

## **Volume 1**

# **Does Construing Relate to Acculturation Attitudes and Psychological Well-being in Polish Immigrants in the U.K?**

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# TABLE OF CONTENT

## ABSTRACT

## INTRODUCTION

LITERATURE REVIEW .....	4
IMMIGRATION AND MENTAL HEALTH .....	5
EXPLANATORY THEORIES .....	12
ACCULTURATION.....	18
PERSONAL CONSTRUCT PSYCHOLOGY.....	30
POLISH IMMIGRATION IN THE U.K. ....	40
RATIONALE FOR THE STUDY .....	49
RESEARCH HYPOTHESES .....	51

## METHODOLOGY

DESIGN .....	53
PARTICIPANTS AND SAMPLE SIZE.....	53
MEASURES .....	54
PROCEDURE.....	61
ETHICAL CONSIDERATIONS .....	63
PLANNED ANALYSES .....	64

## RESULTS

### PART 1: Participants' characteristics

PARTICIPANTS' DEMOGRAPHICS .....	71
PSYCHOLOGICAL ADJUSTMENT AND ACCULTURATION MEASURES .....	74
MEASURES OF CONSTRUING.....	80

### PART 2: Results in relation to main hypotheses

HYPOTHESIS I .....	87
HYPOTHESIS II.....	88
HYPOTHESIS III .....	94

### PART 3: Case examples

CASE EXAMPLE OF A PARTICIPANT SHOWING POOR ADJUSTMENT.....	103
CASE EXAMPLE OF A PARTICIPANT SHOWING GOOD ADJUSTMENT .....	109

### PART 4: Additional findings

## DISCUSSION

OVERVIEW OF PARTICIPANTS.....	119
HYPOTHESIS I - INTERPRETATION OF FINDINGS .....	1244
HYPOTHESIS II - INTERPRETATION OF FINDINGS .....	1246
HYPOTHESIS III - INTERPRETATION OF FINDINGS.....	129
ADDITIONAL FINDINGS .....	134
CLINICAL IMPLICATIONS .....	137
STRENGTHS AND LIMITATIONS .....	140
SUGGESTIONS FOR FURTHER RESEARCH.....	142
CONCLUSIONS.....	144
REFERENCES.....	146
LIST OF TABLES AND FIGURES .....	168
APPENDICES .....	172

## ABSTRACT

There is evidence for increased rates of psychoses and mood disorders in immigrant populations, with some contradictory findings showing that migrants have better mental health outcomes than their native-born counterparts. Explanatory theories considered individual and contextual factors. Acculturation processes are regarded to play an important part, but again there are contradictory findings. The relationships between immigration, acculturation and mental health are complex and more explorations are needed. The aim of this study was to explore whether construing before and after emigration was related to acculturation processes and mental health in Polish immigrants in the U.K. Forty adult immigrants participated in this study; measures of psychological well-being, cultural attitudes, and repertory grid interviews were used.

Participants reported positive attitudes towards Polish and British cultures, significantly more positive attitudes towards the heritage culture. As a group, participants compared favourably to their counterparts living in Poland in terms of levels of psychological well-being. They also construed themselves more favourably following emigration. Nevertheless 20% of participants reported a history of mental health difficulties. Nearly half (45%) of participants reported clinically significant levels of distress, which is more than double the national prevalence rate in the U.K.

The main findings of this study indicated a relationship between how Polish migrants construe themselves and significant others, their psychological adjustment and cultural attitudes. More positive attitudes towards Polish culture were associated with higher levels of positive affect. A positive view of Polish culture was associated with a relatively more salient construing pre-emigration. Contrary to the prediction, high levels of conflict in construing of significant others before emigration was related to a positive view of Polish culture. A relatively more conflicted view of self post-emigration was related to less positive attitudes towards British culture. As predicted, more structured construing post-emigration was linked with better mental health outcomes. Furthermore, a relatively more favourable view of self following immigration was associated with higher levels of positive affect and fewer symptoms of psychological distress. The latter was also linked with relatively lower levels of conflict in construing of 'self after emigration'. Case examples are presented. Recommendations for clinical practice and further research are made.

