Empirical studies are beginning to direct more attention to this ethnic minority group; however, a dearth of research currently exists on the role of social support on the relationship between subjective well-being and acculturation among Asian Indians in the United States. To better serve this emerging minority population, it is imperative to assess the role of social support in mediating or moderating the relationship between acculturation and SWB among Asian Indians.

Gaps in Existing Research

There is a growing number of Asian Americans immigrating to the United States, but Asian Indians tend to be the least frequently studied sub-group. Over the years, the immigration of Asian American families, especially Asian Indian families, to the United States has steadily
increased, in turn, eliciting a need for the counseling field to focus on the unique concerns of this group. Although there has been an increase in research on the relationship between cultural and counseling variables among ethnic minority groups, Asian Indians in the United States have received limited attention.

The above literature review highlighted the lack of studies investigating the mental health of Asian Indians in the United States. The existing literature has also provided strong empirical support that the acculturation process contributes to Asian Indians’ well-being. However, few studies have sought to determine how social variables such as perceived social support mediate or moderate the relationship between SWB and acculturation in this population, which limits our ability to better serve this population. Therefore, examining the acculturation process could help clarify its unique effects and its relationship with the subjective well-being of Asian Indians. With the increasing number of Asian Indians in the U.S., it is paramount that psychologists expand their knowledge of how the four modes of acculturation and perceived social support may influence the SWB of Asian Indians in order to better tailor treatment modalities to the specific needs of this population.

**Overview of the Present Study**

In the current study, I investigated the mediating and moderating effects of perceived social support (from friends and family) on the relationship between the modes of acculturation and subjective well-being among Asian Indians residing in the United States. I addressed three research questions: Do the modes of acculturation affect ratings of subjective well-being and perceived social support? Does perceived social support mediate the relationship between the acculturation modes and subjective well-being? Does perceived social support affect the strength of the relationship between the acculturation modes and subjective well-being? Based on these
research questions, five hypotheses were tested:

1. Subjective well-being (SWB; as assessed by the SWLS and PANAS) will be:
   a. Positively associated with endorsement of the Integration mode of acculturation
   b. Positively associated with endorsement of the Assimilation mode of acculturation
   c. Negatively associated with endorsement of the Separation mode of acculturation
   d. Negatively associated with endorsement of the Marginalization mode of acculturation

2. Perceived social support (PSS) from friends and family will be:
   a. Positively associated with endorsement of the Integration mode of acculturation
   b. Positively associated with endorsement of the Assimilation mode of acculturation
   c. Negatively associated with endorsement of the Separation mode of acculturation
   d. Negatively associated with endorsement of the Marginalization mode of acculturation

3. Perceived social support (PSS) from friends and family will be a positive predictor of SWB.

4. The effects of the four acculturation modes on SWB will be partially mediated by perceived social support (PSS) from friends and family.

5. The relationships between the four acculturation modes and subjective well-being (SWLS, PA, and NA) will be stronger for individuals with higher perceived social support (PSS) from friends and family.
CHAPTER III

METHOD

Participants

The sample consisted of 255 first- and second-generation Asian Indian individuals in the community at least 18 years of age. First- and second-generation Asian Indians were recruited through various student and community organizations. The sample was drawn from a student organization, Indian Students Association, at two universities in the Northwest and the Southwest as well as from cities with a high concentration of Asian Indians in the Northwest and Southwest of the United States. In addition, a snowball method of recruitment was utilized by encouraging participants to request their Asian Indian friends to participate in the study. Participants who resided outside of the United States, identified as international students, or who did not have a basic proficiency in English were excluded from the study. Two participants were excluded from the sample because they did not meet the inclusion criteria of the study.

The sample consisted of 255 first- and second-generation Asian Indian males (n=92, 36.1%) and females (n=163, 63.9%) ranging in age from 18 to 71 years of age, with a mean age of 29.52 (SD = 10.25). More specifically, 3.5% were under 20 years old, 63.5% were in their twenties, 22.4% were in their thirties, 3.9% were in their forties, and 6.8% were older than 50 years old. One hundred and forty (54.9%) self-identified as Asian Indian American, 97 (38%) as Indian, 11 (4.3%) as American, and 7 (2.7%) as other. Participants reported the following religions: 200 (78.4%) Hindu, 24 (9.4%) Christian, 9 (3.5%) Jain, 8 (3.1%) Muslim, 7 (2.7%) identified as not religious, 2 (0.8%) identified as agnostic, and 2 (0.8%) identified as other religions.

One hundred and thirty (51.0%) of the participants were single, 22 (8.6%) were engaged,
81 (31.8%) were married, 5 (2.0%) were cohabitating, 2 (0.8%) were separated/divorced, and 15 (5.9%) were in a relationship. Of the participants who were married or separated/divorced (n = 83), 30 (36.1%) had an arranged marriage and 50 (60.2%) did not have an arranged marriage. Three (3.6%) participants did not report if their marriage was arranged or not.

Participants lived in the following states: Alabama (n =1, 0.4%), California (n=18, 7.1%), Colorado (n=1, 0.4%), Connecticut (n=2, 0.8%), Florida (n=2, 0.8%), Georgia (n=30, 11.8%), Idaho (n=3, 1.2%), Illinois (n=17, 6.7%), Indiana (n=3, 1.2%), Maine (n=1, 0.4%), Maryland (n=6, 2.4%), Massachusetts (n=3, 1.2%), Minnesota (n=1, 0.4%), Missouri (n=2, 0.8%), New Jersey (n=5, 2.0%), New York (n=6, 2.4%), North Carolina (n=3, 1.2%), Oklahoma (n=3, 1.2%), Pennsylvania (n=1, 0.4%), South Carolina (n=1, 0.4%), Texas (n =133, 52.2%), Virginia (n=4, 1.6%), Washington (n=5, 2.0%), West Virginia (n=1, 0.4%), and Wisconsin (n=1, 0.4%). One participant (0.4%) did not report the state in which he lived. One hundred and two participants (40.0%) were first generation, and one hundred and fifty three participants (60.0%) were second generation. Of those 102 participants born outside of the United States, the length of time living in the U.S. ranged from 1 to 45 years, with a mean length of 18.7 years (SD = 11.3). Two participants did not report the length of time living in the U.S.

In regards to reading and writing in English, 3 (1.2%) identified as fair, 13 (5.1%) as good, and 239 (93.7%) as fluent. The participants reported the following levels of education: 23 (9.0%) high school degree, 7 (2.7%) two-year college degree, 105 (41.2%) four-year college degree, 119 (46.7%) graduate school degree, and 1 (0.4%) certification program. One hundred and sixty-five (64.7%) of the participants were employed and eighty-six (33.7%) were unemployed (i.e., students, housewives, and job searching). Fifty-seven (22.4%) of the participants were graduate students and forty-five (17.6%) were undergraduate students. Four
participants (1.6%) did not report their occupational status. Participants indicated their family’s annual income as follows: 4 (1.6%) between $0-9,000, 4 (1.6%) between $10,000-19,000, 5 (2.0%) between $20,000-29,000, 11 (4.3%) between $30,000-39,000, 19 (7.5%) between $40,000-49,000, 16 (6.3%) between $50,000-59,000, 27 (10.6%) between $60,000-69,000, and 169 (66.3%) reported an annual income of over $70,000.

In sum, over half of the participants were second generation, with most of them having lived in the U.S. for many years. About half identified as Asian Indian American and the other half identified as Indian, American, or other, of which most were Hindu. The majority of the participants was female, single, and lived in the Southwest region. Of those participants who were married or separated/divorced, half had an arranged marriage. The sample can be described as highly educated, young adults, and privileged in terms of socioeconomic status.

**Instruments**

*Demographic Information Questionnaire.* The Demographic Information Questionnaire included items about age, gender, ethnicity, generational status, length of residence in the United States, geographic location, language proficiency, educational level, relationship/marital status, religious affiliation, and socioeconomic status (see Appendix C).

*Acculturation.* The Acculturation Attitudes Scale for Asian Indians (AAS, Krishnan & Berry, 1992) was used to measure the four modes of acculturation. The authors developed the 72-item scale based on Berry et al.’s (1989) model of acculturation. All the items are rated on a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The instrument was developed specifically to measure acculturation attitudes among Asian Indian Americans. It is comprised of four scales: (a) a 17-item scale for Integration, (b) a 20-item scale for Assimilation, (c) a 20-item scale for Separation, and (d) a 15-item scale for Marginalization.
Scores on each scale were determined by averaging the ratings for the items within each scale, ranging from 1.0 to 5.0. A high score on a scale indicated a preference for that mode of acculturation. Sample items from each scale include the following: (a) “I would adopt the American way of child rearing by encouraging independence and individuality, while also teaching them the Indian virtues of obedience and respect,” (b) “To be a successful American, we must give up our traditional Indian lifestyle,” (c) “I would teach children mainly Indian values and customs so that they will not become assimilated but remain as Indians,” and (d) “I find the quality of music nowadays is so bad that it’s hard to find any music worth listening to.”

Krishnan and Berry (1992) reported adequate internal consistency reliability estimates (α) for each subscale: Integration scale, .78; Assimilation scale, .87; Marginalization scale, .71; and Separation scale, .90. Bhargava (2007) also reported satisfactory coefficient alphas for each scale: Assimilation Scale, .78, Integration Scale, .78, Marginalization scale, .77, and Separation Scale, .85. For the current sample, the α estimates for each subscale were as follows: Integration scale, .81; Assimilation scale, .81; Marginalization scale, .68; and Separation scale, .79.

