

THE RELATIONSHIP BETWEEN RELIGIOUS SUPPORT AND ACCULTURATIVE
STRESS IN SECOND-GENERATION ASIAN INDIAN AMERICAN CHRISTIANS

A DISSERTATION

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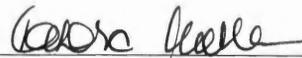
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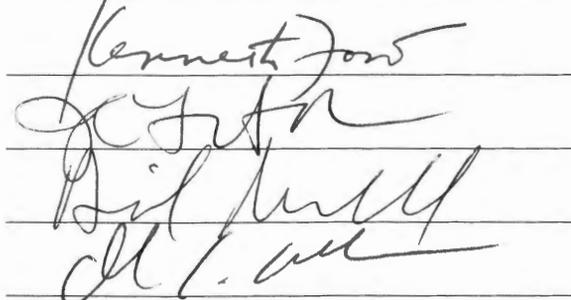
To the Dean of the Graduate School:

I am submitting herewith a dissertation written by Melvin Lal Varghese entitled "The Relationship between Religious Support and Acculturative Stress in Second-Generation Asian Indian American Christians." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Counseling Psychology.



Debra Mollen, Ph.D., Major Professor

We have read this dissertation and recommend its acceptance:



Department Chair

Accepted:



Dean of the Graduate School

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DEDICATION

To God, who continues to teach me to be merciful, to seek justice, and to walk in humility.

To my parents, who in leaving their native land, traveled toward an uncertain future.

To my father for teaching me to courageously pursue my passions.

To my mother for teaching me to stand for my beliefs

To my brother who taught me to question everything.

To my grandparents for instilling values that transcend cultures.

To my extended family members for your love, support, and laughter.

To my church for giving me a community to grow in faith and to share my joys and sorrows.

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Finally, I want to express gratitude for the second-generation Asian Indians who participated in my research. I hope that my efforts encourage others to study the concerns of individuals who form an important component of the American fabric.

ABSTRACT

MELVIN LAL VARGHESE

THE RELATIONSHIP BETWEEN RELIGIOUS SUPPORT AND ACCULTURATIVE STRESS IN SECOND-GENERATION ASIAN INDIAN AMERICAN CHRISTIANS

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Asian Americans, the fastest-growing immigrant population in the United States (U.S.), experience significant acculturative stress when adapting to a Western culture (Shim & Schwartz, 2008; U.S. Census, 2007). Acculturative stress is magnified in second-generation Asian Americans given the pressure by mainstream society to integrate and by the native culture to retain Eastern values (Nisbett, 2004). Many immigrants rely upon support from members of their native religious community to counter the effects of acculturative stress. Religious support has been associated with decreased levels of depression, positive affect, and improved life satisfaction (Fiala, Bjorck, & Gorsuch, 2002; Lee, 2007). However, the role of religious community support and psychological functioning needs further investigation especially among various ethnic groups (Lazar & Bjorck, 2008). This researcher considered the relationship between religious support and social support and religious support and acculturative stress in second-generation Asian Indian American Christians (Lazar & Bjorck, 2008; Rangaswamy, 2000). One hundred forty-one second-generation Asian Indian American Christians completed measures of religious support, social support, and acculturative stress. Contrary to the existing literature that suggests religious support and social support are distinct constructs, the

results of this study found a direct relationship between religious support and social support. In this sample, religious support and social support are likely complementary and related rather than distinct constructs. Also contrary to the existing literature that suggests a negative relationship between religious support and acculturative stress, this study found no significant relationship between religious support and acculturative stress. The results of this study have implications for researchers and mental health professionals who work with second-generation Asian Indians. Future researchers may consider the joint impact of religious and social support on acculturative stress among Asian Indian immigrants or use these results to make comparisons among denominations, between genders, geographic location, or the length of residency in the U.S. Clinicians can use the study's results to engage Asian Indians in their social context, to educate this population about mental health concerns, address the sources of acculturative stress, and develop strategies that help individuals remedy stressors.

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CHAPTER I

INTRODUCTION

Asian Americans are the fastest-growing immigrant group in the United States (U.S.) (U.S. Census, 2007). The current Asian American population of 11.9 million is expected to triple by 2020 and increase to five times its present size by 2050 (U.S. Census). Asian Indians are the second-largest subgroup of Asian Americans in the U.S. and number nearly 2.5 million (U.S. Census). Seven out of every ten Asian Indian Americans were born outside of the U.S., and Asian Indian Americans compose the largest percentage of individuals under the age of 18 (25%) and ages 18 to 44 (51.7%) among all Asian Americans. Asian Americans remain understudied in existing psychological literature despite the substantial growth of Asians in the U.S. (Choi & Thomas, 2009; Hwang & Ting, 2008).

Individuals who immigrate to the U.S. often rely upon members of their own ethnic and religious communities for support. Previous research has indicated that social support buffers against physical and mental stressors, enhances individuals' self esteem, and results in increased positive affect (Meehan, Durlak, & Bryant, 1993; Stone, Cross, Purvis, & Young, 2003). Social support from family members, relatives, and friends helps individuals acclimate to a new culture (Noh & Kasper, 2003; Wierzbicki, 2004). Among ethnic minorities, social support safeguards against stress that results from discriminatory practices (Noh & Kasper). For second-generation individuals, social

support provides a nurturing environment for educational and occupational advancement and relieves pressure to abandon their native culture (Feliciano, 2001; Gibson, 2001; Portes & Rumbaut, 2001).

Many individuals in the United States participate in religious services and identify themselves as members of a faith community (Stone et al., 2003). Religious support is a specific type of social support by which individuals rely upon the support of a religious community and on a concept of God or other deities (Fiala et al., 2002). The primary model of religious support distinguishes among three facets: support from the religious community, support from religious leaders, and support from God or other deities (Fiala et al.). Religious support has been associated with decreased symptoms of psychological distress, lower levels of depression, greater positive affect, and improved overall life satisfaction (Fiala et al.; Pargament, Koenig, & Perez, 2000).

Among Asian Americans, religious support has been shown to alleviate symptoms of depression and enhance life satisfaction (Lee, 2007). Among Korean American Christians, churches provide emotional support, a sense of connectedness with a larger community and help individuals cope with acculturative pressures (Wong & Mock, 1997). The religious community is the focal point of Asian Indian American social life upon immigration (Rangaswamy, 2000). Religion and spirituality as sources of strength and resilience have emerged as important components to consider in therapy with Asian Indian families (Khanna, McDowell, Perumbilly, & Titus, 2009). Therefore, understanding the role of religious support in the lives of individuals, particularly immigrants, is essential. In times of crisis, members of a religious community are more

likely to receive support from other parishioners and faith leaders than from counselors or other mental health professionals (Chalfant et al., 1990; Pickard & Guo, 2008). An understanding of religious support will enable mental health professionals to develop comprehensive models of treatment that utilize community resources and existing social structures.

Individuals often experience acculturative stress as they transition from one society to another. Acculturative stress is a type of stress that manifests in psychological symptoms of anxiety, depression, feelings of marginality and alienation, psychosomatic symptoms, and confusion regarding identity (Williams & Berry, 1991). Acculturative stress is magnified in certain situations including the loss of native language, difficulty with a new language, lack of social support, difficulty in finding new social networks, changes in family dynamics, seeking employment in a new country, discrimination, and lack of acceptance by the majority culture (Berry, 2003). Acculturative stress has been found to be a short-term as well as an intergenerational stressor that results in mental and physical maladies (Escobar & Vega, 2000; Hwang & Ting, 2008; Hwang, Chun, Takeuchi, Myers, & Siddarth, 2005). Given that immigration is a major life event, further studies are needed that examine the relationship between acculturation and religious support among Asian Americans (Lee, 2007).

Asian Americans often experience higher levels of acculturative stress in comparison to other immigrant groups due to conflict regarding core Eastern and Western values (Nisbett, 2004). Among Asian American subgroups, Asian Indians have been found to have the strongest adherence to traditional Eastern values and as a result,

increased levels of acculturative stress (Choi & Thomas, 2009). Levels of acculturative stress have been shown to be magnified in second-generation Asian Indians due to the pressure by mainstream society to acculturate and by the native Asian Indian society to retain Eastern values (Das & Kemp, 1997). Further research is needed with Asian Indian Americans, particularly those belonging to the second generation; a literature search conducted by the author revealed five psychological studies in the last 22 years that examined the concerns of second-generation Asian Indian Americans.

There are 32 countries within the Asian continent; each country has its own groups and subgroups that differ in language, religion, values, and cultural practices (U.S. Census, 2007). Although psychological research on Asian Americans has increased in recent times, many studies have grouped all members under the category of Asian Americans (Shim & Schwartz, 2008). Because individuals from Asia come from different countries and represent an array of religions, languages, values, and cultural practices, it is unlikely that all Asian immigrants experience the transition from one country to another in the same way (Choi & Thomas, 2009).

The present study examined second-generation Asian Indian American Christians, a subgroup of Asian Indian Americans who represent the third largest religion in India (Census of India, 2001). Asian Indian American Christians come from a country where their faith community constitutes just 2.3% of the population to one in which Christians comprise nearly 77% of the population (Census of India; Koshim & Keysar, 2009). As a result, Asian Indian American Christians may face greater pressure than other religious communities from India to abandon traditions and integrate into an existing religious

framework and by extension, into mainstream society (Fenton, 1988). Second-generation Asian Indian Americans experience both pressure to conform to the values of mainstream society and pressure to retain their native heritage from first-generation caregivers (Talbani & Hasanali, 2000).

The purpose of this study was to examine the relationship between religious support and acculturative stress in second-generation Asian Indian American Christians. To date, Fiala et al.'s (2002) religious support model has only been examined among Protestant Americans (Fiala et al.) and Jewish Israelites (Lazar & Bjorck, 2008). This investigation furthered research in the area of religious support by testing Fiala's model with Asian Indians. This study examined a unique group of Asian American Indians, namely Asian Indian American Christians—a group that moves from being a religious minority in their home country to a religious majority in their new country. This study contributes to scholarship in the area of acculturative stress by examining the unique social, attitudinal, familial, and environmental challenges experienced by Asian Indian American Christians. This investigation advanced research in the area of acculturative stress and religious support by studying a minority population that has been understudied in the existing literature. The investigator focused on second-generation Asian Indians in order to expand the limited research on this population. While religious support has been distinguished from social support in Protestant Americans and Jewish Israelites, it has not been evidenced in Asian Indians. Therefore, this study also investigated whether social support is a distinct construct from religious support in second-generation Asian Indian American Christians.

CHAPTER II

LITERATURE REVIEW

The Immigrant Experience

Individuals migrate for any number of reasons including, but not limited to, seeking economic betterment, and escaping persecution and violence in their native lands (Portes & Rumbaut, 2001). Recent immigrants to the U.S. likely belong to an ethnic-minority group and often face prejudice, discrimination, and economic disparity in comparison to earlier immigrants from Europe (Portes & Rumbaut, 2006). While some immigrant families venture on their own, other families settle in proximity to established ethnic communities (Levitt, Lane, & Levitt, 2005). Regardless of what families choose, preexisting social support networks are likely to be impacted, and the loss of social supports often undermine successful adaptation to a new culture (Waters, 1997)

Some immigrant families adapt fairly easily to the new environment while others experience marked psychological difficulties. For example, Levitt et al.'s (2005) study of the postmigration experience of 429 newly immigrant children (aged 7-18 years) and their parents from South America concluded that both parents and children experience significant amounts of postmigration stress. Parents who experienced high levels of postmigration stress showed diminished affect, decreased life satisfaction, and worry regarding monetary matters, the ability to find employment, and providing for families. Children experienced greater overall stress than parents and evidenced increased levels of

depression, lower self-concept, and poorer adaptation to school. Immigration is an impactful, non-normative life experience that requires individuals to manage the loss of extended family, home, and country all the while encountering new psychological (e.g., stress of migrating from one place to another), social (e.g., finding new social networks) and economic challenges (e.g., new employment) (Coll & Magnuson, 1997; Levitt et al.).

Asian Americans and Asian Indians in the United States: Demographic Information

The United States Census Bureau (2007) has defined *Asian Americans* in the following way:

People having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. It includes people who indicated their race or races as Asian Indian, Chinese, Filipino, Korean, Japanese, Vietnamese, or Other-Asian, or wrote in entries such as Burmese, Hmong, Pakistani, or Thai. (p. 1)

The U.S. Census Bureau (2007) estimated that 11.9 million Asian Americans reside in the United States, which represents 4.7% of the United States population.

Although Asian Americans live in every state in the United States, they have concentrated primarily in three states: California (35%), New York (10%), and Texas (6%). These three states account for more than 50% of the Asian American population in the United States (U.S. Census). Three groups (Chinese, Asian Indians, and Filipinos) represent the three largest subgroups of Asian Americans and account for 60% of the Asian American population in the United States (U.S. Census).

The term *Asian Indian* refers to individuals who trace their roots to the Indian subcontinent (U.S. Census, 2007). Asian Indians are the second-largest subgroup of

Asian Americans in the United States with a population of 2.2 million, which represents 19% of the Asian American population. Seven out of every ten Asian Indian Americans were born outside of the United States (U.S. Census). Asian Indians compose the largest percentage of individuals under the age of 18 (25%) and ages 18 to 44 (51.7%) among all Asian Americans.

The majority of Asian Indians voluntarily immigrated to the United States in two distinct waves: the 1970's, which primarily included professionals (e.g., engineers, physicians, and scientists) and from the 1990's to the present, which primarily included blue-collar workers (Bhattacharya, 2008). Both waves of immigrants generally came from the highest educational and economic level of Indian society and had acquired educational and professional experience far beyond the reaches of most Asian Indians at the time of immigration (Bhattacharya). However, many individuals immigrated to the United States due to the gap between the United States and India in salary and working conditions (Portes & Rumbaut, 2006). In other words, the salaries of Asian Indians in India were not commensurate with salaries earned by individuals in similar professions in the United States.

Cultural Differences between Asian Indian and European Americans

Khanna et al. (2009) noted cultural differences between Asian Indian Americans and the dominant European American population regarding relationships between individuals and their families. For many European Americans, the individual is a distinct entity from the family and individual autonomy is emphasized within the familial context (Farver, Bhadha, & Narang, 2002). In Asian Indian families, the individual is

inextricably linked to the family, and individual sacrifices are expected from all members for the betterment, welfare, and integrity of the family (Farver et al.). Asian cultures also emphasize ideas of interdependency, collective needs, and conformity while Western cultures emphasize an individualistic orientation (Suzuki, Casas, Ponterotto, & Alexander, 2010). In Western cultures, individualization and separation are paramount steps in adolescence and signal the transition from childhood to adulthood (Newman & Newman, 2008). In Western psychology (e.g., according to object relations theory and Erickson's stages of psychosocial development), separation from family is a vital component of healthy human development. By contrast, Asian Indian psychologists view human development from a relational orientation; individuals mature as they develop capacities for interpersonal interactions (Gupta, Johnstone, & Gleeson, 2007). Thus, human development begins in childhood and continues throughout the lifespan. In this regard, Gupta et al. maintained that while childhood and adulthood stages are emphasized as developmental phases in Asian Indian psychology, the Western concept of adolescence is seen as an extension of childhood rather than a distinct stage.