# 1 INTRODUCTION

## 1.1 Literature Review

The literature search was conducted over a 12 month period and followed a systematic approach designed to elicit the key terms relevant to this study. Initially, a preliminary search for review papers was carried out using the Annual Review and Cochrane databases and key references from relevant review articles were then obtained. From the relevant papers, a second set of search terms were compiled (including: migrants, immigrant paradox, healthy immigrant effect, enculturation, acculturation, biculturalism, well-being, depression, and Polish). These terms were then used in different combinations to search the following databases: PsycINFO, PubMed, and Web of Science; also the internet search engines 'Google Scholar' was used. Studies were excluded if they were not reported in English or Polish. The reference lists of relevant articles were searched and additional papers deemed most relevant were obtained.

The following literature review is presented in four main sections. Firstly, an exploration of the research and explanatory theories on the impact of immigration on mental health is provided. The second part is focussed on the theory of acculturation process and its research evidence. Thirdly, the main principles of Personal Construct Psychology, its application to cross-cultural studies and relevant research are introduced. Lastly, the post EU accession Polish community in the UK is introduced to orientate the reader to the context of the immigration and existing studies of mental health in this group.

## 2 IMMIGRATION AND MENTAL HEALTH

### 2.1 Introduction

People generally migrate to improve their well-being, yet there is a large literature suggesting that migration is a stressful process that can negatively impact on mental health. The research evidence also suggested significant differences in the mental health between groups of migrants. Several researchers have attempted to summarise existing literature and have conducted meta-analyses to clarify the overall impact of immigration on mental health.

### 2.2 Definitions & comments on terminology

There are many variations of how terms relevant to the subject of immigration are used. In this project I intend to use the follow definitions. *Immigration* is referred to as permanently moving to a foreign country. Throughout this dissertation, the term *immigrant* will be used to describe a person who was born in their country of origin and moved to a host country, and by definition it refers to first generation migrants only. As the focus of this project is on the specific migrant group, terms *immigrant* and *migrant* are used interchangeably. The second and third generation migrants are referred to as people of *ethnic minority*.

For the purpose of thesis, *ethnicity* is understood as belonging to a social group that has a common national or cultural tradition. It is particularly difficult to define ethnicity for the second and further generations of migrants, as this depends not only on the ethnicity of their parents and grandparents, but also the individual's personal

identification. The term *native-born* refers to people of ethnic majority of the host country, e.g. a person of British origin born in the UK.

Unfortunately, this terminology has been used differently by individual researchers; some studies include three generations of migrants and refer to them as immigrants. It is also unclear how the population based studies define native-born people and whether this group includes ethnic minorities or not. This makes drawing conclusions about immigration and acculturation processes difficult. Potentially, there are different factors that play a role in mental health outcomes for immigrants than for ethnic minorities (e.g. immigration stressors, long-term social inequalities), but because of the often unclear and overlapping terminology these are often not distinguishable.

### **2.3 Epidemiology – Summary of findings**

#### *Psychosis*

Much of the clinical literature concentrates on schizophrenia, which has been found to occur more frequently in immigrants than in native-born populations. A recent meta-analysis (Kirkbride, Errazuriz, Croudace, et al., 2012) of incidence rates of a range of psychotic disorders in England included 83 studies published between 1950 and 2009. The incidence rates were stable over time. They identified raised rates of psychotic disorders across several ethnic minority groups, with strongest and most consistent effects amongst the first and second generation of migrants of black Caribbean and black African origin, followed by migrants of South Asian origin. There were raised rates amongst people of mixed ethnicity (third-generation migrants), and a small, but significant elevation in rates amongst non-British white migrant groups.

This confirmed previous attempts to synthesise the existing studies focussing specifically on schizophrenia. Cantor-Graae & Selten (2005) considered eighteen population-based incidence studies published between 1977 and 2003, which were mainly conducted in Europe, including the U.K. (11 studies). Personal or family history of migration was concluded to be an important risk factor for schizophrenia. The relative risk for developing schizophrenia among first-generation migrants was 2.7, and for second-generation migrants 4.5, relative to the native population. No differences were found when checking for measures used, diagnostic criteria, or gender. The ratio was higher for migrants from developing countries and for migrants from areas where the majority of the population was black, which suggested a role for psychosocial adversity.