Krishnan and Berry (1992) did not assess the validity of the instrument in their study because the validity had already been established in prior studies (Berry, Kim, Minde, & Mok, 1987; Berry, Kim, Power, Young, & Bujaki, 1989). Berry et al. (1989) found that the instrument significantly met 11 out of 12 possible validity checks. Concurrent validity correlations were reported as follows: -0.69 between Assimilation and Separation, -0.25 between Integration and Separation, and 0.22 between Assimilation and Integration (Berry, Wintrob, Sindell, & Mawhinney, 1982). A notable strength of the Acculturation Attitudes Scale for Asian Indians is that it is tailored to, and reliable with, this population.

The Stephenson Multigroup Acculturation Scale (SMAS; Stephenson, 2000) was also
used to measure acculturation. Stephenson (2000) conducted three studies and reduced the initial pool of 195 items to a 95-item preliminary version of the SMAS using a multiple-method process. Further, a principal-components analysis was conducted on the 95-item SMAS yielding a two-factor solution resulting in a total of 32 items that accounted for 50.6% of the scale variance. These items reflect two independent dimensions that measure immersion into the dominant society and ethnic society. Items within each dimension measured the domains of language, interaction, media, and food. It is comprised of two scales: (a) a 15-item scale for Dominant Society Immersion (DSI) and (b) a 17-item scale for Ethnic Society Immersion (ESI). All the items were rated on a Likert response format with four response options including false, partly false, partly true, and true. Scores on each scale were determined by averaging the ratings for the items within each scale ranging from 1.0 to 4.0, with higher scores indicating a higher degree of immersion in each society. Sample items from each subscale included the following: (a) “I feel totally comfortable with (Anglo) American people,” and (b) “I eat traditional foods from my native culture.”

In study 2, Stephenson (2000) reported adequate internal consistency reliability estimates (α) for the entire scale, .86, and each subscale, DSI scale, .90, and ESI scale, .97. In study 3, the author reported slightly lower internal consistency reliability estimates (α) for each subscale, DSI scale, .75, and ESI scale, .94. In addition, factor loadings from Study 3 were not as strong as Study 2, with comparable variance accounted for by ESI (27% and 28%) and fairly less for DSI (23% and 17%). Alpha reliabilities in the current sample were .71 for DSI scale and .87 for ESI scale.

Stephenson (2000) also assessed the validity of the instrument among undergraduate students by examining the relationship between the two SMAS subscales and two other
acculturation instruments; the ARSMA-II and the Bidimensional Acculturation Scale for Hispanics (BAS; Marin & Gamba, 1996). Convergent validity correlations for the ESI subscale were as follows: .87 with the MOS of the ARSMA-II, -.28 with the AOS, .83 with the Hispanic Domain scale of the BAS, and -.25 with the Non-Hispanic Domain scale. Convergent validity correlations for the DSI subscale were as follows: -.15 with the MOS, .49 with the AOS, -.17 with the Hispanic scale, and .48 with the Non-Hispanic. Stephenson’s study suggests that the SMAS may be a valid and reliable instrument that can be used across groups to measure acculturation.

Perceived Social Support. Procidano and Heller (1983) developed two scales of perceived social support (PSS) that measured PSS from friends (PSS-Fr) and family (PSS-Fa) and was used to measure perceived social support in this study. These authors reduced the PSS-Fr and PSS-Fa scales to 20 items each based on item-total correlations. Some items overlap in both scales by replacing “friends” for the PSS-Fr and “family members” for PSS-Fa, while other items only appear in one scale. Each scale consisted of 20 items of declarative statements in which individuals respond with “Yes,” “No,” or “Don’t Know.” For each item, a response indicative of perceived social support (“Yes”) was scored as a +1, “No” responses were scored as 0, and “Don’t Know” responses were not scored. Total scores were averaged to obtain separate subscale scores, ranging from 0 (indicating no PSS) to 20 (indicating a maximum level of PSS), reversing particular items as necessary. Sample items for PSS-Fr include the following: “My friends give me the moral support I need,” “I feel that I'm on the fringe in my circle of friends,” and “My friends get good ideas about how to do things or make things from me.” Sample items from the PSS-Fa include the following: “My family gives me the moral support I need,” “Certain members of my family come to me when they have problems or need advice,” and “Members of
my family seek me out for companionship.” Porfido and Heller (1983) reported strong internal consistency reliability (α) estimates for each subscale: PSS-Fr, .88; and PSS-Fa, .90. They also conducted factor analyses for each scale and found that each scale was composed of a single factor. In general, they found that PSS-Fr and PSS-Fa were valid constructs, but distinct from each other. For the current sample, the α estimates were .62 for PSS-Fr and .72 for PSS-Fa.

Positive and Negative Affect. The Positive and Negative Affect Schedule Expanded Form (PANAS-X; Watson & Clark, 1994) was used to measure the affective component of subjective well-being. It is an expanded form of the original 20-item Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988) and has been used extensively in the literature on self-reported mood. The PANAS-X has a total of 60 affect items including the 20 items for positive and negative affect from the shorter PANAS version. In addition to positive and negative affect measured by PANAS, the PANAS-X assesses affective states in three broad categories: (a) basic negative emotions: fear, hostility, guilt, and sadness, (b) basic positive emotions: attentiveness, joviality, and self-assurance, and (c) other affective states: shyness, fatigue, serenity, and surprise. The PANAS-X is conceptualized in a hierarchical fashion in that the basic negative emotions and basic positive emotions are considered to be lower-order factors for the higher-order factors of negative and positive affect, respectively.

The PANAS-X allows individuals to rate their mood according to eight different temporal instructions by indicating how they felt: (a) "right now (that is, at the present moment)" (Moment); (b) "today" (Today); (c) "during the past few days" (Past Few Days); (d) "during the past week" (Past Week); (e) "during the past few weeks (Past Few Weeks); (f) "during the past month" (Past Month), (g) "during the past year (Past Year); and (h) "in general, that is, on the average" (General). Participants were instructed to indicate to what extent they experienced
positive and negative affect in general during the past year on a 5-point scale ranging from very slightly or not all (1) to extremely (5). In the present study, only the 20 items in the positive affect (PA) and negative affect (NA) scales were administered and scored. Items in each scale were averaged to obtain a total score. The scales were validated using a large sample of adults and undergraduate students.

Internal consistency reliabilities (Cronbach's coefficient alpha) for the two higher order scales are high, generally ranging from .83 to .90 for positive affect, and from .85 to .90 for negative affect. The two factors accounted for roughly two-thirds of the common variance in mood, providing support for the factorial validity of the PANAS-X. The convergent validity of the scales was supported by significant correlations between the PANAS-X scales and measures of related constructs including mood states, depression, personality, and other state affect measures. The convergent correlations are high, ranging from .90 to .95 for positive affect, and from .92 to .95 for negative affect, and the discriminant correlations are quite low, ranging from -.02 to -.28 for positive affect, and from .00 to -.16 for negative affect. The general negative affect and positive affect scales of the PANAS-X appear to be good measures of the underlying higher order factors. The PANAS-X also permits researchers to designate various temporal instructions for participants self-reporting their mood. The reliability of the both the PA and NA scales for the current sample was excellent (α = .88 and .86, respectively).

* Satisfaction With Life. The Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) was used to assess life satisfaction. The SWLS includes five items that measure an individual’s global, cognitive evaluation of his or her satisfaction with life as a whole based on their own standards and values. The scale consisted of five items rated on a 7-point Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree). In the present study,
scores on the SWLS were averaged to obtain a total score, ranging from 5 (low satisfaction) to 35 (high satisfaction).

Sample items include the following: (a) “If I could live my life over, I would change almost nothing,” and (b) “The conditions of my life are excellent.” Diener et al. (1985) reported a coefficient alpha of .87 for the scale and a two-month test-retest reliability coefficient of .82. The factorial validity of the SWLS has been replicated in several studies (Diener et al., 1985; Pavot, Diener, Colvin, & Sandvik, 1991). For instance, Diener et al. (1985) concluded that a single factor accounted for 66% of the variance in the scale. The α reliability in the present sample was .89.

Procedure

The study was reviewed and approved by the Washington State University IRB before dissemination of the materials. Participants were provided with a written informed consent form (see Appendix A) describing the present study and were asked if they would be willing to participate. Some participants also received an email recruitment flyer (Appendix B) that outlined the present study, directly from the investigator or through the snowball method of recruitment. The questionnaires were completed online via Survey Monkey.

Each participant was initially asked to complete a Demographic Information Questionnaire (Appendix C) in order to obtain background information. Subsequently, participants were asked to complete five questionnaires in English including the (a) Acculturation Attitudes Scales for Asian Indians; (b) Stephenson Multigroup Acculturation Scale; (c) Perceived Social Support from Friends and Family Scales; (d) Satisfaction With Life Scale, and (e) PANAS-X. Upon completing the demographic questionnaire, only participants who self-identified as having at least a basic degree of English proficiency were asked to proceed
with the remaining questionnaires. The questionnaires took approximately 20-35 minutes to complete. Participants were allowed to contact the investigator with any questions or comments regarding the nature of the present study. Anonymity and confidentiality were maintained for all responses.

