.

رویدادهای ناخوشایند فرهنگ‌پذیری خاص و عام و کنش‌وری روان‌شناختی مثبت

Acculturation Specific and General Hassles and Positive Psychological Functioning

Saba Safdar, PhD
University of Guelph

John Rees Lewis, PhD
University of Guelph

دکتر جان ریس لوئیس
دانشگاه گوئلف

دکتر صبا صفدر
دانشگاه گوئلف

Abstract

The present study examined how positive psycho-logical functioning moderates the effect of accultu-ration specific and general hassles on the psychological adaptation of 238 Iranian immigrants living in the USA, UK, and Netherlands. Instruments being used were : Has-sles checklist (Lay and Nguyen, 1998), Pshchological well-being scale (Ryff, 1989) and Health Symptoms Scale (Saf-dar, et al., 2003). Positive psychological functioning was inversely related to psychophysical symptoms. Accultu-ration specific and general hassles were positively asso-ciated with psychophysical symptoms, and acculturation specific hassles predicted psychophysical symptoms better than did general hassles. Positive psychological functi-oning moderated the effect of general, but not accultu-ration specific, hassles on psychophysical symptoms.

Key words: acculturation specific hassles, general hassles, positive psychological functioning, psychophysical symp-ptoms, Iranian immigrants .

چکیده

در این پژوهش، نقش تعدیل‌کننده کنش‌وری روان‌شناختی مثبت در اثر رویدادهای ناخوشایند فرهنگ‌پذیری خاص و عام بر سازش‌یافتگی روان‌شناختی ۲۳۸ مهاجر ایرانی مقیم امریکا، انگلیس و هلند بررسی شد. ابزارهای مورد استفاده در این پژوهش عبارت بودند از : فهرست رویدادهای ناخوشایند (لی و نگوئن، ۱۹۹۸)، مقیاس بهزیستی روان‌شناختی (ریف، ۱۹۸۹) و مقیاس نشانه‌های سلامت (صفدر و دیگران، ۲۰۰۳). نتایج نشان دادند که ارتباط بین کنش‌وری روان‌شناختی مثبت و نشانه‌های روانی ـ جسمانی معکوس است، در حالی که ارتباط مثبت بین رویدادهای ناخوشایند فرهنگ‌پذیری خاص و عام با نشانه‌های روانی ـ جسمانی و همچنین پیش‌بینی نشانه‌های روانی ـ جسمانی براساس رویدادهای ناخوشایند فرهنگ‌پذیری خاص بیش از رویدادهای ناخوشایند عام تأیید شد. به این یافته نیز دست یافته شد که کنش‌وری مثبت روان‌شناختی تعدیل‌کنندهٔ اثر رویدادهای ناخوشایند عام و نه فرهنگ‌پذیری خاص بر نشانه‌های روانی ـ جسمانی بود.

واژه‌هـای کلیدی : رویـدادهای ناخوشایند فرهـنگ‌پذیری خاص، رویدادهـای ناخوشایند عام، کنش‌وری روان‌شناختی مثبت، نشانه‌های روانی ـ جسمانی، مهاجران ایرانی.

Introduction

The term acculturation refers to changes that occur at individual and group levels as a result of intercultural contact (Redfield, Linton, & Herskovits, 1936). Berry (1970; 2006) proposed that as a result of living in a new society and interacting with a new culture (i. e., acculturative experience), immigrants have to deal with series of stressors, engage in various coping strategies, and eventually adapt in the new society. Many of these stressful experiences would be specific to their immigrant status and are referred to as acculturative stress. Some of these experiences are major, such as unemployment or the loss of social network. Others are ongoing minor hassles, such as expressing oneself in a new language or experiencing prejudice. The latter, which are known to be influential on health outcomes (e.g. Lay & Nguyen, 1998; Lay & Safdar, 2003), are the focus of the present study.

Hassles

Hassles are chronic irritants that individuals experience on a frequent basis, such as arguing with friends, time pressure, and being overburdened with responsibilities; the "irritating, frustrating, distressing demands that to some degree characterize everyday transactions with the environment." (Kanner, Coyne, Schaeffer & Lazarus, 1981, p. 3). It has been suggested that immigrants and other minority group members encounter hassles that are specific to their immigrant status and are reflections of the chronic problems that they have within the larger society and/

or with members of their own ethnic groups (Berry, 1970; Dion & Dion, 1996; Saldaña, 1994). These are referred to as acculturation specific hassles (Lay & Nguyen, 1998; Lay & Safdar, 2003; Safdar & Lay, 2003).

One category of acculturation specific hassles is outgroup hassles. Clark, Anderson, Clark, and Williams (1999) discuss outgroup hassles as difficulties that immigrants face when interacting with the larger society (i.e., members of the outgroup). Outgroup hassles may include perceived prejudice and discrimination. Saldaña (1994) indicated that outgroup hassles might also result from interactions, or lack of them, with majority group members and include the feeling of being taken advantage of by individuals from other ethnic groups.

The second category of acculturation specific hassles is ingroup hassles and includes difficulties that immigrants face when interacting either with family members or others within their ethnic ingroup. Ingroup hassles include family pressure towards traditionalism and perceived expectations to be involved in cultural activities (Safdar & Lay, 2003). In other words, ingroup hassles are stressful events that originate within ethnic ingroup contexts, such as conflicts with peers from one's own culture, or with parents and other family members (Saldaña, 1994).

As well as acculturation specific hassles, immigrants experience general everyday hassles that are common to most people. These are difficulties that face all individuals regardless of their immigration status, and are

referred to as acculturation non-specific or general hassles (Lay & Nguyen, 1998; Lay & Safdar, 2003; Safdar & Lay, 2003). It has been shown that acculturation specific and non-specific hassles have separate effects and should be measured separately (Abouguendia & Noels, 2001; Lay & Nguyen, 1998; Lay & Safdar, 2003; Safdar & Lay, 2003; Vinokurov, Trickett, & Birman, 2002) although the distinction is not always observed (e.g. Gaudet & Clément, 2005; Oppedal & Røysamb, 2004).