"The state of the mental health in Europe" report for the European Commission was concerned with mental health of immigrants within the European Union. Carta, Bernal and Hardoy et al. (2005) reviewed literature and concluded that some immigrant groups in Europe had higher rates of schizophrenia, suicide, alcohol and drug abuse, admissions to psychiatric facilities, risk of anxiety and depression. They also reported higher risk of mental health difficulties among migrants who returned to their country of origin.

Bhugra (2004a) demonstrated that the admission rates for schizophrenia in the U.K. are higher for migrants, than for native-born people. There is some evidence that the rates remain higher over time. For example, Hitch and Rack (1980) found that the World War II Eastern European refugees had substantially higher rates than non-immigrants about 25 years after migration. Blomstedt, Johansson and Sundquist (2007) reported higher rates of psychiatric illness and psychosomatic complaints, for

the same group of migrants living in Sweden than native-born persons. They noted several personal factors were associated with poor self-reported mental health and psychosomatic complaints: being a woman, holding a lower status job, renting houses, smoking, being single, and having a poor social network. In both studies Poles were affected more than other immigrants.

### *Depression and anxiety*

The research findings about psychotic disorders being more prevalent among ethnic minorities and migrants are consistent; however, as Bhugra (2004a) commented the findings about anxiety and depression remain sparse, are inconsistent and often contradictory. He (2003) reviewed literature on rates of depression in immigrants in the U.S.A. and Europe and concluded that the rates vary greatly; some studies showed higher rates among migrating groups, whereas others showed rates similar to people born in the host country. Several U.K. studies reported higher prevalence rates, admission rates and suicide rates for most immigrants groups, but not all, when compared to British-born. Bhugra concluded that the impact of immigration on depression is not clear and more research needs to be carried out to understand it.

Others have agreed with this point, Tarricone, Stivanello, Poggi et al. (2012) meta-analysis' confirmed this lack of a strong relationship. It included 23 studies published between 1988 and 2008, comparing the prevalence of anxiety and depression in immigrants/ethnic minority and natives/ethnic majority people, presenting at primary care. Three of the studies were conducted in the U.K. The meta-analysis showed slightly higher rates among ethnic minorities than among ethnic majorities for depression (1.2–1.4), but no significant differences for anxiety.

Similarly, Sanne, Swinnen & Selten's (2007) meta-analysis showed no conclusive evidence for a large increase in the risk of mood disorders associated with migration. Fourteen population-based incidence studies, based in Europe (including the U.K.), Israel, and Australia, published between 1967 and 2005 were included. The risk of any mood disorder for migrants when compared with native-born population was 1.38. The risk of bipolar affective disorder among migrants was 2.47, but significantly higher only when including people of African Caribbean origin in the U.K.

To the contrary, Lindert, von Ehrenstein, Priebe et al.'s (2009) meta-analysis found strong evidence for higher rates of both anxiety and depression in immigrants. This analysis included 35 population based studies from Eurasia, Americas, Africa and Australasia published between 1990 and 2007, that reported prevalence rates of depression, anxiety and PTSD in adult migrants. There was a great variation of rates for the included disorders reported by individual studies, with some reporting rates of 3 and others reporting rates as high as 81 for depression. Rates for anxiety ranged from 5 to 90, and rates for PTSD ranged from 4 to 68. The mean weighted prevalence rates of depression and anxiety were twice as high among refugees as among labour migrants.

In Tarricone et al.'s (2012) meta-analysis, several studies highlighted that higher susceptibility to depression and anxiety in migrants was linked to additional risk factors; traumatic migration history, higher family and social burden, a high number of children, violence in the domestic setting, gender, education, social status, low integration and uncertain future. Lindert et al., (2009) also found that a higher economic status of the host country was related to lower symptom prevalence of depression and anxiety in labour migrants, but not in refugees.