First-generation Versus Second-generation Asian Indians

Immigration poses significant pressures for immigrants and differing perspectives toward culturally-appropriate development leads first-generation immigrants and their second-generation children to experience different sources of stress (Lay & Nyugen, 1998). First-generation Asian Indian parents often resolve to retain the families' ethnic and cultural identity as they and their children acclimate to the mainstream U.S. culture (Das & Kemp, 1997; Khanna et al., 2009). In fact, Sodowsky and Carey (1988)

postulated that first-generation Asian Indian parents may place sole responsibility on themselves for imparting cultural values to their children. Inman, Howard, Beaumont, and Walker (2007) hypothesized that the struggle to preserve former traditions while accepting new practices was exacerbated among first-generation Asian Indians by the lack of guidance and support from extended family members who remained in India. Khanna et al. indicated that first-generation Asian Indian parents also worry about financially supporting their kin in India. Farver et al.'s (2002) study of 85 U.S.-born Asian Indian adolescents and one of their immigrant parents found that families who identified primarily with their native culture and failed to incorporate elements of the new culture reported higher levels of family conflict.

On the other hand, second-generation Asian Indians struggle to develop a bicultural identity that incorporates elements of both their Asian Indian as well as the mainstream U.S. culture. Second-generation Asian Indians often feel isolated from both their peers, who may ridicule them for their ethnic and cultural differences and their parents, who wish to instill a strong cultural and ethnic identity but fail to prepare children for possible rejection of that identity by mainstream society (Das & Kemp, 1997). As a result, second-generation individuals must learn to modify their identities depending upon context. Sundar's (2008) study of 26 second-generation South Asian-Canadian women and men aged 18-25 postulated that, during each cultural interaction, South Asian Canadian youth: (a) evaluate the demands of interactions at individual, group, and systems levels; (b) make decisions regarding which identity will best support the achievement of goals; (c) and, in participant-generated processes called *brown it up*

(i.e., emphasizing South Asian characteristics and behaviors) or *bring down the brown* (i.e., emphasizing characteristics and behaviors considered to be more Canadian), cushion aspects of their identities than may hinder the accomplishment of goals or acceptance by particular groups.

Sundar's (2008) results are consistent with Abouguendia and Noels (2001), who studied acculturation difficulties of 74 first- and second-generation South Asians (including Asian Indians) in Canada. The authors found that, while first-generation South Asian Canadians experienced barriers to psychological adjustment from the mainstream Canadian society (*out-group hassle*), second-generation South Asian Canadians experienced barriers to psychological adjustment from the mainstream Canadian society and from their South Asian society (*in-group hassle*). Out-group hassles resulted from members of the mainstream culture who harassed second-generation South Asians for maintaining traditional values, behaviors, and practices. In-group hassles resulted from the loss of contact with family members from the native Asian Indian culture and increased contact with members of the mainstream culture. Abouguendia and Noels concluded that second-generation individuals who experienced in-group hassles reported lower levels of self-esteem while individuals who experienced out-group hassles reported higher levels of depression. For first-generation individuals, increased frequency of in-group hassles predicted higher levels of depression.

Second-generation Asian Indians also anticipate changes in roles, responsibilities, and increased autonomy in decision-making as a result of exposure to mainstream U.S. values (Khanna et al., 2009). By contrast, first-generation Asian Indian

parents expect their adolescents to comply with, defer to, and respect their elders rather than separate from the family and make independent decisions (Farver et al., 2002). Conflicts may arise between first and second generations surrounding issues of dating versus arranged marriages, occupational choices, academic achievement, and interdependency versus autonomy (Dasgupta, 1998; Khanna et al.). In later-life stages, discrepancies may arise between the first and second generation regarding gender roles, parenting responsibilities, marital interactions, and differing levels of acculturation among family members (Khanna et al.).

Definition of Religious Support

The importance of human relationships is emphasized by the majority of the world's religions, and the outlet for social interaction is often the religious congregation (Hill & Pargament, 2008). Therefore, a recent area of interest among researchers who study the psychology of religion is the role of religious support and mental health (Hill & Pargament). VandeCreek, Pargament, Belavich, Cowell, and Friedel (1999) distinguished religious support from social support. Social support has been conceptualized as tangible or intangible assistance in times of need by family members, friends, neighbors, colleagues, and others (House, 1981). Tangible assistance includes financial or physical assistance, and intangible assistance includes feelings of security or perceptions of being cared for by others (Stone et al., 2003).

Ellison and Levin (1998) noted that, unlike a general social support system in which members may enter and leave throughout the lifespan, a religious support system is a *framework* of like-minded values and worldviews that are not significantly altered by

individuals transitioning in and out of the system. Krause (2002) stated that social support in the context of religious practice was qualitatively different from nonreligious social support and theorized that religious support had greater effects of overall health. Krause initially used the term *spiritual support* to refer to social support given to explicitly enhance religious beliefs, experiences, and behaviors of individuals. Fiala et al. (2002) later used the term *religious support* and stated that religious support is similar to social support except in two facets. First, religious support refers to social support from persons within one's faith tradition and second, religious support includes the perceived support coming from individuals' concept of God or other deities.

Function of Religious Support

General social support serves two distinct functions in helping individuals cope with life circumstances (Stone et al., 2003). First, social support has been found to enhance individuals' self-concept. Meehan et al.'s (1993) study of 82 adolescents found that those who indicated higher levels of social support also reported greater self-esteem, self-competence, higher frequency of positive affect, gratification, and increased feelings of connectedness to others than adolescents who had lower levels of social support. Second, social support has been found to act as a *buffer* that moderates the effects of both physical and mental stressors. Jawad, Sibai, and Chaaya's (2009) examination of 490 older adults in post-civil war Lebanon concluded that social support from families moderated the effects of depression, physical health decline, and overall stress. Powers, Ressler, and Bradley's (2009) examination of 318 participants found that social support

moderated the effects of long-term depression that resulted from childhood emotional abuse and neglect.

Pargament (1990) expanded social support into the religious sphere when the author concluded that religion acted as a stress buffer on two levels. Religious beliefs and values offer individuals a framework for understanding and interpreting stressful events. Religion also connects individuals with a religious community, which in turn provides a sense of belonging and access to community resources. Maton's (1989) study of 162 church congregants experiencing financial distress, 80 individuals in help groups experiencing the loss of a child, and 85 individuals in senior centers experiencing bereavement stress concluded that tangible and intangible support from all three communities was related to decreased symptoms of depression, increased positive coping strategies, and greater life satisfaction. Larson et al.'s (1992) meta-analysis of 38 studies in the *American Journal of Psychiatry* and *The Archives of General Psychiatry* determined a strong relationship between religious commitment and mental health. Specifically, social support in the context of a religious community emerged as the strongest predictor of overall mental health over factors such as rituals, meaning, prayer, and relationship with God.

Religious Support and Mental Health

Individuals who engage with a religious congregation are more likely to address mental health concerns in a religious context than to seek psychotherapy. Chalfant et al.'s (1990) inquiry of 806 Mexicans, Mexican Americans, and Caucasian Americans concluded that individuals who experience psychological distress are more likely to seek

help from religious leaders than from mental health professionals (e.g., psychiatrists, psychologists, and psychiatric social workers). One reason for the reliance on religious support maybe the unique resources available in a religious community [e.g., larger social networks, access to tangible and intangible resources within these networks, more interaction with members, and greater quality of interaction (Bradley, 1995; Fiala et al., 2002)]. Pikard and Guo's (2008) study of 317 individuals aged 65 and older who primarily identified as Jewish or Christian found that greater frequency of religious-service attendance was related to an increase in help-seeking from clergy.

Psychologists have suggested that the religious support individuals receive from parishioners and religious leaders has several health benefits (Hill & Pargament, 2003). Cohen and Wills (1985) found that religious support buffered individuals against life stressors and fluctuations in self-esteem. Taylor and Chatters (1986) found that religious support supplemented support provided by family members among African Americans. Sarason, Sarason, and Pierce (1990) indicated that relationships with members of a religious community helped ease feelings of uncertainty associated with crisis situations. Ellison and Levin (1998) indicated that congregations formed a network of like-minded individuals that aided members across the lifespan especially during difficult circumstances (e.g., serious illness, aging, death). Pargament et al. (2000) demonstrated that Gulf War veterans who received religious support experienced decreased symptoms of psychological distress. Religious support has been associated with decreased levels of depression, greater positive affect, and improved life satisfaction (Fiala et al., 2002). Yangarber-Hick's (2004) study of 151 individuals diagnosed with serious mental

illnesses concluded that religious support can be instrumental in recovery from Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Depression, Substance Abuse, and personality disorders.

Hill and Pargament (2008) suggested that religious support was strengthened by methods of support (e.g., intercessory prayers offered for congregants, or the belief that God worked through others in the faith community). Menagi, Harrell, and June (2008) indicated that, unlike general social support, religious support better protected individuals against alcohol abuse; among individuals with a history of alcohol and tobacco abuse, those who received supplemental religious support were more likely to adhere to treatment than individuals who did not receive religious support (Park, Moehl, Fenster, Suresh, & Bliss, 2008). Oman and Thorsen (2002) hypothesized that religious support provided a positive social environment that endorsed positive health behaviors and allowed individuals to socialize in an environment that did not involve alcohol and tobacco use. Religious support may also exert pressure on individuals that are helpful in resisting alcohol and tobacco (Strawbridge, Shema, Cohen, & Kaplan, 2001).

While the majority of research illustrates the positive elements of religious support, negative social consequences also exist (Krause, Ellison, & Wulff, 1998). Congregants who experienced negative behaviors (e.g., criticism, rejection, ineffective methods of help, etc.) reported decreased psychological well-being (Lincoln, Chatters, & Taylor, 2003). Negative social interactions also increased the incidence of heart disease and reduced overall physical health (Krause, 2005). Negative social interactions with fellow congregants increased symptoms of depression, and negative interaction with a

clergy member decreased feelings of self-worth among older adults (Krause, 2003; Krause & Wulff, 2005). Negative social interaction among congregants is more difficult to predict than positive social interaction because it is relatively uncommon, sporadic, and often unplanned (Ellison, Krause, Shepherd, & Chaves, 2009). Ellison et al. identified some common elements that may hinder positive social interactions: congregations that include 2,500 or more members, which make it difficult for members to foster social connection; not setting aside time for informal social interaction following religious services; and major conflicts among members, which can erode existing social support systems.

Model of Religious Support

Until very recently, psychology researchers did not view religious support as a stand-alone construct that could be studied (Bjorck, 2007). Prior to this time, religious support was often seen as social support in a religious context (Bjorck). In the vast majority of studies conducted in the 20th century, religiousness was typically addressed with a one-item scale that measured religious service attendance (Fiala et al., 2002). Researchers assumed that the most important component of organized religious practice was the social support individuals received; individuals who attended places of worship with greater frequency received greater levels of social support (Bjorck).

Fiala et al. (2002) challenged this viewpoint when they proposed a model that distinguished among five dimensions of religious support: Guidance, Reliable Alliance, Reassurance of Worth, Attachment, and Social Integration. *Guidance* refers to the obtainment of information, *reliable alliance* to the assurance that others will aid in times

of distress, *reassurance of worth* to the recognition of one's competence by others, *attachment* to emotional closeness to others, and *social integration* to a sense of belonging to a larger group (Lazar & Bjork, 2008). Fiala et al. developed three subscales to measure the five dimensions of religious support: support from congregation, support from religious leaders, and perceived support from God. The three-factor model was initially supported with two samples of Protestants in the United States (Fiala et al.). Although all three factors were statistically significant, Fiala et al. found that support from God was the highest rated of the three factors. These results implied that, for U.S. Protestants, perceived religious support statistically predicted better functioning than the effects of general social support. In other words, there was something unique about how individuals understood support from a religious community, from church leaders, and from God that was different than how individuals understood general social support (Bjorck, 2007). Fiala et al. also found that all three types of religious support were related to decreased symptoms of depression after controlling for religious attendance, and a positive relationship existed between congregational support and general life satisfaction after controlling for religious service attendance and general social support.

The original Religious Support Scale (Fiala et al., 2002) was limited by its Christian-centered language and its limited applicability with other populations (Bjorck, 2007). To remedy these concerns, Lazar and Bjorck (2008) utilized the Religious Support scale with Jewish Israelites. The authors translated the scale into Hebrew and modified wording to fit the population under study. Lazar and Bjorck found that the three-factor structure of the modified scale paralleled the original Religious Support

scale; all three types of religious support statistically predicted positive functioning beyond the effects of general social support, lending credence to the general construct of religious support.

Religious Support among Asian Americans, Asian Indians, and Asian Indian Christians

The role of religious support in immigrant groups to the United States has interested psychologists in recent times. Among immigrants to the United States, a native religious community provides a familiar environment that allows maintenance of an ethnic identity amidst the larger U.S. culture (Lee, 2007). Yang and Ebaugh (2001) argued that religious institutions created by immigrants on foreign soil helped maintain self-identity while acquiring community acceptance. Thus, religious congregations have acted as mediators between individuals and a host society and provided religious training as well as ethnic, cultural, and linguistic reinforcement (Huh & Kim, 1990; Wolfe, 2003).

Religious support has received limited study among Asian Americans. Huh and Kim (1990) determined that religious, social, and psychological needs for attending church were equally important among Korean Christian immigrant families. Bankston and Zhou (1995) indicated that religious participation facilitated adjustment to a host culture and created a distinct ethnic identity among a sample of 402 Vietnamese immigrant adolescents and young adults. Tirrito and Choi (2004) stated that Korean American churches play a major role in the process of acculturation for older adults by providing social services, information sharing for health care, recreation, and cultural activities. Lee's (2007) study of elderly Asian immigrants found that religious support

acted as a protective factor, alleviated symptoms of depression, and enhanced life satisfaction.

Nearly 66% of Asian Indians entered the United States after 1990 (U.S. Census, 2007). Religious institutions and associated communities helped these Asian Indian immigrants maintain connection to their native culture and cope with conditions in a new land (Rangaswamy, 2000). In an anthropological study of religious traditions among Asian Indian Americans, Fenton (1988) distinguished between two types of support provided by Asian Indian religious institutions: cultural and religious. Cultural support aided in the preservation of native values, practices, and native language. Religious support provided spiritual guidance and grounding in faith. Fenton found that first-generation Asian Indian immigrants developed a complementary identity that incorporated cultural and religious support. However, the children of first-generation Asian Indian immigrants struggled to blend the cultural and religious aspects of support. Fenton hypothesized that the inability to reconcile cultural and religious aspects of support resulted in higher rates of situational stress and lower levels of self-esteem in second-generation Asian Indians.

Asian Indian Christians receive religious support from churches and denominations transplanted from India (Rangaswamy, 2000). Approximately 5% to 6% of the 2.2 million Asian Indian Americans are Christians (George, 2006; U.S. Census, 2007). Thus, there are an estimated 110,000 to 132,000 Asian Indian Christians in the U.S.

