

*Psychological Well-Being Among Immigrants and Refugees in St. Louis, Missouri*

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The Asian Conference on the Social Sciences 2022  
Official Conference Proceedings

**Abstract**

The process of migration and integration into immigrants' host communities has been noted to be a stressful, non-normative event from a psychosocial point of view. Given the magnitude of immigration to the U.S., it is increasingly important to understand the variables that impact immigrant psychological well-being, an essential aspect of successful integration. The data for this study were collected through interview surveys with immigrants from six different countries (n=330). The six different immigrant groups interviewed were Bosnians, Chinese, Latino/na, Indian, Korean, and Vietnamese. Hierarchical regression analysis was conducted for each immigrant group to identify variables that may have an effect on psychological well-being, including locus of control, socialization, social support, English competency, and demographic characteristics. The study found that different independent variables were associated with psychological well-being in each group, aligning with indications in current literature that immigrant groups experience different migration motivations, contexts, and resettlement coping strategies, based on cultural values and contextual factors.

Keywords: Immigration, Refugees, Race, Psychological Wellbeing

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## **Introduction**

In 2018, the foreign-born population age 65 years and older represented 13.9 percent of the total older population in the United States and is expected to reach 23.3 percent of the total older population by 2060 (Mizoguchi et al. 2019). While there is a dearth of research on immigrants and psychological well-being (PWB), there is limited research particularly on aging immigrants, especially as distinguished by ethnic group. Stressors endemic to the migration and resettlement process are especially challenging for older adults due to factors such as the disruption of social networks and often a higher need to access medical care and different cultural resource access in contrast to adolescents and young adults (Tan 2011; Genkova et al. 2014). As immigrant populations continue to age, it is imperative to explore the needs of older immigrants by identifying factors that may be relevant in improving well-being.

## **Literature Review**

Several factors may affect the psychological well-being of immigrants, including social support, host language competency, socialization, and locus of control (Guo et al. 2019; Jasinskaja-Lahti et al. 2006; Garcia, Ramirez, & Jariego 2002; Schnittker 2000). For instance, language competency facilitates essential factors associated with psychological well-being, such as greater access to social networks, ability to access and navigate healthcare services, and employability in the host country (Ager and Strang 2008; Kumar 2013; Morris et al. 2009; Lamba & Krahn 2003; Hanley et al. 2018). While there is still limited research on the association between locus of control and PWB, some studies indicate that in the acculturation process, an internal locus of control is associated with greater PWB, and an external locus of control is associated with higher stress and depressive symptoms (Ward & Kennedy 1992; Shara et al. 2018). To further define, an internal locus of control is predicated on the belief that one controls their own outcomes in life, as opposed to an external locus of control, which is founded on the belief that life outcomes are determined by outside forces, like luck, timing, or fate (Ross & Mirowsky 2002). However, the association between internalist or externalist perceptions of control and psychological well-being may be affected by culture or conditions of migration, as demonstrated by mixed results across ethnic groups (Garcia, Ramirez, & Jariego 2002).

Furthermore, immigrant groups may adopt a range of assimilation strategies in a host culture, and there is mixed evidence in empirical studies of whether the socialization with the host culture, one's own ethnic group, or a mix of both facilitates psychosocial adaptation (Navas et al. 2007; Genkova et al. 2014). Alternatively, social support generally shows a positive association with successful aging and better health, and this measure assesses both how one feels emotionally supported by members of their community and the extent and structure of their social support network (Berkman et al. 2000; Seeman et al. 2001). Therefore, this study seeks to investigate and add to the literature on psychological well-being for aging immigrants for different ethnic groups.

## **Methods**

This study utilizes the Successful Aging for Immigrants after Midlife (SAIM) data set, which was collected by an interdisciplinary research team. The study examines physiological, psychological, social, and cultural factors associated with aging for several immigrant populations in Saint Louis. The study includes immigrants age 40 years and older (n=330)

from six different ethnic groups (Bosnian, Chinese, Indian, Korean, Latino, and Vietnamese). Data were collected as a quantitative survey with open-ended questions. Hierarchical regression analysis was conducted for each immigrant group to explore the relationships between psychological well-being and other variables.

## **Conclusion**

The results of the hierarchical regression analysis is presented in Table 1. In this paper, the results of Model 3 of the hierarchical regression analysis, which used psychological well-being as the dependent variable, is shown.

Besides psychological well-being<sup>1</sup>, other variables, such as age, sex, social support<sup>2</sup>, English competency<sup>3</sup>, socialization with mainstream Americans<sup>4</sup>, socialization with one's own ethnic group<sup>5</sup>, external locus of control<sup>6</sup>, and internal locus of control<sup>7</sup> were used.

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1 The measure of psychological well-being included eight items from Ryff's Scales of Psychological Well-Being (RPWB), including subscales for autonomy and self-acceptance (Ryff 1989).

2 The measure of social support questions were included from the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley 1988) and the UCLA Loneliness Scale (Russell 1996).

3 The measure of English competency included seven survey questions from the Stephenson Multigroup Acculturation Scale (SMAS)(2000).

4, 5 The measures of socialization with mainstream Americans and one's own ethnic group included items from the Stephenson Multigroup Acculturation Scale (SMAS). Participants responded to a three-item subscale for each.