### *Immigrant Paradox*

As demonstrated above, the finding of poorer mental health outcomes in immigrants is not consistent, particularly for mood disorders. In fact some studies have shown that migrants groups have better outcomes than their native-born counterparts. This has been termed the 'immigrant paradox' where first generation migrants have unexpectedly better health, behaviour, academic progress and attitudes than native-born individuals (Coll, Patton, Marks, et al., 2012). The explanations of this paradox in recent literature are based on three theoretical approaches: models of resilience, acculturation, and sociological models. Nguyen (2011) proposes a critical view of the 'immigrant paradox', where she questions the underlying assumption that immigrants should have poorer outcomes than the native population. She argues that this assumption has historical and political roots, when minority culture was viewed as inferior.

The evidence for the 'immigrant paradox' is stronger and more consistent for physical health outcomes than for mental health outcomes. Two large epidemiological studies in the U.S.A. found confirmation of the 'paradox' for mental health. Mexican and White Americans had similar rates of disorders overall, with first generation migrants showing lower rates of depression and phobias than subsequent generations (Burnam, Hough, Karno et al., 1987). More recent studies have confirmed better mental health outcomes in Mexican migrants (Alegria, Canino, Shrout, et al., 2008; Ortega Rosenheck, Alegria, & Desai, 2000) and in Asians in the U.S.A., than their native-born counterparts (Takeuchi, Zane, Hong, et al., 2007). Likewise, Canadian studies have suggested that immigrants had significantly lower odds of developing psychiatric disorders, such as depression, psychoses and anxiety disorders compared to the native born population (Aglipay, Colman, & Chen, 2012; Menezes, Georgiades & Boyle,

2011). Findings regarding the ‘paradox’ are not limited to first generation migrants, as it has also been evidenced in Latinos who had lived in the U.S.A for seven generations (Nguyen, 2011).

## **2.4 Critique**

The results obtained in earlier, mainly epidemiological, studies were limited due to a number of methodological problems. For example, a lack of standardized diagnostic criteria/interviews, and also investigations being carried out only using people accessing services rather than on the general population, have been cited as shortcomings (Carte et al, 2005). More recent studies also have their limitations due to many using a small and often biased samples. As Sanne (2007) noted, small sample sizes are underpowered to detect differences in prevalence. Furthermore, Tarricone et al. (2012) noticed that many studies include only individuals speaking the language of the majority group, which introduces potential selection bias. The studies are predominantly cross-sectional in design, where determining causality remains a challenge.

The meta-analyses also have their limitations. Dealalberto (2010) argued that the individual studies are often conducted with dissimilar methodologies and different criteria for psychiatric disorder, which prevents meaningful comparison. He argues that the differences in prevalence rates among studies could be accounted for by the heterogeneity in inclusion criteria, sampling methods, diagnostic instruments and study design. Moreover, Tarricone et al. (2012) observed that meta-analysis studies can include populations that differ in many respects (e.g. host country, country of origin, urban or rural settings, and the time period the study was conducted).

Heterogeneity also arises from historical factors, such as frequent revisions to diagnostic classifications, changes in the structure of mental health service provision, and evolving diagnostic tools (Lindert et al., 2009). The cross-cultural validity of the conceptualisation of mental health difficulties, and the validity of the instruments purporting to measure these concepts, is questionable for use with people from other ethnic groups. In addition, studies included in meta-analysis are often restricted to those published in English.

Studies, which synthesised findings of individual studies across several decades, confirmed a higher risk for psychoses in migrants compared to their native-born counterparts. However, the findings for mood disorders are not as consistent. Despite the findings being clouded by methodological limitations and an unclear use of terminology, there is strong evidence that immigration can have detrimental impact on mental health. On the other hand, there is a growing body of research showing that some migrant groups have better mental health outcomes than non-migrants.

