DOES RELIGION MATTER? THE ROLE OF ETHNIC
AND RELIGIOUS IDENTITY AND SOCIAL SUPPORT IN THE
RESILIENCE OF CANADIAN IMMIGRANTS

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Master of Arts

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Abstract

Over the last few decades Canada has seen a shift in the ethnic and religious minority groups that constitute its immigrant population. With the influx in immigrants, there is reason to believe that Canadians are becoming increasingly unsupportive of the resources and space that immigrants are occupying. Working within a social identity framework, the present investigation examined the role that social support, including encounters with unsupportive interactions, played in relation to resilience among Canadian immigrants (N=132). Results showed that the relation between greater identification with their religious group (affect and ties to other group members) and resilience was mediated by perceived religious ingroup support. Additionally, religious ingroup support buffered against the negative effects of outgroup unsupport on resilience. Specifically, as ingroup support decreased, encountering unsupport from the outgroup was more strongly associated with lower levels of resilience. When perceived availability of religious support was high, encountering unsupport from the outgroup was unrelated to resilience. Interpretation and implications of these findings are discussed.

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Does religion matter? The role of ethnic and religious identity and social support
in the resilience of Canadian immigrants

Over the past twenty-five years, Canada has seen a steady influx in the number of immigrants, increasing by more than forty percent between 1980 and 2006 (Citizenship and Immigration Canada, 2007). With this increase, the cultural composition of Canada has also dramatically shifted. Whereas forty years ago the vast majority of immigrants came from European countries, today, Asia (including the Middle East) represents the largest proportion of immigrants (58.3%), with Africa representing the second-largest immigrant population (10.6%, Statistics Canada, 2006).

Immigrating to a new country, in general, is an extremely stressful experience (Hirschman, 2004). Many must face language barriers, isolation from members of their home-country, separation from their families, a drop in socio-economic status, new cultural behaviour, and adjustments to routine activities such as shopping for food, navigating streets, and participating in leisure activities (Canadian Task Force, 1988; Hirschman, 2004; Liebkind, 1993). However, an additional stressor to the experience of immigration that is particularly relevant to ethnic and religious minority groups is discrimination (Gaudet, Clément, & Deuzeman, 2005; Meer, 2008). The majority of immigrants today originate from countries where they are unlikely to be Euro-Caucasian, making them more easily identified as foreign in Canada, and therefore the target of racially fuelled discrimination (Moghaddam, Taylor, Ditto, Jacobs, & Bianchi, 2002; Noh & Kaspar, 2003). Among the current immigrant population there is also an increasingly diverse religious composition, including minority religions such as Islam, Buddhism, Hinduism, Sikhism, and Baha'i (Statistics Canada, 2001). Immigrants who belong to

religious minority groups are likely to encounter stressors over and above ethnic discrimination that may affect their adjustment to Canadian culture and society. Whereas particular indications of their religious beliefs in the immigrants' home country would have been the norm, for example, wearing a hijab, kirpan, or turban, in Canada, these are visible markers of minority religions, and which evoke strong responses from the majority (Renteln, 2004). Consequently, religious discrimination is also experienced (Meer, 2008; Renteln, 2004), and combined with ethnic discrimination, may threaten the individual's social, economic, political, mental, and physical well-being (Canadian Task Force, 1988; Crocker & Major, 1989; Krieger, 1990; Liebkind, 1993; Noh & Kaspar, 2003).

In addition, and despite the stronger presence of religious and ethnic minorities, events in the United States (e.g., the events of September 11th, 2001) and Canada (e.g., the incarceration of Canadian citizen Maher Arar) have caused a shift in the immigration discourse (Deaux, 2006). Members of the host society are uncertain about their feelings toward immigrants. While, on one hand, they are viewed as hard-working and driven individuals motivated to make a better life for themselves, on the other hand, they are seen as a threat to national and economic security (Chen & Park-Taylor, 2006; Deaux, 2006). The growing diversity of Canada has created further anxiety regarding the increasing need for accommodating ethnic and religious minority groups. Considering this shift in immigration discourse, coupled with ethnic and religious discrimination, it could be expected that individuals within the majority group (i.e., Canadians) would be resentful and unsupportive of the space and resources that immigrants are occupying. Such unsupport might further contribute to the diminished well-being of immigrants.

However, social support that immigrants receive from one another can play a role in protecting against the negative effects of the immigration experience (Miller, et al., 2006; Oppedal, Røysamb, & Sam, 2004). Social support has been associated with reduced levels of acculturative stress, depression, increased resiliency, self-esteem, and improved mental health (Brown, 2008; Contreras, López, Rivera, Raymond-Smith, & Rothstein, 1999; Crocket, Iturbide, Torres Stone, McGinley, Raffaeilli, & Carlo, 2007; Oppedal et al., 2004; Thomas & Choi, 2006). The present thesis examined the buffering role of support from individuals' ethnic and religious groups against negative effects of discrimination and unsupport from the host group on immigrants' resilience.

Within the context of examining how social support benefits stigmatized groups, research has also noted an association between well-being indices and individuals who have a higher identification with their ingroup (Jetten, Branscombe, Schmitt, & Spears, 2001). A positive social identity has been shown to be beneficial to one's psychological well-being (Branscombe, Schmitt, & Harvey, 1999). Such benefits have been documented in relation to both ethnic and religious identities (Davis, Kerr, & Robinson Kurpis, 2003; Umaña-Taylor, 2004). However, a benefit that emanates from a religious identity, which is not evident with ethnic identity is a shared set of beliefs and values which cannot be empirically contested (Wellman & Tokuno, 2004). Moreover, whereas members of other groups may come and go across an individual's lifetime, a religious belief system represents more of an enduring construct that may remain with the individual throughout their lifespan (Kahn & Antonucci, 1980, as cited in Hill & Pargament, 2003). Much research has demonstrated that religious identity, beliefs, and practices are linked to better physical and mental health (George, Ellison, & Larson,

2002; Jarvis, Kirmayer, Weinfeld, & Lasry, 2005; Pearce, Little, & Perez, 2003).

Beyond social support by friends and family, religion provides a belief system and answers to those who may feel vulnerable or experience “existential anxiety” (Kinnvall, 2004). However, at present, the role of religion as an aspect of one’s social identity (Wellman & Tokuno, 2004) and as a source of social support within the immigrant population has been largely unexplored (Jarvis et al., 2005). Thus, a second goal of this thesis was to compare the role of religious versus ethnic identification in immigrants’ ability to be resilient in the face of adversity.

Social Identity Theory

New immigrants who leave their home country in order to improve their fare in life (e.g., financial improvement, better education, improved quality of life) are also often faced with the overwhelming question of “Who am I?” (Herberg, 1960, as cited in Hirschman, 2004). Although a profoundly existential question, which will be returned to in the religious identity section, Social Identity Theory (SIT) can also help to situate this question in terms of group membership. According to Tajfel and Turner (1979), SIT posits that individuals form identities based on their group memberships. When individuals are linked to a group, the ingroup, they are likely to perceive this group as more favourable than the outgroup. Consistent with SIT, strong links have been demonstrated between the degree to which individuals feel good about themselves, their ingroup, and discriminatory behaviour toward other groups (Brown, 2000).

Social identities can reflect many aspects of the self, including ethnic and religious affiliation. They can be made salient through situational factors (e.g., being the sole member of a group), but can also vary as a function of individual differences in the

extent to which individuals identify with the groups they belong to. In this regard, identification is viewed as accepting that one belongs to a particular group, and adopting the values and attitudes of the group.

However, not all identities serve a common function, nor are all aspects of identity equally salient. Although various studies have shown that strong ethnic identification can benefit the individual by, for example, improving self-esteem and reducing levels of depression (Branscombe et al., 1999; Phinney, 1990; Verkuyten, 2007a), other group identifications, most notably religious identification, can additionally serve to unify a group of members “around a consensus of values and truths” (Verkuyten, 2007b, p. 342). Membership in groups that serve this latter function is extremely important to some individuals and may be one of the most salient forms of social identity (Verkuyten, 2007b). The following sections on ethnic and religious identity will further delineate the functions each of these identities might serve.

Ethnic identity. A strong ethnic identity involves a sense of shared culture, language, kinship, and place of origin (Phinney, Horenczyk, Liebkind, & Vedder, 2001). Indeed, many immigrants rely on their shared ethnic identity to preserve a sense of continuity (Hirschman, 2004). They might do this by residing in culturally distinct neighbourhoods, finding employment within their ethnic niche, and pursuing social activities with family and friends of similar ethnicity (Hirschman, 2004). Oftentimes immigrants in a new country are stigmatized and viewed in unfavourable ways by the host society (Liebkind, 1992). Involvement with one’s ethnic group and the strength of ethnic identification is critical to issues related to the maintenance of one’s heritage culture, coping with, and responding to discrimination by the host group, as well as to

psychological well-being (Phinney, 1990). Indeed, it has been noted that perceived discrimination can strengthen group identification and foster collective self-esteem (Jetten et al., 2001). In fact, a positive relation has been consistently documented between ethnic identity and self-esteem (Noels, Pon, & Clement, 1996; Phinney, & Alipuria, 1990; Umaña-Taylor, 2004). For minority groups, ethnicity plays a salient role in identity development (Phinney & Alipuria, 1990), providing a sense of meaning to one's identity, enabling the individual a sense of comfort about who they are, and offering positive psychological adjustment (Phinney, 1993; Yasui, Dorham, & Dishion, 2004).