Data Analyses

Preliminary analyses. Descriptive statistics were reported for each measure. Pearson correlation coefficients were computed between all variables to determine the relationships between the constructs. Moderator hypotheses were tested using multiple regression analyses. Mediator hypotheses were tested using structural equation modeling (SEM). SPSS-16 was used to conduct correlation and regression analyses for all hypotheses and AMOS-16 computer software was used for all SEM analyses.

For all structural equations modeling (SEM), I used the following goodness-of-fit indices: Overall $X^2$; GFI, good fit $\geq .90$; $X^2/df$, good fit = 2:1-3:1; CFI, good fit $\geq .90$; RMSEA, good fit $\leq .05$, fair fit $\leq .08$; and RMR, good fit $\leq .05$, fair fit $\leq .08$. The overall $\chi^2$ test provided a test of whether the model fits the data.

Hypotheses 1, 2, and 3. To test Hypothesis 1, I examined the Pearson correlations relating the four acculturation mode scores to the scores on the three subjective well-being measures (SWLS, PA, and NA). To test Hypothesis 2, I examined the Pearson correlations relating the four acculturation mode scores to scores for perceived social support (PSS-Friends and PSS-Family). To test Hypothesis 3, I examined the Pearson correlations relating PSS scores to the subjective well-being scores (SWLS, PA, and NA). In addition, I conducted a series of structural equations modeling analyses (SEM) to test each hypothesis. In these SEM analyses, item parcels were used as indicators of the latent variables representing each of the acculturation modes and
PSS, and the SWLS, PA, and NA scales were indicators of the subjective well-being latent variable. The measurement models for the four acculturation modes, PSS, and SWB were tested separately first. Then, to test Hypothesis 1, I conducted an SEM analysis with the four acculturation modes predicting the SWB latent variable (PSS was excluded from this model). Hypothesis 1 was supported if the path coefficients relating each of acculturation modes to SWB depicted in Figures 2-5 were statistically significant and in the hypothesized positive or negative direction. Then to test Hypothesis 2, I conducted an SEM analysis with the four acculturation modes predicting PSS only. Hypothesis 2 was supported if each of the path coefficients relating the acculturation modes to PSS depicted in Figures 2-5 were statistically significant and in the hypothesized positive or negative direction. Finally, to test Hypothesis 3, I conducted an SEM analysis with PSS predicting SWB. Hypothesis 3 was supported if each of the path coefficients relating PSS to SWB depicted in Figures 2-5 were statistically significant and positive in sign.

**Testing Mediation Effects**

**Hypothesis 4.** To test Hypothesis 4—that the effects of the four acculturation modes on SWB would be partially mediated by PSS—I conducted an SEM analysis to determine whether PSS mediates the relationship between the four acculturation modes and SWB. Due to inadmissible values, the original structural model depicted in Figure 1 was not tested. Instead, the structural models depicted in Figures 2-5 were tested. Possible mediating effects were examined separately for each acculturation mode, by computing the product of the unstandardized path coefficient from the given acculturation mode to PSS and the unstandardized path coefficient from PSS to SWB. The Sobel test (Baron & Kenny, 1986) was used to evaluate the statistical significance. In addition, I compared the strength and statistical significance of the relationship between each acculturation modes and SWB before and after PSS.
was included in the model to distinguish between full and partial mediation. Full mediation would be indicated if the acculturation mode was a significant predictor of SWB when PSS was not included in the model but was no longer statistically significant when PSS was included in the model (see test of Hypothesis 1). Partial mediation would be indicated if the acculturation mode was a significant predictor of SWB when PSS was excluded from the model and was still a significant predictor, but reduced in size, when PSS was included in the model.

**Testing Moderation Effects**

*Hypotheses 5.* To test Hypothesis 5—that higher ratings of PSS would strengthen (moderate) the association between the four acculturation modes and the three measures of SWB—I conducted, for each acculturation mode, three separate hierarchical regression analyses with SWLS, PA, and NA as the criterion variables. I expected that the positive relationship between the Integration and Assimilation mode and SWB would be stronger for Asian Indians who reported higher ratings of PSS from friends and family, while the negative relationship between the Marginalization and Separation mode and SWB would be even stronger for Asian Indians who reported higher ratings of PSS from friends and family. Scores for the acculturation modes and PSS scales were centered prior to conducting the hierarchical regression analysis to reduce multicollinearity and facilitate interpretation of any significant moderator effects (Frazier, Tix, & Barron, 2004).

In each of the hierarchical regression analyses predicting PA, NA, or life satisfaction, demographic variables (i.e., gender, age, and socioeconomic status) were entered in Step 1, one of the four acculturation modes (i.e., Integration, Assimilation, Marginalization, and Separation) was entered in Step 2, and the PSS scores (PSS-Friends and PSS-Family) were entered in Step 3. Finally, in Step 4, I entered the interaction (product) terms (i.e., one of the acculturation modes ×
PSS scores). I examined the significance of the beta weights for each predictor and the changes in $R^2$ values at each step in the hierarchical regression analysis. In particular, I noted if there are statistically significant beta weights ($p<.05$) for the interaction terms (i.e., the acculturation mode $\times$ PSS scores) and changes in $R^2$ values from Step 3 to Step 4. Aiken and West’s (1991) procedures were planned to plot and interpret the nature of any significant interaction (moderator) effects. This procedure involves computing and plotting the predicted values of each SWB variable for representative values of the given acculturation mode and PSS, that is, -1 SD below the mean, the mean, and +1 SD above the mean (see Frazier et al., 2004, pp. 124-125). Predicted values for the SWB variables are obtained by substituting these values (e.g., -1 SD) into the unstandardized regression equation.
Figure 1. Hypothesized direct and indirect (mediating) effects relating acculturation modes, perceived social support (PSS) from friends and family, and subjective well-being (SWB). SWLS = Satisfaction with Life Scale; PA = Positive affect; and NA = Negative affect.
CHAPTER IV
RESULTS

Descriptive Statistics

Table 1 shows the means and standard deviations for each of the primary constructs in the study. The descriptive statements that follow are based on a comparison of the sample means with the scale anchors for the acculturation modes and the Stephenson Multigroup Acculturation Scale (SMAS) subscales, while the remaining instruments were based on a comparison of the sample means with the maximum possible scores for each scale. Regarding acculturation, the sample means for all four modes of acculturation were as follows: Integration, 4.12; Assimilation, 2.15; Marginalization, 2.45; and Separation, 2.30. On average, participants moderately agreed with the Integration items indicating that they moderately identified with the values and behaviors of both the American and Indian cultures. On the other hand, on average, participants slightly disagreed with the Assimilation, Marginalization, and Separation items. The sample means for the SMAS subscales were as follows: Dominant, 52.20 (out of 60) and Ethnic, 48.71 (out of 68). Similar to the acculturation modes, scores on the SMAS subscales were moderately high, indicating that participants were immersed in both the dominant society and their ethnic society. The sample mean was 13.03 (out of 20) for perceived social support from family (PSS-Family) and 12.62 (out of 20) for perceived social support from friends (PSS-Friends), indicating average perceived social support from both sources. The sample means for the PA and NA scales were 30.96 and 18.14 (out of 50), respectively, indicating that participants reported experiencing positive affect to a greater degree than negative affect. Finally, the sample mean for Life Satisfaction was 25.38 (out of 35), indicating that the average participant was experiencing a moderate level of satisfaction with his or her quality of life.
**Table 1**

*Descriptive Statistics for Primary Constructs*

<table>
<thead>
<tr>
<th>Construct</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration</td>
<td>4.12</td>
<td>0.40</td>
</tr>
<tr>
<td>Assimilation</td>
<td>2.15</td>
<td>0.41</td>
</tr>
<tr>
<td>Marginalization</td>
<td>2.45</td>
<td>0.43</td>
</tr>
<tr>
<td>Separation</td>
<td>2.30</td>
<td>0.41</td>
</tr>
<tr>
<td>Dominant</td>
<td>52.20</td>
<td>4.47</td>
</tr>
<tr>
<td>Ethnic</td>
<td>48.71</td>
<td>9.64</td>
</tr>
<tr>
<td>PSS-Friends</td>
<td>12.62</td>
<td>2.44</td>
</tr>
<tr>
<td>PSS-Family</td>
<td>13.03</td>
<td>3.09</td>
</tr>
<tr>
<td>PA</td>
<td>30.96</td>
<td>5.41</td>
</tr>
<tr>
<td>NA</td>
<td>18.14</td>
<td>5.24</td>
</tr>
<tr>
<td>SWLS</td>
<td>25.38</td>
<td>6.35</td>
</tr>
</tbody>
</table>

*Note:* PSS-Friends = Perceived Social Support from Friends; PSS-Family = Perceived Social Support from Family; PA = Positive Affect; NA = Negative Affect; SWLS = Satisfaction with Life Scale; Dominant = Dominant Society Immersion; Ethnic = Ethnic Society Immersion

**Pearson Correlations**

The intercorrelations among the four acculturation modes, perceived social support, SWB variables, and the Dominant Society Immersion (Dominant) and Ethnic Society Immersion (Ethnic) subscales of the SMAS are shown in Table 2. Most of these correlations will be referred to later when I address the specific hypotheses. The Integration mode of acculturation was negatively correlated with the Assimilation mode of acculturation, while the correlations relating Integration to the other two acculturation modes were not statistically significant. This indicates that participants who preferred to integrate both indigenous and mainstream cultures felt negatively about assimilating only to the mainstream culture. The Marginalization mode of acculturation was positively correlated with both the Assimilation and Separation modes of acculturation. This indicates that participants who preferred to reject both indigenous and mainstream cultures felt more positively about either assimilating only to the mainstream culture.
or primarily identifying with their indigenous culture and rejecting the mainstream culture entirely. Although no prediction was made regarding the relationship between the SMAS subscales, the Dominant and Ethnic scores were inversely related and the correlation was statistically significant. It means that participants who were oriented toward the dominant culture were less oriented toward their ethnic culture. Further, the intercorrelations between the four acculturation modes and the SMAS subscales were also examined. The Dominant subscale was negatively correlated with the Marginalization and Separation modes of acculturation. The Ethnic subscale was negatively correlated with the Assimilation mode and positively correlated with the Separation mode. Lastly, relating the SMAS subscales and PSS scores, the Dominant subscale was positively correlated with PSS-Friends, while the Ethnic subscale was positively correlated with PSS-Family. That is, participants who are oriented towards the dominant culture (i.e., mainstream American society) perceived more social support from friends, whereas participants who are oriented more towards their indigenous or ethnic culture perceived greater social support from their families.
Before testing my hypotheses, I first tested the measurement models for all instruments used in the SEM model depicted in Figure 1 (i.e., four acculturation modes, PSS, and SWB).