### **3 EXPLANATORY THEORIES**

The underlying mechanisms through which immigration status can lead to elevated risk remains poorly understood. The explanatory theories can be broadly divided into two main groups depending on whether they emphasise pre-migration, or post-migration, factors in the aetiology of mental ill-health. The theories presented below are not mutually exclusive, but rather emphasise different aspects.

### **3.1 Pre-migration factors**

#### *Higher rates in the country of origin*

Bhugra and Gupta (2010) wrote that for a considerable period, it was believed that higher rates of mental illness among migrant groups were due to higher rates in the countries from which the individuals had migrated. The research focused predominantly on psychosis, schizophrenia in particular, with several authors suggesting higher rates of schizophrenia in the country of origin being associated with biological factors, seen to underlie the excess rates of immigrants. However, this has been discounted by Kirkbride and Jones (2010). It has been found that the incidence of schizophrenia in Barbados, was significantly lower than the comparable rate for London's African-Caribbeans (Mahy, Mallett, & Leff, 1999).

#### *Selection hypothesis*

The classic Odegaard's study (1932) demonstrated a twice as high risk for psychosis among Norwegian migrants in the U.S.A., as that for native-born Americans and for Norwegians living in Norway. He concluded that the difference in incidence rates in Norwegian migrants to the United States was due to their personal characteristics. He hypothesised that during the incipient phase of illness people chose to migrate to overcome social adversities, and failing interpersonal relationships, in their country of origin. However, more recently it has been argued that the heightened risk for schizophrenia is an effect of migration per se, and that selective migration cannot solely explain the different incidence rates (e.g. Selten, Cantor-Graee, Slaets, & Kahn, 2002).

### *Healthy immigrant effect*

In opposition to Odegaard's notion that migrants constitute a group that are more prone to ill-health, is the notion of a 'healthy migrant effect'. This theory proposes that migration requires a substantial effort, so it is less likely that individuals with poor health have the capacity or strength to become immigrants. Many studies showed that some migrant groups have better outcomes than their native-born counterparts, for example, Indian and Pakistani immigrants were found to be socially and psychologically better adjusted than their native British counterparts (Cochrane & Stopes-Roe, 1987). Similar findings are seen in studies of Mexican and Asian migrant populations in the U.S.A. (e.g. Takeuchi, Zane, Hong, et al., 2007), and in immigrants in Canada (Aglipay et al., 2012, Menezes et al., 2011).

A version of this positive selection theory is the concept of 'migrant personality'. Boneva and Frieze (2001) argue that people who emigrate, differ from those who stay in their country of origin, as they have particular personality characteristics. They showed that those who want to resettle in another country were more work-oriented, had higher achievement and power motivation, but lower affiliation motivation and family centrality, than those who do not. Polek, Van Oudenhoven, and Berge (2011) also found empirical evidence of this concept by examining attachment styles.

## **3.2 Post-migration factors**

### *Migratory stress*

Another hypothesis proposes that high level of stress immediately after migration heightens the risk of mental-ill health. It focuses on immigrants' living conditions and experiences in the host community. Several factors have been identified that could

impact negatively on mental health: isolation and loss of social network, lack of language skills, loss of professional prestige and social status, poor social capital, unemployment and poor housing (Bhugra & Jones, 2001).

#### *Socio-economic inequalities and discrimination*

This hypothesis was originally proposed by Cochrane and Bal in 1987. It places emphasis on the long term ongoing factors rather than the initial immigration period. It is argued that economic inequalities may contribute to elevated rates of illnesses in migrants and ethnic minority groups (Nazaroo & Iley, 2010). John, et al. (2012), showed that although higher subjective social status did not predict better mental health, Asian immigrants who perceived they had greater financial need and those without health insurance, rated their mental health as worse and showed more symptoms of depression than U.S.A.-born Asians.

It is argued that elevated rates of mental health disorders across some ethnic groups might also be a consequence of the experiences of discrimination (Bhugra & Gupta, 2010). Discrimination is not always overtly expressed and may be more subtle. Perceived ethnic discrimination has also been shown to be a risk factor for various types of mental illness independent of socio-economic factors, socio-demographic characteristics, and social support (Chou, 2012; Jasinskaja-Lathi, Liebkind, Jaakkola, & Reuter, 2006; Karlsen & Nazaroo, 2002). Singh (2009) claims that that institutionalised racism in health services, i.e. BME populations do not receive culturally, religiously and ethnically sensitive support in the same way as the majority population, may add to the elevated rates.