Within social identity research, three dimensions have been commonly considered (Cameron, 2004). Group identification consists of cognitive awareness of group membership to one's self-concept (centrality), the self-esteem that is associated with group membership (ingroup affect or pride), and the extent to which one feels a sense of emotional and common bond with their group (ingroup ties). Although the majority of studies have indicated that a positive overall identification is related to well-being (Schmitt, Spears, & Branscombe, 2003; Jetten et al., 2001; Phinney et al., 2001), specific dimensions of identity have been shown to be differentially related to well-being. For example, ingroup ties and ingroup affect associated with an ethnic group identity have been shown to buffer against negative effects of perceived discrimination (Bombay, Matheson, & Anisman, 2009; Wong, Eccles, & Sameroff, 2003). In a study assessing the moderating effect of ingroup ties among Korean Americans, ingroup ties were found to reduce depressive symptoms when perceived discrimination was low (Richard, 2005). Conversely, research on ethnic centrality has indicated that it is *less* likely than ethnic ties

or affect to buffer against harmful effects of discrimination (Greene, Way, & Pahl, 2006). Indeed, in a study assessing perceived discrimination among First Nations, higher levels of ethnic centrality interacted with perceived discrimination to predict depressive symptoms, in that it was related to *greater* depressive symptoms when levels of centrality were high, but not when centrality was low (Bombay et al., 2009). It has been suggested that when group membership is particularly central to one's self-concept, individuals may become more sensitive towards negative behaviours, such as perceived discrimination (Operario & Fiske, 2001; Sellers & Shelton, 2003). Considering the change in aspects such as culture, values, and language, that immigrants endure when they are immigrating to a new country, assessing the individual contributions of the dimensions of identity may be particularly important in determining well-being (i.e., resilience).

Religious identity. A religious identity can be seen as one that is ascribed (i.e., born into) and/or chosen (i.e., to act on the religious and/or cultural beliefs of the faith; Cadge & Davidman, 2006; Peek, 2005). In reaction to a crisis (e.g., events of September 11, 2001) religious identity can be declared, demonstrating that it can become stronger even in the face of discrimination and harassment (Peek, 2005). In a time in which the destabilizing effects of immigration are leaving people vulnerable and raising questions pertaining to one's existence, religion has been viewed as an identity that can provide answers to those in need (Kinnvall, 2004).

Most notable for immigrant groups, in the face of hostility and discrimination from the host group, religious identity, reinforced by religious institutions (e.g., churches, temples, synagogues, and mosques), can offer a range of coping resources. These include providing a sense of continuity and stability to the immigration experience, facilitating

adaptation to the new country (Hirschman, 2004), and a sense of group identity and solidarity (Ebaugh, 2000; Min & Kim, 2002). In fact, religious identity is often revitalized and strengthened in the face of migration in an effort to maintain cultural continuity with the home country (Herberg, 1960, as cited in Hirschman, 2004; Jarvis, et al., 2005), as well as to offset any trauma incurred by the immigration experience (Hirschman, 2004). Further to this, religious values can offer a reasonable justification for other traditional values (e.g., maintaining gender roles and intergenerational responsibilities) with which Western values may conflict. When individuals define themselves first and foremost within a religious context, this dissolves barriers created by ethnic and national differences, and as a result brings a diverse group together through religiosity (Sullivan, 2000). In addition to fulfilling spiritual needs, religious identity can also provide immigrants with a wealth of non-religious resources, including networking opportunities, educational skills, and peer support (Chen, 2002).

Returning to the existential question of “who am I”, religious identity as an aspect of one’s social self-construct, coupled with a strong belief-system, oftentimes offers immigrants with an answer to this question. Therefore, such identification can offer a means to cope with the challenges associated with the immigration experience, above and beyond a shared culture, language, or institution. A strong religious identity enables individuals to utilize a system of faith to remain positive or be resilient in the midst of adversity.

Resources associated with religious identity and practices have been linked with psychological well-being, including reduced depressive symptomatology (Ellison, 1995) and resilience to stressors in general (Brodsky, 2000; Herndon, 2003). In fact, resilience

has been identified as a component of spiritual well being. In this regard, immigrants who identify strongly with their religious affiliation may emphasize the positive side of their situation (e.g., focus on the opportunity for a better life), as opposed to the losses experienced by their migration (Ng, Yau, Chan, Chan, & Ho, 2005). Given the emphasis on the role that community plays in religious identification, religious pride (affect) and social connectedness (ties) may play a particularly salient and positive role in psychological well-being. However, in contrast to the maladaptive role that ethnic centrality has been found to play in well-being, it may be that individuals high on religious centrality would be less vulnerable since it taps into an intrinsic belief system that is paramount to their self-concept, but also offers an effective coping strategy (Yssedlyk, 2009). In addition to the many benefits that a strong religious identity offers, it should also follow that social support from the religious (and ethnic) community will contribute to immigrants' ability to overcome the hardships of adapting to a new country and customs.

Social Support as a Source of Resilience among Immigrants

The definition of resilience has been subsumed within a coping framework, where resilience is perceived as “a dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar, Cicchetti, & Becker, 2000, p. 543). A variety of factors have been identified as contributors to resilience, including social support, socio-economic status, and family cohesion. In the presence of such factors, the individual may develop ‘resilient characteristics’ that contribute to their psychological well-being (Aroian & Norris, 2000; Frank & Faux, 1990; Hoge, Austin, & Pollack, 2007; Kuo & Tsai, 1986).

A key factor that has been noted to contribute to resilience is social support (Hoge et al., 2007). Social support is defined as the contribution of psychological and material resources from individuals and/or groups (Cohen & Wills, 1985). Social support can include expressions of concern and care, material assistance (e.g., transportation, helping with meals, financial aid), and helping the person to accept the situation (Dakof & Taylor, 1990). Social support can act as a buffer to stress either by moderating one's appraisal of the stressful event, or by mediating the onset of negative outcomes (Cohen & Wills, 1985). These moderating-mediating effects of social support have been well-documented (see Cohen & Wills, 1985, for a review).

Several studies have noted a strong relation between social support and the healthy adaptation of immigrants to the host community (Yoon, Lee, & Goh, 2008; Phinney et al., 2001). Following migration, immigrants often lack the social and familial network that was accessible to them in their home country. These losses can lead to feelings of separation and isolation from mainstream society which, together with a lack of social support, can have negative effects on the mental health of immigrants. When this occurs, the support of the immigrant's family (if family members are available) and local immigrant community become an integral part of their successful adaptation (Miller et al., 2006).

Although acculturating to a host country is critical to immigrants' psychological well-being, it is equally important to maintain aspects of one's own culture of origin (Contreras et al., 1999). For example, ingroup social support (e.g., parental support) and involvement (e.g., cultural festivals) can help maintain one's heritage identity (Thomas & Choi, 2006). In addition, access to resources in the host community (e.g., peer support)

can facilitate integration and is related to cultural competency and mental health (Crockett et. al., 2007; Oppedal et al., 2004). In this sense, social support from both the ethnic group and the host groups may be equally important to successful adaptation and seem to be an integral part of the acculturation process. Indeed, one study (Yoon et al., 2008) demonstrated that social support from the host society partially mediated the relation between acculturation on subjective well-being, whereas social support from the ethnic group completely mediated the relation between enculturation (i.e., retention of the culture of origin) and subjective well-being. Essentially, social networking within one's ingroup, as well as with the host-group, can offer immigrants resources to maintain a healthy balance between preserving their ethnic culture as well as learning to integrate into the new culture (Thomas & Choi, 2006). Certainly the various types of social support serve different functions; most relevant to the present thesis is the role of ethnic social support in comparison to religious social support.

Ethnic social support. Social support within one's ethnic group has been associated with reduced acculturative stress, fewer depressive symptoms, and a decrease in feeling undermined (Han, Kim, Lee, Pistulka & Kim, 2007; Plant & Sachs-Ericsson, 2004). When the immigrant group has been stigmatized by the host society, minority groups may band together for strength and support to confront and overcome such challenging experiences (Noh & Kaspar, 2002; Plant & Sachs-Ericsson, 2004). The social and cultural dynamics of ethnic minority groups also increases the likelihood for such groups to have larger households and extended family living within a single household (Taylor, Hardison, & Chatters, 1996, as cited in Plant & Sachs-Ericsson, 2005). Such strong social support networks may help minimize the adverse effects of

stigmatization and help to protect against depression (Plant & Sachs-Ericsson, 2005).

This is especially likely for those who have newly immigrated and are experiencing a drop in socio-economic status. Although it cannot be assumed that immigrants who leave their home country relocate in intact family units, members of the same ethnic group may nonetheless share a common community, or, as previously mentioned, work within the same cultural niche, and hence, may share common social activities with members of similar ethnicity (Hirschman, 2004).

Religious social support. Religious support has been defined in terms of congregational support, church leader support, and God support (Fiala, Bjorck, & Gorsuch, 2002). Such studies have linked religious support with lower depression and increased life satisfaction (Krauss & Wulff, 2005; Lazar & Bjorck, 2008). In the case of immigrants, religious social support has been tied to well-established social and cultural centers (Hurh & Kim, 1990). In a time when the individual is most likely uprooted from extended family and friends, membership in a religious group can offer a secondary support network, drawing individuals with common values together and providing them an opportunity to meet new people outside of their network of family and friends (Hurh & Kim, 1990). Thus, religious belief is associated with involvement with the religious community, thereby providing a sense of belonging and increased support resources (Stone, Cross, Purvis & Young, 2003). In addition, regular attendance to congregational services brings continuity and stability to the support network, and allows members to develop mature relationships (Altman & Taylor, 1973, as cited in Stone et al., 2003), enabling them to explore challenging experiences and disclose significant life events (Albrecht, Burlson, & Smith, 1994). It has also been demonstrated that faith in one's

religion as well as shared religious activities (e.g., prayer and knowledge of others praying) contributes to people overcoming challenging life events (Stone et al., 2003).