Psychological and Physical Adaptation

Adaptation is assessed by considering health outcomes, both psychological and physical, and both acculturation specific and non-specific hassles may be related to both psychological and physical distress. The evidence suggests that immigrants may experience depression, anxiety, and other psychological symptoms as a result of acculturation specific hassles, often discrimination (Abouguendia & Noels, 2001; Gaudet, Clément & Deuzeman, 2005; Lay & Nguyen, 1998; Lay & Safdar, 2003; Vinokurov et al., 2002) and, although much of the research is North American, similar findings have been found in other contexts. Hashim (2003), for example, found daily hassles to be the greatest sources of stress for Caucasian and African students in China. Such findings lead to the conclusion that daily hassles are "a key mediating factor in the explanation of adjustment among immigrants" (Gaudet et al., 2005, p. 157). Dion, Dion, and Pak (1992) reported that both sources of hassles related

to psychological distress among a sample of Chinese-Canadian respondents, and that, even after controlling for general hassles, the relation between acculturation specific hassles (in this case operationalised as experience of discrimination) and psychological distress remained significant.

There are also data linking hassles (including discrimination) with poorer physical health outcomes (Finch, Hummer, Kolody, & Vega, 2001) and studies that measure both physical and psychological distress have found that hassles influence both (e.g. Lay & Safdar, 2003; Safdar & Lay, 2003), but not uniformly. Safdar & Lay (2003), for example, found that outgroup hassles predicted psychological distress, but general hassles predicted physical distress among a sample of Iranians in Canada.

Measuring psychological and physical outcomes separately would seem a particularly appropriate strategy with participants from non-Western cultures as stress and distress may be perceived and expressed differently across cultures. There are findings, for example, indicating that members of some Eastern cultures (e.g., Chinese) tend to show their emotional and psychological problems in somatic ways (Cheng & Hamid, 1996). Mak and Zane (2004) report links between somatization, depression, anxiety and daily hassles among a Chinese-American sample. Mori (2000) also reports that some international students perceive their emotional distress in somatic way thus avoiding the stigma that is associated with psychological

disorder. By using somatization, an individual can avoid disruptions of social relationships and still express discomfort.

Good, Good, and Moradi (1985) reported that Iranians, too, have a tendency to show their psychological and emotional problems in somatic ways. In Iranian culture, somatization is a way of expressing distressing and inappropriate emotions (Pliskin, 1987), and complaints about pains in the limbs, chest and stomach, along with other digestive problems, are common for Iranians as expressions of distress (Pliskin, 1987).

Hassles and Positive Psychological Functioning

Researchers have examined the buffer effect of dispositional hardiness, in other words positive psychological functioning, on the relation between hassles and distress. It has been argued that positive psychological functioning is related both to the perception of hassles and to one's response to them (Ryff, Singer, Lover, & Essex, 1998). Duru and Poyrazli (2007) found that hardiness, indicated by low Neuroticism scores, had a negative relationship with acculturative stress among Turkish students in the U.S.. Dion et al. (1992) also reported the moderating effect of hardiness in the relation between outgroup hassles (measured as perceived discrimination) and psychological distress.

Dohrenwend and Shrout (1985) compared two models of the relationship between life stressors (daily hassles), dispositional variables, and psychological distress, an additive burden model and a vulnerability (or stress-diathesis) model. According to the latter, dispositional variables (i.e. positive psychological functioning) moderate the effect of social circumstances on the relationship between hassles and psychological distress. Both these perspectives emphasize the value of examining the relations of predisposition such as positive psychological functioning to hassles (as a stressor) and psychological and physical distress (as outcomes). Mak, Chen, Wong and Zane (2005) found that hardiness and hassles both had direct effects on psychological distress in their sample of Chinese in the U.S., but they did not find an interaction (supporting the additive burden rather than the stress-diathesis model).

Positive psychological functioning is a form of resilience that tends to be relatively consistent over time (Ryff & Singer, 1996) and consists of positive psychological functioning and the presence of wellness (Ryff & Singer, 1996). Ryff and Singer (1996) suggest that there are six components of positive psychological functioning: purpose in life, mastery of environment, personal growth, autonomy, positive relation with others, and self-acceptance. Although developed within a Western culture, this concept has been applied and successfully measured in non-Western cultures, for example, in South Korea (Ryff, Lee, & Na, 1996). Using a scale adapted from Ryff and Singer's (1996), Safdar and Lay (2003) found negative relations between positive psychological functioning

and both depression and physical symptoms in response to hassles among Iranian-Canadians. Therefore, it is a concept with cross-cultural validity.

The goal of the present research was to conduct comparative studies to examine the cross-cultural adaptation of immigrants in different cultural contexts, examining immigrants' positive psychological functioning, perception of hassles, and psychophysical adaptation in the society of settlement. In particular, it was intended to examine the moderating effect of positive psychological functioning on the relation between hassles (acculturation specific and general) and psychological and physical symptoms. The following hypotheses were made examining these variables.

Hypothesis 1: Participants who score high on positive psychological functioning would report fewer psychophysical symptoms than those who score low on positive psychological functioning.

Hypothesis 2: Participants who report high levels of acculturation specific hassles would report more psychophysical symptomms than those who report low levels of hassles.

Hypothesis 3: Acculturation specific hassles would be a better predictor of psychophysical symptoms than general hassles.

Hypothesis 4: Positive psychological functioning would moderate the effect of both acculturation specific and general hassles on psychophysical symptoms.

To test these hypotheses, data from Iran-

ian immigrants in three countries were collected: the United States of America (U. S.), the United Kingdom (U. K.), and the Netherlands. The U.S., the U. K., and the Netherlands were selected because they are regarded as relatively similar in cultural terms. They are all liberal democracies where Christianity is the dominant religion, where there is relative gender equality, and where individualism is valued; all contrasting with Iran, where Islam is the main religion, gender inequality is maintained, and collectivist values espoused (Hofstede, 2001).