Consistent with the patterns of Asian Americans, Asian Indian Christians immigrated to the United States during two distinct time periods: the early 1970's and the late 1980's and 1990's (Jacobsen & Raj, 2008). Asian Indian Christian communities are largely concentrated in major metropolises including Chicago, Dallas, Houston, Los Angeles, New York, and Philadelphia (Rangaswamy, 2000). Given that most religions incorporate a religious community and a concept of God, Fiala et al.'s (2002) model of religious support may generalize to other religious groups (Lazar & Bjorck, 2008). However, to date, Fiala's model of religious support and whether a difference exists between general social support and religious support have not been studied in Asian Indian Americans and by extension, among Asian Indian American Christians.

Acculturation

The classic definition of acculturation was proposed by Redfield, Linton, and Herskovits (1936) who operationalized the term as "those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original cultural patterns or either or both groups" (p. 149). The terms acculturation and assimilation are often used interchangeably; however, they are distinct constructs (Sam, 2006; Teske & Nelson, 1974). Teske and Nelson viewed acculturation as a bidirectional process whereby two groups influenced one another and assimilation as a unidirectional process wherein a host group influenced another group. Berry (1997) viewed assimilation as a category of acculturation in which individuals reject an original cultural background and choose to identify with members of

the host society or when a host society expects all members to adapt to the majority culture.

Acculturation is an important phenomenon in the United States because of the country's settlement by peoples from Western Europe, the resulting displacement of Native American societies, and the importation of labor from African and Caribbean nations (Rudmin, 2003). Powell (1880), an anthropologist, first used the term acculturation in the English language to describe changes in Native American languages as a result of their contact with European settlers. Powell (1883) later viewed acculturation as the psychological changes that resulted from the imitation of other cultures.

Psychological Research on Acculturation

G. Stanley Hall was the first psychologist to write about acculturation (Rudmin, 2003). Hall (1905) likened the acculturation of Native Americans to European settlers to adolescent settlers learning their own culture. Hall concluded that first- and second-culture acquisitions were similar educational processes. Thomas and Znaniecki (1918) proposed the first psychological theory of acculturation. The authors stated that culture included schemas and habits that are learned and valuable in a traditional society. Acculturation occurred when individuals entered a modern, nontraditional, and commercial world that entailed efficiency, individualism, and rapidly-changing norms. Thomas and Znaniecki distinguished among three acculturative personalities that were driven by fear and curiosity. The *Philistine* personality was high in fear, low in curiosity, and clung to traditional schemata and habits at the cost of maladaptation to modern

society. The *Bohemian* personality was low in fear, high in curiosity, and easily changed to fit the modern world at the cost of traditional society abandonment and unhealthy fluctuations in personality. The *Creative* personality was moderate in both fear and curiosity, maintained habits of a stable personality, and made calculated adjustments to maximize social opportunities.

Despite the early theories of Hall and Thomas and Znaniecki, psychologists only began to systematically study and integrate literature on acculturation during the 1980's and 1990's (Sam & Berry, 2006). Prior to this time, acculturation remained an area studied by anthropologists, including Redfield et al (1936). Rudmin's (2003) analysis of publications in psychology relating to acculturation revealed a dramatic change from less than 100 publications prior to the 1980's to over 500 publications on the topic in the 1980's, and 1,500 publications from 1990 to the present time. While anthropologists including Redfield et al. viewed acculturation as solely a group-level phenomenon, psychologists were interested in studying cultural changes at the individual level (Sam & Berry).

Psychologists initially used the term *psychological acculturation*, which referred to changes that an individual experienced after contact with other cultures (Ghorpade, Lackritz, & Singh, 2006; Graves, 1967; Sam, 2006). Berry, Trimble, and Olmedo (1986) extended the term to describe how ethnic minority individuals adapted to the dominant culture and to changes in beliefs, values, and behaviors that resulted from contact with a new culture and its members. Berry, Kim, Power, Young, and Bujaki (1989) later noted the reciprocal nature of the acculturation process; acculturation involved “the process by

which individuals change, both by being influenced by contact with another culture and by being participants in the general acculturation changes under way in their own culture'' (p. 204). Berry et al. also distinguished between individual and group acculturative changes; individual changes included shifts in values, attitudes, and behaviors and group changes included changes in social hierarchy and economic and political structure. Kim and Abreu (2005) indicated that individual and group acculturation can lead to changes in behavior patterns, attitudes, cognitive processes, personality, language, values, relationships, and general cultural orientation.

The current understanding of acculturation demarcates three component parts within Redfield et al.'s (1936) definition: contact, reciprocal influence, and acculturative change (Sam, 2006). Contact occurs when at least two individuals or groups engage in a continuous and direct manner. Individuals must have contact in the same time and space and not through indirect means (e.g., individuals learn about a culture through a person who was exposed to the culture or electronic mail communication). The *length* of contact is considered less important than the *quality* of contact. Reciprocal influence occurs when both groups influence one another as a result of contact (Sam). Because of power differentials that exist in society, one group (*dominant group*) usually exerts greater influence on another group (*non-dominant group*). Sam encouraged acculturation theorists to consider the impact of acculturation on both groups rather than solely focusing on the impact felt by the non-dominant group. Finally, theorists should consider the process and outcome components inherent in acculturative change (Sam). In other

words, it is important to consider both *how* change comes about in acculturation and *what* aspects have changed during acculturation.

Models of Acculturation

In the current literature, three primary models exist for understanding acculturation patterns in immigrants. The first model views the acculturation process as linear, with individuals moving from a state of *low acculturation* to *high acculturation* (Suinn, Ahuna, & Khoo, 1992; Suinn, Rickard-Figueroa, Lew, & Vigil, 1987). Low acculturation referred to the retention of values, attitudes, and behaviors of the native culture, and high acculturation referred to the adoption of values, attitudes, and behaviors of the new culture (Trinh, Rho, Lu, & Sanders, 2010). The model assumed that individuals lost components of their native culture while adopting facets of the new culture (Suinn, 2010). Joint identification or biculturalism was assumed to exist in the middle with moderate endorsements of each culture (Chang, Tracey, & Moore, 2005; Nadal, 2004).

However, it appeared that many immigrants retained values of their native culture while simultaneously acclimating to those of the new culture. To address this discrepancy, Berry and his colleagues (1987; Berry et al., 1986) proposed a second model of acculturation. This multi-linear model focused on how individuals concurrently interact with the norms of both their native and new cultures. In other words, the model assumed that involvement in one society did not necessarily mean disengagement from another (Sam, 2006). The bidirectional model is the foundation for psychology's current understanding of acculturation (Ryder, Alden, & Paulhus, 2000; Suinn, 2010; Tadmor &

Tetlock, 2006). The model is commonly used in the current literature to study immigrant stress, coping, and adaptation to the host culture (e.g., Farver et al., 2002; Hsiao & Wittig, 2008).

The model theorizes that acculturation occurs along two different dimensions: *culture maintenance*, which individuals use to maintain aspects of their native culture and *culture adaptation*, strategies individuals use to participate in mainstream culture (Berry, 1997; Schwartz & Zamboanga, 2008). The interaction of culture maintenance and culture adaptation creates four outcomes: individuals can *assimilate* (identify solely with the dominant culture and break from their own culture); *marginalize* (reject both the host and their own culture); *separate* (identify solely with their own group and reject the host culture); or *integrate* (form a bicultural identity that maintains qualities of their own ethnic group and selectively acquires qualities of the host culture) (Berry; Peeters & Oerlemans, 2009). Sam and Berry (2006) postulated that individuals may repeatedly employ any of the four strategies. Among immigrant groups in North America, an integrative acculturation strategy was most preferred followed by either assimilation or integration (Bakker, van der Zee, & van Oudenhoven, 2006; Sam & Berry, 1995).

The majority of studies incorporating the Berry model have assumed that all four categories existed, were independent of one another, and were equally valid; only recently have the four categories begun to be tested (Schwartz & Zamboanga, 2008). For example, the validity of the marginalization category has been questioned because it is unclear how immigrants develop a cultural identity if they reject both their native and host cultures (e.g., del Pilar & Udasco, 2004). Second, researchers have identified

multiple facets of biculturalism (e.g., Benet-Martinez & Haritatos, 2005), which suggested that Berry's integration category may have several subcomponents. Finally, some research has indicated that Berry's four orientations actually cluster onto a single factor (e.g., Rudmin 2003).

A third model of acculturation was proposed by Sue and Sue (2003). The model has been primarily used to study acculturation patterns in Asian Americans (e.g., Chang et al., 2005). The model is rooted in Cross's (1978) model of Black racial identity development and consists of five stages that are believed to progress linearly: conformity, dissonance, resistance/immersion, introspection, and integrative awareness. The conformity stage occurs when individuals have positive attitudes toward the new culture or group and negative views about their own racial or ethnic group. The dissonance stage is characterized by a conflict between individuals' attitudes toward their racial or ethnic group and the dominant group. The resistance/immersion stage includes positive attitudes toward individuals' racial or ethnic group and negative attitudes toward the dominant group. The introspection stage involves a critical examination of one's pro-ethnic group and anti-dominant group views. The integrative awareness stage is characterized by a realization that there are both positive and negative aspects of all cultures. The dissonance and introspection stages have been found to be unique components of Sue and Sue's racial and cultural identity development model while the other stages have equivalent counterparts in Suinn et al.'s (1987) and Berry's (1997) model. Chang et al. found that many Asian American immigrants, particularly those who relate to both a

native and new culture, followed the developmental progression proposed by Sue and Sue.

Utilization of Acculturation Models with Asian Americans

Acculturation patterns in Asian Americans have been primarily studied by the three models of acculturation described earlier [Suinn et al.'s (1987) model of acculturation; Berry et al.'s (1986) model of acculturation; and Sue and Sue's (2003) model of racial/cultural identity development (Chang et al., 2005)]. All three models presume three underlying acculturation patterns in relating to Asian Americans: individuals who identify with their native Asian culture, those who identify with the new culture, and those who identify with both cultures (Chang et al.). All three models focus on how individuals endorse a native Asian culture relative to a new culture. However, they differ on whether the native culture endorsement and the new culture endorsement are independent of one another. Suinn et al.'s model and Sue and Sue's model comprises a single continuum, which ranges from strong Asian identification to strong U.S. identification; a bicultural identity is assumed to exist in the middle and occurs when individuals moderately endorse both cultures. Berry et al.'s model comprises two continua: one continuum for the native Asian culture and one for the U.S. culture. High levels of identification with both the Asian culture and U.S. culture constitute a bicultural identity.

Studies with Asian Americans and Asian Canadians support the existence of both the one-dimensional (e.g., Chang et al., 2005; Suinn et al., 1987) and two-dimensional models (e.g., Berry et al., 1986; Schwartz & Zamboanga, 2008). This discrepancy may be

explained by which facets of acculturation are studied; studying acculturation behaviors (e.g., participation in cultural activities and frequency of native language use) yields a very different structure than studying values (e.g., cultural identity formation and retaining native culture ideologies) (Chang et al.). Another possible explanation is that a one- or two-dimensional structure is equally applicable but depends upon the subset of Asian Americans being studied. This argument seems plausible, given studies like those of Tsai, Ying, and Lee (2000), who found that, for American-born Chinese, being Chinese was not correlated with being American (two dimensions); however, for Chinese American immigrants, being Chinese was negatively correlated with being American (one dimension).

Acculturation Trends in Asian Americans and Asian Indians

Some trends exist in studying acculturation patterns in Asian Americans and Asian Indians. Kwan and Sodowsky (1997) distinguished between internal and external aspects of acculturation. Internal aspects represent cognitive, moral, and affective aspects of an identity while external aspects refer to observable cultural and social behaviors. Chang et al. (2005) found that the internal and external aspects are different constructs that impact the acculturation process in Chinese individuals who identified as Asian, Chinese individuals who identified as American, and Chinese individuals who identified with both Asian and American cultures. Specifically, the authors found that those who identified as Asian emphasized the internal aspects of acculturation, those who identified as American emphasized the external aspects of acculturation, and the group that identified as both Asian and American noted both internal and external components of

culture. The bicultural individuals viewed themselves along two independent dimensions as opposed to just one for the American-identified and Asian- identified groups.

Acculturation patterns may also be influenced by the availability of native culture community resources within a new culture. Szapocznik and Kurtines (1980) hypothesized that, in bicultural contexts, the availability of community resources for ethnic cultures helped in the retention of native cultural values via usage of ethnic languages and participation in cultural traditions and ethnic holidays. The authors suggested that participation in cultural events and related behaviors may lead to the strengthening of one's cultural identity and values and may buffer against racism and stereotypes.

Understanding the acculturation patterns of Asian Indians is an intricate process given the influence of British colonial rule in India; many Asian Indian immigrants speak English, are exposed to Western cultural beliefs in India, and have the foundations of a bicultural identity prior to immigration (Saran, 1985). However, after immigration, first-generation Asian Indians often reestablish their ethnic identity by transplanting their Asian Indian culture on foreign soil (Dasgupta, 1998). Farver et al. (2002) posited that Indian immigrants hold a sense of culture and belief that no longer exists on the Indian subcontinent; Asian Indian immigrants also presume a collectivistic framework (e.g., emphasis on role of extended family, traditional gender roles, deference to elders, and interdependence) that is maintained years after immigration (Patel, Power, & Bhavnagri, 1996).

The Relationship between Acculturation and Acculturative Stress

Individuals often undergo periods of tension as they reconcile differences from one culture to another, a phenomenon known as acculturative stress. Williams and Berry (1991) operationalized acculturative stress in the following way:

The concept of acculturative stress refers to one kind of stress, that in which the stressors are identified as having their source in the process of acculturation, often resulting in a particular set of stress behaviors that include anxiety, depression, feelings of marginality and alienation, heightened psychosomatic symptoms, and identity confusion. (p. 634)

Acculturative stress also includes difficulty in language, loss of social support, difficulty in establishing new social networks, changes in family dynamics, employment in a new country, discrimination, and lack of acceptance by the new culture (Berry, 2003). The manifestations of acculturative stress can lead to reduction in overall psychological (e.g., personality traits and ethnic identity formation), psychosocial (e.g., social isolation and significant shifts in values, attitudes, and beliefs), and psychophysiological health (e.g., high blood pressure and hypertension) for ethnic minorities (Berry et al., 1987; Rode & Sheppard, 1994; Steffen, Smith, Larsen, & Butler, 2006). As a single entity, acculturative stress is considered a moderate-level stressor but can interact with other stressors to produce acute and chronic symptoms including cognitive impairment, anxiety, depression and other mood disorders (Berry et al.). Acculturative stress is impacted by several factors including the nature of the new cultural environment, the dynamics of the acculturating group, individual patterns in

acculturation (i.e., assimilation, separation, marginalization, or integration), and individual personality differences (Hwang, 2006).