Each mode of acculturation was measured by three item parcels consisting of items from relevant scales in the Acculturation Attitudes Scales for Asian Indians. The two perceived social support (PSS) subscales, PSS-Family and PSS-Friends, were each measured by three item parcels consisting of 6 or 7 items from the respective subscale. The latent variable subjective well-being

Table 2

**Intercorrelations among Primary Constructs**

<table>
<thead>
<tr>
<th>Construct</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
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<tbody>
<tr>
<td>1. Integration</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assimilation</td>
<td>-.53**</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>3. Marginalization</td>
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<td>.27**</td>
<td>1.00</td>
<td></td>
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<td></td>
<td></td>
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<td>.05</td>
<td>-.03</td>
<td>.53**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5. PSS-Friends</td>
<td>.06</td>
<td>-.13*</td>
<td>-.25**</td>
<td>-.10</td>
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<tr>
<td>6. PSS-Family</td>
<td>.10</td>
<td>-.16*</td>
<td>-.11</td>
<td>.06</td>
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<td>7. PA</td>
<td>.05</td>
<td>-.15*</td>
<td>-.23**</td>
<td>-.07</td>
<td>.27**</td>
<td>.29**</td>
<td>1.00</td>
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<td>8. NA</td>
<td>.10</td>
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<td>.23**</td>
<td>.06</td>
<td>-.21**</td>
<td>-.31**</td>
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<td>-.05</td>
<td>-.22**</td>
<td>.04</td>
<td>.28**</td>
<td>.36**</td>
<td>.49**</td>
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<td>.00</td>
<td>.03</td>
<td>-.28**</td>
<td>-.29**</td>
<td>.23**</td>
<td>.08</td>
<td>.11</td>
<td>-.09</td>
<td>-.07</td>
<td>1.00</td>
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</tr>
<tr>
<td>11. Ethnic</td>
<td>.15*</td>
<td>-.20**</td>
<td>.14*</td>
<td>.30**</td>
<td>.07</td>
<td>.20**</td>
<td>.30**</td>
<td>-.25**</td>
<td>.22**</td>
<td>-.21**</td>
<td>1.00</td>
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*Note: PSS-Friends = Perceived Social Support from Friends; PSS-Family = Perceived Social Support from Family; PA = Positive Affect; NA = Negative Affect; SWLS = Satisfaction with Life Scale; Dominant = Dominant Society Immersion; Ethnic = Ethnic Society Immersion

**Correlation significant at the .01 level; * Correlation significant at the .05 level**
SWB was measured with the following three observed indicators (scales): life satisfaction (SWLS), positive affect (PA), and negative affect (NA). Table 3 shows the selected fit indices for the measurement and structural models tested.

Table 3

<table>
<thead>
<tr>
<th>Construct</th>
<th>Overall $X^2$</th>
<th>$df$</th>
<th>$p$</th>
<th>$X^2/df$</th>
<th>CFI</th>
<th>RMSEA</th>
<th>RMR</th>
<th>GFI</th>
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<td>Acculturation</td>
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<tr>
<td>Model 1: Integration</td>
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<td>48</td>
<td>.56</td>
<td>.96</td>
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<td>.00</td>
<td>.11</td>
<td>.97</td>
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<tr>
<td>Model 2: Assimilation</td>
<td>49.25</td>
<td>48</td>
<td>.42</td>
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<td>1.00</td>
<td>.01</td>
<td>.12</td>
<td>.97</td>
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<tr>
<td>Model 3: Marginalization</td>
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<td>1.04</td>
<td>1.00</td>
<td>.01</td>
<td>.14</td>
<td>.97</td>
</tr>
<tr>
<td>Model 4: Separation</td>
<td>34.45</td>
<td>48</td>
<td>.93</td>
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Fit Indices for Measurement and Structural Models

The measurement model for the four modes of acculturation was rejected by the overall chi-square test ($X^2 [48] = 125.58, p = .000$). However, it is well-known that the overall chi-square test is very stringent and often rejects models that have reasonable fit. Indeed, the fit indices in Table 3 indicate that model fit was good. The measurement model for PSS was accepted by the overall chi-square test ($X^2 [8] = 7.68, p = .465$). Based on the selected fit indices, the fit of the model was very good. The measurement model for SWB was a saturated model. That is, with only one latent variable and three parameters (i.e., loadings) the model can be perfectly fit to the data.

For the latent Acculturation construct, the loadings (i.e., standardized regression weights) for the four modes ranged from .77 to .86. For the PSS construct, the loadings for the three indicators ranged from .77 to .86. For the SWB construct, the loadings were as follows:
Negative Affect ($\beta = -0.55$), Positive Affect ($\beta = 0.61$), and SWLS ($\beta = 0.81$). These values indicate that the item parcels were all good indicators of the relevant latent constructs in the measurement models.

*Test of Hypotheses*

_Hypothesis 1_. In Hypothesis 1, I predicted that subjective well-being would be positively associated with the Integration and Assimilation modes of acculturation and negatively associated with the Separation and Marginalization modes. To test Hypothesis 1, I examined the Pearson correlations relating the scores of the four acculturation modes from the Acculturation Attitudes Scale for Asian Indians to the scores on the subjective well-being (SWB) measures (SWLS, PA, NA) (see Table 2). There was limited support for Hypothesis 1. The correlations relating the Integration mode to the measures of SWB (PA, NA, and SWLS) were all statistically nonsignificant, which was not consistent with Hypothesis 1. Unexpectedly, the Assimilation mode of acculturation was negatively correlated with PA, although the size of the correlation was quite modest. In addition, no statistically significant correlations were found between the Assimilation mode and NA or SWLS. Consistent with Hypothesis 1, the Marginalization mode of acculturation was negatively correlated with both SWLS and PA, as expected. Similarly, as expected, a positive correlation was found between the Marginalization mode and NA. No statistically significant correlations were found between the Separation mode and any of the measures of SWB. In addition, I conducted SEM analyses to test whether each of the four modes of acculturation predicted SWB when the PSS construct was not included in the model. The path coefficients from three of the four acculturation modes (e.g., Integration, Assimilation, and Separation) to SWB were not statistically significant ($p > 0.05$); however, the path coefficient from the Marginalization mode to SWB was statistically significant ($\beta = -0.41$, $p < 0.001$). In
general, these findings were not consistent with Hypothesis 1 except for the correlations and path coefficients relating the Marginalization mode of acculturation to the three SWB scales.

Hypothesis 2. In Hypothesis 2, I predicted that perceived social support would be positively associated with the Integration and Assimilation modes of acculturation and negatively associated with the Separation and Marginalization modes. To test Hypothesis 2, I examined the Pearson correlations relating the scores of the four acculturation modes to the scores for perceived social support from family and friends (PSS-Family and PSS-Friends) (see Table 2). Support for Hypothesis 2 was quite limited. No statistically significant correlations were found between the Integration and Separation modes of acculturation and PSS-Friends and PSS-Family. Contrary to Hypothesis 2, the Assimilation mode of acculturation was negatively correlated with PSS-Family and PSS-Friends. Consistent with Hypothesis 2, the Marginalization mode of acculturation was negatively correlated with PSS-Friends. However, the Marginalization mode was not significantly correlated with PSS-Family. With one possible exception, the modest and nonsignificant correlations indicate that the various modes of acculturation have little, if any, relationship to the degree of perceived social support from family members or friends. The possible exception was the -.25 correlation between the Marginalization mode and PSS-Friends. In addition, I conducted SEM analyses to test whether each of the four modes of acculturation predicted PSS-Friends and PSS-Family when the SWB construct was not included in the model. The path coefficients from two of the four acculturation modes (e.g., Integration and Separation) to both PSS-Friends and PSS-Family were not statistically significant ($p > .05$). The path coefficients from the Assimilation mode to both PSS-Friends and PSS-Family were -.17 ($p < .05$) and -.19 ($p < .05$), respectively; however, they were not in the expected direction. The path coefficient from the Marginalization mode to PSS-Friends was
statistically significant (β = -.33, p < .001) and in the expected direction; however, the path
coefficient from the Marginalization mode to PSS-Family was not statistically significant. This
suggests that the more individuals endorse the Marginalization mode of acculturation the less
they perceive social support from friends.