Furthermore, the three countries share a common policy toward immigrants. The U. S. policy promotes assimilation of immigrants into the larger society. The Netherlands and the U.K. although officially examples of multiculturalism in a European context (Phalet & Kosic, 2006), have policies that differ from the Canadian approach in which context they, too, would be regarded as assimilationist. The U.S. has, historically, endorsed an assimilationist ideology (Ward, Bochner & Furnham, 2001) reflecting the assumption that immigrants should abandon their cultural and linguistic distinctiveness and adopt the core values of the host community (Bourhis, Moise, Perreault & Senecal, 1997). Similarly, in Britain and in the Netherlands although immigrants are not expected to abandon their ethnic culture, they are expected to identify with core British or Dutch values (Phalet & Kosic, 2006). For example, one of the provisions of the 1998 "Integration of Newcomers Act" in the Ne-

therlands is a specific integration trajectory that the refugee must pass, and which particularly obliges refugees to learn the Dutch language (Muus, 2000). It should be noted, however, that all three of these host societies are moderately assimilationist compared to some countries (e. g. France, Finland). Using a classification of national policies towards diversity derived from the political science literature, Berry, Westin, Virta, Vedder, Rooney, and Sang (2006) categorize these societies as 'Medium', neither explicitly multi-cultural, nor rejecting of cultural diversity. By examining the acculturative stress of immigrants in the U. S., the U. K., and the Netherlands, the influence of positive psychological functioning and hassles on adaptation outcomes can be assessed with some major cultural variables held constant.

There are some important differences between these three host societies, however, in that the U. K. and Netherlands have, historically, accepted more refugees, whereas the U. S. operates a points system for migrants, allowing those with more resources (social, educational, and financial) to migrate there. The U. S., a nation of settlers, is also more ethnically diverse, with 12.4% of the population being immigrants (i.e. born outside the country) than the U.K. (6.8%) and The Netherlands (9.9%), both former colonial societies. On a diversity index devised by Berry and colleagues (2006), the U.S. scores higher than both Netherlands and the U. K.

It has been reported that the Iranian pop-

ulation is growing in the U.S., from no more than 15,000 individuals in 1965 to between 800,000 and 1,100,000 in 1997 (Iranian American Republican Council, 1997). In the U. K., Iranians are among the top ten groups who apply for residency. In the year 2001, almost 3000 Iranians were granted refugee status in the U. K. (Home Office, 2001). In the Netherlands, in 1999, Iranians made up 20,082 of the foreign-born population of the Netherlands, or about 1.3% (Muus, 2000). The countries of origin of the five largest groups of asylum seekers in the Netherlands for the year 2000 were Afghanistan, Yugoslavia, Iraq, Iran, and Turkey.

Method

Participants and Procedure

A total of 238 Iranian immigrants living in the U.S., the U.K., and the Netherlands participated in the study. There were 64 living in the U.S. (35 male and 28 female, one did not report gender), 94 in the U.K. (68 male and 26 female), and 80 in the Netherlands (40 male and 39 female, one did not report gender). The average age of participants in the U.S. was 36 years, in the U. K., 33, and in the Netherlands, 37 (Table 1).

To recruit participants, in the U. S., the survey was available online as well as in paper and pencil format. Seventy one percent of participants completed the questionnaires online and 29% used the paper and pencil version. In the U. K. and the Netherlands, snowball sampling was used to distribute the questionnaires. Most of the questionnaires

Table 1 : Demographic Characteristics of the Three Samples

	Iranian-American (N = 64)	Iranian-British (N = 94)	Iranian-Dutch (N = 80)
Gender			
Female (%)	28 (44%)	26 (28%)	39 (49%)
Male (%)	35 (55%)	68 (72%)	40 (51%)
Age			
Under 30	18 (29.5%)	37 (46%)	22 (28%)
31-40	18 (29.5%)	25 (31%)	19 (24%)
40-65	25 (41%)	18 (22%)	37 (47%)
Marital			
Married	32 (51%)	42 (45%)	40 (52%)
Single	31 (49%)	51 (55%)	37 (48%)
Education			
- Below High School	0	12 (13%)	0
- High School diploma or Some College	8 (12.5%)	41 (44%)	6 (8%)
- College Certificate / Some University	4 (6%)	13 (14%)	44 (56%)
- University Degree/Higher	52 (81%)	28 (30%)	29 (37%)
Status			
Citizen	38 (59%)	38 (41%)	34 (44%)
Residence / Immigrant	25 (39%)	18 (19%)	4 (5%)
Refugee	1 (1.5%)	37 (40%)	39 (51%)

were either mailed or dropped-off at participants' places of work or residence and picked up by a research assistant.

Translation: It was anticipated that some of the respondents would have little knowledge of the English or Dutch languages. Therefore, all the scales in the study were translated into Persian from English using the method of back translation to assure accuracy in translation. Using the same method the questionnaires were translated into Dutch as well. In the U.K.,

39% (N = 43) of participants used the English version and 61% (N = 66) used the Persian version of the questionnaire. In the Netherlands, 13% (N = 10) of participants used the English, 37% (N = 29) the Persian, and 51% (N = 40) the Dutch version. In the U. S., all the participants used the English version of the questionnaire.

Research Materials

Demographic information : The first se-

ction of the questionnaire consisted of general background information, such as gender, age, marital status, occupation, education, and length of residency in the country of settlement.