### *Misdiagnosis*

Misdiagnosis of mental health disorders was also raised as a possible reason for the excess rates in migrant populations. One of the main criticisms is that most psychiatric clinical interviews and screening measures reflect the language and assumptions of western psychiatry. Thus some thought processes might be misinterpreted as disordered or pathological if not viewed in the appropriate cultural context (Cochrane & Bal, 1987) and misdiagnosis of cultural beliefs as psychotic experiences in BME populations has been put forward to explain excess rates in migrants (Littlewood & Lipsedge, 1981). Bhugra (1996) highlighted that the feelings of depression are universal, but the clinical features are different across cultures, client's perception and communication about symptoms is influenced by culture, as is the interpretation of these by a clinician.

### *Acculturation*

The most widely researched theoretical explanation of mental health difficulties in immigrants is that of acculturation. As this is the basis for this project it will be described in more detail in the next section.

### *Comprehensive models*

Bhugra (2004b) proposed a comprehensive model which includes pre- and post-immigration personal and environmental factors. It specifically addresses the risk of schizophrenia, but could be viewed as a more generic model. His model consists of the preparation, process and adjustment post-migration stages, and it incorporates risk factors (see *Figure 1*). Bhurgra proposes that when *"at an individual level, biological, psychological and social vulnerabilities exist it is likely that stress of migration, acculturation and alienation will affect the individual's self-esteem and low self-*

*esteem with previous insecure attachments will make the vulnerability [to mental illness] highly likely*”(Bhugra, 2004b, p. 255). The process of migration is a very complex phenomenon and mental health outcomes depend on individual factors, pre-migration stresses, reasons for migration, whether the move was voluntary or forced, support systems, and the welcome of the receiving population. Some individual factors impact on post-migration adjustment: age, gender, language fluency, educational level and occupational background and family set-up.

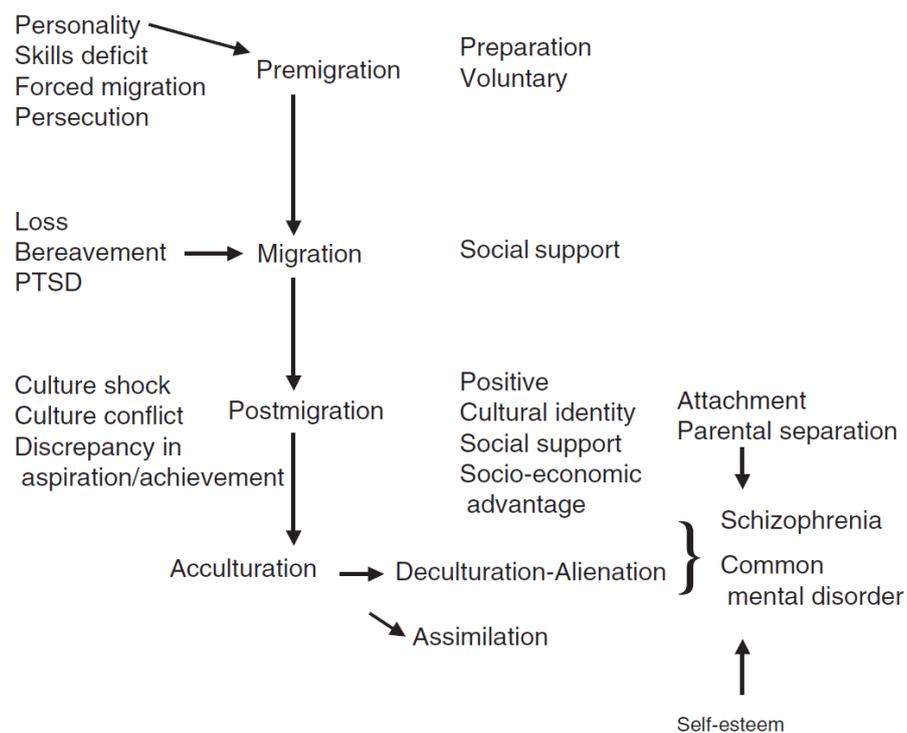


Figure 1: Migration and psychiatric disorder, a hypothetical model (Bhugra, 2004a)