Linking group identification, social support, and resilience. It has been noted that certain dimensions of group identification (i.e., ingroup affect, ingroup ties) have a positive relation with psychological well-being (i.e., resilience). In addition to this, studies have demonstrated the mediating role of social support in facilitating positive health outcomes associated with group identification (e.g., Cohen & Wills, 1985, Oppedal et al., 2004; Miller et al., 2006). In this regard, social support may very well mediate the relation between ethnic ties and ethnic affect in the resilience of immigrants.

However, given the literature on ethnic centrality and the deleterious effects it has on well-being, the role of social support in mediating such a relation remains unclear. However, religious identification emanates from both a sense of group membership, as well as evoking a system of faith (Wellman & Tokuno, 2004). In light of this unique aspect of religious identification, it may be that individuals who are highly identified with their religion (particularly among those for whom the identity was central) would be more likely to seek support from God and depend on their own spiritual capacity (Pargament, Smith, Koenig, & Perez, 1998) to cope with difficult life experiences (i.e., be more resilient) and rely less on support from their religious community.

Unsupport. As the contribution of social support, whether religious or ethnic, can be profound in facilitating the well-being of immigrants, it should not be surprising that a lack of social support, which (among other types of behaviours) may be perceived as *unsupport*, can be equally detrimental to their well being, leaving immigrants feeling isolated and alienated in an already foreign environment.

Unsupportive social interactions have been defined as distressing responses from others in reaction to a stressful life event (Ingram, Betz, Mindes, Schmitt, & Smith, 2001). These interactions do not simply reflect a perceived lack of social support, but rather represent the reactions of others to whom the individual has turned with an expectation that support would ensue. Behaviours that are considered unsupportive include forcing cheerfulness, being overprotective, conveying extreme worry, and reduced self-disclosure (Dakof & Taylor, 1990). Two dimensions of unsupportive behaviour have been especially linked with distress, namely critical responses and avoidant responses. Critical responses refer to deliberate unsupportive feedback, such as criticizing the way an individual is dealing with his or her illness. Avoidant responses refer to more understated behavioural reactions, such as showing discomfort when someone talks about their illness (Manne, Ostroff, Winkel, Grana, & Fox, 2005). It is not unrealistic to conceive of the host group criticizing the way an immigrant is coping with his or her adjustment to the new country. Similarly, it is not inconceivable to imagine a family or community member being uneasy when an immigrant addresses the challenges and obstacles that he or she is facing in finding adequate employment.

A great deal of the literature on unsupport has focused on its effect on the quality of life for patients with pathological diseases, generally finding that unsupportive social interactions have a detrimental effect on the quality of life of patients, and are associated with psychological distress (Figueiredo, Fries, & Ingram, 2004; Manne & Glassman, 2000; Manne et al., 2005). Indeed, unsupportive social interactions accounted for variance in depression above and beyond that of physical discomfort and social support (Ingram, Jones, Fass, Neidig, & Song, 1999). Although this research deals with physical

illnesses, the role that family, friends and significant others play in the healthy functioning of individuals cannot be denied, and may play a significant role in the lives of immigrants by reducing self-disclosure, aggravating feelings of loneliness, lowering self-esteem, hindering adaptation, and increasing resentment towards the host society. For example, unsupportive social interactions have been associated with increased acculturation stress and reduced cultural adaptation among refugees who experienced shared traumatic experiences (Jorden, Matheson, & Anisman, 2009).

Socioeconomic struggles, such as entering into a profession comparable to the home country, finding a job, and pursuing education, can be extremely challenging. Furthermore, despite the ideals of a multicultural nation, immigrants still pose a psychological threat to the receiving group (Berry, 1991; Stephan, Renfro, Esses, Stephan, & Martin, 2005). On one hand, it has been suggested that immigrants who fail to succeed in the receiving country may be viewed as a “drain” on the social services of the society (Johnson, Farrell & Guinn, 1997; as cited in Esses, Dovidio, Jackson, & Armstrong, 2001). Yet, immigrants who achieve economic success may be viewed as succeeding at the detriment of the non-immigrant (Esses et al., 2001). Taken together, it may be that immigrants perceive the attitudes of non-immigrants to be unsupportive, and this might further undermine their resilience.

It is important to note that support and unsupport are not mutually exclusive. In fact, the presence of support from other sources can help to buffer against the effects of unsupport from a specific source. For example, high levels of support from family and friends moderated the relation between unsupportive behaviour from significant others and avoidance and coping efficacy appraisals among women with breast cancer (Manne

et al., 2003). Therefore, the role of supportive relationships, in spite of the presence of unsupportive social interactions should help immigrants overcome experiences of stress and be more resilient. Indeed studies have illustrated the moderating role that perceived social support can have in predicting positive psychological health outcomes (i.e., resilience; Brown, 2008; Cohen & Wills, 1985). Given the unsupport that immigrants may perceive from the outgroup (i.e., Canadians), and negative effects that unsupport has been shown to have on well-being, a negative relation between the outgroup and resilience may exist. However this relation may be attenuated in the presence of high perceived ingroup support.

The Present Study

A variety of factors play a role in the resilience and adaptation of immigrants, including their identification with their ethnic and religious groups, and the extent to which they perceive social support from these groups. With this in mind, the present study assessed the role that identification and social support, including encounters with unsupportive interactions, played in relation to resilience. Furthermore, although there is a great deal of similarity between, and potential benefits from, ethnic and religious identities (e.g., sense of group-membership, continuity, well being), based on the religion literature, it was predicted that the social process underlying any beneficial effects of religious identity would be different from that emanating from ethnic identification (i.e., because religious identity further offers a protective shared belief-system). It was hypothesized that:

1. Strength of either ethnic or religious ingroup ties and affect would be directly related to greater resilience, and centrality would be related to lower levels of resilience.
2. The relation between the dimensions of ethnic identity and resilience would be fully mediated by ethnic group social support.
3. The relation between the dimensions of religious identity and resilience would be partially mediated by group social support.
4. Ethnic and/or religious group social support would moderate the relation between outgroup unsupport and resilience. Specifically, in the presence of high ethnic and/or religious group social support, there would be no relation between outgroup unsupport and resilience; in the absence of ethnic and/or religious group social support, encountering outgroup unsupport would be associated with lower levels of resilience.

Method

Participants and Procedure

A community sample ($N = 132$) of immigrants in Canada were invited to participate in an online study. Immigrants of all religious orientations were recruited by advertising the study at various religious-based organizations (e.g., synagogues, churches), non-religious organizations (e.g., Ottawa Community Immigrant Services Organization, Ottawa Chinese Services), and relevant campus clubs at universities across Canada. In addition, recruitment through various websites (e.g., Canadian Immigrant) and email were utilized (see Appendix A). Participants were informed of the nature of the study and their consent to participate was obtained (see Appendix B). The study was

described as assessing ways of coping with stressful life events and group membership. Participants were randomly assigned to complete one of two different versions of the questionnaire. In one version, participants responded to questions relevant to their ethnic identity; the second version included questions referring to their religious identity. After a series of demographic questions (e.g., sex, age, ethnicity, religion, citizenship status; see Appendix C), participants completed measures (modified for length and appropriateness) assessing resilience, ethnic or religious identity, ingroup and outgroup social support, and ingroup and outgroup unsupport. Upon completion of the study, all participants were debriefed (see Appendix D).

Keeping in mind that participants responded to the questionnaire package in an online setting, measures were taken to ensure that responses were valid. Validation of responses was carried out by ensuring the amount of time taken to complete the questionnaire exceeded the time needed to read through the questions, a qualitative section was answered in a way that the response seemed genuine, and reverse scored items were answered in the appropriate direction. Under regular circumstances the Internet Protocol (IP) address would not be permitted to be replicated in any one study, however since the literature on the immigrant population suggests that it is common to have multiple families or members of the same group living under one household, this criteria was not applied to the present study. To compensate for this, usernames and addresses were cross-referenced to ensure that individuals did not complete the study more than once. Respondents who did not appear to provide valid data were flagged and were not included in the analysis. Based on the validity criteria, out of a total of 193 respondents, 132 were considered valid.

Participants included 29 (22%) men and 103 (78%) women between the ages of 17 and 62 ($M = 31.63$ years, $SD = 11.73$). Their length of stay in Canada ranged from 1 to 55 years ($M = 15.64$, $SD = 10.83$) with the majority of participants being landed immigrants or naturalized Canadian citizens (89.4%, $n = 118$), and the remainder being international students (4.5%, $n = 6$), refugees (3.8%, $n = 5$), and visa claimants (2.3%, $n = 3$). The majority of participants, 71.3% ($n = 86$), had lived in Canada for less than 20 years. A further 21.7% ($n = 34$) of participants reported to have lived in Canada for 20 to 39 years. Only 1.6% ($n = 2$) lived in Canada for longer than 40 years.

Participants' ethnicity comprised Euro-Caucasian (31.8%, $n = 42$), Asian (23.5%, $n = 31$), South Asian (19.7%, $n = 26$), Arab/West Asian (13.6%, $n = 18$), South East Asian (3%, $n = 4$), Black (2.3%, $n = 3$), Latin/Hispanic (1.5%, $n = 2$), and Other (e.g., mixed ethnicity, 4.5%, $n = 6$). Finally, religious affiliations included Muslim (20.5%, $n = 27$), Protestant (17.4%, $n = 23$), Catholic (16.7%, $n = 22$), Atheist (9.8%, $n = 13$), Agnostic (8.3%, $n = 11$), Baha'i (7.6%, $n = 10$), Orthodox (6.8%, $n = 9$), Buddhist (4.5%, $n = 6$), Hindu (3.8%, $n = 5$), Jewish (3%, $n = 4$), and Sikh (.8%, $n = 1$).