Hassles Checklist: The 12-item hassles checklist was based on a scale developed by Lay and Nguyen (1998). The hassles checklist reflects four types of daily hassles: general, outgroup, ingroup, and family (a particular context for ingroup hassles). In the present study, outgroup, ingroup, and family hassles were used as measures of acculturation specific hassles. There were nine items measuring acculturation specific hassles. The questions were worded with specific reference to Iranian immigrants. Examples of items include: "Feeling that I am being taken advantage of by some of my peers/coworkers because I am an Iranian/ foreign" (outgroup hassles); "Iranian friends see my values and thinking as too Western" (ingroup hassles); "I do not seek the advice of my family, since they are often too traditional" (family hassles). Each item was rated on a 5-point scale ranging from *Strongly Disagree* (1) to *Strongly Agree* (5). The reliability of the Acculturation-Specific Hassles subscale was improved by removing an item. The same item was omitted for each group to maintain metric equivalence. The Cronbach's alpha was 0.69 (0.64 for the Iranian-American, 0.63 for the Iranian-Dutch, and 0.71 for the Iranian-British group).

The Hassles Checklist also included three general hassles statements, including, "Not enough time to meet my obligations," "Making decision about my future career," and "Arguing with spouse, boyfriend, or girlfriend." The Cronbach's alpha was 0.23 (0.33 for the Iranian-American, 0.21 for the Iranian-Dutch, and 0.08 the Iranian-British group). Scale modification did not improve the Cronbach's alpha and, therefore, it was decided to use a single item as a measure of General Hassles ("Not enough time to meet my obligations"). This item was selected as conceptually more valid than the other two, one of which referred to arguments with one's partner or spouse, the other to concern about future career. The former could be construed as overlapping with the Family Hassles element of the Acculturation Specific Hassles measure (if one's spouse is regarded as family). The latter appears to address a response (anxiety) rather than events (hassle). The item chosen referred specifically to lack of time and obligations, hassles that are commonly experienced, and which are not specifically associated with acculturation (i. e. they are general rather than acculturation specific). A single item measure has an intrinsic validity that is preferable to an unreliable scale, and single item measures have been used successfully in a variety of contexts. They have also been shown to have strong correlations with established multi-item measures of the same construct (Bergkvist & Rossiter, 2007; Dolbier, Webster, McAlister, Mallon, & Steinhardt, 2004; Wanous, Reichers, & Hudy, 1997).

Psychological Well-Being Scale: This 18-item scale, used to measure Positive Psychological Functioning or resilience, is a short form of Ryff's (1989) 84-item Psychological Well-being Scale. The scale measures positive psychological functioning using multiple dimensions that go beyond life satisfaction and positive or negative affect. The dimensions are: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. There are three items for each dimension. Self-acceptance refers to having positive attitudes toward one self (e. g., "I like most aspects of my personality"). Positive relations with others refer to holding strong friendships with others and the ability to have empathy and love for others (e. g., "People would describe me as a giving person, willing to share my time with others"). Autonomy refers to independence and internal locus of control (e. g., "I judge myself by what I think is important, not by the values of what others think is important"). Environmental mastery refers to ability to participate, modify, and create opportunities in every day life (e. g., "I am quite good at managing the many responsibilities of my daily life"). Purpose in life refers to having direction and meaning in life (e. g., "Some people wander aimlessly through life, but I am not one of them"). And lastly, personal growth refers to ability to expand oneself and realize one's potential (e. g., "When I look at the story of my life, I am pleased with how things have turned out"). Each item was

rated on a 5-point scale ranging from *Strongly Disagree* (1) to *Strongly Agree* (5). Cronbach's alpha was 0.74 (0.81 for the Iranian-American, 0.66 for the Iranian-Dutch, and 0.70 for the Iranian-British group).

Psychophysical Symptoms : Psychophysical Symptoms is a composite factor that consists of two elements, psychological distress and health symptoms, assessed by two scales. The mean standarized scores for the two scales were used to construct a measure of Psychophysical Symptoms. Cronbach's alpha for Psychophysical Symptoms was 0.88 (0.91 for the Iranian-American, 0.86 for the Iranian-Dutch, and 0.87 for the Iranian-British group).

Psychological Distress Inventory : The 9-item inventory consisted of questions regarding how the participant has felt during the past 4 weeks, for example, "Have you felt downhearted and blue?" Each item was rated on a 5-point scale ranging from all of the time (1) to none of the time (5). Cronbach's alpha was 0.87 (0.90 for the Iranian-American, 0.86 for the Iranian-Dutch, and 0.84 for the Iranian-British group).

Health Symptoms Scale : The 6-item questionnnaire is based on Safdar, Lay, and Struthers' (2003) scale, which was adapted from the 20-item Health Problems Inventory-Revised (Kohn, Gurevich, Pickering, & Mac Donald, 1994) and from the 18-item Stress Symptoms Checklist (Cheng & Hamid, 1996). An example of an item is "I seem to get sick a little easier than other people." The items were rated on a scale from *definitely true* (1)

to *definitely false* (5). Cronbach's alpha was 0.76 (0.83 for the Iranian-American, 0.72 for the Iranian-Dutch, and 0.69 for the Iranian-British group).

Results

To examine the differences between the three samples, a 3 (country of residence) x 2 (gender) Multivariate Analysis of Variance (MANOVA) was conducted. The results indicated a significant multivariate effect for country of residence, Wilks' Lambda = 0.87, $F (8, 424) = 3.80$, $P < 0.001$, $\eta^2 = 0.07$. The three groups differed significantly on three of four variables: Positive Psychological Functioning, $F (2, 215) = 5.18$, $P < 0.01$, $\eta^2 = 0.05$; Acculturation Specific Hassles, $F (2, 215) = 4.44$, $P < 0.01$, $\eta^2 = 0.04$, and Psychophysical Symptoms, $F(2,215) = 8.70$, $P < 0.001$, $\eta^2 = 0.08$. There was no difference between the three groups on General hassles, $F (2, 215) = 1.60$, $P > 0.05$.