The impact of acculturative stress is now understood to be both short-term and to occur across generations (e.g., recurrent experiences of discrimination and intergenerational conflict within families) (Hwang & Ting, 2008; Hwang et al., 2005). For example, Escobar and Vega (2000) concluded that immigrants are at greater risk for developing mental and physical illnesses as they acculturate, increase their length of stay in the U.S., and live in the U.S. across multiple generations. Escobar (1998) indicated that acculturative stress may lead to higher risk of long-term psychopathology especially if protective social outlets (e.g., strong connections to family, social networks, and community support) are lost in the acculturation process. Second-generation individuals often experience greater levels of acculturative stress in reconciling differences in values between first-generation caregivers and fellow peers or between their own values and the values of their first-generation caregivers (Miranda, Bilot, Peluso, Berman, & Van Meek, 2006)

Acculturation and Acculturative Stress in Asian Americans and Asian Indian Americans

Limited research exists on the relationship between acculturation and acculturative stress in Asians Americans (Hwang & Ting, 2008). Furthermore, the research that exists has yielded conflicting results. For example, Thomas and Choi (2006) and Yeh (2003) found that Asian Americans who were less acculturated to mainstream culture or who were foreign-born were at a higher risk for maladjustment than those who

were born in the U.S. Wang and Mallinckrodt (2006) found that symptoms of psychological distress decreased as degree of acculturation to the United States increased. In addition, the authors found that greater identification with a home culture did not contribute to increased or decreased psychological distress. However, other researchers have found a non-significant relationship between acculturative stress and psychological distress (Kim & Omizo, 2006). Hwang and Ting (2008) theorized that mixed findings may result from individual differences, differences between groups (e.g., age, geographic region, and religion), variations in sampling, assessment measures, and methods of data analysis.

An important component of acculturative stress in immigrants is the ability to reconcile the values of the dominant culture with values of their minority culture (Farver et al., 2002). Nisbett (2004) concluded that acculturative stress is magnified among Asian Americans due to differing Eastern and Western cultural norms regarding social structure and interpersonal relationships (e.g., interdependence and collectivism versus individual and independence), core belief systems (e.g., inclusiveness versus objectivism), and cognitive processes (abstract and circular thinking versus concrete and linear thinking). Differences in cultural norms place Asians at a high risk for experiencing significant psychological distress when adapting to a Western culture (Shim & Schwartz, 2008). Acculturating Asian Americans often display stress in cultural negotiation (Yeh et al., 2005), confusion with regard to social behavior and language (Hong, Morris, Chiu, & Benet-Martinez, 2000), somatic symptoms (Sue & Sue, 1993), depression (Hwang & Ting, 2008), and anxiety and a sense of isolation (Hwang & Goto,

2009). Dyal and Dyal (1981) stated that the larger the inconsistency between a host and native culture, the more likely an individual will experience acculturative stress.

Another component of Asian immigrant psychological distress is value conflict with the majority culture. Kim, Sarason, and Sarason (2006) distinguished between explicit and implicit ethnic attitudes. Explicit ethnic attitudes refer to the behavioral patterns that develop when individuals are confronted by a host culture (e.g., changes in dress, eating habits, and nuances in language). Implicit ethnic attitudes refer to “universalistic statements about what we think is desirable or attractive in the context of cultural norms” (Kim, Atkinson, & Yang, 1999, p. 52). Individuals may adhere to explicit ethnic attitudes without changes to implicit ethnic attitudes (Kim et al.). Kim and Atkinson (2002) concluded that discrepant explicit and implicit ethnic attitudes adversely affect the psychological functioning of Asian Americans.

To date, very few studies have explicitly examined the relationship between acculturation and mental health in Asian Indian Americans. The few extant studies were conducted in the last century. For example, Krishnan and Berry’s (1992) study of acculturation preferences and stress in 76 first- and second-generation Asian Indian immigrants to the United States found a strong preference for the maintenance of Asian Indian cultural roots while integrating into the United States culture. Later, Mehta’s (1998) study of the relationship between acculturation and mental health in 195 first-generation Asian Indian immigrants to the U.S. concluded a strong positive relationship between perception of acceptance by the majority culture and overall mental health.

Integrating Acculturative Stress and Religious Support in Asian Americans, Asian Indians, and Asian Indian Christians

Acculturative stress and social support in Asian Americans have received considerable inquiry in recent times (e.g., Bhattacharya, 2008; Choi & Thomas, 2009; Kim, Sherman, & Taylor, 2008; Moon, 2008). The presence of family members and friends has been shown to provide emotional support for immigrants in the acculturation process (Wierzbicki, 2004; Zhou, 2004). Social support has been found to be inversely related to depressive symptoms for elderly Korean immigrants (Mui, 2001). Mui (1996) also found that elderly Chinese Americans who lacked mechanisms of social support reported poorer physical health, increased symptoms of depression, and experienced greater life stressors. Cavalcanti and Schlee (2005) found that immigrants who maintained their religion of origin and its associated social network transitioned more easily to the dominant culture.

For second-generation immigrants, social support among members of an ethnic community negated the pressure to abandon their original culture and aided in educational and occupational advancement (Portes & Rumbaut, 2001). However, social support from members of the ethnic community may also increase acculturative stress in second-generation immigrants. In Asian Americans, sources of acculturative stress include conflicts regarding ethnic identity, discrepant role expectations, academic achievement, respect toward elders, social behavior, and family obligations (Moon, 2008; Moon, Wolfer, & Robinson, 2001). While some research exists on social support in Asian Americans, only one study has considered religious support and psychological

well-being in Asian Americans; Lee's (2007) study of 76 Chinese and 69 Korean American older adults found that religious support was associated with decreased symptoms of depression and increased life satisfaction.

Rangaswamy (2000) stated that the religious community is the center for many Asian Indians immigrants. Indian immigrants have relied on within-community social relationships to gather information on majority-specific behaviors and attitudes (Foner, 2001). Choi and Thomas's (2009) comparison of Indian, Korean, and Filipino immigrants to the United States found that that Asian Indians had the strongest attitudes toward the maintenance of traditional values. These included a preference for male children over female children and a reluctance to engage in any dating practices. While social support in Asian Indian immigrants has received limited inquiry, no extant studies have examined the relationship between religious support received from these communities and levels of acculturative stress in Asian Indians.

Asian Indian Christians form a small but significant minority in India; Christians are India's third largest religion with approximately 25 million members, who account for 2.3% of India's population (Census of India, 2001). Hinduism is India's largest religion with approximately 828 million members, who account for 80.5% of India's population (Census of India). Islam is India's second-largest religion with approximately 138 million members, who account for 13.4% of India's population (Census of India). Like other religious groups from India who have immigrated to other countries, Asian Indian Christians wish to uphold a religious identity that complements a cultural identity (Rangaswamy, 2000). However, Asian Indian Christians face a unique situation not

experienced by other Asian Indians of other religions; they emigrate from a country where their faith was in the minority to a country where it is part of the majority. Ghorpade et al. (2006) stated that, historically, churches in the United States helped accelerate the acculturative process. Fenton (1988) predicted that Asian Indian Christians would be more likely to experience stress, lose their Asian Indian identity after the second or third generation, and more likely to intermarry and blend into the dominant culture. Thus, Asian Indian Christians may face increased pressure to preserve their culture from members of the native religious community, which may exacerbate acculturative stress. Asian Indian Christians may also face internal racism and prejudice by White Christians in the United States, which may inhibit the acculturation process and lead to greater levels of acculturative stress (Rangaswamy).

Purpose and Significance of Study

This study aimed to further research in the areas of religious support and acculturative stress in second-generation Asian Indian American Christians. Asian Americans represent one of the fastest-growing minority groups in the United States (Larson, 2004). Differences in cultural practices place Asians at a high risk for psychological distress when adapting to a Western culture (Shim & Schwartz, 2008). Asian Indians are the second largest subgroup of Asian Americans in the United States, and represent the largest percentage of individuals under the age of 18 (25%) and ages 18 to 44 (51.7%) among all Asian Americans (U.S. Census, 2007). Asian Indian Christians are the third largest religious group in India; there are 25 million Christians in India and 110,000 to 132,000 Asian Indian Christians in the United States (Census of India, 2001;

George, 2006). In comparison to other Asian Americans, Asian Indians typically hold more strongly to traditional values (e.g., role of children, deference toward elders, and reluctance toward dating relationships) after immigration (Choi & Thomas, 2009). By extension, second-generation Asian Indians in the United States often face greater pressure to maintain native Asian Indian values. However, to date, very few studies have examined the impact of immigration for second-generation Asian Indians.

Limited research also exists on the relationship between acculturation, acculturative stress, and mental health in Asians Americans and Asian Indians (Hwang & Ting, 2008). Among Asian Americans, it is unclear whether all Asian American immigrant groups experience acculturation in the same manner; existing studies of acculturation in Asian Americans often do not often account for ethnic group differences (Berry et al., 1987; Choi & Thomas, 2009). The majority of research on acculturation in Asian Indians was conducted in the early to mid 1990's, but 66% of Asian Indians immigrated to the United States after 1990 (U.S. Census, 2007). Thus, it is difficult to ascertain if acculturation patterns have remained similar or shifted in the last 20 years.

Asian Indian Christians emigrate from a country where their faith was in the minority to a country where it is part of the majority. Since churches in United States have provided an avenue for individuals to integrate into mainstream culture, Ghorpade et al. (2006) hypothesized that churches may accelerate the acculturation process for minority groups. Fenton (1988) predicted that Asian Indian Christians would be more likely to experience stress when they lose their Asian Indian identity after the second or third generation and more likely to intermarry and blend into the dominant culture. Thus,

second-generation Asian Indian Christians may face acculturative pressure from both their native Indian cultural community to maintain cultural roots and the new community to acculturate. In fact, some research has suggested that the availability of social support from the native community may hinder the acculturation process; individuals who lacked social support from a native culture had more positive attitudes toward the acculturation process (Moon, 2008).

The religious community is a vital component for many Asian Indians (Rangaswamy, 2000). Asian Indian Christians receive religious support from churches and denominations transplanted from India (Rangaswamy). There are approximately 55 Indian Christian denominations who belong to 1,400 congregations in the United States (George, 2006; Lindner, 2010). Although social support has been shown to be a distinct construct from religious support among Protestant Christians and Jewish Israelites (Fiala et al., 2002; Lazar & Bjorck, 2008; VandeCreek et al., 1999), existing studies with Asian Americans have grouped religious support under social support (e.g., Choi & Thomas, 2009; Moon, 2008). Thus, religious support has received limited study among Asian Americans generally and Asian Indians specifically. Secondly, although a modest positive relationship has been found between religious involvement and mental health (e.g., Hackney & Sanders, 2003; Koenig, McCullough, & Larson, 2001), the samples used in these and other studies were primarily with a European or European American sample (Le, Tov, & Taylor, 2007). Differences also appear to exist between ethnic groups; Krause (2003) found that older African Americans tend to rely to a greater degree on religious support received from churches than older Caucasian Americans. The role

of religious community support and psychological functioning among various ethnic groups needs further investigation (Lazar & Bjorck, 2008).

The acculturation process for second-generation Asian Indians can be problematic given the conflict between upholding traditional Asian Indian values (e.g., interdependence and family obligation) and mainstream Western values (e.g., individualism and autonomy) (Talbani & Hasanali, 2000). While a religious institution transplanted from India may aid in the acculturation process, it may also exacerbate the discrepancy between Eastern and Western values. This study helped mental health professionals further understand the acculturative process in Asian Indian Christians and, in particular, the function of religious support from Asian Indian churches. Segal (1991) indicated that identity formation is hindered and the self is compartmentalized when second-generation Asian Indians behave differently depending upon context. The results of this study can help professionals facilitate discussions on how Eastern and Western values, beliefs, and behaviors are integrated to form a healthy ethnic identity (Sue & Sue, 2003). Professionals can support second-generation Asian Indians to analyze the potential advantages and disadvantages of maintaining and extinguishing certain cultural practices. This practice can clarify individuals' overall sense of self and guide future life pursuits (Shariff, 2009). On the basis of these needs and in consideration of the existing literature, the following hypotheses were proposed:

H1A. It was hypothesized that religious support would be established as a distinct construct from social support.

H1B. It was hypothesized that religious support from fellow adherents would be unrelated to social support from family.

H1C. It was hypothesized that religious support from fellow adherents would be unrelated to social support from friends.

H1D. It was hypothesized that religious support from fellow adherents would be unrelated to social support from a significant other.

H1E. It was hypothesized that religious support from religious leaders would be unrelated to social support from family.

H1F. It was hypothesized that religious support from religious leaders would be unrelated to social support from friends.

H1G. It was hypothesized that religious support from religious leaders would be unrelated to social support from a significant other.

H1H. It was hypothesized that religious support from individuals' concept of God or other deities would be unrelated to social support from family.

H1I. It was hypothesized that religious support from God or other deities would be unrelated to social support from friends.

H1J. It was hypothesized that religious support from God or other deities would be unrelated to social support from a significant other.

H2A. It was hypothesized that a negative relationship would exist between the construct of religious support and the construct of acculturative stress.

H2B. It was hypothesized that a negative relationship would exist between religious support from fellow adherents and acculturative stress.

H2C. It was hypothesized that a negative relationship would exist between religious support from religious leaders and acculturative stress.

H2D. It was hypothesized that a negative relationship would exist between religious support from God or other deities and acculturative stress.

CHAPTER III

METHOD

Participants

Participants in this study consisted of 142 second-generation Asian Indian American Christians who were at least 18 years old. Participants were recruited from across the United States via a snowball method of sampling; the investigator employed members of the chosen demographic to recruit other participants. The study was restricted to second-generation Asian Indian American Christians to minimize the influence of confounding variables noted in the literature (e.g., religion, ethnicity, and significant differences in values between first- and second-generation individuals) and to focus on a population not investigated in the present literature. The investigator included both men and women in order to form a more inclusive picture of the topics under study.

Measures

Four questionnaires were used in the study. Questionnaires included an author-generated demographic questionnaire (Appendix A), the Faith-Universal Religious Support Scale (FURSS; Bjorck, in press; Appendix B), the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet & Farley, 1988; Appendix C), and The Societal, Academic, Familial, and Environmental Acculturative Stress Scale (SAFE; Mena, Padilla, & Maldonado, 1987; Appendix D). Descriptions and psychometrics of the measures are presented below.

Demographic Questionnaire

The researcher-generated demographic questionnaire was used to gather general participant information. The questionnaire assessed participant age, gender, relationship status, level of education, income, number of years lived in the U.S., region of the U.S. lived, denomination, and level of religious participation,.

Religious Support

Levels of perceived religious support were measured by the 21-item Faith-Universal Religious Support scale (FURSS; Bjorck, in press). The FURSS is a modified version of the Religious Support Scale (RSS; Fiala et al., 2002) that addresses the Christian-centered language of the original scale and was modified to allow comparison of religious support across faith traditions. Participants rated each item on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The FURSS yielded an average score of religious support (TRS) and individual scores on its three subscales: perceived support from fellow adherents to faith (RCS), perceived support from religious leaders (SLS), and perceived support from individuals' concept of God (GS). Each subscale contained six positively-worded items and one negatively-worded item, which was reverse coded. A higher total score and a higher score on each of the scales indicated higher levels of perceived religious support. Examples of items included, "I feel appreciated by other participants in my religious group" and "I feel like God cares about my life and situation." As shown in Table 1, the FURSS demonstrated adequate internal consistency within each of its three subscales and with the original scales of the RSS. Adequate internal consistency was found previously with Jewish

Israelites ($\alpha = .89$; Lazar & Bjorck, 2008) and Protestant Christians in the U.S. ($\alpha = .91$; Fiala et al., 2002)

Table 1

Internal Consistencies of the Faith-Universal Religious Support Scale (FURSS)

Subscale	α
RCS	$\alpha = .91$
SLS	$\alpha = .90$
GS	$\alpha = .75$
In comparison to RSS:	
RCS	$\alpha = .93$
SLS	$\alpha = .94$
GS	$\alpha = .77$
TRS	$\alpha = .94$

Note. RCS = Congregation Support; SLS = Leader Support; GS = Support from Individuals' concept of God; TRS = Total Religious Support. Adapted from J. P. Bjorck (in press).