Measures

Identity strength. A reduced (9-item, three items from each subscale that were most relevant to the study) version of the Social Identity scale (Cameron, 2004; Appendix E) was used to assess multiple dimensions of identity. This measure taps into three dimensions of identity, including centrality of the identity (e.g., "I often think about the fact that I am a member of a religious/ethnic group"), ingroup affect (e.g., "generally, I feel good when I think about myself as a member of my religious/ethnic group"), and ingroup ties (e.g., "I have a lot in common with other members of my religious/ethnic

group”). Participants completed the measure in reference to either their identification with their religious group or their ethnic group. Responses were made on a 6-point scale ranging from 0 (*strongly disagree*) to 5 (*strongly agree*). Subscale scores were created by averaging responses across the relevant items. As seen in Table 1, with the exception of ethnic centrality, inter-item reliability for dimensions of this scale were acceptable. For the ethnic condition ingroup ties were correlated with centrality ($r = .35, p < .01$), and ingroup affect ($r = .58, p < .001$). Centrality was unrelated to ingroup affect ($r = .17, ns$). For the religious condition, centrality were correlated with ingroup affect ($r = .46, p < .001$), as well as ingroup ties ($r = .63, p < .001$). Ingroup affect was correlated with ingroup ties ($r = .66, p < .001$).

Perceived social support. A reduced (9-item, selected by taking the three highest item loadings from each subscale) version of Consumption of Social Support Scale (Bertera, 1997; Appendix F) assessed perceptions of social support. This scale assessed perceived social support received (e.g., “You received some information from others which helped you understand a situation”) from members of the ingroup (i.e., religious or ethnic) and from members of the outgroup. Participants rated how often they had been the recipient of various social support actions on a 5-point scale ranging from 1 (*not at all*) to 5 (*about every day*). Scores for this measure were created by taking the average ratings across all items for each of the ingroup and the outgroup. Inter-item reliability for this scale was very high (see Table 1). Ingroup social support was correlated with outgroup social support for both the ethnic ($r = .43, p < .001$) and religious condition ($r = .50, p < .01$).

Perceived unsupport. Five items (selected by taking the items which were theoretically most fitting to the study) were taken from the Unsupportive Social Interactions Inventory (modified USII-A; Ingram et al., 2001; Appendix G) to measure stressor-specific unsupportive responses of individuals when they have approached someone for help or advice (e.g., “Someone refused to provide the type of help or support I was looking for”). Participants rated how much of each type of response they encountered from other people from the ingroup (i.e., religious group or ethnic group) or from the outgroup on a 5-point scale ranging from 0 (*never*) to 4 (*all the time*). Scores for this measure were created by taking the average ratings across items for each of the ingroup and the outgroup. This scale demonstrated acceptable internal reliability (see Table 1). Ingroup unsupport was correlated with outgroup unsupport for both the ethnic ($r = .63, p < .001$) and religious condition ($r = .59, p < .001$).

Resilience. A reduced version (12 items with the highest factor loadings reported in original study) of the Resilience Scale (RS; Wagnild & Young, 1993; Appendix H) was used to assess individuals’ general capacity to adapt in the face of adversity (e.g., “I am able to depend on myself more than anyone else”). The scale has shown good psychometric properties among a range of samples (for a review of resilience measures see Ahern, Kiehl, Sole, & Byers, 2006). Participants rated on a 7-point scale, how much they disagreed (1, *strongly disagree*) or agreed (7, *strongly agree*) with each statement. Scores were created by taking the average ratings across all items. The scale demonstrated good internal reliability (see Table 1).

Table 1.

Descriptive Statistics (Means, Standard Deviations) and Inter-Item Reliabilities.

Measure	<i>n</i>	Mean	<i>SD</i>	No. Of Items	α
<i>Ethnic Identity</i>					
Centrality	74	2.47	1.01	3	.42
Ingroup Affect	74	3.70	1.02	3	.72
Ingroup Ties	74	2.28	1.13	3	.77
<i>Religious Identity</i>					
Centrality	58	2.21	1.37	3	.72
Ingroup Affect	58	3.53	1.38	3	.83
Ingroup Ties	58	2.69	1.40	3	.79
<i>Social Support</i>					
Ingroup	132	1.52	.91	9	.91
Outgroup	132	1.41	.87	9	.90
<i>Unsupport</i>					
Ingroup	132	.89	.75	5	.86
Outgroup	132	1.02	.68	5	.80
Resilience	132	5.43	.81	12	.88

Results

Descriptive Analyses

Levels of religious and ethnic identification were moderate within the present sample (see Table 1). An independent groups t-test indicated that there were no differences in levels of religious versus ethnic identification in terms of centrality, $t(130) = -.54, ns$, ingroup affect, $t(130) = .54, ns$, or ingroup ties, $t(130) = .68, ns$. There were also no gender differences in religious or ethnic identification, perceived support, unsupport, or resilience, $ps > .05$, (see Table 2).

Participants' length of stay in Canada was not related to identification with one's ethnicity, $r = .06, ns$, or religion, $r = .11, ns$. However, having been in Canada for a longer period of time was related to perceptions of diminished support, $r = -.34, p < .05$, and unsupport encountered from members of one's religious group, $r = -.26, p < .06$. Length of stay was not related to any other aspects of support, nor to resilience. In line with Berry et al.'s (2006) procedure of standardizing the variability in length of stay in the host country, the proportion of time spent in Canada (i.e., years in Canada divided by age) was also considered, but was not found to be significantly related to any of the support variables or resilience. Because neither length of stay nor proportion of time spent in Canada were related to the variables in the present study, they were not considered appropriate to use as covariates.

Table 2.

Descriptive Statistics (Means, Standard Deviations) as a Function of Gender

	Female		Male	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
<i>Ethnic</i>				
Centrality	2.33	1.42	1.89	1.20
Ingroup Affect	3.53	1.34	3.53	1.43
Ingroup Ties	2.76	1.40	2.49	1.42
Ingroup Support	1.63	0.83	1.60	1.01
Outgroup Support	1.45	0.88	1.13	0.97
Ingroup Unsupport	0.99	.71	1.16	0.86
Outgroup Unsupport	1.08	.73	1.09	.61
<i>Religious</i>				
Centrality	2.49	1.01	2.36	1.03
Ingroup Affect	3.72	1.03	3.60	0.97
Ingroup Ties	3.34	1.15	3.00	1.01
Ingroup Support	1.38	0.93	1.46	1.05
Outgroup Support	1.36	0.82	1.62	0.97
Ingroup Unsupport	.68	.70	0.85	.79
Outgroup Unsupport	0.88	.59	1.11	.75
Resilience	5.42	0.84	5.50	.71

Relations between Identity, Ingroup Support, and Resilience

One of the goals of the present study was to assess the mediating role of social support in the relations between aspects of identity and resilience. In line with Baron and Kenny (1986), mediation was viewed as viable when there were significant zero-order correlations between (1) predictors and outcomes, (2) predictors and mediators, and (3) mediators and outcome variables. As depicted in Table 3, the zero-order correlations determined the feasibility of various mediated models underlying the relations between dimensions of identity, ingroup support, and resilience.

To examine the mediated models, Preacher and Hayes' (2004) procedures for assessing mediation were followed. This approach consists of using a bootstrap sampling distribution and the construction of confidence intervals to evaluate the direct, indirect (i.e., through the social support mediators), and total effects of the predictor variable (i.e., identity strength) on resilience. These analyses were conducted with 5000 bootstrap samples (Preacher & Hayes, 2008) in each analysis and, given the small sample size and consequently low power, 90% bias corrected confidence intervals.

Table 3.

Pearson Correlations among Identity, Resilience, Ingroup and Outgroup Support, and Unsupport (Religious Condition above the Diagonal vs. Ethnic Condition below the Diagonal)

Variable	1	2	3	4	5	6	7	8
<i>Identity</i>								
1. Centrality	---	.46***	.63***	.35**	.11	-.01	.11	.08
2. Ingroup	.17	---	.66***	.32*	-.17	-.24	-.01	.28*
<i>Affect</i>								
3. Ingroup Ties	.35**	.58***	---	.50***	.06	-.08	.02	.28*
<i>Support</i>								
4. Ingroup	.32**	.24*	.31**	---	.40**	.27*	.22 [†]	.34**
5. Outgroup	.38**	-.04	.01	.43***	---	.25 [†]	.10	.29*
<i>Unsupport</i>								
6. Ingroup	.02	-.17	-.29*	.02	.21	---	.69***	-.29*
7. Outgroup	.08	-.18	-.14	.23 [†]	.23*	.63***	---	-.32*
8. Resilience	.27*	.01	.12	.09	.12	-.08*	-.07	----

[†] $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$.

Religious identity and resilience. It was hypothesized that religious social support would serve as a partial mediator between aspects of religious identity and resilience. As seen in Table 3, with respect to religious identity, ingroup affect and ingroup ties (but not centrality) were positively correlated with resilience, and with ingroup social support as a potential mediating variable. As illustrated in Figure 1, when religious social support was included as a mediator, religious identity affect was no longer a significant predictor of resilience. The amount of variance explained by the direct effect model of relations between religious identity affect and resilience was 7.7% and increased to 14.6% when the full mediated model was considered. The 90% bias corrected confidence intervals showed that the mediated path was significant (CI: .01, .13), suggesting that perceived social support from one's religious ingroup fully mediated the relation between religious identity affect and resilience.