6, 7 The measure of internal and external locus of control included eight survey questions on a Likert scale using the Belief in Personal Control Scale (BPCS)(Berrenberg 1987).

Aligning with suggestions in current literature, independent variables displayed varying associations with psychological well-being per ethnic group.

**Table 1: Model 3 Results of Hierarchical Regression Analysis for Psychological Well-Being (standardized coefficient)**

Variables	Bosnian	Chinese	Indian	Korean	Latino	Vietnamese
Age	-.044 (-.141)	.024 (.102)	-.025 (-.089)	-.110 (-.258)	.032 (.088)	-.150 (-.471)
Sex	-1.043 (-.158)	-.868 (-.133)	-.719 (-.094)	-1.443 (-.140)	.318 (.037)	-2.020 (-.253)
Social Support	-.006 (-.008)	.267 (.285)*	.021 (.023)	.548 (.494)*	.381 (.375)***	.362 (.321)
English Competency	-.156 (-.338)*	-.159 (-.294)	.441 (.283)	.195 (.224)	.036 (.053)	-.008 (-.013)
Socialization with Mainstream Americans	-.086 (-.066)	.350 (.212)	.778 (.366)	.094 (.066)	.116 (.071)	-.963 (-.602)*
Socialization with Own Ethnic Group	-.049 (-.029)	.021 (.010)	.023 (.012)	.051 (.022)	-.298 (-.135)	.937 (.405)*
External Locus of Control	-.241 (-.214)	-.270 (-.199)	.039 (.033)	-.425 (-.218)	-.420 (-.293)*	-.377 (-.201)
Internal Locus of Control	.512 (.414)**	.392 (.256)*	.468 (.270)	.152 (.082)	.575 (.271)**	.380 (.237)
Constant	30.416** *	13.570*	1.196	15.101	10.232	24.571*
R <sup>2</sup>	.214	.267	.459	.629	.505	.536
F-Statistic	2.274*	3.233**	2.329	4.025**	8.790***	2.748*

**p<0.05, \*\*p<0.01, \*\*\*p<0.001**

Aligning with suggestions in current literature, independent variables displayed varying associations with psychological well-being per ethnic group.

For Bosnian participants, Model 3 was statistically significant ( $F_{(8, 67)}=2.274$ ,  $p<.05$ ). Internal locus of control had a positive effect on psychological well-being ( $\beta=-0.512$ ,  $p<.01$ ). When controlled for locus of control, English competency showed a statistically significant negative association with the dependent variable ( $\beta=-.156$ ,  $p<.05$ ), suggesting that lower English competency enhanced psychological well-being for Bosnian participants.

For Chinese participants, Model 3 ( $F_{(8, 71)}=3.233$ ,  $p<.01$ ) was statistically significant. Social support displayed a statistically significant positive association ( $\beta=.267$ ;  $p<.05$ ), such that greater social support enhanced psychological well-being. Internal locus of control also had a positive effect on psychological well-being ( $\beta=.392$ ,  $p<.05$ ).

For Indian participants, the model and variables were not statistically significant.

For Korean participants, Model 3 ( $F_{(8, 19)}=4.025, p<.01$ ) was statistically significant. Social support had a positive effect on psychological well-being ( $\beta=.548, p<.05$ ).

For Latino participants, Model 3 ( $F_{(8, 69)}=8.790, p<.001$ ) was statistically significant. External locus of control had a negative effect on psychological well-being ( $\beta=-.420, p<.05$ ), while internal locus of control had a positive effect on psychological well-being ( $\beta=.575, p<.05$ ).

For Vietnamese participants, Model 3 ( $F_{(8, 19)}=2.748, p<.05$ ) was statistically significant. Socialization with mainstream Americans had a negative effect on psychological well-being ( $\beta=-.965; p<.05$ ). In contrast, socialization with one's own ethnic group had a positive effect on psychological well-being ( $\beta=.937; p<.05$ ).

This study may have limited generalizability because a random sampling was not used. Also, although each survey was translated by a bilingual, native speaker into English and certified by another native-speaker, it is possible that the questions and answers may not have reliably transmitted the original intent of the survey's contents. Finally, there is the potential to include more demographic variables in the hierarchical regression analysis, including demographic variables like education and income.

Overall, the results of Table 1 indicate that the variables associated with psychological well-being for aging immigrants varies per ethnic group. This suggests that factors such as reasons for and circumstances of migration and cultural values may impact various immigrant groups' experience of psychological well-being. Thus, different social and clinical interventions are needed per immigrant group.

### **Acknowledgements**

We are thankful to the participants for giving us their time. We are also thankful to Diana Carlin, Ph.D., Professor Emerita of Communication, who has funded the postdoctoral fellowship position. Finally, we appreciate the hard work of the project team: Safija Advic, Won Choi, Hieu Do, Eileen Franco, Adnan Gabeljic, Felix Galvez, Andreas Gambardello, Hanna Hoang, Yash Mehta, Sara Paracha, Shahed Shams, Jesus Quinones, Alexandra Vazquez, Aida Vajzovic, Reema Verma, Echo Zhang, Lucas (Yu) Zhang, Lu Zhou; Toni Moraldo and Eva Wang.

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