Social Support

Levels of perceived social support were measured by the 12-item Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988). Participants rated each item on a 7-point Likert scale ranging from 1 (*very strongly*

disagree) to 7 (*very strongly agree*). The MSPSS produced a total score and individual scores on its three subscales: family, friends, or significant other. A higher total score and higher scores on each of the subscales indicated increased quality of perceived social support. Examples of items included, “I get the emotional help and support I need from my family” and “I can count on my friends when things go wrong.” Consistent with other studies (e.g., Canty-Mitchell & Zimet, 2000; Hefner & Eisenberg, 2009), the term *special person* was not defined on questions that comprised the *significant other* subscale. This allowed participants to interpret the person as someone relevant (e.g., romantic partner, teacher, caregiver, etc). As shown in Table 2, adequate internal consistency for the scale was demonstrated with a number of populations. Internal consistency scores ranged from $\alpha = 0.77$ to $\alpha = 0.95$ (Başol, 2008; Chou, 2000; Lazar & Bjorck, 2008, Ramaswamy, Aroian, & Templin, 2009; Zhang, & Norvilitis, 2002).

Table 2

Internal Consistencies of the Multidimensional Scale of Perceived Social Support Scale (MSPSS)

Population	α
Chinese-American Men	$\alpha = .95$
Chinese-American Women	$\alpha = .94$
Chinese Americans	$\alpha = .95$
Chinese Men	$\alpha = .80$
Chinese Women	$\alpha = .84$
Chinese	$\alpha = .82$
Arab American adolescents	$\alpha = .77$
Asian adolescents	$\alpha = .89$
Jewish Israelites	$\alpha = .89$
Turkish adults	$\alpha = .93$
University- and graduate-level students U.S.	$\alpha = .89$

Note. Adapted from “Validity and reliability of the multidimensional scale of perceived Social support-revised, with a Turkish sample,” by G. Başol, 2008, *Social Behavior and Personality*, 36, p. 1303-1314. Copyright 2008 by the American Psychological Association. Adapted from “Assessing Chinese adolescents’ social support: The Multidimensional Scale of Perceived Social Support,” by K. L. Chou, 2000, *Personality and Individual Differences*, 28, p. 299-30. Copyright 2000 by the American Psychological Association. Adapted from “Religious support and psychosocial well-being among a religious Jewish population,” by A. Lazar and J. P. Bjorck, 2008, *Mental Health, Religion & Culture*, 11, p. 403-421. Copyright 2008 by the American Psychological Association. Adapted from “Adaptation and psychometric Evaluation of the multidimensional scale of perceived social support for Arab American adolescents,” by V. Ramaswamy, K. J. Aroian, and T. Templin, 2009, *American Journal of Community Psychology*, 43, p. 49-56. Copyright 2009 by the American Psychological Association. Adapted from “Measuring Chinese psychological well-being with Western developed instruments,” by J. Zhang and J. M. Norvilitis, 2002, *Journal of Personality Assessment*, 79, p. 492-511. Copyright 2002 by the American Psychological Association.

Acculturative Stress

Levels of acculturative stress were measured by the 24-item Societal, Academic, Familial, and Environmental Acculturative Stress Scale (SAFE; Mena et al., 1987). The SAFE yielded a total score and individual scores on its four subscales (Social, Attitudinal, Familial, and Environmental). A higher total score and higher scores on each of the subscales indicated greater levels of acculturative stress. Participants rated each item on a Likert scale ranging from 1 (*not stressful at all*) to 5 (*extremely stressful*). Participants indicated 0 if the question did not apply to them. Examples of items included, “Close family members and I have conflicting expectations about my future” and “I don’t feel at home in this country.” Adequate internal consistency for the scale of $\alpha = .89$ was demonstrated with Asian Americans and international students (Mena et al.), Hispanic Americans (Fuentes & Westbrook, 1996), and African American college students (Joiner & Walker, 2002).

Procedures

Participants were recruited by the principal investigator. The investigator distributed the Recruitment Letter (Appendix E) via email and Facebook©, an internet-based social networking website. The Recruitment Letter was circulated among friends, family members, and individuals who met the demographic qualifications being studied. The Recruitment Letter also encouraged individuals to forward the electronic message to individuals who met the demographic parameters of the study. Thus, snowball sampling was the primary method of recruitment. Participants were given the opportunity to enter

a drawing for one of six \$25 Amazon.com gift cards as an incentive to participate in the study. Participants could also elect to receive a summary of the study.

Participants answered questions via a web interface created on Psychdata.com. Psychdata is an internet company that allows social science researchers to create research studies. An online investigation method was chosen to minimize social desirability in studying religious phenomena (e.g., Presser & Stinson, 1998) and to gain access to a more representative sample. Participants clicked on the URL address provided in the electronic Recruitment Letter. Individuals who elected to participate and clicked the URL address were directed to a screen that contained the Informed Consent Form (Appendix F). This screen presented the purpose of the study, risks and benefits for participation, and contact information for the investigator and his research advisor. The page contained phone numbers and websites for professional mental health organizations in the event participants encountered distress during or after participation (Appendix G). Finally, this screen instructed participants that they could withdraw from the study at any time by exiting the web browser. A statement at the bottom of the screen read, “If you have read and agree to the above statements, please click on the ‘Continue’ button to indicate your consent to participate in this study.”

After consent was obtained, participants were presented with the Demographic Questionnaire, Faith-Universal Religious Support Scale (Bjorck, in press), Multidimensional Scale of Perceived Social Support (Zimet et al., 1988), and The Societal, Academic, Familial, and Environmental Acculturative Stress Scale (Mena et al., 1987). At the conclusion of the study, participants were presented with a Referrals,

Results, and Gift Card Drawing screen (Appendix H). This screen provided contact information for the investigators, a list of referral agencies, and information on how to obtain of results for the study and participate in the gift card drawing. Individuals were instructed to close the browser if they did not wish to obtain results of the study or enter the drawing. To maintain anonymity, participants were not required to submit identifying information unless they elected to obtain results of the study or participated in the drawing for the Amazon.com gift certificates. Email addresses given by participants who wished for study results or chose to participate in the drawing were kept in a data file that was independent of information provided by the questionnaires. This method eliminated the potential to match participants' identifying information with their questionnaires. In order to participate in the drawing, individuals elected to provide only their email address at the conclusion of the study. The collected data was stored in the Psychdata database until completion of the study. During data analysis, the investigator stored the data on a password-protected USB drive.

Participant confidentiality was maintained in several ways. First, Psychdata.com employed 128-bit Secure Socket Layer data technology that encrypted both survey questions and participants' responses. Second, Psychdata servers were stored in a secure data facility and were monitored by security personnel 24 hours per day and 7 days per week. Third, all data files were backed up by Psychdata daily. Fourth, Psychdata incorporated security measures that disallowed the viewing of previous pages by individuals who used a computer after a study participant. Fourth, participant data were only accessed using the principal investigator's username and password. Fifth, the

principal investigator excluded internet proxy (IP) addresses during data collection to further preserve anonymity and confidentiality. Finally, participants were given unique respondent identifications numbers that were independent of their surveys.

Analyses

Power and sample size were calculated using G*Power Software (Faul, Erdfelder, Buchner, & Lang, 2009). The calculation indicated that a minimum sample size of $N = 109$ was needed to conduct post analyses with medium effect size ($\rho = .30$), .90 statistical power, and $\alpha = .05$.

Hypotheses

Hypothesis 1A

It was hypothesized religious support would be established as a distinct construct from social support. The investigator utilized canonical analysis to provide a multivariate comparison of religious support from fellow adherents, religious leaders, and individuals' concept of God or other deities with social support from family, friends, and a significant other.

Hypothesis 1B

It was hypothesized that religious support from fellow adherents would be unrelated to social support from family. The investigator utilized a Pearson correlation to compare religious support from fellow adherents with social support from family.

Hypothesis 1C

It was hypothesized that religious support from fellow adherents would be unrelated to social support from friends. The investigator utilized a Pearson correlation to compare religious support from fellow adherents with social support from friends.

Hypothesis 1D

It was hypothesized that religious support from fellow adherents would be unrelated to social support from a significant other. The investigator utilized a Pearson correlation to compare religious support from fellow adherents with social support from a significant other.

Hypothesis 1E

It was hypothesized that religious support from religious leaders would be unrelated to social support from family. The investigator utilized a Pearson correlation to compare religious support from religious leaders with the social support from family.

Hypothesis 1F

It was hypothesized that religious support from religious leaders would be unrelated to social support from friends. The investigator utilized a Pearson correlation to compare religious support from religious leaders with social support from friends.

Hypothesis 1G

It was hypothesized that religious support from religious leaders would be unrelated to social support from a significant other. The investigator utilized a Pearson correlation to compare religious support from religious leaders with social support from a significant other.

Hypothesis 1H

It was hypothesized that religious support from individuals' concept of God or other deities would be unrelated to social support from family. The investigator utilized a Pearson correlation to compare religious support from individuals' concept of God or other deities with the social support from family.

Hypothesis 1I

It was hypothesized that religious support from God or other deities would be unrelated to social support from friends. The investigator utilized a Pearson correlation to compare religious support from individuals' concept of God or other deities with social support from friends.

Hypothesis 1J

It was hypothesized that religious support from God or other deities would be unrelated to social support from a significant other. The investigator utilized a Pearson correlation to compare scores on religious support from individuals' concept of God or other deities with social support from a significant other.

Hypothesis 2A

It was hypothesized that a negative relationship would exist between the construct of religious support and the construct of acculturative stress. The investigator used canonical analysis to provide a multivariate comparison between religious support from fellow adherents, religious leaders, and individuals' Concept of God or other deities and familial, attitudinal, social, and environmental acculturative stress.

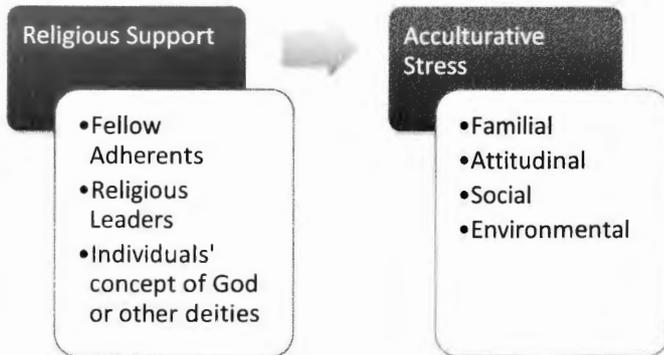


Figure 1. Hypothesis 2A. Religious support from fellow adherents, religious leaders, and individuals' concept of God or other deities was compared to familial, attitudinal, social, and environmental acculturative stress to test the hypothesis that a negative relationship exists between the construct of religious support and the construct of acculturative stress.

Hypothesis 2B

It was hypothesized that a negative relationship would exist between religious support from fellow adherents and acculturative stress. The investigator utilized a multiple regression analysis to compare religious support from fellow adherents with familial, attitudinal, social, and environmental acculturative stress.

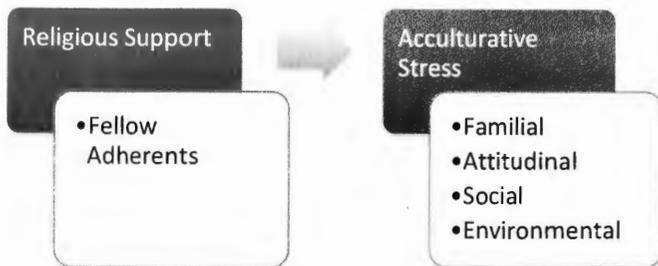


Figure 2. Hypothesis 2B. Religious support from fellow adherents was compared to familial, attitudinal, social, and environmental acculturative stress to test the hypothesis that a negative relationship exists between religious support from fellow adherents and acculturative stress.

Hypothesis 2C

It was hypothesized that a negative relationship would exist between religious support from religious leaders and acculturative stress. The investigator utilized a multiple regression analysis to compare religious support from religious leaders with familial, attitudinal, social, and environmental acculturative stress.

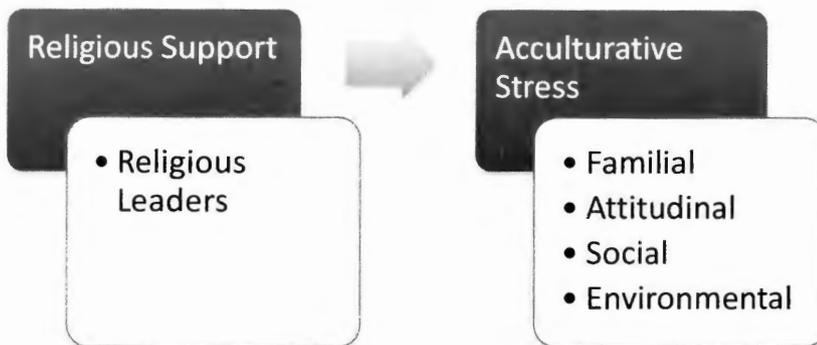


Figure 3. Hypothesis 2C. Religious support from religious leaders was compared to familial, attitudinal, social, and environmental acculturative stress to test the hypothesis that a negative relationship exists between religious support from religious leaders and acculturative stress.

Hypothesis 2D

It was hypothesized that a negative relationship would exist between religious support from God or other deities and acculturative stress. The investigator utilized a multiple regression analysis to compare religious support from individuals' concept of God or other deities with familial, attitudinal, social, and environmental acculturative stress.

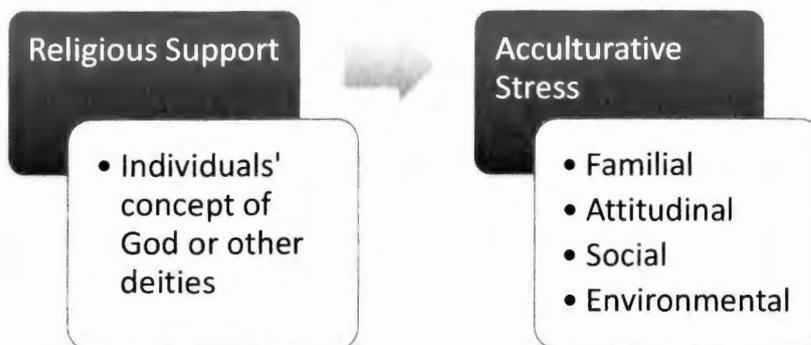


Figure 4. Hypothesis 2D. Religious support from individuals' concept of God or other deities was compared to familial, attitudinal, social, and environmental acculturative stress to test the hypothesis that a negative relationship exists between religious support from individuals' concept of God or other deities and acculturative stress.