Examination of the mediating effect of religious ingroup ties also revealed that when religious ingroup social support was included as a mediator, religious ingroup ties was no longer a significant predictor of resilience. The amount of variance explained by a model that only considered a direct relation between religious ingroup ties and resilience was 7.7%, and increased to 13.0% when the full model was considered. The 90% bias corrected confidence intervals showed that the mediated path was significant (CI: .01, .19), suggesting that perceived social support from one's religious ingroup fully mediated the relation between ties with one's religious group and resilience (see Figure 2).

Figure 1. Religious Social Support as a Mediator between Religious Identity Affect and Resilience

Figure 2. Religious Social Support as a Mediator between Religious Ingroup Ties and Resilience

As these data were correlational, mediation models assessing alternative directional paths were also evaluated. For example, it was possible that more resilient individuals were more likely to perceive support emanating from their religious group, and hence held a stronger religious identity. In fact, when the indirect path through religious social support was included, resilience was no longer a significant predictor of religious identity affect. The amount of variance accounted for by the full model was 13.2%, and the 90% bias corrected confidence intervals confirmed that the mediated path was significant (CI: .04, .33) (see Figure 3). Similarly, examination of the mediating effect of religious ingroup ties also revealed that, when the indirect path through religious social support was considered, resilience was also no longer a significant predictor of religious ingroup ties, and the amount of variance explained by the full model was 26.0%. The 90% bias corrected confidence intervals confirmed that the fully mediated path was significant (CI: .10, .49) (see Figure 4). Thus, the possibility that resilience preceded perceived ingroup support and identification (affect and ties) remains viable. No other alternative models were found to be significant.

Ethnic identity and resilience. In regard to aspects of ethnic identity, as seen in Table 3, a significant zero-order correlation was only found between centrality and resilience (i.e., direct effect) and ingroup and outgroup support (i.e., predictor to mediator path). However, neither perceived ethnic ingroup nor outgroup support was related to resilience (i.e., correlational path between mediators and outcome). As such, mediation for this identity condition could not be considered, suggesting that the relation between the centrality of an ethnic identity and greater resilience was direct rather than mediated via social support.

Figure 3. Alternative Mediation Model Considering Religious Social Support as a Mediator, Resilience as Predictor, and Religious Identity Affect as Outcome Variable

Figure 4. Alternative Mediation Model Considering Religious Social Support as a Mediator, Resilience as Predictor, and Religious Ingroup Ties

Ingroup Social Support, Outgroup Unsupport, and Resilience

It was expected that strong ingroup social support, particularly support rooted in religious group membership, would buffer individuals against the potential negative effects of outgroup unsupport on resilience. Using hierarchical regression analysis, the ingroup being considered (religious vs. ethnic) was entered on the first step, standardized ingroup support and outgroup unsupport scores were entered on the second step, the two-way interactions between identity group and each of ingroup support and outgroup unsupport on the third, the interaction between ingroup support and outgroup unsupport on the fourth, and finally, the three-way interaction between identity group considered and ingroup support and outgroup unsupport.

As seen in Table 4, the hypothesized three-way interaction was marginal. Given a priori hypotheses, it was deemed acceptable to examine the nature of the moderation effect (Winer, 1962). As such, simple slopes analyses were conducted by assessing the relation between outgroup unsupport and resilience at the mean and one standard deviation above and below the mean of ingroup social support separately as a function of religious and ethnic group.

The analysis revealed that, for the religious identity condition, as religious support decreased, as expected, encountering unsupport from the outgroup was more strongly associated with decreased levels of resilience. When perceived availability of religious support was high, encountering unsupport from the outgroup was unrelated to resilience and reported levels of resilience were relatively high. Simple slopes for the ethnic condition revealed that, irrespective of the level of perceived ethnic support, unsupport

from the outgroup was not related to resilience and reported levels of resilience were relatively high (see Figure 5).

Table 3.

Hierarchical Regression Assessing Moderated Role of Ingroup Social Support in the Relation between Outgroup Unsupport and Resilience as a Function of Identity Condition.

Step	Variable	Unstandardized Coefficients		R^2_{change}
		<i>B</i>	<i>SE B</i>	
1.	Identity Condition	-.09	.14	.003
2.	Ingroup Support	.22**	.07	
	Outgroup Unsupport	-.20**	.07	.100**
3.	Identity Condition X Ingroup Support	.25 [†]	.14	
	Identity Condition X Outgroup Unsupport	-.31*	.14	.046*
4.	Ingroup Support X Outgroup Unsupport	-.04	.07	.002
5.	Identity Condition X Ingroup Support X Outgroup Unsupport	.23 [†]	.14	.019 [†]

[†] $p < .10$; * $p < .05$; ** $p < .01$.

Figure 5. Hierarchical Regression Equations Assessing Moderating effect of Ingroup Social Support on the Relation between Outgroup Unsupport (± 1 SD) and Resilience (Religious Identity in Upper and Ethnic Identity in Lower Portion of Figure).

Discussion

It has been demonstrated that aspects of support can have a profound effect on the well-being and healthy adaptation of individuals under challenging life circumstances (Miller, et al., 2006; Oppedal et al., 2004). Among immigrants, strong ethnic identification has been associated with positive psychological well-being, adjustment, and improved collective self-esteem (Noels, et al., 1996; Phinney, 1990; Phinney, 1993; Phinney, & Alipuria, 1990; Umaña-Taylor, 2004; Yasui, et al., 2004). As well, religious identification, beliefs, and practices have been especially linked to improved physical and mental health (Davis, Kerr, & Robinson Kurpis, 2003; George, Ellison, & Larson, 2002; Jarvis, Kirmayer, Weinfeld, & Lasry, 2005; Pearce, Little, & Perez, 2003). Less clear has been the relative importance of ethnic and religious identities in promoting resiliency among immigrants, and the processes by which they operate. Of particular interest in the present thesis was whether the social support perceived from other members of immigrants' ethnic versus religious groups would be the key factor emanating from the dimensions of group identification that were associated with enhanced resilience.

It was hypothesized that, in general, group identification would result in deriving greater benefit (i.e., perceived social support) from the ingroup, which would in turn lead to greater resilience. Surprisingly, despite expectations that full mediation would result for ethnic identification, no significant mediated models were found for *any* dimensions of ethnic identity. In contrast, consistent with expectations, strength of religious identity was directly and positively related to greater resilience. Specifically, participants who scored high on positive affect associated with their religious affiliation, and participants who had strong ties to others of the same religious group tended to be more resilient.

Such a strong direct relation is in line with previous literature demonstrating that spiritual involvement (e.g., attendance to religious services, congregational friendships) is associated with subjective well-being (Lim & Putnam, 2009). This finding is consistent with past research that has found an association between well-being indexes and individuals who have been highly identified with their ingroup (Jetten, Branscombe, Schmitt, & Spears, 2001). As previously noted religion is an extremely important aspect of people's lives and is a salient part of one's identity (Verkuyten & Yildiz, 2007). In addition to offering a shared sense of belonging, such identification provides a shared belief system and relief in the face of existential anxiety (Greenberg, Solomon, & Pyszczynski, 1997).

In view of this unique function of religious identification, it was predicted that aspects of religious identity and resilience would only be *partially* mediated by religious social support. In contrast, such support was found to *fully* mediate the relations between ingroup affect and ingroup ties with resilience. This said, it is possible that because the study consisted of an immigrant sample, the social aspect (i.e., affect and ties) of religious support played a larger role than the spiritual relation with God. Thus, individuals who exhibited more pride and stronger ties with members of their religious group were more likely to perceive support emanating from their religious group and therefore be more resilient. In fact, this is consistent with previous findings where, in addition to fulfilling spiritual needs, a strong religious identity has been associated with greater peer support (Chen, 2000) and improved health outcomes (George et al., 2002).

Since the mediation models were correlational, alternate directional paths were evaluated and found to be significant. Indeed, it was conceivable that those immigrants

who were more resilient were more inclined to perceive greater support from their religious group, thereby resulting in stronger religious ties and affect regarding their religious identity. Since both directional paths in the mediation model were significant (and in fact alternative models accounted for equal or more variance), the present findings preclude the use of any causal language. Both of the models in this study suggest that ingroup social support and psychological well-being of immigrants are linked. However, whether aspects of religious identity lead to such support perceptions to promote resilience, or whether heightened resilience causes one to perceive one's religious ingroup as supportive, and hence increase identification still needs to be untied in future research if these findings are to be applied to immigration policies and programs. Future studies should consider assessing the models in this study in longitudinal data to determine the causal nature of the results as well as test other models to determine if other factors may be at play in the relation between religious identification and resilience.

The lack of relation between centrality of immigrants' religious identity and their resilience was not surprising as centrality has been found to demonstrate the weakest association with other indices of well-being such as self-esteem, independence, and authoritarianism (Cameron, 2004), and others have found it to have a negative relation (Bombay et al., 2009). This finding may be related to the distinctive nature that is associated with religious identity. Perhaps religious centrality is not related to resilience because individuals feel that in the face of adversity they are protected by God and whatever may come of their experience is the will of God.

Also contrary to expectations, in the present investigation, the centrality of immigrants' ethnic identity was moderately positively related to resilience. Perhaps this is because immigrants are a unique sample, in that high centrality means that they are more likely to seek out others. Indeed it was related to social support as well, even though this did not account for the relation to resilience. Although ingroup centrality might ordinarily be maladaptive in the face of discrimination, in the present study, ethnic centrality may have been responded to in terms of participants' sense of belonging to their group and its attributes to a positive self-concept, and thus perceived in an adaptive, as opposed to maladaptive light.