Table 2 : The Total, Male and Female Means and Standard Deviations, for each Variable Across the Three Samples

	Iranian-American			Iranian-British			Iranian-Dutch		
	Total (n = 64)	Male (n = 35)	Female (n = 28)	Total (n = 94)	Male (n = 68)	Female (n = 28)	Total (n = 77)	Male (n = 40)	Female (n = 37)
Positive Psychological Functioning									
M	3.92ª	4.05	3.60	3.64ª	3.70	3.57	3.77	3.79	3.57
SD	0.07	0.09	0.10	0.07	0.06	0.10	0.06	0.08	0.09
Acculturation Specific Hassles									
M	1.72	1.60	1.83	1.86ª	1.81	1.91	1.60ª	1.67	1.52
SD	0.07	0.09	0.10	0.07	0.07	0.11	0.06	0.09	0.09
General Hassles									
M	2.19	2.17	2.21	2.23	2.14	2.33	1.97	2.05	1.88
SD	0.12	0.16	0.18	0.12	0.12	0.20	0.11	0.16	0.16
Psychophysical Symptoms									
M	-0.35 ª,b	-0.51	-0.18	0.24ª	-0.4	0.52	0.16ᵇ	-0.04	0.36
SD	0.11	0.15	0.16	0.10	0.11	0.18	0.10	0.14	0.15

Note : Significantly different means are in bold. A letter next to mean score indicates the comparison group, $P < 0.05$

Inspection of marginal means using Bonferroni post hoc analyses indicated that the Iranian-American group had significantly lower scores on Psychophysical Symptoms ($M = -0.35$) than the Iranian-British group ($M = 0.24$) and the Iranian-Dutch group ($M = 0.16$). The Iranian-American group also had significantly higher scores on Positive Psychological Functioning ($M = 3.92$) than the Iranian-British group ($M = 3.64$). Furthermore, the Iranian-British ($M = 1.86$) has significantly higher level of Acculturation Specific Hassles than the Iranian-Dutch group ($M = 1.60$). The mean score and standard deviations for the three samples on all the variables are reported in Table 2.

In addition, a significant gender effect was found, Wilks' Lambda $= 0.94$, $F (4, 212) = 3.20$, $P < 0.05$, $\eta^2 = 0.06$. Men had a significantly lower means on Psychophysical Symptoms

than women, F (1, 215) = 12.63, P < 0.001, η^2 = 0.06. There were no gender differences on the other three variables (i. e., Positive Psychological Functioning, Acculturation Specific Hassles, and General Hassles). The interaction between gender and country of residence was not significant, Wilks' Lambda = 0.97, F (8, 424) = 0.91, P > 0.05.

To test hypotheses 1 and 2, a zero order correlation between Positive Psychological Functioning, Acculturation Specific Hassles, General Hassles, and Psychophysical Symptoms for the combined sample was conducted. It was found that Positive Psychological Functioning was significantly related to Psychophysical Symptoms (r = -0.48, P < 0.001). This provides support for Hypothesis 1, stating that those who score higher on Positive Psychological Functioning are less likely to report Psychophysical Sym- ptoms. Additionally, it was found that Psychophysical Symptoms was significantly correlated with General Hassles (r = 0.14, P < 0.05) and Acculturation Specific Hassles (r = 0.25, P < 0.001). This supports Hypothesis 2, stating that those who perceive high level of Acculturation Specific and General Hassles would report high levels of Psychophysical symptoms. Acculturation Specific Hassles and General Hassles were also significantly correlated (r = 0.32, P < 0.001).

To test hypotheses 3 and 4, a probably stepwise analysis was performed predicting Psychophysical Symptoms for the combined samples. The following variables were entered in Block 1: Gender, Age (three categories: below 30, 31-40, and 41 or above), Education (four categories: below high school, high school diploma or some college training, college certificate or some university courses, and university degree or above), and Status (three categories: refugee, immigrant/resident, and citizen). Dummy variables were created for Age and Education. In Block 2, Acculturation Specific Hassles and General Hassles were entered. In Block 3, Positive Psychological Functioning was entered. In Block 4, the interactions between Positive Psychological Functioning and Acculturation Specific Hassles and between Positive Psychological Functioning and General Hassles were entered. The results of these analyses are presented in Table 3.

The results indicated that Block 1 (r^2 = 0.16, P < 0.001), Block 2 (R^2 = 0.19, P < 0.01), and Block 3 (R^2 = 0.33, P < 0.001) were significant. In Block 1, Gender (B = 0.25) and Status (B = 0.29) were significant predictors of Psychophysical Symptoms, *F* (4, 198) = 9.13, P < 0.001. That is, women and those who were refugees were more likely to report Psychophysical Symptoms. In Block 2, it was found that the addition of Acculturation Specific Hassles (B = 0.17) enhanced the prediction of Psychophysical Symptoms, F (6, 196) = 7.85, P < 0.001. This indicates that those who perceived high Acculturation Specific Hassles were more likely to report Psychophysical Symptoms compared to those who perceived low Acculturation Specific Hassles. Gender (B = 0.25) and Status (B = 0.27) continued to predict Psychophysical Symp-

Table 3 : Summary of Hierarchical Regression Analyses for
Variables Predicting Psychophysical Symptoms
for the Total Samples (N = 203)

Variables	R^2	B
Block 1	0.16^{***}	
Gender		0.25^{***}
Age		0.11
Education		-0.13
Status		0.29^{***}
Block 2	0.19^{**}	
Gender		0.25^{***}
Age		0.09
Education		-0.09
Status		0.27^{***}
Acculturation Specific Hassles		0.17^{*}
General Hassles		0.06
Block 3	0.33^{***}	
Gender		0.22^{***}
Age		0.14^{*}
Education		-0.02
Status		0.25^{***}
Acculturation Specific Hassles		0.03
General Hassles		0.07
Positive Psychological Functioning		-0.41^{***}
Block 4	0.35^{+}	
Gender		0.22^{***}
Age		0.15^{*}
Education		-0.03
Status		0.26^{***}
Acculturation Specific Hassles (ASH)		-0.75
General Hassles		1.10^{*}
Positive Psychological Functioning (PPF)		-0.46^{*}
PPF * ASH		0.73
PPF * General Hassles		-1.06^{*}

+ P = 0.058 ,   * P < 0.05   ,   ** P < 0.01   ,   *** P 0.001

toms. In Block 3, the addition of Positive Psychological Functioning (B = -0.41) enhanced the prediction of Psychophysical Symptoms, F (7, 195) = 13.73, P < 0.001. That is, those with a high level of Positive Psychological Functioning were less likely to report Psychological Symptoms compared to those with a low level of Positive Psychological Functioning. Gender (B= 0.22) and Status (B = 0.25) continued to predict Psychohysical Symptoms. Age (B = 0.14) was also found to be significant in Block 3 (i. e., those who were older were more likely to report Psychophysical Symptoms).