**Hypothesis 3.** In Hypothesis 3, I predicted that perceived social support (PSS) would be a
positive predictor of SWB. To test Hypothesis 3, I examined the Pearson correlations relating the
PSS scores to the subjective well-being scores (SWLS, PA, NA). Hypothesis 3 was supported.
As expected, PSS-Friends and PSS-Family were both positively correlated with PA and SWLS,
and negatively correlated with NA. All correlations were statistically significant. In addition, I
conducted SEM analyses with PSS predicting SWB. The path coefficients from both PSS-
Friends (β = .29, p < .001) and PSS-Family (β = .44, p < .001) to SWB were statistically
significant and in the positive direction. In other words, individuals who reported greater support
from friends and family members reported greater positive affect, reduced negative affect, and
higher life satisfaction.

**Testing Mediation Effects**

**Hypothesis 4.** In Hypothesis 4, I predicted that the effects of the four acculturation modes
on SWB would be partially mediated by perceived social support (PSS). Due to some
inadmissible parameter estimates, the original structural model depicted in Figure 1 was not
tested. Instead, to test Hypotheses 4, I tested the structural model for each acculturation mode
separately as depicted in Figures 2 to 5. The correlations in Table 2 suggested that two of the
acculturation modes, Integration and Separation, were not significantly related to the subjective
well-being measures (i.e., PA, NA, and SWLS). Nonetheless, I tested the mediation model for all
four acculturation modes. SEM analyses correct for measurement error, so it is conceivable that
these acculturation modes might be modestly related to SWB in the SEM analyses. Hypothesis 4 would be supported if each acculturation mode significantly predicted PSS in the expected direction, which in turn predicted SWB in the expected direction.

As seen in Table 3, the structural models for each acculturation mode were accepted based on the overall $X^2$ tests. In addition, the fit indices suggested good model fit for each model. Hypothesis 4 was partially supported. Although the Pearson correlations in Table 2 may suggest that three of the four modes of acculturation (i.e., Integration, Assimilation, and Separation) were not significantly correlated with the three variables of SWB, direct and indirect effects for each of the acculturation modes on SWB were assessed. I tested the indirect effects of each acculturation mode on SWB through PSS-Friends and PSS-Family. To test the significance of the indirect (mediation) effects, the Sobel test statistic was calculated (Baron & Kenny, 1986). The path coefficients from PSS-Friends and PSS-Family to SWB were significant ($p < .05$) in all four models.

**Integration.** Consistent with the non-significant correlations in Table 2, the direct effect of the Integration mode of acculturation on SWB was not statistically significant ($p > .05$) in this model (see Figure 2). The Sobel test statistic for the indirect effect of Integration on subjective well-being (SWB) via PSS-Friends was $z = 0.79$, which was not statistically significant ($p > .05$). The test of the indirect effect via PSS-Family was also not significant (Sobel $z = 1.42$, $p > .05$). Thus, there were no significant indirect effects relating the Integration mode to SWB via perceived social support from friends (PSS-Friends) or family (PSS-Family).
Assimilation. Although the Assimilation mode was modestly related to PA (but not NA or life satisfaction) in Table 2, the direct effect of the Assimilation mode of acculturation on SWB was not statistically significant ($p > .05$) (see Figure 3). The Sobel test statistic for the indirect effects for the Assimilation mode was $z = -1.96$ ($p < .05$) for PSS-Friends and $z = -2.31$ ($p < .05$) for PSS-Family. In other words, individuals who identified with the Assimilation mode of acculturation had lower levels of perceived social support from family and friends, which, in turn, was associated with lower SWB. Because the direct effect of the Assimilation mode on SWB was not statistically significant in the model, the relationship between Assimilation and SWB was fully mediated by perceived social support.
Marginalization. Consistent with the correlations in Table 2, the path coefficient relating the Marginalization mode of acculturation to SWB was statistically significant ($\beta = -.28, p < .01$), indicating a direct effect of the Marginalization mode on SWB even after controlling for the perceived social support constructs in the model (see Figure 4). The Sobel statistic testing the indirect effect of Marginalization on SWB via PSS-Friends was $z = -2.10 (p < .05)$; the analogous Sobel statistic for PSS-Family was $z = -1.73 (p > .05)$. Thus, only the indirect effect via PSS-Friends was statistically significant. In other words, individuals who identified with the Marginalization mode of acculturation reported lower levels of perceived social support from friends, which, in turn, was associated with lower SWB. Because the direct effect of the Marginalization mode on SWB remained statistically significant in the model, it indicates that
perceived social support only partially mediated the impact of Marginalization on SWB.

Figure 4. Direct and Indirect Effects for Marginalization Mode of Acculturation

Separation. Consistent with the non-significant Pearson correlations reported in Table 2, the direct effect of the Separation mode of acculturation on SWB was not statistically significant ($p > .05$) in this model (see Figure 5). The Sobel test statistic for the indirect effect via PSS-Friends was $z = -1.53$ ($p > .05$). The Sobel test statistic for the indirect effect via PSS-Family was $z = 1.00$ ($p > .05$). That is, no statistically significant indirect effects of the Separation mode on SWB via PSS-Friends and PSS-Family were found.
Summary. For three of the four acculturation modes (i.e., Integration, Assimilation, and Separation), the direct effects of the acculturation modes on SWB were not statistically significant (p > .05) when perceived social support was included in the models. However, a direct effect of the Marginalization mode on SWB (p < .05) was found. Most relevant to Hypothesis 4 is the indirect (mediation) effects of the acculturation modes on SWB via perceived social support from family and friends. Partial mediation effects were observed for the Marginalization mode and full mediation effects for the Assimilation mode (see Figures 3 and 4).

Testing Moderation Effects

Hypothesis 5. In Hypothesis 5, I predicted that higher perceived support from family and friends, as measured by the PSS, would strengthen (moderate) the association between the four acculturation modes and the three measures of SWB. I conducted three separate hierarchical
regression analyses with SWLS, PA, and NA as the criterion variables. The acculturation modes and PSS scores were centered on the sample means for each variable. Although no main effects were found between these three variables and three of the four acculturation modes (e.g., Integration, Assimilation, and Separation) based on the correlation matrix shown in Table 2 (with the exception of a very modest negative correlation between Assimilation and PA), moderation effects were tested separately for all four modes of acculturation. In each of the four hierarchical regression analyses, gender, age, and socioeconomic status were entered in Step 1, one of the acculturation modes (i.e., Integration, Assimilation, Marginalization, and Separation) in Step 2, and the PSS scores in Step 3 (Table 4). Finally, in Step 4, I entered the interaction (product) terms (i.e., the acculturation mode × PSS scores). However, only one slightly significant moderation effect was found in Step 4 for any of the four modes of acculturation (e.g., Assimilation).

Integration. As indicated in Table 4, the Integration mode failed to account for a significant proportion of the variance in any of the three SWB variables after controlling for gender, age, and income. In contrast, PSS-Friends and PSS-Family accounted for a significant proportion of the variance in the three SWB variables beyond the demographic variables and Integration mode of acculturation (i.e., see ΔR² values in Step 3). No significant moderation effects were found in Step 4.
Table 4

Hierarchical Multiple Regression with PSS and the Integration Mode of Acculturation

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Assimilation. As indicated in Table 5, the Assimilation mode only accounted for a significant proportion of the variance in PA (and not NA or SWLS scores) after controlling for gender, age, and income. In contrast, PSS-Friends and PSS-Family accounted for a significant proportion of the variance in the three SWB variables beyond the demographic variables and Assimilation mode of acculturation (i.e., see ΔR² values in Step 3). One significant moderation effect was found in Step 4. As seen in Table 5, there was a significant interaction between PSS-
Friends and the Assimilation mode of acculturation for one of the three SWB variables (e.g., PA).

As depicted in Figure 6, individuals who had lower levels of identification with the Assimilation mode and a higher degree of PSS from friends had higher ratings of PA compared to individuals with a lower degree of PSS from friends. On the other hand, there was no difference in ratings of PA among individuals who had strong identification with the Assimilation mode for both low and high levels of PSS from friends. These findings suggest that social support from friends had a modest impact on PA only for individuals who had lower endorsements of the Assimilation mode of acculturation.
Table 5

Hierarchical Multiple Regression with PSS and the Assimilation Mode of Acculturation

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Marginalization. As indicated in Table 6, the Marginalization mode accounted for a significant proportion of the variance in all of the three SWB variables after controlling for gender, age, and income (i.e., see $\Delta R^2$ values in Step 2). Similarly, PSS accounted for a small proportion of the variance in the three SWB variables beyond the demographic variables and Marginalization mode of acculturation. In particular, PSS-Friends and PSS-Family provided unique prediction of Satisfaction with Life and Positive Affect beyond Marginalization, while only PSS-Family provided a unique prediction of Negative Affect beyond Marginalization ($p > .01$). No significant moderation effects were found in Step 4.
Table 6

Hierarchical Multiple Regression with PSS and the Marginalization Mode of Acculturation

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Separation. As indicated in Table 7, the Separation mode failed to account for a significant proportion of the variance in any of the three SWB variables after controlling for gender, age, and income. In contrast, PSS-Friends and PSS-Family accounted for a small proportion of the variance in the three SWB variables beyond the demographic variables and Separation mode of acculturation (i.e., see \(\Delta R^2\) values in Step 3). No significant moderation effects were found in Step 4.
Table 7  
Hierarchical Multiple Regression with PSS and the Separation Mode of Acculturation

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**SMAS Subscales.** Although I did not have any hypotheses about the Stephenson Multigroup Acculturation Scale (SMAS), I also conducted hierarchical regression analyses with SWLS, PA, and NA as the criterion variables. There were no main effects found between the three SWB variables and the Dominant Society Immersion (Dominant) subscale based on the correlation matrix; however, moderation effects were tested for both SMAS subscales, Dominant and Ethnic.