Sentiments in Canada and the United States have become increasingly unsupportive of the influx in immigrants of religious and ethnic minorities. Furthermore, with the need to accommodate ethnic and religious minority groups, feelings of resentment among the host group have surfaced (Deaux, 2006). In the present study participants reported to have received indications of unsupport from the outgroup on an occasional basis, but there was no difference in outgroup unsupport from religious versus ethnic outgroup members. Only when the correlation between outgroup unsupport and resilience was considered was there a difference in the relation between the two group identities. Specifically, religious, but not ethnic, outgroup unsupport was negatively related to resilience.

Ethnic identity in the present study was collapsed across many groups; almost a third of the sample was Euro-Caucasian, and hence was of the dominant ethnic group within Canada. Given the ethnic composition of the present study, the failure to detect a significant negative relation between outgroup unsupport and resilience may be because

participants who were comprised of the Euro-Caucasian ethnicity could not relate to situations of unsupport from the outgroup, and as a result masked any differences that may have been detected had only minority ethnic groups been assessed in this condition. Indeed, in one study it was suggested that detecting negative interactions such as prejudice towards one's ingroup would be dependent upon the prevalence of prejudicial behaviours (Branscombe, Schmitt, & Harvey, 1999). Furthermore, according to SIT, acknowledging prejudice between the ingroup and outgroup may intensify intergroup differences (Tajfel & Turner, 1986). Thus, it may be that in the present study, since such a large proportion of the sample was Euro-Caucasian, intergroup differences emanating from ethnic identification were reduced as opposed to being made more salient.

In an unsupportive climate, it has been demonstrated that social support from the ingroup can help to buffer the negative effects of immigration (Miller, et al., 2006; Oppedal et al., 2004). In this regard, it was also hypothesized that ingroup (ethnic and/or religious) social support would moderate the relation between outgroup unsupport and resilience. The results of the moderation analysis were supported and are in line with past findings (e.g., Manne et al., 2003). However, this was only true of participants' perceptions of support from their *religious* ingroup, and not their ethnic ingroup. Specifically, greater support from the religious group helped to buffer the effects of unsupportive interactions from the outgroup, thereby facilitating immigrants' ability to be more resilient. Once again, the buffering effects of ingroup support were only evident when the religious ingroup was considered, but not when the ethnic ingroup and outgroups were evaluated.

Indeed, different group identities may serve different functions. The fact that significant findings were only revealed for the religious condition in both the mediation and moderation hypotheses suggests that, although speculative, religion as well as religious support groups account for greater well-being (i.e., resilience) and buffer against unsupportive interactions more so than do ethnic groups. However, the weak findings regarding ethnic identity are not consistent with the findings of other research examining the relations between ethnic identity and well-being. Perhaps for immigrants, over time the distinction between their ethnic ingroup and outgroup may have become increasingly ambiguous, and indeed, many of the participants had been in Canada a long time. When participants immigrated to Canada they may have integrated/assimilated into the host group thus making their ingroup less distinctive with respect to ethnicity. The definition of ethnicity encompasses language, country of origin, and culture – all of which are impressionable aspects that can become integrated with, and shaped by, Canadian values. Previous investigations have in fact demonstrated that acculturation measures have different associations with ethnic identity and religious identity. Specifically, an inverse association was found between number of years residing in the host country and ethnic identity, while no such link was demonstrated for religious identity (Gong, Takeuchi, Agbayana-Siewert, & Tacata, 2003). While, in the present study, no relation between ethnic identity and number of years in Canada was found (and therefore not used as a covariate), the findings by Gong et al. (2003) do give credence to the notion that religiosity is not affected in the same way that ethnic identity is.

Unlike immigrants' ethnic identity, previous work has shown that religious identity tends to become strengthened through the immigration experience as a way of

maintaining a bond with one's home country (Herberg, 1960, as cited in Hirschman, 2004; Jarvis, et al., 2005). Moreover, when individuals define themselves within a religious context, the barriers created by ethnic and national differences are suspended, and in so doing, bring a diverse group together through religion (Sullivan, 2000). In this regard, participants' religious affiliation may have less to do with their minority/majority status (indeed, a considerable proportion of the sample comprised the dominant Judeo-Christian religions of Canadian society), and have more to do with the shared experience (ties and support) with an important ingroup. This said, future studies are needed to gain more clarity in the difference between the functions of religious and ethnic identity among immigrants.

Conclusion and Limitations

Although the present study helped to elucidate some of the nuances between religious and ethnic identification, and the relations between the group identities and resilience, this study is not without its limitations. Undoubtedly, a significant limiting factor to the present findings was the criterion that was used to determine immigrant status. Participants who reported that they were born outside of Canada were classified as an immigrant in the present study; participants could have been any age at the time of immigration and could have resided in Canada for any number of years. Furthermore, beyond the demographic questions to determine participants' immigrant status, measures in the questionnaire package were not situated in terms of participants' immigration experience, but rather their religious or ethnic group. Given these factors, the external validity of the present findings should be taken with caution. It should be noted however, that factors such as length of time spent in Canada, age, and proportion of time in Canada

were considered as covariates, but observation of the zero-order correlations suggested that outcome variables were not significantly related to the aforementioned demographics.

That the current study was conducted online certainly implies the pre-requisite that our participants are in a financial position to either own a computer or have access to a computer, as well as have the knowledge to navigate one. A lack of computer access to persons of lower socio-economic status means that people in these lower income brackets will be under-represented in the research (Childress & Asamen, 1998). Furthermore, research has shown an inverse association between age and computer skills, as well as a negative relation between age and computer self-efficacy (Reed, Doty, & May, 2005) therefore suggesting that most participants who are older will not be inclined to participate in an online survey. Indeed, in the present study, while the age of participation ranged from 17 to 62 years, the average age of individuals was 32 years. This concern of using an internet study however was considered, such that in the recruitment stage if prospective participants were in need of, or would prefer a paper copy of the study, a questionnaire package was mailed to the participant and a post-marked envelope was included in the package for return at no expense of the participant. Additionally, it should be acknowledged that this was a self-selected sample where a high degree of English fluency was required to participate, and thus those immigrants who may not have developed as strong of linguistic skills most likely were not captured in the present study sample.

Power was also a concern in the present study. Based on the number of variables that were included as predictors, mediators, and moderators in this study, the present

sample size was only sufficient enough to detect a medium to large effect size at the $p=.05$ level (Cohen, 1992). Furthermore, the sample consisted of individuals from diverse religious and ethnic minority backgrounds; however the present sample size was not sufficient enough to explore the implications of these smaller sub-groups. Of particular concern is the implication that collapsing across majority and minority religions and ethnicities may have attenuated the relations sought in the present study. In this regard, the internal validity of the present findings should be considered carefully, given the broad groups that were tapped into, and the fact that sub-groups were collapsed across in order to explore broad differences between religious and ethnic groups. As an indication of the difference between majority and minority ethnic groups, a study examining the endorsement of multiculturalism found that high ethnic identification among ethnic minorities were in favour of multiculturalism, whereas those with high ethnic identification among the majority group were not (Verkuyten & Martinovic, 2006). In future research it would be worthwhile to consider whether there are differences in resilience of different religious or ethnic groups, given the past experiences in immigrants' home countries (e.g., religious or ethnic persecution). It may also be that there is a difference between immigrants whose ethnicity is European compared to non-European, for example on factors such as individualism and collectivism, and thus have implications on the dynamics of support networks. Determining such differences could have implications for the direction of social policies and immigrant programs.

Lastly, the measures in the present study were part of a larger questionnaire package which included several additional measures. Thus, in an effort to minimize participant fatigue, the measures in the present study were shortened, which could have

compromised their validity. It should be noted however that, where measures included several factors or dimensions, items with the highest factor loading and that were most relevant to the context of the study were selected, and an equal number of items from each factor were selected. With respect to validity, of particular importance is the measure of resilience in the present study. Throughout this thesis resilience has been framed in terms of a well-being index; however examination of the individual items in the resilience measure suggests that this could also serve as an index of independence or individual autonomy. Indeed, several items in the measure comprise of a factor labelled Personal Competence. As such, the role of social support factors may have been diminished, as a reliance on social support may be perceived as contrary to the individual's ability to resolve their problems on their own. While this may be the case, previous research on the psychometric evaluation of this scale indicates that it has been positively correlated with well-being indices, including physical health, depression, morale, and life satisfaction (Wagnild & Young, 1993) and has concurrent validity with other measures of resilience (Ahern et al., 2006).

In spite of the aforementioned caveats, findings from the present investigation have helped to elucidate the differential role that ethnic versus religious identity and support contribute to resilience among immigrants. Not surprisingly, ingroup social support, particularly from their religious group, played a positive role in facilitating immigrants' ability to be resilient. That this was only true of participants when they were asked about their levels of identification with their religious group, and not about their ethnic group, suggests that identities can serve different functions. Indeed, religious identification literature has suggested that, beyond a shared sense of belonging, such

identification offers a sense of security, stability, and answers to existential questions (Hirschman, 2004; Kinnvall, 2004; Maton, 1989). Further to this, the role of community, specifically, one's religious social support system in this research underscores the importance that ingroup support can play in the well-being of immigrants (Lim & Putnam, 2009). While differences between religious and ethnic identification conditions were found in the present research, certainly, the nuances between these still need to be teased apart, and this may be an important avenue to address in future research.