CHAPTER IV

RESULTS

Preliminary Data Screening

Questionnaires were examined for missing and unusable data prior to analysis. While 158 participants began the study, 16 surveys were discarded due to incompleteness of multiple scales. Thus, 142 participants completed the study in its entirety. The responses of one individual were discarded because the individual's listed age did not meet the minimum age of 18 needed to participate. Tests of normality were conducted on the remaining 141 surveys. The acculturative stress variables (societal, academic, familial, and environmental) were normally distributed. The religious support (fellow adherents, religious leaders, and individuals' concept of God or other deities) and social support (family, friends, or significant other) variables were skewed left. A left skew indicates that participants reported high levels of both religious and social support. Thus, correlations might be attenuated with these skewed variables.

Descriptive Analyses

Participants had lived in the U.S. for an average of 22.2 years, had an average age of 25.2 years, and primarily resided in the Southern U.S. The majority of participants held a graduate or professional degree and reported their employment status as not applicable/not working. The majority of participants were female, identified their relationship status as single, identified their religious denomination as Mar Thoma, and

reported that they attended religious celebrations more than one time per week. Table 3 presents a list of detailed descriptive statistics.

Table 3

Descriptive Statistics

	N	%
Gender		
Male	53	37.6
Female	87	61.7
Level of Education		
High School Diploma	12	8.5
Some College	32	22.7
Bachelor's Degree	46	32.6
Graduate or Professional Degree	51	36.2
Level of Income		
Not working/not applicable	59	41.8
Less than \$15,000	9	6.4
\$15,000 to \$30,000	8	5.7
\$30,000 to \$45,000	11	7.8
\$45,000 to \$60,000	12	8.5
\$60,000 to \$75,000	11	7.8
Greater than \$75,000	31	22.0
Place of residence		
Midwest	4	2.8
Northeast	39	27.7
South	95	67.4
West	3	2.1
Denomination		
Catholic	6	4.3
Orthodox	13	9.2
Mar Thoma	99	70.2
Evangelical	1	.7

(continued)

Table 3 continued

Brethren	1	.7
Pentecostal	10	7.1
Other	11	7.8
Frequency of religious participation		
Attend religious ceremonies but not weekly religious celebrations.	4	2.8
Attend religious celebrations but not every week.	25	17.7
Attend weekly religious celebrations but do not like going.	10	7.1
Attend more than 1x per week.	36	25.5

Note. Frequencies not adding to 141 and percentages not adding to 100% reflect missing data.

Means, Standard Deviations, Range of Possible Scores, and Range of Actual Scores

Table 4 displays the means and standard deviations of participants' levels of perceived religious support, social support, and acculturative stress. Levels of perceived religious support were measured by the 21-item FURRS (Bjorck, in press), which contains three subscales: fellow adherents, religious leaders, and an individual's concept of God or other deities. A maximum total score of 35 was possible for each FURRS subscale, and the scores of participants in this study ranged from 7 to 35 for fellow adherents, 7 to 35 for religious leaders, and 9 to 35 for an individual's concept of God or other deities. Participants endorsed answers that trended toward *agree* on religious support from leaders and religious support from fellow adherents and toward *strongly agree* on religious support from an individual's concept of God or other deities. Levels of perceived social support were measured by the 12-item MSPSS (Zimet et al., 1988), which contains three subscales: friends, family, and significant other. A maximum total

score of 28 was possible for each MSPSS subscale, and the score of participants in this study ranged from 4 to 28 for friends, 4 to 28 for family, and 4 to 28 for significant other. In this study, participants endorsed answers that trended toward *strongly agree* on social support from friends, family, and a significant other. Levels of acculturative stress were measured by the 24-item SAFE (Mena et al., 1987), which contains four subscales: social, attitudinal, familial, and environmental. A maximum total score of 30 was possible for each SAFE subscale, and the scores of participants in this study ranged from 4 to 25 for social, 2 to 26 for attitudinal, and 1 to 28 for familial, and 1 to 24 for environmental acculturative stress. In this study, participants endorsed answers that trended toward *a little stressful* on social, attitudinal, and environmental acculturative stress and toward *somewhat stressful at times* for familial acculturative stress. In this study, internal consistency scores for the FURRS were $\alpha = 0.92$ for Fellow Adherents, $\alpha = 0.93$ for Leaders, and $\alpha = 0.90$ for God Concept. Internal consistency scores for the MSPSS were $\alpha = 0.94$ for Friends, $\alpha = 0.91$ for Family, and $\alpha = 0.95$ for Significant Other. Internal consistency scores for the SAFE were $\alpha = 0.75$ for Social, $\alpha = 0.81$ for Attitudinal, $\alpha = 0.80$ for Familial, and $\alpha = 0.85$ for Environmental.

Table 4

Means and Standard Deviations of Participants' Level of Religious Support (RS), Social Support (SS), and Acculturative Stress (AS)

Measure	Mean	SD
RS Fellow Adherents	27.81	5.40
RS Leaders	26.50	5.92
RS God Concept	32.27	3.80
SS Friends	23.83	3.83
SS Family	22.36	4.85
SS Significant Other	23.21	5.37
AS Social	11.71	4.88
AS Attitudinal	9.82	4.95
AS Familial	12.67	5.97
AS Environmental	8.15	5.42

Note. Possible subscale scores on religious support range from 7 to 35, social support from 4 to 28, and acculturative stress from 6 to 30.

Analyses of Hypotheses

Hypothesis 1A

A canonical analysis was utilized to test the hypothesis that religious support would be established as a distinct construct from social support. Table 5 outlines the canonical analysis between religious support and social support. The analysis indicated a direct relationship between religious support and social support ($r = .51, p < .001$). Thus, Hypothesis 1A was not supported.

Table 5

Canonical Analysis of Religious Support (RS) and Social Support (SS)

Measure	<i>v</i>	<i>s</i>
RS Fellow Adherents	.17	.85
RS Leaders	.57	.92
RS God Concept	.42	.80
SS Friends	.87	.93
SS Family	.45	.68
SS Significant Other	-.22	.49

Note. *v* = standardized weights; *s* = structure coefficients.

Hypotheses 1B - 1J

Pearson correlations were utilized to test the following hypotheses pertaining to religious support and social support. Religious support from fellow adherents was hypothesized to be unrelated to social support from family (Hypothesis 1B). Religious support from fellow adherents was hypothesized to be unrelated to social support from friends (Hypothesis 1C). Religious support from fellow adherents was hypothesized to be unrelated to social support from a significant other (Hypothesis 1D). Religious support from religious leaders was hypothesized to be unrelated to social support from family (Hypothesis 1E). Religious support from religious leaders was hypothesized to be unrelated to social support from friends (Hypothesis 1F). Religious support from religious leaders was hypothesized to be unrelated to social support from a significant other (Hypothesis 1G). Religious support from individuals' concept of God or other deities was hypothesized to be unrelated to social support from family (Hypothesis 1H). Religious support from God or other deities was hypothesized to be unrelated to social support from friends (Hypothesis 1I). Lastly, religious support from God or other deities was hypothesized to be unrelated to social support from a significant other (Hypothesis 1J).

Table 6 provides a matrix that correlates the three components of religious support (support from fellow adherents, support from religious leaders, and support from individuals' concept of God or other deities) with the three components of social support (support from friends, support from family, and support from significant other).

Hypotheses 1B through 1 J were not supported; the results found significant small to moderate positive bivariate correlations between religious support and social support.

Table 6

Correlation Matrix for Religious Support (RS) and Social Support (SS)

Measure	SS Friends	SS Family	SS Significant Other
RS Fellow Adherents	.37*	.34*	.18*
RS Leaders	.44*	.31*	.22*
RS God Concept	.38*	.27*	.23*

Note. * $p < .01$.

Hypothesis 2A

A canonical analysis was utilized to test the hypothesis that a negative relationship would exist between the construct of religious support and the construct of acculturative stress. No significant canonical correlations were found between religious support and acculturative stress. Thus, Hypothesis 2A was not supported.

Hypotheses 2B - 2D

Multiple regression analyses were conducted to compare religious support from fellow adherents, from leaders, and from individuals' concept of God or other deities to acculturative stress. Tables 7, 8, and 9 outline the multiple correlations between religious support and acculturative stress. No significant multiple correlations were found between

any of the three components of religious support and acculturative stress (Hypotheses 2B to 2D). Thus, Hypotheses 2B to 2D were not supported.

Table 7

Multiple Correlations of Acculturative Stress (SAFE) with Religious Support from Fellow Adherents

Variable	β	<i>SE</i> β	Standard β	<i>t</i>	<i>p</i>
SAFE-Societal	-.048	.117	-.062	-.413	.680
SAFE-Academic	.052	.138	.069	.380	.705
SAFE-Familial	-.044	.108	-.050	-.406	.685
SAFE-Envnt.	.026	.102	.039	.251	.802

$R = .066$, $R^2 = .004$, $\text{Adj-}R^2 = -.025$, $SE = 5.472$, $F(3,7.82) = .150$, $p = .963$

Note. *SE* = Standard Error; Envnt. = Environmental.

Table 8

Multiple Correlations of Acculturative Stress (SAFE) with Religious Support from Leaders

Variable	β	<i>SE</i> β	Standard β	<i>t</i>	<i>p</i>
SAFE-Societal	.013	.127	.016	.105	.917
SAFE-Academic	-.097	.150	-.116	-.646	.519
SAFE-Familial	-.093	.118	-.096	-.788	.432
SAFE-Envnt.	.125	.111	.173	1.129	.261

$R = .113$, $R^2 = .013$, $\text{Adj-}R^2 = -.016$, $SE = 5.969$, $F(3,7.82) = .442$, $p = .778$

Note. *SE* = Standard Error; Envnt. = Environmental.

Table 9

*Multiple Correlations of Acculturative Stress (SAFE) with Religious Support from
Individuals' God Concept*

Variable	β	<i>SE</i> β	Standard β	<i>t</i>	<i>p</i>
SAFE-Societal	.046	.081	.085	.567	.572
SAFE-Academic	-.125	.096	-.234	-1.305	.194
SAFE-Familial	.021	.076	.033	.275	.784
SAFE-Envnt.	.090	.071	.193	1.268	.207

$R = .136$, $R^2 = .019$, $\text{Adj-}R^2 = -.010$, $SE = 3.822$, $F(3,7.82) = .644$, $p = .632$

Note. SE = Standard Error; Envnt. = Environmental.

Summary of Findings

In summary, the results indicated a direct relationship between religious support and social support. The results also revealed significant small to moderate positive correlations between the components of religious support (fellow adherents, leaders, and individuals' concept of God or other deities) and the components of social support (friends, family, and significant other). The relationship between religious support and acculturative stress was also examined. No significant correlations were found between religious support and acculturative stress as whole entities. No significant multiple correlations were found between any of the three components of religious support (fellow adherents, leaders, and individuals' concept of God or other deities) and acculturative stress.

CHAPTER V

DISCUSSION

Summary of Findings

This investigator studied the relationship between religious support and social support and religious support and acculturative stress in second-generation Asian Indian American Christians. Consistent with previous literature with other groups, it was hypothesized that religious support would be a construct distinct from social support. It was also hypothesized that religious support would be negatively related to acculturative stress.

The hypotheses pertaining to religious support and social support were not supported. Instead, religious support and social support, as whole entities, were found to have a direct relationship. Individuals who reported high levels of religious support were also likely to report high levels of social support, and individuals who reported low levels of religious support were also likely to report low levels of social support. Comparisons of the constituent parts of religious support (adherents, religious leaders, and individuals' concept of God or other deities) to the constituent parts of social support (friends, family, significant other) also revealed a direct relationship between variables. For example, individuals who reported high levels of religious support from adherents were also likely to report high levels of social support from family, and individuals who reported low

levels of religious support from adherents were also likely to report low levels of social support from family.

The hypotheses pertaining to religious support and acculturative stress were not supported. Religious support and acculturative stress, as whole entities, were found to be unrelated. Comparisons of the constituent parts of religious support (adherents, religious leaders, and individuals' concept of God or other deities) to acculturative stress were also found to be unrelated.

Integration with Past Literature

Religious Support and Social Support

Fiala et al. (2002) proposed a three-factor model that distinguished religious support from social support. Prior to this time, psychology researchers viewed religious support as a subcategory of social support (Bjork, 2007). Fiala et al.'s model distinguished religious support into three components: support from congregation, support from religious leaders, and support from individuals' concept of God or other deities. The three-factor model of religious support was supported among two samples of Protestants, and Fiala et al. concluded that a qualitative difference existed between support received from a religious community and general social support from friends, family, and significant others.

By contrast, the results of this study suggest that religious support and social support are complementary and related rather than distinct constructs among this sample of second-generation Asian Indian American Christians. One explanation for this finding is that participants rely on support from individuals who belong to both a religious and

social setting. For example, individuals may have the same friends at church and at school or individuals may rely upon spiritual mentors both in and out of the religious setting (e.g., a mentor who is active in a church setting and is part of a college-based Christian ministry). The positive relationship between individuals' concept of God and other deities and the various forms of social support is more difficult to explain and needs further investigation. One possible explanation is that individuals who experience high levels of social support from others may also be encouraged by these individuals to rely upon a concept of God as a framework for making decisions.

The significant overlap between religious support and social support also lends credence to authors who have concluded that religious and social supports are complex constructs among Asian American immigrant communities. For example, Hurh and Kim (1990) argued that religious and social factors for attending church were equally important among Korean Christian immigrants and, to an extent, indistinguishable from each other. In the current study, the blending of religious and social support needs appears to be normative among the second-generation Asian Indian American Christians. Others (e.g., Hurh & Kim, 1990; Tirrito & Choi, 2004; Wolfe, 2003) concluded that Asian American religious institutions also provide culture-specific social needs (e.g., cultural groups, celebrations of culture-specific holidays, etc). The direct relationship between religious and social support in this study suggests that a religious community may also fulfill the social needs that second-generation Asian Indian American Christians desire.

Religious Support and Acculturative Stress

To the author's knowledge, only one other study has examined the relationship between religious support and acculturative stress in Asian Americans. In that study, Lee (2007) concluded that religious support was associated with decreased symptoms of depression and increased life satisfaction in elderly Asian American immigrants. To the author's knowledge, no extant studies have examined the relationship between religious support and acculturative stress in Asian Indians or, more specifically, in second-generation Asian Indian Americans. By extension, no studies have examined the various groups that comprise second-generation Asian Indian Americans (e.g., Asian Indian American Christians).