**Dominant Society Immersion (Dominant).** As indicated in Table 8, the Dominant subscale failed to account for a significant proportion of the variance in any of the three SWB variables after controlling for gender, age, and income. However, PSS-Friends and PSS-Family accounted for a small proportion of the variance in the three SWB variables beyond the demographic variables and Dominant scores (i.e., see $\Delta R^2$ values in Step 3). One significant moderation effect was found in Step 4. As seen in Table 8, there was a significant interaction between PSS-Friends and Dominant Society Immersion for SWB, although this finding was limited to the negative affect component of SWB ($\text{Step 4 } \Delta R^2 = .04, p < .01$).

Although the beta weight of the interaction between PSS-Friends and Dominant Society Immersion was significant, it was modest in size and possibly due to chance (see Figure 7). It is important to note that the interaction effect did account for a significant change in R squared. Specifically, it accounted for an additional 4% of variance compared to perceived social support from friends alone.
Table 8

Hierarchical Multiple Regression with PSS and Dominant Society Immersion Scale

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Two-way interaction effects between PSS-Friends and Dominant Society Immersion

*Ethnic Society Immersion.* As indicated in Table 9, the Ethnic subscale accounted for a significant proportion of the variance in all of the three SWB variables after controlling for gender, age, and income (i.e., see $\Delta R^2$ values in Step 2). Similarly, PSS-Friends and PSS-Family accounted for a small proportion of the variance in the three SWB variables beyond the demographic variables and Ethnic scores. No significant moderation effects were found in Step 4.
### Table 9

**Hierarchical Multiple Regression with PSS and Ethnic Society Immersion Scale**

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CHAPTER 5

Discussion

The results of the present study provided empirical evidence for the complex relationships of subjective well-being, acculturation, and perceived social support. With some exceptions, the findings were not consistent with past research that demonstrated a link between acculturation, subjective well-being, and perceived social support. However, this study provided a more detailed picture of how these relationships apply to an Asian Indian sample.

Summary and Interpretation of Results

Hypotheses 1. In Hypothesis 1, I predicted that subjective well-being (SWB) would be positively associated with the Integration and Assimilation modes of acculturation and negatively associated with the Separation and Marginalization modes. With the exception of the correlation between the Marginalization mode of acculturation and all three measures of SWB, Hypothesis 1 was not supported. The correlations and path coefficients relating the Integration mode to the measures of SWB (PA, NA, and SWLS) were not significant, while there were mixed findings for the association between Assimilation, Marginalization, and Separation scores and the SWB scales. In past research, the Integration mode of acculturation has been positively associated with well-being (Schmitz, 1992) and psychological adjustment or functioning (Farver, Narang, & Bhadha, 2002; Kim, 2007); however, this was not the case for the present study as no statistically significant correlations were found between Integration and the three measures of SWB. The results from this study indicate that individuals who rejected both the American and Indian culture (Marginalization) endorsed lower levels of life satisfaction and positive affect, and higher levels of negative affect. On the other hand, individuals who identified more strongly with the American culture (Assimilation) endorsed lower ratings of positive affect. Past research on
mental health and acculturation modes suggests that Marginalization may lead to higher degrees of stress and poorer mental health (Berry & Kim, 1988), which may be a result of rejecting norms from both cultures (Kim, 2007). In accordance with past research, participants who identified with the Marginalization mode had lower ratings of life satisfaction and higher levels of negative affect, which could be associated with poor mental health ratings.

It is possible that individual differences in the interpretation of the three components of SWB might have contributed to these findings. In particular, Asian Indians may equate their degree of life satisfaction with their educational and occupational successes. On the other hand, the affective component of SWB, positive and negative affect, may be more associated with Asian Indians’ psychological well-being. Participants in this study were primarily young individuals who were obtaining an education and following their educational aspirations; therefore, they may be highly satisfied with their lives given that they may be pursuing their desired occupation or attaining high levels of education. As a result, for this particular Asian subgroup, it appears that the impact of acculturation on SWB might be more complex. Findings from this study illustrate that the relationship between acculturation and SWB is not straightforward, which may be attributed to the lack of variability of acculturation modes in the sample population.

**Hypothesis 2.** In Hypothesis 2, I predicted that perceived social support (PSS) would be positively associated with the Integration and Assimilation modes of acculturation and negatively associated with the Separation and Marginalization modes. In the current study, support for Hypothesis 2 was quite limited because only one correlation was found for one of four acculturation modes (e.g., Marginalization) and PSS-Friends. Similarly, in the SEM analysis, the path coefficient relating Marginalization and PSS-Friends was statistically
significant, while the path coefficients and correlations relating the other three acculturation modes and PSS-Friends and PSS-Family were statistically nonsignificant. In other words, these modest and nonsignificant results indicate that the four modes of acculturation have little, if any, relationship to the degree of perceived social support from friends or family members.

Specifically, no statistically significant correlations were found relating the Integration and Separation modes of acculturation and PSS-Friends and PSS-Family, while findings for the Assimilation and Marginalization modes of acculturation were mixed. In particular, both Assimilation and Marginalization were negatively associated with PSS-Friends, while only Assimilation was negatively associated with PSS-Family.

There are possible explanations for these mixed findings. The relationships between the Assimilation mode of acculturation and PSS scores were negative and in an unexpected direction. Although these individuals severed ties with Indian culture, they may not feel they have adequate support or gained acceptance from Americans, leading to lower ratings of PSS from friends and family. In other words, individuals who identified with the Assimilation mode of acculturation may not feel accepted and may feel pressure to assimilate due to their decreased levels of social involvement with Indians, but are not fully accepted by Americans (Metha, 1998). Lastly, individuals who identified with the Marginalization mode of acculturation endorsed lower ratings of PSS-Friends, which was expected. There may be possible explanations for these findings. Research suggests that social support has a buffering effect in the face of adversity such as the process of acculturation (Dao et al., 2007; Safdar et al., 2003; Shen & Takeuchi, 2001) and/or familial conflict (Lee et al., 2005). Individuals who identified with the Marginalization and Assimilation mode of acculturation may experience the process of developing friendships as more challenging; therefore, they may have lower ratings of PSS and
may be more at risk for psychological difficulties. It is possible that the lack of clarity of whether individuals perceived social support from their Indian friends versus non-Indian friends may account for some of the differences in the findings. The lack of a clear distinction of the racial profiles of friends and families makes it difficult to determine whether participants’ ratings of perceived social support were from other Asian Indians or other racial groups. Lastly, it is important to note that the relationship between the acculturation modes and PSS may depend on other variables, such the presence of familial conflict or whether participants are faced with daily stressors.

**Hypothesis 3.** In Hypothesis 3, I predicted that perceived social support (PSS) would be a positive predictor of SWB. Hypothesis 3 was supported with PSS-Family and PSS-Friends being both positively correlated with positive affect (PA) and life satisfaction (SWLS) and negatively correlated with negative affect (NA), which is consistent with past research. Similarly, in the SEM analysis the path coefficients from both PSS-Friends and PSS-Family to SWB were statistically significant and in the positive direction. Past research on the impact of perceived social support on psychological distress suggests that perceived availability of social support was a buffer to experiencing acculturative stress (Kim et al., 2008), psychological distress (Liang & Bogat, 1994), and negative SWB (Diener, Diener, & Diener 1995). Chou (1999) found that social support was a strong predictor of positive affect among Hong Kong Chinese participants. Similarly, Uchida et al. (2008) found that perceived emotional support was positively associated with one dimension of well-being (positive affect). This study found this as well. As expected, PSS-Family and PSS-Friends were both positively correlated with PA and SWLS, and negatively correlated with NA, which may be partially explained by stage of life considerations. For instance, participants in this study were pursuing their education or young professionals in their
desired field of interest and therefore they may endorse higher ratings of overall satisfaction with life. This finding is consistent with that reported by Lu (1995). In that study, higher levels of social support were associated with higher life satisfaction, higher reports of positive affect, better education, and older age among Chinese adults.

Hypothesis 4. One of the primary aims of this study was to determine whether PSS would mediate the relationship between the four acculturation modes and the three measures of SWB (Hypothesis 4). Hypothesis 4 was partially supported. As noted in the analyses for Hypothesis 4, PSS-Friends partially mediated the relationship between the Marginalization mode of acculturation and the three measures of SWB. PSS-Friends and PSS-Family fully mediated the relationship between the Assimilation mode and SWB. PSS-Friends partially mediated the relationship between Marginalization and SWB, which was not consistent with past research. Specifically, research on the Indian culture emphasizes that Asian Indians tend to have a high degree of closeness to family, suggesting that among Asian Indians one’s family may serve as a form of security (Ramisetty-Mikler, 1993). Close family ties may lead to a feeling of connectedness and high perception of social support by family members. However, it was interesting to find that PSS-Friends and PSS-Family fully mediated the relationship between Assimilation and SWB. This latter finding suggests that individuals who identified more with the American or dominant culture had lower levels of SWB because they had lower levels of perceived social support from family and friends. Perhaps these individuals’ social support systems primarily consisted of Indians and after severing ties with their indigenous culture, their degree of PSS decreased, in turn, decreasing levels of SWB. The fact that PSS-Friends and PSS-Family fully mediated the relationship between the Assimilation mode of acculturation and SWB suggests that a person’s level of perceived social support from both family and friends may have
an influence on his or her SWB beyond one’s degree of identification with the dominant culture. In sum, although PSS-Friends and PSS-Family did mediate the relationship between the Assimilation and Marginalization modes and SWB, they failed to mediate the relationship between the Integration and Separation modes of acculturation and SWB.