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Appendix A

Community Recruitment Advertisement

“Coping with Stressful Life Events & Group Membership” Psychology Study

**Would you like to receive a \$10 gift certificate to HMV, Famous Players,
Tim Hortons, Chapters, or Second Cup?!**

The Department of Psychology at Carleton University is currently conducting a study to look at the psychological effects of how people deal with stressful life events in terms of both religious AND non-religious coping styles and appraisals.

We are looking for individuals who are *18 years of age or older*, and who are *currently living in Canada*. You'll be asked to complete questions about your personality characteristics and experiences, including potentially stressful experiences related to your association with specific groups that you may have encountered. This survey takes about 45-60 min to complete (and can be done in several short sessions).

Complete the Coping with Stressful Life Events & Group Membership Study on-line at: www.copewell.carleton.ca

If you have any questions or would like a paper copy mailed to you (at home or work) please contact us at:

(613) 520-2600 ext. 2683 OR life_experiences@carleton.ca

If you phone, you may have to leave us a message. Please indicate that you are interested in participating in the study about **Coping & Group Membership**, and we'll get back to you as soon as possible.

**The Centre for Research on
Stress, Coping, & Well-being**

**Social Sciences and Humanities
Research Council of Canada**

**Conseil de recherches en
sciences humaines du Canada**

Appendix B

Informed Consent

The purpose of an informed consent is to ensure that you understand the purpose of the study and the nature of your involvement. The informed consent has to provide sufficient information such that you have the opportunity to determine whether you wish to participate in the study.

Study Title: Coping with stressful life events and group membership

Study Personnel: Renate Ysseldyk, MA (Doctoral Researcher, life_experiences@carleton.ca)

Miki Talebi, BA (Graduate Researcher, 520-2600 ext. 4199)

Dr. Kim Matheson (Faculty Investigator, 520-2600 ext. 3570)

Dr. Hymie Anisman (Faculty Investigator, 520-2600 ext. 2699)

If you have any ethical concerns about how this study was conducted, you are encouraged to contact:

Dr. A. Parush, Chair of the Carleton University Ethics Committee for Psychological Research,
(613) 520-2600 ext. 6026

If you have any other concerns about how this study was conducted, contact:

Dr. A. Bowker, Chair, Dept. of Psychology, Carleton University, (613) 520-5200 ext. 2648

Purpose and Task Requirements: The purpose of this study is to assess how the way you appraise and cope with stressful life events impacts your psychological and social responses. We will start by asking you to fill out a number of questionnaires regarding your personal background characteristics (such as your gender, age, religious affiliation, race, etc.). We will then ask you to recall a previous experience in which you or other members of a specific group that you are associated with experienced discrimination, threat, or insult on the basis of that group membership. Finally, we will ask you about information relating to how you may or may not have coped with the experience, your past and current feelings about your own group as well as others, and some other characteristics about your behaviours and your attitudes. You will be awarded a gift certificate for \$10 to one of the following locations of your choice: Tim Hortons, Chapters, Second Cup, HMV, or Famous Players, for completing this study.

Potential Risk and Discomfort: There are no physical risks in this study. There may be some discomfort when thinking about your reactions to a previous stressful or discriminatory event and its effects on you.

Anonymity/Confidentiality: The data collected in this study will be kept confidential. Your userID and password will be separated from your questionnaire data and kept in a separate and secured file by one of the research investigators who will keep this information confidential.

Right to Withdraw: Your participation in this study is entirely voluntary. At any point during the study you have the right to not complete certain questions or to withdraw with no penalty whatsoever.

I have read the above description of the study concerning how my coping styles may relate to my psychological well-being and social responses. The data collected will be used in research

publications and/or for teaching purposes. By clicking the "SUBMIT" button, this indicates that I agree to participate in the study, and this in no way constitutes a waiver of my rights.

By clicking the "SUBMIT" button we are assuming that you have read the above information and have granted consent to participate in this study.

Appendix C

Background Information

Age _____
 Sex _____

What is your country of residence? (Please check one)

____ Canada
 ____ Other [*Thank you for your interest in our study. However, this study is restricted to Canadian residents in order to minimize cultural variables that could influence the results.*]

What is your citizenship status in Canada? (Please check one)

____ Canadian citizen
 ____ Refugee (if so, what is your country of origin? _____; date of landing? _____)
 ____ Landed immigrant (if so, what was your country of origin? _____; date of landing? _____)
 ____ Temporary Visa (if so, what is your country of citizenship? _____)
 ____ International student (if so, what is your country of citizenship? _____)

What is your ethnic/racial background? (Please check one)

____ Asian (e.g., Chinese, Japanese, Korean)
 ____ South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan)
 ____ South East Asian (e.g., Cambodian, Indonesian, Laotian)
 ____ Arab/West Asian (e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan)
 ____ Black (e.g., African, Haitian, Jamaican, Somali)
 ____ Latin American/Hispanic
 ____ Aboriginal
 ____ White/Euro-Caucasian
 ____ Other (Please specify): _____

What is your religious affiliation? (Please check one)

____ None—Atheist (e.g., belief that there is NO God)
 ____ None—Agnostic (e.g., belief that the existence of God cannot be known)
 ____ Protestant (e.g., United, Anglican, Baptist, Presbyterian, Lutheran, Pentecostal, Mennonite, "Christian")
 ____ Catholic (e.g., Roman Catholic, Ukrainian Catholic)
 ____ Jewish
 ____ Muslim
 ____ Buddhist
 ____ Hindu
 ____ Sikh
 ____ Bahá'í
 ____ Other (Please specify): _____

I have been affiliated with this religion since:

- a) I was born (e.g. raised in a family with those beliefs)
 b) I converted to that religion

____ In the past year
 ____ 2-5 yrs ago
 ____ 6-10 yrs ago

_____ 10-15 yrs ago
_____ more than 15 years ago

What is your first language? (Please check one)

_____ English

_____ French

_____ Other (Please indicate): _____

*If English is your **second** language, at what level is your use of the English language? (please check one)*

_____ Basic (e.g., I can understand someone when they say hello or say thank you, and I am able to say hello and say thank you)

_____ Minimum social skills (e.g., I can understand and ask simple questions)

_____ Basic social skills (e.g., I can understand and respond if someone speaks slowly to me)

_____ Moderate social skills (e.g., I can understand and respond when people talk at a normal speed to each other)

_____ Native social skills (e.g., I can understand everything and talk about anything)

Appendix D

Debriefing

What are we trying to learn in this research?

Although we currently live in a politically-correct climate that promotes tolerance of diverse groups, it still happens from time to time that members of the many religious and ethnic groups that live in Canada might experience discrimination or feel that their religion or ethnicity as a whole is being threatened. However, the extent to which some people feel threatened in this type of situation might depend, at least in part, on the level of importance that they place on being a member of that group, and the extent to which they identify with other members of their religious (or in the case of atheists or agnostics, “irreligious”) or ethnic group. One of the goals of the present study was to examine people’s experiences of a religious or ethnic identity threat, and the factors that might influence the way you dealt with that experience.

To help us understand people’s experiences of a religious or ethnic identity threat, participants in this study wrote a brief description of a previous experience that had happened to them— that is, the study website randomly asked individuals to recall at time in which they felt their religious OR ethnic group had been threatened, discriminated against, or insulted in some manner. However, different religious and ethnic groups clearly have very different experiences of identity threat, and they are obviously not the only groups in Canada that are targets of discrimination or threat. Therefore, we were interested in how members of various groups have experienced different identity threats, in terms of their appraisals of the situation, how they coped with the threat, how forgiving people might be of the perpetrators of discrimination or insult toward their religious or ethnic groups, the actions they might have taken in an attempt to relieve the injustice, and how those experiences might have shaped their current political attitudes. Finally, as such experiences are often very stressful, we were also interested in the level of acculturation or adaptation that people who have immigrated to Canada from other countries have experienced, as well as the level of social support that they have received from family, friends, and religious communities, whether in Canada or abroad.

Given the nature of the discriminatory or insulting experience that we asked you to recall, we feel it is also important to inform you about the positive effects of belonging to a religious or an ethnic group (whether it be a minority ethnic group or the Euro-Caucasian group which currently includes the majority of Canadian residents), even if that group is sometimes devalued by others. Indeed, numerous research studies have shown that a strong sense of group “belongingness” has been linked to positive psychological health, such as reduced depression and increased self-esteem. Even when an individual or group is the victim of discrimination, threat, or insult (for example, racial or religious discrimination, media insults), maintaining a sense of pride in belonging to that group, as well as leaning on other group members for support, may actually protect against the harmful psychological and even physical effects of such stressful experiences.

We appreciate the time you have given us to complete this study. We hope that your answers will help provide us with a good idea of what it means to belong to various religious and ethnic groups within Canada, and to get a better feel for the factors that undermine or promote psychological health, social actions, and political consciousness. This study provides us with a ‘snapshot’. Taken together, we believe that our results will provide important information that can be taken into consideration in the formulation of social policies that promote equality, and a government system that recognizes the diverse experiences and needs of Canadians.

Contact Information

What if I have questions later?

The following people are involved in this research project and may be contacted at any time if you have any further questions about the project, what it means, or concerns about how it was conducted:

Renate Ysseldyk, MA, Doctoral Researcher, Dept. of Psychology,

Miki Talebi, BA, Graduate Researcher, Dept. of Psychology, 520-2600 ext. 4199

Dr. K. Matheson, Faculty Member, Dept. of Psychology, 520-2600 ext. 3570

Dr. H. Anisman, Faculty Member, Dept. of Psychology, 520-2600 ext. 2699

If you have any ethical concerns about how this study was conducted, please contact either of the following:

Dr. A. Parush, Chair of Carleton University Ethics Committee for Psychological Research,

520-2600, ext. 6026

Dr. A. Bowker, Chair of Department of Psychology, 520-2600 ext. 2648

What can I do if I found this study to be emotionally draining?