Although Block 4 was not significant (R^2 = 0.35, P = 0.058), the interaction of Po-

sitive Psychological Functioning and General Hassles (B = -1.06) was, F (9, 193) = 11.53, P < 0.001. This means, for the Iranian samples in our study, Positive Psychological Functioning acted as a buffer, or moderating variable such that the relations between General Hassles and Psychophysical Symptoms were greater for those individuals lower in Positive Psychological Functioning. This effect is illustrated in Figure 1 . In plotting these figures, the regression equation was solved with the value of Positive Psychological Adjustment set at the mean, one standard deviation above the mean, and one standard deviation below the mean (Aiken & West, 1991). Additionally, in Block 4, Gender (B = 0.22), Age (B = 0.15), Status (B = 0.26), General Hassles (B = 1.10), and Positive Psychological Functioning (B = -0.46) were significant predictors of Psychophysical Symptoms.
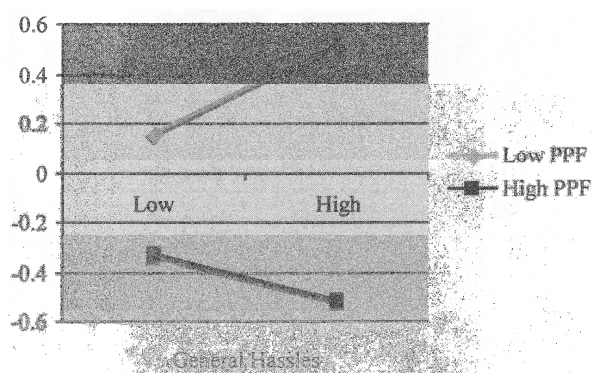
Figure 1 : An Illustration of Interaction of Positive Psychological Functioning with General Hassles in Predicting Psychological Symptoms

In sum, these results indicate that Acculturation Specific Hassles were a better predi-

ctor of Psychophysical Symptoms than General hassles. This provides support for Hypothesis 3. The effect of Acculturation Specific Hassles, however, is weaker once Positive Psychological Functioning is added to the model. Hypothesis 4 was partially supported as Positive Psychological Functioning moderated the effects of General Hassles, but not Acculturation Specific Hassles, on Psychophysical Symptoms.

Discussion

The present study examined the influence of Acculturation Specific and Non-specific Hassles on Psychophysical Symptoms in Iranian immigrants. A general main effect for Country of Residence was found. The three samples were found to be significantly different on some measures. The Iranian-American group reported fewer Psychophysical Symptoms than their European counterparts, although they did not report fewer Hassles (either Acculturation Specific or General) than the other two groups.

One interpretation of the above finding lies in the demographic differences between the three groups, including Status of Residency and Education. The Iranian-American group consisted of significantly more citizens; more than 50% of the Iranian-American group held American citizenship and the rest were Green Card holders (only one was a refugee). This indicates that this group was relatively well established in American society compared to the other two groups, approximately half of whom were refu-

gees. Furthermore, the Iranian-American group reported a higher level of Education than the Iranian-British group, which consisted of participants more than half of whom reported a high-school diploma or below as their highest educational level. It would appear, therefore, that the Iranian-American group had more resources than the other two groups, which could enable these immigrants to adapt to their new society of settlement better than the other two groups. In the present study, lack of Psychophysical Symptoms was used as measure of adaptation of immigrants.

One unexpected finding was the relatively low level of Acculturation Specific Hassles among the Iranian-Dutch group compared to the Iranian-British group. This, however, was not a reflection of difference either in Positive Psychological Functioning or in Psychophysical Symptoms. As they were demographically similar to the Iranian-British group, rather than reflecting something about the Iranian-Dutch sample, it would seem to reflect something about the Netherlands, which has, historically, been a tolerant society (Berry et al., 2006).

We found overall support for our first hypothesis, stating that participants with a high level of Positive Psychological Functioning would report fewer Psychophysical Symptoms than those low in Positive Psychological Functioning. We also found support for the second hypothesis, stating that participants who reported high levels of Acculturation Specific and General Hassles would

report more Psychophysical Symptoms than those who reported low levels of Hassles. The results indicated that both types of Hassles, Acculturation Specific and Non-specific, were consistently related to Psychophysical Symptoms. This is consistent with previous literature reporting the link between hassles and depression, anxiety, and other psychological symptoms (Abouguendia & Noels, 2001; Gaudet et al., 2005; Lay & Nguyen, 1998; Lay & Safdar, 2003; Vinokurov et al., 2002). It is also consistent with our expectation that these immigrant groups, given their Eastern cultural background, may express their distress in the form of physical symptoms.

We also found support for the third hypothesis, stating that Acculturation Specific Hassles would be a better predictor of Psychophysical Symptoms than General Hassles. This is consistent with our previous findings, using similar measures, that general hassles and outgroup hassles (one of the three areas of Acculturation Specific Hassles measured in the present study) were associated with psychological and physical symptoms among Iranian-Canadians (Safdar & Lay, 2003).