There is a dearth of research examining the mediating role of perceived social support on the relationship between the four acculturation modes and SWB. However, findings from this study are consistent with previous research on the mediating effects of social connectedness on the relationship between acculturation and SWB (Yoon et al., 2008). These authors found that social connectedness to the ethnic community completely mediated the relationship between enculturation and SWB, while no significant mediation effects were found for acculturation and SWB via social connectedness to the mainstream society among Korean Americans. Further, Yoon et al. (2008) found that the relationship between acculturation and mainstream connectedness was significantly stronger than for enculturation and ethnic community connectedness. It is important to note that the above study measured a different dimension of social support than the present study. Lastly, an individual is nested within many environmental systems and this study focused on the emphasis of family members and friends. Thus, it also seems important to consider whether other factors that were not fully explored in this study (e.g., affiliation with Indian or American organizations, ethnic and racial profiles of friends, the degree of closeness to family members) may have an influence on the perception of social support.

*Hypothesis 5.* An additional goal of this study was to determine whether PSS would strengthen (moderate) the association between the four acculturation modes and three measures of SWB (Hypothesis 5). Hypothesis 5 received partial support. No moderation effects were found for three of the four acculturation modes (e.g., Integration, Marginalization, and
Separation) and PSS in predicting the SWB measures. However, the interaction effect between PSS-Friends and the Assimilation mode predicted one of the three SWB variables (e.g., PA). The results of the present study indicate that there may be some enhancing effects of perceived social support from friends on one’s subjective well-being among individuals who had lower endorsements of the Assimilation mode (i.e., less identification with the dominant culture). In addition, moderation effects were also tested for the Stephenson Multigroup Acculturation Scale (SMAS) subscales, Dominant and Ethnic Society Immersion. No moderation effects were found for Ethnic Society Immersion while the interaction effect between PSS-Friends and Dominant Society Immersion predicted one of the three SWB variables (e.g., NA). It is evident that both measures of acculturation are assessing similar constructs; however, there may be other explanations for these findings.

A possible explanation of the findings between both measures of acculturation and PSS-Friends may be attributed to a decreased sense of acceptance from family due to assimilating into the dominant culture leading to increased reliance on friends. More specifically, this group may have stronger connections with their dominant culture and fewer ties with family members resulting in relying more on a sense of support from friends (i.e., higher ratings of PSS-Friends). For instance, the majority of participants in this study were pursuing their education or careers and thus social support from friends may be more relevant during this phase of life. This finding is consistent with Chou (1995) who found that social support from friends was a strong predictor of positive affect compared to familial support. In general, research on SWB and social support has shown that higher ratings of social support are positively associated with all three determinants of SWB (Lu, 1995). In addition, past research suggests that individuals from more collectivistic cultures tend to benefit from implicit social support (Kim et al., 2008; Taylor et al.,
As well as utilize more traditional forms of assistance (e.g., family members, religious leaders, cultural healers).

Applied Implications

Research on acculturation has become increasingly more focused on understanding the relationship between acculturation and positive outcome variables such as subjective well-being (Metha, 1998). Further, studies focused on examining relevant mediating or moderating variables (e.g., social support or connectedness) when assessing the relationship between acculturation and subjective well-being may be beneficial in understanding the unique experiences of Asian Indians residing in the United States. The results of the present study indicated that perceived social support is a potentially mediating and moderating variable between some acculturation modes and SWB. From a clinical perspective, knowing how perceived social support from friends and family contributes to one’s psychological well-being could be useful to psychologists and other mental health professionals who are providing counseling or other health care services to Asian Indians. Also, psychologists may be able to help these individuals by providing support and guidance by incorporating both cultures to highlight a sense of biculturalism (Maisuria, 2003). As a result, when working with this particular population, it is important to assess the clients’ level of acculturation with each culture rather than make assumptions about their degree of saliency of cultural factors from both cultures including language preference, family involvement, values, and traditional beliefs.

Further, perceived social support from friends fully mediated the negative relationship between Assimilation and SWB suggesting that Asian Indians who more strongly identify with the dominant culture may not benefit from the mere perception of the availability of social support from their friends. The findings regarding the prediction of SWB from acculturation and
perceived social support have important clinical implications. Past research and results from the present study suggest that perceived social support from friends and family are valid constructs that are distinct from each other. Findings suggested that perceived social support from friends predicted one of the three SWB variables (e.g., PA) independent of Assimilation mode and also partially mediated the relationship between acculturation (e.g., Marginalization and Assimilation modes) and the three variables of SWB. Clinically, the results could be used to guide counseling interventions with Asian Indians. Past research by Chou (1999) found that perceived social support predicted both positive and negative affect. However, in the present study, perceived social support from friends only predicted the positive affect of SWB. From an applied perspective, the finding that perceived social support from friends predicted SWB even after controlling for acculturation has important implications. It provides support for considering the inclusion of one’s social support system in order to increase their overall satisfaction with their lives.

Further, it is important that therapists are cognizant of limiting the overreliance of Western approaches or standards of behavior when working with clients from an Indian cultural background. For instance, when working with Asian Indians, mental health professionals may include close friends or family members throughout the counseling process, incorporate cultural factors, emphasize a more collectivistic approach, and consider traditional healing practices. Root (1985) provides some clinical suggestions when working with Asian American clients including establishing treatment goals that are congruent with cultural values, assessing the saliency of one’s culture and level of acculturation, involving family members within the counseling process as deemed appropriate, and conceptualizing presenting problems within a cultural context.
Limitations and Future Directions

The present results should be interpreted in light of the study’s limitations. Although efforts were made to recruit both first- and second-generation Asian Indians, the sample primarily comprised of second-generation students. The results may have been influenced by the fact that many of the participants are second generation and highly educated Asian Indians, and as a result may be more acculturated. Perhaps including individuals from a greater range of generational statuses would have helped to strengthen the relationship between the acculturation modes and SWB. Further, the sample was both young and educated, and thus, could be perceived to be highly functioning. It would be necessary to include a wider range of age groups, education levels, and male participants to be able to observe the various impacts that perceived social support could have on SWB across demographic variables. In particular, to assist with generalizing these findings to Asian Indians across the lifespan, future studies should include a greater range of ages and older participants. Another concern is that the data for this study was primarily collected from places where Asian Indian communities are populated (e.g., Texas). Therefore, to some extent, these findings may be a reflection of geographic variables and community support. Lastly, some of the questions on acculturation measure were difficult to understand as indicated by multiple participants.

Future research in this area of research should continue emphasizing the importance of assessing positive outcomes and incorporating social and cultural factors. Contrary to previous research, no statistically significant correlations were found relating the Integration mode of acculturation to perceived social support and SWB. Also, although results of the present study provided some support for the ability of perceived social support from friends to mediate the relationship between the Assimilation mode of acculturation and one’s positive emotional
experience (e.g., PA), additional research could attempt to better understand variables (e.g., racial profiles of participants’ friends, educational level, and cultural values) that may be influencing this relationship. Further, past research suggests that Asian Americans may implicitly seek support (i.e., obtain comfort from their social network by reminding oneself of or surrounding oneself with their social network) rather than explicitly seek support (i.e., utilizing resources) from others (Kim et al., 2008). Although, this study did not focus on examining the difference between these two types of social support, it may be valuable to differentiate between implicit versus explicit social support in future studies.

In sum, including a more heterogeneous sample from a wider range of age groups and geographic locations, and increasing the number of men involved in the current study, would broaden the generalizability of the findings. Exploring other explanations or mediators of the link between acculturation and SWB seems necessary. It might also be of specific interest to examine the role of the mode of acculturation as a mediator or moderator variable rather than the predictor variable. This group of Asian Indians may represent a narrow range of life satisfaction in that the majority of participants were pursuing their graduate degrees or employed and as a result they may exhibit a skewed representation of SWB (i.e., higher levels of life satisfaction). Therefore, future studies should aim to use a global assessment of general life satisfaction and in core areas of life (e.g., home, work, interpersonal relationships; Metha, 1998). Lastly, examining the racial profiles of friends and family would assist with better understanding whether the relationship between acculturation and perceived social support was influenced by other socio-cultural factors.

Further, it is important to acknowledge that the conceptualization and psychometric properties of acculturation across measures may vary. In particular, acculturation tends to be
measured categorically and traditionally focuses on assessing factors that are universal to individuals. Therefore, problems with the measurement of acculturation may influence the results of this study. For instance, although the Acculturation Attitudes Scale for Asian Indians was tailored to Asian Indians, the questions primarily targeted behavioral and attitudinal aspects of acculturation rather than values. To address some of these limitations, researchers have investigated how ethnic identity influences SWB among Asian Americans (Yoo & Lee, 2005). Similarly, it may be worthwhile to include ethnic identity or Asian values rather than acculturation when examining the relationship between perceived social support and SWB among Asian Indians to address the measurement and conceptual drawbacks of acculturation measures.