The results of this study found no relationship between religious support and acculturative stress among second-generation Asian Indian American Christians. However, the findings from this sample also suggest that second-generation Asian Indian Christians experience low-moderate to moderate levels of acculturative stress. Higher levels of acculturative stress may lead to a different relationship between religious support and acculturative stress. This study's results contrast with Das and Kemp (1997), who postulated that levels of acculturative stress were magnified in second-generation Asian Indians given the pressure by mainstream society to acculturate and by the native Asian Indian society to retain Eastern values. Since the majority of participants in this study held a graduate or professional degree and reported that their annual income was greater than \$70,000, an alternate explanation for the lower levels of acculturative stress is that this sample may not be representative of the population that the researcher

intended to study. A final explanation is that this sample, through their level of education, accumulated the skills and resources necessary to ameliorate the effects of acculturative stress. This conclusion is consistent with both Ajrouch (2007), who found that level of education attained helps facilitate adaptation for immigrants and Wrobel, Farrag, and Hymes (2009), who found that higher levels of education predicated lower levels of acculturative stress among elderly Arab American immigrants.

The results of this study reflect the complexity of the relationship between support and acculturative stress among second-generation Asian Indian American Christians. Unlike previous literature (e.g., Lee, 2007), which suggests that support from a religious community is sufficient to address acculturative stress and promote mental well-being, these findings suggest that acculturative stress is better addressed through support from a religious community as well as support from avenues outside of the religious community (e.g., social groups). Since participants in this study reported low-moderate to moderate levels of acculturative stress, an alternative explanation is that the acculturative stressors are eased by having dual sources of support (religious and social). Clearly, further research is needed on the unique pressures faced by second-generation Asians Indian Christians and the sources of support they rely upon to counter these stressors.

Implications for Research

Further research that investigates the role of support and its relationship to acculturative stress is needed among immigrant groups. Results of this study indicated that religious support was unrelated to acculturative stress among Asian Indian American Christians. This result contrasts those from the one extant related study (Lee, 2007),

which found that religious support was negatively related to acculturative stress among Asian Americans. Future research might consider the joint impact of religious and social support on acculturative stress in immigrant communities.

Although the present sample was adequate for statistical significance, a larger sample size may yield more robust results and allow greater generalization to second-generation Asian Indian American Christians. A larger sample may also detect the various facets of religious support (i.e., from religious leaders, religious communities, and individuals' concept of God or other deities) and acculturative stress (i.e., societal, academic, familial, and environmental) in a more pronounced way. Since the present investigation studied second-generation Asian Indian American Christians as a single entity, future research might pursue comparisons between groups. For example, investigators may make comparisons among denominations, between genders, or considering length of residency in the U.S.

In addition, the majority of participants in the present study were from the southern U.S. Certain areas of the U.S. are likely to have Indian communities who have lived in the U.S. for longer periods of time. For example, the Northeastern states tend to have Indian communities that first immigrated to the U.S. during the 1970's while the Southern states tend to have communities that immigrated to the U.S. during the late 1980's (Rangaswamy, 2000). Therefore, future researchers may consider whether relative age of the communities impacts perceptions of religious support and acculturative stress. Some second-generation Asian Indians may attend nondenominational or Western-denominational churches (e.g., United Methodist,

Presbyterian, etc). Future research may compare the stressors experienced by second-generation Asian Indian American Christians who attend Indian churches versus those attend Western or nondenominational churches. It is possible that individuals who attend Western or nondenominational places of worship may face less acculturative pressure from their native Asian Indian religious communities but greater pressure to acculturate from the dominant U.S. culture. Finally, Wang and Mallinckrodt's (2006) study of Taiwanese immigrants to the U.S. indicated that levels of acculturative stress decreased as individuals transitioned to the mainstream U.S. culture. Since the majority of participants in this study reported low-moderate to moderate levels of acculturative stress, future studies might consider the relationship between degree of acculturation and the level of acculturative stress experienced by participants.

Implications for Practice

Both first and second-generation Asian Americans are likely to rely upon social and religious support networks (e.g., religious communities, significant others, and friends) when faced with mental health concerns (Lee et al., 2009). This study indicates that social support from a religious community is a significant source of support for second-generation Asian American Indian Christians. Because religious and social networks play an important role for immigrants, mental health professionals are encouraged to actively explore the role of religious and social support with their second-generation Asian Indian American clients. Further, psychologists are advised to engage with various faith communities in order to better understand their clients' needs. Examples of engagement include visiting places of worship attended by immigrant

communities, conversing with religious leaders about how to address mental health concerns in ways that respect faith, and engaging first and second-generation parishioners in dialogues that seek to understand their acculturative concerns.

Lee et al. (2009) found that mental health is one of the most important health concerns for second-generation Asian Americans. Yet some literature (e.g., Kumar & Nevid, 2010) also suggests that second-generation Asian Indians do not fully understand mental health symptoms. Contributing to this lack of understanding is the fact that mental health concerns are often minimized in Asian cultures, and individuals' inability to cope is blamed when mental illness is evidenced (Lee et al.). Thus, the interaction of mental health stigma with the lack of education about mental health issues should be addressed when working with second-generation Asian Indian Americans. Professionals who work with this population might create websites or blogs that illustrate common struggles of Asian Indians. Examples of blogs that address the concerns of Asian Americans include the American Psychiatric Association's *Healthy Minds. Healthy Lives for Asian Americans and Pacific Islanders* and the 8Asians.com *Asian American Mental Health Services*. Mental health stigma also deters second-generation Asian Americans from seeking professional help (Abe-Kim et al., 2007). In consideration of the results from this study, forums and dialogues held in the context of a religious community may help to lessen mental illness stigma, clarify the role of mental health professionals, and demystify the assessment and therapy process.

Mental health professionals can use the results of this study in several ways. Therapy can address the sources of acculturative stress, the frequency and intensity of the

stress, the origins of the stress, and strategies individuals have identified to remedy stressors. Researchers (e.g., Sundar, 2008) have also indicated that second-generation Asian Indian Americans may compartmentalize certain aspects of their Indian and American identities. In this context, mental health professionals may explore how clients determine when they will incorporate U.S. values and behaviors and when they will incorporate Indian values and behaviors. Discussions might center on the potential advantages and disadvantages of compartmentalization and how individuals can create an identity that incorporates variation in settings (e.g., school versus a native religious community).

Strengths of the Study

Both the religious support and acculturative stress literature indicate that further research is needed with multicultural populations. The present study focused on the mental health concerns of Asian Indian Americans, a group undergoing substantial growth in the U.S. but one that remains understudied in the existing literature. The results of this study, when compared to other studies that examine the mental health challenges of Asian Americans, allow comparisons between Asian Indian Americans and other Asian American populations.

Second, Fiala et. al's (2002) model of religious support had previously only been examined with U.S. Protestants and Jewish Israelites. This study extended the literature on religious support by testing Fiala's model with Asian Indian American Christians, a unique group that emigrates from India where they represent a religious minority to the U.S. where they become part of the religious majority. By studying this population, the

researcher challenged the existing literature on religious support, which suggested that religious support from members of native community helps buffer acculturative stress across groups. The results of this study suggest that second-generation Asian Indian American Christians may use both religious and social support outlets to ease acculturative stress and that there may be substantial overlap in religious and social support networks.

To the author's knowledge, no extant studies examine the acculturative stressors encountered by second-generation Asian Indian Christians. The results of this study indicate that this population encounters low-moderate levels of societal, academic, familial acculturative stress and moderate levels of environmental acculturative stress. Finally, this study examined the support systems available for second-generation Asian Indian Americans, a population that remains understudied in the literature. The study's results suggest that religious and social support, when present, are essential components for second-generation Asian Indian American Christians. Thus, the mental health needs of second-generation Asian Indians and the systems they use to transition to the mainstream U.S. culture needs to be further researched.

Limitations of the Study

This study had several limitations. First, because recruitment was conducted online through a snowball method of sampling, it is impossible to determine the actual number of individuals who received the recruitment letter and what percentage of those individuals elected to participate. Research on the use of web-based surveys, which has increased in recent times, suggests that online data collection methods provide a

convenient and immediate ability to respond (Flaherty, Honeycutt, & Powers, 1998).

Sheehan and McMillan (1999) concluded that web-based surveys were superior to mailed surveys in terms of response speed and cost; in addition to the lack of cost for delivery, web-based surveys were returned in 7.6 days and mail surveys were returned in 11.8 days.

However, some concerns have also arisen regarding online-survey response rates. For example, Fricker and Schonlau (2002) found that web-based surveys had a lower rate of response in comparison to both telephone and paper and pencil surveys. Notifying potential participants of the study prior to actual recruitment is one way of increasing web-survey responses. This was the conclusion drawn by Kaplowitz, Hadlock, and Levine (2004), who found that web-based surveys produced similar response rates to mailed surveys when the web version was preceded by a mail notification. Response rates were not a concern in this study, but future studies might consider the use of mail notifications if response rates are a concern.

Sixteen individuals did not complete the study in its entirety. While the rate of completion is exceptional, the researcher also could not determine the reasons why individuals prematurely withdrew from the study. Peytchev (2009) used the term *survey breakoff* to refer to this phenomenon, and noted that survey breakoffs occur with greater frequency in web-based studies. Lozar-Manfreda and Vehovar (2002) estimated that premature termination rates in web-based surveys range anywhere from 16% to 34%. The present study had a breakoff of 11%. While breakoff was not a concern in this study, data collection was also completed in a short period of time (approximately 24 days).

Breakoff rates may have increased if the study had failed to reach its minimum number of participants in a relatively short period of time. Peytchev proposed several factors that increased the frequency of breakoff including questions that require substantial comprehension, long questions, open-ended questions, the amount of demand per page, including a progress bar that inaccurately makes respondents believe that the survey is longer than it really is, and the difficulty of questions. Consistent with comments by Peytchev, it is suggested that surveys start with questions that do not exert high demands on respondents, decreasing the number of questions per page, and placing the section introduction on the same page as a lead-in to the questions instead of on separate pages.

Third, IP address tracking was disabled to protect the confidentiality of participants. Thus, it is impossible to determine if one individual participated in the study multiple times. Fourth, because participation was voluntary, it is difficult to ascertain the motivations behind those who wished to participate in the study versus those who did not. For example, it is possible that certain second-generation individuals had a favorable disposition toward their place of worship and therefore, chose to participate in the study. It is equally possible that other second-generation individuals had negative experiences with a religious community and therefore, declined participation. Individuals may also have had neither of these motivations and, instead, were motivated to complete the survey in order to potentially win the gift card. Finally, this study did not control for certain variables such as length and frequency of church attendance and years lived in the U.S. Future studies might control for these factors.

Conclusion

Individuals often undergo periods of strain as they reconcile differences from one culture to another, a phenomenon known as acculturative stress. The manifestations of acculturative stress have been found to be short-term and intergenerational in nature (Escobar & Vega, 2000; Hwang et al., 2005; Hwang & Ting, 2008) and influence psychological (e.g., personality traits and ethnic identity formation), psychosocial (e.g., social isolation and significant shifts in values, attitudes, and beliefs), and psychophysiological health (e.g., high blood pressure and hypertension) especially among ethnic minorities (Berry et al., 1987; Rode & Sheppard, 1994; Steffen, Smith, Larsen, & Butler, 2006). Many immigrants employ support from family and friends to counter the effects of acculturative stress (Noh & Kasper, 2003; Wierzbicki, 2004). Asian Americans often experience higher levels of acculturative stress in comparison to other immigrant groups due to conflicting Eastern and Western values (Nisbett, 2004). Among Asian American subgroups, Asian Indians were found to have the strongest adherence to traditional Eastern values and as a result, increased levels of acculturative stress (Choi & Thomas, 2009). In an earlier study, levels of acculturative stress were suspected to be magnified in second-generation Asian Indians due to the pressure by mainstream society to acculturate and by the native Asian Indian society to retain Eastern values (Das & Kemp, 1997). However, the effects of acculturative stress and the support second-generation Asian Indians use to counter acculturative stressors have received limited inquiry in the extant literature.

Given the dearth of literature that address the concerns of second-generation Asian Indian Americans and subgroups within this population, this researcher examined the relationship between religious support and social support and religious support and acculturative stress in second-generation Asian Indian American Christians. Specifically, the investigator examined whether religious support and social support are distinct constructs and whether religious support is negatively related to acculturative stress. Results indicated that religious support and social support, as whole entities and as component parts, have a direct relationship to one another. Results also indicated that that religious support, as a whole entity and in its component parts, is unrelated to acculturative stress. Thus, religious support and social support appear to be related rather than distinct constructs, and support from a religious community is insufficient to impact the influence of acculturative stress. Future researchers are encouraged to consider the mental health needs of Asian Indians Americans and how they utilize social and religious support networks to aid in the acculturation process.

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APPENDIX A

Demographic Questionnaire

Demographic Questionnaire

▶ What is your age in Years?

_____ years

▶ What is your gender?

- Male
- Female

▶ What is your current relationship status?

- Single
- Partnered
- Married
- Divorced
- Widowed

▶ Which of the following describes your current highest level of education achieved?

- Some high school
- High School Graduate
- Some college
- Bachelor's Degree
- Graduate or Professional Degree

▶ Which of the following describes your level of individual income?

- Not working/not applicable
- Less than \$15,000
- \$15,000 to \$30,000
- \$30,000 to \$45,000
- \$45,000 to \$60,000
- \$60,000 to \$75,000
- Greater than \$75,000

▶ How many years have you lived in the U.S.? (excluding vacations, study-abroad, etc)

_____ years

► In which region of the United States are you currently located?

- Mid-West (Kansas, Illinois, Michigan, Missouri, Ohio, etc.)
- North-East (New Jersey, New York, Pennsylvania, Rhode Island, Vermont, etc.)
- South (Florida, Georgia, Maryland, Texas, Oklahoma, Tennessee, Virginia, etc)
- West (Alaska, Arizona, California, Colorado, Hawaii, Washington state, etc.)

► What religious denomination would you classify yourself?

- Catholic (e.g., Syro-Malabar Catholic Church; Syro-Malankara Catholic Church)
- Orthodox (e.g., Indian Orthodox Church)
- Mar Thoma (e.g., Malankara Mar Thoma Syrian Church)
- Evangelical (e.g., St. Thomas Evangelical Church)
- Brethren
- CSI/CNI (Church of South India; Church of North India)
- Pentecostal
- Atheist
- Other: _____

► How would you rate your current level of religious participation (choose that which best describes your current religious practice)?

- I currently identify as one of the above denominations but do not practice.
- I attend religious ceremonies (weddings, baptisms), but I do not practice weekly religious celebrations of my religious faith.
- I attend some weekly celebrations of my religious faith (e.g. Sunday service), but I do not go every week.
- I attend some weekly celebrations of my religious faith (e.g. Sunday service), I go every week, but many times I do not see why I go every week.
- I attend some weekly celebrations of my religious faith (e.g. Sunday service), I go every week, and I like going.
- I attend celebrations of my religious faith (e.g. Sunday service) more than once/week.

► How did you hear about this study?

- Email
- On a social-networking website (Facebook, LinkedIn, MySpace, etc.)
- Word of mouth
- Other

APPENDIX B

Faith-Universal Religious Support Scale (FURSS)

We want to learn more about your religious and spiritual beliefs and practices.
Please answer the following questions by circling “T” for TRUE or “F” for FALSE.