### Summary

In conclusion, the explanatory theories point to important personal and contextual factors that may contribute to increased/decreased rates of mental health difficulties of immigrants. The early theories focusing on the biological individual factors and the negative selection have been discounted. There appears to be more evidence for the positive selection theory and the associated concepts of ‘migrant personality’ and

‘immigrant paradox’. Nevertheless, the circumstances of immigration vary and not every migration is voluntary. Moreover, having to adjust to life in a country, where a different culture is dominant, adds to the potential difficulties the person could face. The relationship between immigration and mental health is complex and likely to be affected by many individual and contextual factors. The experiences during the early period of immigration and the long term socio-economic inequalities are likely to increase the risk of mental health difficulties. Especially for those less resilient with more negative experiences prior to immigration and living in a country that is less welcoming and more different culturally. Given the cross-cultural context, there might be risk of misdiagnosis for some migrant groups more than others. The comprehensive explanatory models, such as Bhurgra’s, need to be developed. They better reflect the complex relationship between mental ill-health and immigration, and have potential to explain the differences in mental health outcomes between and among migrant groups.

## 4 ACCULTURATION

### 4.1 Introduction

The classic definition of acculturation by Redfield, Linton, and Herskovits (1936, p. 149) defines acculturation as *‘phenomena which results when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original cultural patterns of either or both groups’*. The first study of acculturation process was *The Polish Peasant in Europe and America*, conducted by Thomas and Zaniecki (1958) in 1918-1920. This sociological qualitative study included nearly two million Polish immigrants in the U.S. The culture of origin was used as a starting point to monitor transformations that migrants underwent after

immigration. Chirkov (2009) remarked that although the authors did not term this process acculturation, they essentially described what it is now understood as acculturation, and she considered this study exemplary.

Modern approaches to acculturation developed unidimensional and bidimensional models. The first perspective was detailed by Gordon (1964), who developed an assimilation model, where individuals are placed on a continuum of identities ranging from exclusively heritage culture to exclusively mainstream culture. It is based on the implicit assumption that acculturating individuals relinquish the attitudes, values, and behaviours of their culture of origin while simultaneously adopting those of the new society. Thus this model assumes mutual exclusion of two cultural identities and does not allow for the possibility of biculturalism, where the person strongly endorses both the heritage and the receiving cultures (Berry, 2003).

In contrast, academics who assume a bidimensional perspective argue that acculturation is better understood when heritage and mainstream cultural identities are seen as being relatively independent. This approach assumes that individuals are capable of having multiple cultural identities, each of which may independently vary in strength (Ryder, Alden, & Paulhus, 2000). Both models of acculturation have been widely used, but also criticised as they do not account for various individual differences and other factors affecting the pace and the degree of adaptation to the new culture.

## **4.2 Berry's theory**

Berry's (Berry & Kim, 1988) acculturation theory is the pioneering bidimensional model, and currently the most widely researched. This model shaped current

conceptualization of acculturation as bilinear and multidimensional cultural socialization processes embedded within social contexts (Yoon, 2013). Acculturation is defined as a dual process of cultural and psychological change as a result of contact between two or more cultural groups and their individual members. Berry discusses group and individual levels of change. For the purpose of this project, the focus will remain on the latter. On the individual acculturation level the person adopts strategies with respect to two major issues (Berry, 1997):

- the *heritage* cultural orientation that captures the extent to which they are involved with their ethnic culture,
- the *dominant* cultural orientation which reflects the extent to which individuals are involved with the host culture.