Finally, partial support was found for the fourth hypothesis, which stated that Positive Psychological Functioning, would moderate the effect of both Acculturation Specific and General Hassles on Psychophysical Symptoms. The results indicated that Positive Psychological Functioning moderated the relation between General Hassles and Psy-

chophysical Symptoms. However it did not do this in a simple manner, this was an interactive effect such that those who scored high on Positive Psychological Functioning actually reported fewer Psychophysical Symptoms when General Hassles were high than when they experienced fewer General Hassles, as if they thrive on adversity.

Furthermore, although not hypothesized, we found that women reported more Psychophysical Symptoms than men. This is consistent with previous studies reporting higher incidence of mental disorders among female immigrants (Kliewer, 1991). In our study we found that being a refugee and a woman predicted a high level of Psychophysical Symptoms. Allen, Vaage, and Huff (2006) have argued that refugee women may encounter challenges in the new society of settlement that are different from the gender norm of their origin country. Krupinski and colleagues (1967; 1984, as cited in Sang & Ward, 2006) suggest that the incidence of psychological disorder among female immigrants can be partly explained by a lack of language competence (i. e., English) which is linked to social isolation. This particularly impedes the adaptation of female immigrants who move from a non-English speaking background where gender inequality is upheld (such as Iran) to an egalitarian society (such as the Netherlands or the Britain).

Limitations and Conclusion

Some limitations of this research should be noted. First, General Hassles was measured using a single item. In order to develop a richer understanding of the distinction between acculturation specific and general hassles, a better instrument with high reliability could be developed in future studies, although these results could also taken to indicate the potential usefulness of single-item measures. Second, although in this study, we compared the psychological and physical adaptation of Iranian immigrants in three countries and made reference to similarities and differences between these societies in terms of immigration policy and other socio-political factors, we did not measure characteristics of the larger societies. Although culturally close (Hofstede, 2001), the differences between the three societies appear to produce substantially different acculturation experiences for immigrants. Therefore researchers should, perhaps, take more account of the socio-political contexts in which their samples are situated, as this is, clearly, influential. Future studies could include measures of participants' perceptions of their new society with regard to immigration policy, and the level of acceptance or rejection of immigrants. Furthermore, it is important to examine our hypotheses with other immigrant groups living in more diverse societies than the ones tested above.

The main contributions of this study were in emphasizing the distinctions between acculturation specific and general hassles and in the demonstration of the moderating effect of positive psychological functioning be-tween hassles and psychophysical symptoms.

References

Abouguendia, M., & Noels, K. A. (2001). General and acculturated-related daily hassles and psychological adjustment in first-and second-generation South Asian immigrants to Canada. International *Journal of Psychology, 36*, 163-173.

Aiken, L. S., & West, S. G. (1991). *Multiple regression: Testing and interpreting interactions*. Newbury Park, CA: Sage.

Allen, J., Vaage, A. B. & Huff, E. (2006). Refugees and asylum seekers in societies. In D. L. Sam & J. W. Berry (Eds.), *The Cambridge Handbook of Acculturation Psychology* (pp. 198-217). Cambridge, U. K.: Cambridge University Press.

Bergkvist, L. & Rossiter, J. R. (2007). The predictive validity of multiple-item versus single-item measures of the same constructs. *Journal of Marketing Research, 44*, 175-184.

Berry, J. W. (1970). Marginality, stress and ethnic identification in an acculturated Aboriginal community. *Journal of Cross-Cultural Psychology, 1*, 239-252.

Berry, J. W. (2006). Stress perspectives on acculturation. In D. Sam and J.W. Berry (Eds.) *The Cambridge Handbook of Acculturation Psychology* (pp. 43-57). Cambridge: University Press.

Berry, J. W., Westin, C., Virta, E., Vedder, P., Rooney, R., & Sang, D. (2006). Design of the study: Selecting societies of settlement and immigrant groups. In J. W. Berry, J. S., Phinney, D. L., Sam, & P. Vedder (Eds.), Immigrant Youth in Cultural Transition Acculturation, Identity, and Adaptation Across National Contexts (pp. 15-46). Mahwah, New Jersey: Lawrence Erlbaum Associates.

Bourhis, R. Y., Moise, L. C., Perreault, S., &

Senecal, S. (1997). Towards an Interactive Acculturation Model: A social psychological approach. *International Journal of Psychology, 32*, 369-386.

Cheng, S., & Hamid, P. N. (1996). A Chinese Symptom Checklist: Preliminary data concerning reliability and validity. *Journal of Social Behaviour and Personality, 11*, 241-252.

Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor of African Americans: A biopsychosocial model. *American Psychologist, 54*, 805-816.

Dion, K. L., & Dion, K. K. (1996). Chinese adaptation to foreign cultures. In M. H. Bond (Ed.), *The handbook of Chinese psychology* (pp. 457-478). Hong Kong: Oxford University Press.

Dion, K. L., Dion, K. K., & Pak, A. (1992). Personality-based hardiness as a buffer for discrimination-related stress in members of Toronto's Chinese community. *Canadian Journal of Behavioural Science, 24*, 517-536.

Dohrenwend, B. P., & Shrout, P. E. (1985). "Hassles" in the conceptualization and measurement of life-stress variables. *American Psychologist, 40*, 780-785.

Dolbier, C. L., Webster, J. A., McAlister, K. T., Mallon, M. W. & Steinhardt, N. A. (2004). Reliability and Validity of a Single-item Measure of Job Satisfaction. *American Journal of Health Promotion, 19 (3)*, 194–198.

Duru, E., & Poyrazli, S. (2007). Personality dimensions, psychosocial-demographic variables, and English language competency in predicting level of acculturative stress among Turkish international students. *International Journal of Stress Management, 14*, 99-110.

Finch, B. K., Hummer, R. A., Kolody, B., & Vega,

W. A. (2001). The role of discrimination and acculturative stress in the physical health of Mexican-origin adults. *Hispanic Journal of Behavioral Sciences, 23*, 399-429.

Gaudet, S., & Clément, R. (2005). Identity maintenance and loss: Concurrent processes among the Fransaskois. *Canadian Journal of Behavioural Science, 37*, 110-122.