1. Do you believe in a God? T F
2. Do you believe in more than one God? T F
3. Are you involved with a religious group (e.g., a temple, church, mosque, or synagogue)? T F
4. If so, does your religious group have religious leaders (e.g., pastor, rabbi, priest, imam)? T F
5. If you are involved with a religious group, do you have relationships with other participants? T F

NEXT, we also want to learn about how people of different religions really feel about various aspects of their spiritual and religious lives. Religions have different beliefs. For example, some do not believe in God, some believe in one God, and some believe in many Gods, and there are many names used (e.g., Allah, G-d, Jesus, Vishnu, etc.). Some religions have many leaders and some have few. There are many other differences.
Please read the following instructions and then answer the questions.

The items below ask you basically the same 7 questions about: a) God, b) your religious leaders, and c) your religious group.

- The word “**God**” means your idea of God (Supreme Being, Mind, Higher Power, many Gods, etc.)
- The phrase “**religious leaders,**” means leaders of any religious group where you participate (imams, monks, rabbis, priests, pastors, suenims, small group leaders, etc.).
- The word “**participants**” means other regular attenders/participants in your religious group (temple, religious center, synagogue, mosque, church, etc.).

INSTRUCTIONS: For each sentence below, please circle the number that is most true for you.

Circle a number between 1 and 5 to rate the sentences below, using the following scale:

1 = Strongly Disagree 2 = Disagree 3 = Unsure 4 = Agree 5 = Strongly Agree

*If a sentence does not apply to you, also please mark “1.”
For example, if you do not believe there is a God, please mark “1” for the items about God.*

1. I can turn to other participants in my religious group for advice when I have problems.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

2. If something went wrong, my religious leaders would give me assistance.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

3. I feel like I belong to God.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

4. Other participants in my religious group care about my life and situation.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

5. I have worth in the eyes of my religious leaders.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

6. I feel like God appreciates me as His servant.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

7. I do not feel close to other participants in my religious group.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

8. I can turn to my religious leaders for advice when I have problems.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

9. If something went wrong, I feel like I could ask God for help.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

10. Other participants in my religious group give me the sense that I belong.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

11. My religious leaders care about my life and situation.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

12. I feel like I have worth in the eyes of God.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

13. I feel appreciated by other participants in my religious group.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

14. I do not feel close to my religious leaders.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

15. I can turn to God for advice when I have problems.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

16. If something went wrong, other participants in my religious group would give me assistance.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

17. My religious leaders give me the sense that I belong.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

18. I feel like God cares about my life and situation.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

19. I have worth in the eyes of other participants in my religious group.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

20. I feel appreciated by my religious leaders.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

21. I do not feel close to God.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

APPENDIX C

Multidimensional Scale of Perceived Social Support (MSPSS)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Select "1" if you **Very Strongly Disagree**

Select "2" if you **Strongly Disagree**

Select "3" if you **Mildly Disagree**

Select "4" if you are **Neutral**

Select "5" if you **Mildly Agree**

Select "6" if you **Strongly Agree**

Select "7" if you **Very Strongly Agree**

1. There is a special person who is around when I am in need.

1 2 3 4 5 6 7

2. There is a special person with whom I can share my joys and sorrows.

1 2 3 4 5 6 7

3. My family really tries to help me.

1 2 3 4 5 6 7

4. I get the emotional help and support I need from my family.

1 2 3 4 5 6 7

5. I have a special person who is a real source of comfort for me.

1 2 3 4 5 6 7

6. My friends really try to help me.

1 2 3 4 5 6 7

7. I can count on my friends when things go wrong.

1 2 3 4 5 6 7

8. I can talk about my problems with my family.

1 2 3 4 5 6 7

9. I have friends with whom I can share my joys and sorrows.

1 2 3 4 5 6 7

10. There is a special person in my life who cares about my feelings.

1 2 3 4 5 6 7

11. My family is willing to help me make decisions.

1 2 3 4 5 6 7

12. I can talk about my problems with my friends.

1 2 3 4 5 6 7

APPENDIX D

Societal, Academic, Familial, and Environmental Acculturative Stress Scale (SAFE)

Below are a series of 24 questions that sometimes apply to young people your age who are members of different cultural groups and/or whose parents have come from different countries. Read each question carefully and then decide first how stressful the question is for you personally using the “Degree of Stress Rating” from 1 to 5. However, if the question does not apply at all to you mark it with 0 for Doesn’t Apply.

Degree of Stress Rating:

- 1 – Not Stressful at all
- 2 – A little Stressful
- 3 – Somewhat Stress at times
- 4 – Moderately Stressful
- 5 – Extremely Stressful
- 0 – Doesn’t Apply

Before you start answering the questionnaire you will see two example questions below that show you how to complete the scale.

Examples:

I worry about having to take tests in school.

It bothers me when some countries of the world don’t get along.

Questionnaire:

1. I feel uncomfortable when others make jokes about or put down people of my same ethnic background.

1 2 3 4 5 0

2. I have more barriers to overcome than most people.

1 2 3 4 5 0

3. It bothers me that family members I am close to do not understand my new values.

1 2 3 4 5 0

4. Close family members and I have conflicting expectations about my future.

1 2 3 4 5 0

5. It is hard to express to my friends how I really feel.

1 2 3 4 5 0

6. My family is very close and does not want me to move away but I would like to.

1 2 3 4 5 0

7. It bothers me to think that so many people use drugs.

1 2 3 4 5 0

8. It bothers me that I cannot be with my family.

1 2 3 4 5 0

9. In looking for a good job, I sometimes feel that my ethnicity or race is a limitation.

1 2 3 4 5 0

10. I don't have any close friends.

1 2 3 4 5 0

11. Many people have stereotypes about my culture, ethnic group, or race and treat me as if they are true.

1 2 3 4 5 0

12. I don't feel at home in this country.

1 2 3 4 5 0

13. People think I am unsociable when in fact I have trouble communicating in English.

1 2 3 4 5 0

14. I often feel that people actively try to stop me from advancing.

1 2 3 4 5 0

15. It bothers me when people pressure me to assimilate.

1 2 3 4 5 0

16. I often feel ignored by people who are supposed to assist me.

1 2 3 4 5 0

17. Because I am different I do not get enough credit for the work I do.

1 2 3 4 5 0

18. It bothers me that I have an accent.

1 2 3 4 5 0

19. Loosening the ties with my country is difficult.

1 2 3 4 5 0

20. I often think about my cultural background.

1 2 3 4 5 0

21. Because of my ethnic or racial background, I feel that others exclude me from participating in their activities.

1 2 3 4 5 0

22. It is difficult for me to “show off” my family.

1 2 3 4 5 0

23. People look down on me if I practice customs of my home culture.

1 2 3 4 5 0

24. I have trouble understanding others when they speak.

1 2 3 4 5 0

APPENDIX E

Recruitment Letter

Dear Potential Participant,

My name is Melvin L. Varghese. I am a doctoral student in Counseling Psychology at Texas Woman's University. I am currently completing research for my dissertation and would like your assistance.

My dissertation examines the relationship between religious support and acculturative stress in second-generation Asian Indian American Christians. The results of this study will help better understand the stressors faced by this population and the supports they use to counter these stressors.

To participate in this study, individuals need to fall under ALL of the following criteria:

- a. Must be 18 years or older
- b. Must identify their religion as Christianity
- c. Must have been brought up in a church of Asian Indian origin but do not have to currently be active participants in that church.
- d. Must currently reside in the United States.
- e. Must be second-generation Asian Indian American. A second generation Asian Indian American is defined as someone who either 1) immigrated to the United States with his/her parent(s) and/or guardian(s) who are of Asian Indian origin; the parent(s) and/or guardian(s) may or may not currently reside in the United States OR 2) was born in United States to parents of Asian Indian origin.

Participation in this study is completely voluntary, and no identifying data will be used to distinguish participants in this study. The study will take approximately 30 minutes to complete. Interested participants may click on the website address provided below. As incentive for participation, individuals who complete the survey may enter **a drawing for one of six \$25 Amazon.com gift cards**. You may provide your email address at end of the study if you would like a summary of results.

The website address to the study is: <https://psychdata.com>

Please distribute this message to others who might be interested in assisting with this research. Thank you for time.

Sincerely,

Melvin L. Varghese, M.A.
Principal Investigator
Texas Woman's University
Doctoral Student, Counseling Psychology
Email: mvarghese.025@gmail.com

APPENDIX F

Informed Consent Form

**TEXAS WOMAN’S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH**

Title: The Relationship between Religious Support and Acculturative Stress in Second-Generation Asian Indian American Christians

Investigator: Melvin L. Varghese, M.A..... mvarghese.025@gmail.com

Advisor: Debra Mollen, Ph.D.dmollen@mail.twu.edu

Explanation and Purpose of Study

You are being asked to participate in a research study for Mr. Varghese’s dissertation at Texas Woman's University (TWU). The purpose of this study is to examine the relationship between religious support and acculturative stress in second-generation Asian Indian American Christians.

Research Procedures

For this study, you will be asked to complete a demographic questionnaire and three surveys that measure your opinions on the topics presented above. Your maximum time commitment for this study is 30 minutes.

Potential Risks

Because the topics of this study are sensitive in nature, potential risks related to your participation include physical or emotional discomfort (e.g., fatigue, anxiety, invasion of privacy, potential for embarrassment, introspection, and discomfort due to self-disclosure).

To minimize physical or emotional discomfort, you may take a break (or breaks) at any time while filling out the surveys. You may also stop answering questions at any time without penalty if physical or emotional discomforts are experienced. However, please note that the internet survey session expires after 20 minutes of inactivity to protect your confidentiality and to prevent security breaches to the survey database. There is no penalty if a session expires and the survey is not complete.

Your confidentiality will be protected to the maximum extent allowed by law. The survey database (www.psychdata.com) employs several procedures to preserve data security including a 128-bit Secure Socket Layer data technology that encrypts both survey questions and participants’ responses; monitoring of the data servers by security personnel 24 hours-per-day and 7 days-per-week; the daily backing up of all data files; and the employment of security measures that disallow the viewing of previous pages by individuals who use a computer after you.

To further preserve confidentiality, the principal investigator will be the only person to have access to the data on the www.psychdata.com website. For analysis, the data will be transferred by the principal investigator to a document that will contain only a participant number (e.g., 1, 2, 3, etc.). Downloaded participant data will be stored on a password-protected USB drive.

All revealed information will be strictly confidential, and no identifying information will be attached to the surveys. Individuals who elect to enter the optional drawing (outlined in the next section) are assured that information revealed in surveys will be independent of the data collection portion of the proposed study. All e-mails requesting a summary of the results and/or relating to the drawing will be deleted after the investigation is complete. To further protect your confidentiality, the tracking of your Internet Protocol (IP) address will be disabled.

To maximize your privacy as a participant, please be sure to close your browser when you have completed the study. It is anticipated that the results from this study will be published in the investigator's dissertation and in other research publications. However, no names or other identifying information will be included in any publication.

You may stop answering any of the questions at any time if you experience psychological or emotional discomfort. If this discomfort warrants professional assistance, a referral for a psychologist in your area can be obtained by calling the American Psychological Association's referral service at 1-800-964-2000. Mental health resources are also available via the following hyperlinks: National Register of Health Service Providers in Psychology (<http://www.nationalregister.org/>), National Mental Health Information Center (<http://mentalhealth.samhsa.gov/databases/>), and the American Board of Professional Psychology Directory of Specialists (http://www.abpp.org/abpp_public_directory.php).

Benefits and Participation

After completion of the study, you may choose to enter an optional drawing for one of six \$25 Amazon.com gift cards. You will be asked to provide your email address and no other identifying information. The drawing will be held within 30 days after completion of the study. To preserve anonymity, numbers will be assigned to email addresses of individuals participating in the drawing. The numbers will be used in lieu of email addresses during the drawing. No hard copies will be printed of participants' email addresses. All emails, including contact information provided by drawing winners, will be deleted at the completion of the study.

You may provide your email address at end of the study if you would like a summary of results. All email correspondence and associated identifiable data contained in e-mails will be deleted after completion of the investigation. The email address

(mvarghese.025@gmail.com) used by the principal investigator will be deleted within one year after the completion of the study.

Finally, you will be given a unique automatically-generated respondent ID number to account for your participation, and I will be unable to match this respondent ID with your questionnaires.

Questions regarding the Study

If you have any questions about the research study, please contact the researchers using the contact information presented at the top of this form. If you have any questions concerning your rights as a research participant or if you wish to report any concerns about this study, please contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via email at IRB@TWU.edu.

If you have read and understand the statements presented above, please click the "Continue" button below to acknowledge your consent to participate in this study. Thank you for your time.

APPENDIX G

List of Referral Agencies

List of Referral Agencies

American Psychological Association referral service (1-800-964-2000)

National Register of Health Service Providers in Psychology
(<http://www.nationalregister.org/>),

National Mental Health Information Center (<http://mentalhealth.samhsa.gov/databases/>)

American Board of Professional Psychology Directory of Specialists
(http://www.abpp.org/abpp_public_directory.php)

APPENDIX H

Referrals, Results, and Gift Card Drawing

Referrals, Results, and Gift Card Drawing

Your participation in this study is greatly appreciated. Please email either the principal investigator at mvarghese05@yahoo.com or the investigator's faculty advisor at dmollen@twu.edu if you have any questions or concerns regarding the study. Please consult the American Psychological Association referral service (1-800-964-2000), National Register of Health Service Providers in Psychology (<http://www.nationalregister.org/>), National Mental Health Information Center (<http://mentalhealth.samhsa.gov/databases/>), or American Board of Professional Psychology Directory of Specialists (http://www.abpp.org/abpp_public_directory.php) for a list of mental health professionals if you encounter or anticipate physical or emotional discomfort as a result of participation in this study.

As gratitude for your time commitment, you may request a summary of results for the study and enter a drawing for one of six \$25 Amazon.com gift cards. Please click the link below to be directed to a page where you can submit contact information for one or both of these purposes; the contact information you provide cannot be traced to your responses. Otherwise, please close the browser to exit the study. Thank you again for your participation.

APPENDIX I

Institutional Review Board Approval Letter



Institutional Review Board

Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378 Fax 940-898-3416
e-mail: IRB@twu.edu

June 1, 2010

Mr. Melvin L. Varghese
2016 Reserve Court
Flower Mound, TX 75028

Dear Mr. Varghese:

Re: The Relationship Between Religious Support and Acculturative Stress in Second-Generation Asian Indian American Christians

The above referenced study has been reviewed by the TWU Institutional Review Board (IRB) and appears to meet our requirements for the protection of individuals' rights.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. A copy of the annual/final report is enclosed. A final report must be filed with the Institutional Review Board at the completion of the study. Because you do not utilize a signed consent form for your study, the filing of signatures of subjects with the IRB is not required.

This approval is valid one year from June 1, 2010. According to regulations from the Department of Health and Human Services, another review by the IRB is required if your project changes in any way, and the IRB must be notified immediately regarding any adverse events. If you have any questions, feel free to call the TWU Institutional Review Board.

Sincerely,

Dr. Kathy DeOrnellas, Chair
Institutional Review Board - Denton

enc.

cc. Dr. Dan Miller, Department of Psychology & Philosophy
Dr. Debra Mullen, Department of Psychology & Philosophy
Graduate School