**Conclusion**

In conclusion, Asian Americans including Asian Indians tend to underutilize mental health services and are more likely to utilize traditional forms of help-seeking behaviors (e.g., medical providers, religious leaders, and mindfulness). Therefore, it is important to integrate social variables when assessing Asian Indians’ mental health and subjective well-being to have a more thorough understanding of their unique experiences in the United States. Although there were mixed findings on the mediating and moderating effects of perceived social support on the relationship between acculturation and subjective well-being, the current study provides some support that perceived social support from friends provided a unique prediction of the positive affect component of SWB beyond acculturation. In addition, the results provided some preliminary support for mediation effects of two of four acculturation modes (e.g., Assimilation and Marginalization). While individuals’ acculturation modes might influence their mental health and/or SWB, assessing the degree of social support in one’s life may be beneficial when
working with Asian Indians.
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Appendix A

Informed Consent

WASHINGTON STATE UNIVERSITY
College of Education
The Department of Educational Leadership & Counseling Psychology

Research Study Consent Form

Laurie McCubbin, Ph.D.  Monika Parikh, Ed.M.
mccubbin@wsu.edu  monikap@wsu.edu
509-335-2816  832-279-4744

Dear Participants:

My name is Monika Parikh and I am a doctoral candidate in Counseling Psychology at Washington State University (WSU). I am conducting a research study titled, “The Influence of Perceived Social Support on the Relationship Between Acculturation and Subjective Well-being among Asian Indians,” under the supervision of Professor Laurie McCubbin.

You are being asked to take part in a research study carried out by Laurie McCubbin, Ph.D., and Monika Parikh. This form explains the research study and your part in it if you decide to join the study. Please read the form carefully, taking as much time as you need. Ask the researcher to explain anything you don’t understand. You can decide not to join the study. If you join the study, you can change your mind later or quit at any time. There will be no penalty or loss of services or benefits if you decide to not take part in the study or quit later. This study has been approved for human subject participation by the Washington State University Institutional Review Board.

This research study is being done to investigate the mediating and moderating role of perceived social support on the relationship between acculturation and subjective well-being among the Asian Indian subgroup.

You are being asked to take part because you are at least 18 years of age and identify as Asian Indian, Indian, or Asian Indian American. Taking part in the study will take approximately 30-45 minutes. You cannot take part in this study if you are members of other ethnic groups, identify as an international student, or do not have a basic proficiency in English.

If you take part in the study, you will be asked to fill out this survey, which will take approximately 30-45 minutes to complete. The survey includes a demographic questionnaire, subjective well-being, perceived social support, and degree of acculturation. In addition, upon agreeing to participate, participants can discontinue their participation at any time or contact the co-investigators with any questions.

The potential benefits to you for taking part in this study may include an increase in the self-awareness of the role of cultural attitudes and behaviors in your life and the presence of perceived social support in your life.
The findings of this study may assist researchers in better understanding the relationships between perceived social support, acculturation, and subjective well-being among Asian Indians. Specifically, it will address the unique experiences of Asian Indians and identify possible factors that may impact Asian Indians’ subjective well-being. These findings will also contribute to the existing literature about perceived social support and subjective well-being research.

The potential risks from taking part in this study are minimal. It is possible that the survey questions may elicit some negative feelings and participants may experience some discomfort; however, no specific negative events are being asked and the questions are more generalized on negative and positive affect and overall life satisfaction. Should any discomfort or significant feelings associated with this study arise, please contact your primary care physician. In addition, a list of resources of mental health professionals and support can be requested from the co-investigators if needed.

Responses from participants will be anonymous and confidential. The data will be temporarily stored on Survey Monkey until all the data is collected, which will be downloaded to a password-protected computer solely by Monika Parikh. During the time that the data is not being analyzed, it will be stored in a secure location and only available to Monika Parikh and Laurie McCubbin. The data for this study will be kept for three years after completion of the study.

There will no payment for participation, but participants will have the option of being entered into a drawing to win one of four $50 gift certificates.

If you have questions about this study or the information in this form, please contact the researchers, Laurie McCubbin, Ph.D. at mccubbin@wsu.edu or 509-335-2816, or Monika Parikh, Ed. M. at monikap@wsu.edu or 832-279-4744. If you have questions about your rights as a research participant, or would like to report a concern or complaint about this study, please contact the Washington State University Institutional Review Board at (509) 335-3668, or e-mail irb@wsu.edu, or regular mail at: Albrook 205, PO Box 643005, Pullman, WA 99164-3005.

Your participation in this research study is completely voluntary. You may choose not to be a part of this study. There will be no penalty to you if you choose not to take part. You may choose not to answer specific questions or to stop participating at any time.

What does my signature on this consent form mean?
Your signature on this form means that:
• You understand the information given to you in this form
• You have been able to ask the researcher questions and state any concerns
• The researcher has responded to your questions and concerns
• You believe you understand the research study and the potential benefits and risks that are involved.
Statement of Consent

I give my voluntary consent to take part in this study. I will be given a copy of this consent document for my records.

__________________________________  ______________  ___________
Signature of Participant  Date

__________________________________
Printed Name of Participant

Statement of Person Obtaining Informed Consent

I have carefully explained to the person taking part in the study what he or she can expect.

I certify that when this person signs this form, to the best of my knowledge, he or she understands the purpose, procedures, potential benefits, and potential risks of participation.

I also certify that he or she:
  • Speaks the language used to explain this research
  • Reads well enough to understand this form or, if not, this person is able to hear and understand when the form is read to him or her
  • Does not have any problems that could make it hard to understand what it means to take part in this research.

__________________________________  ______________
Signature of Person Obtaining Consent  Date

__________________________________  _____________________________
Printed Name of Person Obtaining Consent  Role in the Research Study
Appendix B

Email Recruitment Flyer

Dear Participant:

We are recruiting participants to complete a survey, which investigates the effects of perceived social support on acculturation and subjective well-being among the Asian Indian subgroup. Washington State University IRB has reviewed and approved this research (Protocol #: 11749) for human subject participation.

You are being asked to take part because you are at least 18 years of age and identify as Asian Indian, Indian, or Asian Indian American. Participation in the study will take approximately 30-45 minutes. Please do not take part in this study if you are members of other ethnic groups, identify as an international student, or do not have a basic proficiency in English.

If you participate in the study, you will be asked to fill out this survey, which includes a demographic questionnaire and measures on subjective well-being, perceived social support, and acculturation. Participation in this study is voluntary, and you may choose not to answer specific questions or discontinue your participation at any time. Responses will be anonymous; however, there is a potential loss of confidentiality in all email, downloading, and Internet transactions. Any personal identifying material through the email process will be deleted prior to entering the data to ensure confidentiality.

Please visit the following link to complete the survey:
https://www.surveymonkey.com/s/CC3MKT9

If you have any questions about this research, please contact Monika Parikh, Ed.M., monikap@wsu.edu, or Dr. Laurie McCubbin, mccubbin@wsu.edu.

Thank you in advance for your support and patience in completing this survey! If you can kindly consider forwarding this survey link to other Asian Indians, I will greatly appreciate it. Thank you for your time and consideration.
Appendix C

Demographic Information Questionnaire

First, I would like to ask for some general background information about you. Please accurately answer these questions by filling in the blank or circling the number. *(All of the following information will be used for research purposes only)*

1. Age: _______

2. State of Residence: ___________

3. Gender:
   1. Male
   2. Female

3. How would you rate your ability to read and write in English?
   1. Poor
   2. Fair
   3. Good
   4. Fluent

7. Which of the following best describes how you identify?
   1. Asian Indian
   2. American
   3. Asian Indian American
   4. Other (please specify)___________________________

7. What is your relationship status?
   1. Single
   2. Engaged
   3. Married
      If married, did you have an arranged marriage? _____
   4. Cohabitating/Living with partner
   5. Separated/Divorced
   6. Other (please specify)_______

8. What is your generational status?
   1. Born outside the United States
      Please specify where___________________________
      How long have you lived in the U.S.___________
   2. Second Generation (i.e., I was born here and my parents were born in India)
   3. Third Generation (i.e., I was born here, my parents were born here, and my grandparents were born in India)
   4. Other (please specify)__________
9. What is the highest level of education that you have completed?
   1. Elementary school
   2. High School
   3. Two-year college
   4. Four-year college
   5. Graduate School/Professional School
   6. Other (please specify)_____________________

10. Please describe your current occupation or job: __________
    If you are a student, please describe your year in school
    1. Freshman
    2. Sophomore
    3. Junior
    4. Senior
    5. Graduate Student
    6. Other (please specify)_______

11. What is your religion? (Circle number)
    1. Hindu
    2. Muslim
    3. Christian
    4. Sikh
    5. Other (please specify)________________

12. What would you estimate was your family's income (before taxes) from all sources in 2010?
    1. $0-9,000 a year
    2. $10,000-19,000 a year
    3. $20,000-29,000 a year
    4. $30,000-$39,000 a year
    5. $40,000-$49,000 a year
    6. $50,000-$59,000 a year
    7. $60,000-$69,000 a year
    8. More than $70,000 a year