Some participants may feel sadness or distress as a result of recalling previous stressful events in this study. If any distress you experience is more than temporary, or if you would like to speak to someone about this distress, then you may want to contact your family physician. Your family physician will usually be able to help you or to refer you to someone who can. If you do not have a family physician, then contact any of the following:

Specific counseling services by province and city may be found through this website Canada-wide (excluding PEI, Nunavut, and Newfoundland & Labrador):

- www.cpc-rpc.ca/content/category/4/24/55/
- In PEI: Community and Family Services of PEI (Charlottetown) toll free: 866-892-2441
- In Nunavut: Nunavut Wellness (Iqaluit) 867-979-6362
- In Newfoundland/Labrador:
www.foundlocally.com/StJohns/Health/FindHealthCounselling.asp
 Memorial University Counseling Centre 709-737-8874

Other emergency distress lines and counseling referrals across Canada include:

In Ontario:

Ottawa and Region: 613-238-1089 / 613-238-3311 (www.dcottawa.on.ca)

Eastern Ontario: 1-877-377-7775

Toronto: 416-408-HELP (4357) (www.torontodistresscentre.com)

Hamilton: 905-525-8611

Kitchener/Waterloo: 519-745-1166

Windsor/Essex: 519-256-5000 (www.dcwindsor.com)

London: 519-667-6711 (www.londondistresscentre.com)

Niagara: 905-688-3711 (www.distresscentreniagara.com)

www.communitycounselling.org/ontario_crisis_centres.htm

In Manitoba:

Winnipeg: 204-946-9109

Manitoba Psychological Society—psychologist

referrals: www.mps.mb.ca/page7/referrals.html

In Saskatchewan:

North Battleford 1-866-567-0055

Saskatoon 306-933-6200

Regina 306-757-0127

In Alberta:

Edmonton: 780-482-4357

Calgary: 403-266-1605 (www.distresscentre.ab.ca)

In British Columbia:

<http://www.counsellingbc.com/directory.html>

www.crisiscentre.bc.ca/distress/index.php

Greater Vancouver: 604-872-3311

BC-Wide: 1-800-SUICIDE (784-2433)

In Quebec: 1-800-567-9699

In New Brunswick: 1-800-667-5005

In Newfoundland/Labrador: 1-888-737-4668

In Nova Scotia:

Metro Halifax: 902-421-1188

Pictou County: 902-752-5952

Sydney: 902-562-4357

In PEI: 902-368-5400

In Yukon: 1-867-668-5733 / 1-800-563-0808

In Nunavut: 1-800-661-0844 / 1-800-265-3333

Appendix E

Measures of Identity Strength

Using the scale below, please rate the extent to which you agree or disagree with each of the statements below on a scale from 0 (strongly disagree) to 5 (strongly agree) in terms of your **religious group** membership that you selected at the beginning of the study (e.g., Catholic, Jewish, Muslim, etc). If you are not part of a religious group, please rate these statements in terms of your “group membership” with other atheists or agnostics.

0	1	2	3	4	5
Strongly					Strongly
Disagree					Agree
I have a lot in common with other members of my religious group.					_____
I often think about the fact that I am a member of a religious group.					_____
In general, I’m glad to be a member of my religious group.					_____
The fact that I am a member of my religious group					
rarely enters my mind.					_____
Generally, I feel good when I think about myself as a member of my					
Religious.					_____
I feel strong ties to other members of my religious group.					_____
Overall, being a religious group member has very little to do with					
how I feel about myself.					_____
I don’t feel good about being a member of my religious group.					_____
I don’t feel a sense of being “connected” with other members of my					
religious group.					_____

Please rate the extent to which you agree or disagree with each of the statements below on the scale of 0 (strongly disagree) to 5 (strongly agree) in terms of your **ethnic or racial group** membership that you selected at the beginning of the study (e.g., Asian, Black, Arab, White, etc).

0	1	2	3	4	5
Strongly					Strongly
Agree					Disagree

I have a lot in common with other members of my ethnic group. _____

I often think about the fact that I am a member of my ethnic group. _____

In general, I'm glad to be a member of my ethnic group. _____

The fact that I am a member of my ethnic group rarely enters my mind. _____

Generally, I feel good when I think about myself as a member
of my ethnic group. _____

I feel strong ties to other members of my ethnic group. _____

Overall, being a member of my ethnic group has very little to do with
how I feel about myself. _____

I don't feel good about being a member of my ethnic group. _____

I don't feel a sense of being "connected" with other members
of my ethnic group. _____

Appendix F

Consumption of Social Support Scale

In the past few months, how often have you been the recipient of these activities from other people? Please read each statement carefully and underline or circle the answer that best describes your experience. Please note, [religious/ethnic] group indicates members who share the same [religious values or beliefs/culture of birth or upbringing].

1. You received some information from others which helped you understand a situation

a) Person(s) from my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

b) Person(s) OUTSIDE my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

2. You were checked back from people who had helped you to see if you had followed their advice

a) Person(s) from my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

b) Person(s) OUTSIDE my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

3. You received information from others on how to do something

a) Person(s) from my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

b) Person(s) OUTSIDE my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

4. You received feedback from others on how you were doing without saying it was good or bad

a) Person(s) from my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

b) Person(s) OUTSIDE my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

5. You were told from others that you are O.K. just the way you are

a) Person(s) from my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day
 b) Person(s) OUTSIDE my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

6. You received interest and concern from others in your well-being

a) Person(s) from my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

b) Person(s) OUTSIDE my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

7. You had someone who listened to you talking about your private feelings

a) Person(s) from my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

b) Person(s) OUTSIDE my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

8. You had someone who joked and kidded to try cheering you up

a) Person(s) from my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

b) Person(s) OUTSIDE my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

9. You were provided with transportation from others

a) Person(s) from my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

b) Person(s) OUTSIDE my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

10. You were helped by others to do something that needed to be done

a) Person(s) from my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

b) Person(s) OUTSIDE my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

11. You were provided by others with a place where you could get away for a while

a) Person(s) from my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

b) Person(s) OUTSIDE my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

12. You were loaned or given something by others (a physical object other than money) that you needed

a) Person(s) from my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

b) Person(s) OUTSIDE my [religious/ethnic] group

Not at all Once or twice About once a week Several times a week About every day

Appendix G

Unsupportive Social Interactions Scale

Listed below are a number of responses that you may or may not have received from people in your life when you approached them to get advice or get help with the difficulties you were encountering. For each statement, please indicate **how much of that type of response you received from other people.** Please note, **[religious/ethnic group]** indicates members who share the same [religious values or beliefs/culture of birth or upbringing].

1. When I was talking with someone to get advice or to describe my personal difficulties, the person did not give me enough of his/her time, or made me feel like I should hurry.

a) From member(s) of my [religious/ethnic] group.

0	1	2	3	4
Never	Occasionally	Sometimes	Quite often	All the time

b) From person(s) outside my [religious/ethnic] group.

0	1	2	3	4
Never	Occasionally	Sometimes	Quite often	All the time

2. Someone refused to provide the type of help or support I was looking for.

a) From member(s) of my [religious/ethnic] group.

0	1	2	3	4
Never	Occasionally	Sometimes	Quite often	All the time

b) From person(s) outside my [religious/ethnic] group.

0	1	2	3	4
Never	Occasionally	Sometimes	Quite often	All the time

3. When I was talking to someone to get advice or about the difficulties I encountered at work/ school, he or she did not seem to want to hear about it.

a) From member(s) of my [religious/ethnic] group.

0	1	2	3	4
Never	Occasionally	Sometimes	Quite often	All the time

b) From person(s) outside my [religious/ethnic] group.

0	1	2	3	4
Never	Occasionally	Sometimes	Quite often	All the time

4. Someone acted cold, aloof, or nasty toward me.

a) From member(s) of my [religious/ethnic] group.

0	1	2	3	4
Never	Occasionally	Sometimes	Quite often	All the time

b) From person(s) outside my [religious/ethnic] group.

0	1	2	3	4
Never	Occasionally	Sometimes	Quite often	All the time

5. Someone's outlook about my concerns was so pessimistic or depressing that it made me feel even worse.

a) From member(s) of my [religious/ethnic] group.

0	1	2	3	4
Never	Occasionally	Sometimes	Quite often	All the time

b) From person(s) outside my [religious/ethnic] group.

0	1	2	3	4
Never	Occasionally	Sometimes	Quite often	All the time

Appendix H

Resilience Scale

On a scale of 1 to 7, state the degree to which you agree or disagree with each item.

	Disagree				Agree		
1. I am able to depend on myself more than anyone else.	1	2	3	4	5	6	7
2. Keeping interested in things is important to me.	1	2	3	4	5	6	7
3. I can be on my own if I have to.	1	2	3	4	5	6	7
4. I feel proud that I have accomplished things in my life.	1	2	3	4	5	6	7
5. I usually take things in stride.	1	2	3	4	5	6	7
6. I am determined.	1	2	3	4	5	6	7
7. I take things one day at a time.	1	2	3	4	5	6	7
8. My belief in myself gets me through hard times.	1	2	3	4	5	6	7
9. In an emergency, I'm someone people generally can rely on.	1	2	3	4	5	6	7
10. I do not dwell on things that I can't do anything about.	1	2	3	4	5	6	7
11. When I'm in a difficult situation, I can usually find my way out of it.	1	2	3	4	5	6	7
12. I have enough energy to do what I have to do.	1	2	3	4	5	6	7