Gaudet, S., Clément, R., Deuzeman, K. (2005). Daily hassles, ethnic identity and psychological adjustment among Lebanese-Canadians. *International Journal of Psychology, 40 (3)*, 157-168.

Good, B., Good, M., & Moradi, R. (1985). The interpretation of Iranian depressive illness and dysphoric affect. In A. Kleinman & B. Good (Eds.), Culture and depression: Studies in the an thropology and cross-cultural psychiatry of affect and disorder (pp.369-428). Berkeley: University of California Press.

Hashim, I. H. (2003). Cultural and gender differrences in perceptions of stressors and coping skills *Social Psychology International, 24*, 182-203.

Hofstede, G. (2001). *Culture's Consequences: Comparing values, behaviours, institutions and organisations across nations*. (2nd edition). Thousand Oaks, CA: Sage

Home Office (2001). Immigration statistics in the United Kingdom. Available: *http://194.203.40.90/default.asp?PageId=519.*

Iranian American Republican Council (1997). Demographic Information on the Iranian-American community in the United States based on the results of the 1990 census [On-line]. Available: *www.antidiscrimination.org*

Kanner, A. D., Coyne, J. C., Schaeffer, C., & Lazarus, R. S. (1981). Comparison of two model of stress measurement: Daily hassles and uplifts versus major life events. *Journal of Behavioral Medicine, 4*, 1-33.

Kliewer, E. V. (1991). Immigrant suicide in Australia, Canada, England and Wales, and the United States. *Journal of the Australian Population Association, 8*, 111-128.

Kohn, M. P., Gurevich, M., Pickering, I. D., & MacDonald, E. J. (1994). Alexithymia, reactivity and the adverse impact of hassles-based stress. *Personality and Individual Differences, 16*, 805-812.

Lay, C., & Nguyen, T. (1998). The role of acculturation-related and acculturation non-specific daily hassles: Vietnamese-Canadian students and psychological distress. *Canadian Journal of Behavioural Science, 30*, 5-14.

Lay, C., & Safdar, S. (2003). Daily hassles and distress among college students in relation to immigrant and minority status. Current Psychology, 22, 3-22.

Mak, W. W. S., Chen, S. Z., Wong, E. C., & Zane, N. W. S. (2005). A psychosocial model of stress-distress relationship among Chinese Americans. *Journal of Social and Clinical Psychology, 24*, 422-444.

Mak, W. W. S., & Zane, N. W. S. (2004). The phenomenon of somatization among community of Chinese Americans. *Social Psychiatry & Psychiatric Epidemiology, 39*, 967-974.

Mori, S. C. (2000). Addressing the mental health concerns of international students. *Journal of Counseling and Development, 78*, 137–144.

Muus, P. J. (2000). Migration, Immigrants and Policy in the Netherlands: recent trends and developments. SOPEMI- the Netherlands: European

Research Center on immigration and Ethnic Relations.

Oppedal, B., & Røysamb, E. (2004). Mental health, life stress and social support among young Norwegian adolescents with immigrant and host national background. *Scandinavian Journal of Psychology, 45*, 131-144.

Phalet, K., & Kosic, A. (2006). Acculturation in European societies. In D. L. Sam & J. W. Berry (Eds.), *The Cambridge Handbook of Acculturation Psychology* (pp. 331-348). Cambridge, U. K.: Cambridge University Press.

Pliskin, K. (1987). *Silent boundaries*. New Haven: Yale University Press.

Redfield, R., Linton, R., & Herskovits, M. J. (1936). Memorandum on the study of acculturation. *American Anthropologist, 38*, 149-152.

Ryff, C. D. (1989). Scales of psychological well-being. *Journal of Personality and Social Psychology, 57*, 1069-1081.

Ryff, C. D., Lee, Y. H., & Na, K. C. (1996). *Through the lens of culture: Psychological well-being at midlife*. Unpublished manuscript, University of Wisconsin, Madison.

Ryff, C. D., & Singer, B. (1996). Psychological well-being: Meaning, measurement, and implications for psychotherapy research. *Psychotherapy and Psychosomatics, 65*, 14-23.

Ryff, C. D., Singer, B., Love, G. D., & Essex, M. J. (1998). Resilience in adulthood and later life: Defining features and dynamic processes. In J. Lomranz (Ed.), *Handbook of aging and mental health: An integrative approach* (pp.69-96). New

York: Plenum.

Safdar, S., & Lay, C. (2003). The Relations of Immigrant-Specific and Non-Specific Daily Hassles to Distress Controlling for Psychological Adjustment and Cultural Competence. *Journal of Applied Social Psychology, 33*, 299-320.

Safdar, S., Lay, C., & Struthers, W. (2003). The process of acculturation and basic goals: Testing a Multidimensional Individual Difference Acculturation Model with Iranian immigrants in Canada. *Applied Psychology: An International Review, 52*, 555-579.

Saldaña, D. H. (1994). Acculturative stress: Minority status and distress. *Hispanic Journal of Behavioral Sciences, 16*, 116-128.

Sang, D. L., & Ward, C. (2006). Acculturation in Australia and New Zealand. In D. L. Sam & J.W. Berry (Eds.), *The Cambridge Handbook of Acculturation Psychology* (pp. 253-273). Cambridge, U. K.: Cambridge University Press.

Vinokurov, A., Trickett, E. J., & Birman, D. (2002). Acculturation hassles and immigrant adolescents: A life-domain assessment for Soviet Jewish refugees. *The Journal of Social Psychology, 142*, 425-445.

Wanous, J. P., Reichers A. E. & Hudy, M. J. (1997). Overall job satisfaction: How good are single-item measures? *Journal of Applied Psychology, 82 (2)*, 247-252.

Ward, C., Bochner, S., & Furnham, A. (2001). *The psychology of culture shock* (2nd ed.). United Kingdom, East Sussex: Routledge.