There is an assumption that the domination of one group over another implies that contact may be conflictual. Individuals use different strategies to reduce the conflict resulting from the opposing drives: maintenance of heritage culture and learning the culture of the host society. Depending on their attitudes to the cultures, the person will adapt using one of the four strategies (*Figure 2*):

- *assimilation* - adoption of the dominant society's characteristics,
- *integration* - becoming an integral part of larger society whilst maintaining cultural integrity,
- *separation* - a voluntary withdrawal from dominant society, or
- *marginalisation* - features of the culture of origin are lost, but the person does not integrate in the dominant society.

Berry theorised that the strategy of integration, also called biculturalism, was the most beneficial for psychological and social adjustment. The marginalisation mode of

acculturation has been theorised as having increased risk for psychic conflict relative to other modes of acculturation. People using this mode are believed to be more susceptible to psychological and adjustment disorders than those who have adopted other modes of adjustment. It has been suggested that there is a sensitive period for acculturation (Cheung, Chudek, & Heine, 2011); migrants are more likely to identify with the host culture the longer they are exposed to it, but only if this exposure occurred when they are relatively young.

The four categories are based on the assumption that individuals from a non-dominant group have the freedom to choose how they want to acculturate, which is not always possible. People sometimes choose the *Separation* option, but it is sometimes demanded of them by the dominant society (*Segregation*) (Figure 2). People rarely chose the *Marginalisation* voluntarily; it is more likely that they are marginalised (*Exclusion*). *Integration* can be successfully pursued when host country is open and inclusive towards cultural diversity. Hence, full understanding of the acculturation process requires a fairly comprehensive examination of the two societal contexts. Political, economic and demographic conditions in the society of origin, the push-pull factors, should be considered when thinking about the migration motivation. Also, the historical and attitudinal orientation of the society towards immigration in the society of settlement should be explored (Berry, 2005).



### *Critique*

Berry's acculturation framework has been found to have good descriptive and explanatory power (Ouarasse & Vijver, 2005). Empirical evidence has supported the bidimensional model as a "more valid and useful operationalization of acculturation" than the unidimensional one, and the independence assumption has been verified (Ryder et al., 2000).

Nevertheless, this model has been criticised, mainly for its lack of clarity over dimensional and categorical conceptions of the acculturation modes (Lopez-Class, Castro & Ramirez, 2011; Rudmin & Ahmadzadeh, 2001). Schwartz, Unger and Szapocznik (2010) argued that the use of a priori classification assumes that all four categories exist and are equally valid, however the research suggests that more empirically rigorous ways of classifying individuals (cluster analysis), do not produce all four categories. The concept validity of marginalization strategy has also been questioned, as it seems unlikely that a person would develop a cultural sense of self without drawing any cultural context.

Likewise, the assumption that each strategy leads to a different level of well-being has also been questioned (Weinreich, 2009; Schwartz et al., 2010). Another critique of Berry's model is that it claims that the same two acculturation processes apply to all migrants equally regardless of the circumstances and the ethnic group in question. In other words, the framework gives little consideration to demographic or contextual societal factors.

The above critique is in the context of a wider process. Cross-cultural psychology as a discipline has recently engaged in a critical reflection on acculturation. For example,

Chirkov (2009) argues that the definition of acculturation and the methodology are inadequate. Subsequently, several new models have been proposed, however some have not yet been used empirically. The acculturation complexity model was proposed by Tadmor and Tetlock (2006), Schwartz et al. (2010) suggested a multidimensional model that considers the demographic and contextual forces and an eco-developmental model of acculturation considering individual-level influences and contextual-level dimensions was offered by Lopez-Class et al. (2011). Others suggested using existing models from other fields for exploring acculturation; for example Weinreich (2009) put forwards the Identity Structure Analysis framework and Tardif-Williams and Fisher (2009) suggested using Bakhtin's dialogical theory of self.

In conclusion, despite the criticisms, Berry's conceptual framework of acculturation has good descriptive and explanatory power and it has been empirically validated. As it allows investigation of acculturation and psychological adaptation, it serves as a theoretical basis for this project, as a link between immigration and mental health. The points raised by the critical cultural psychology, add to the rationale of using Personal Construct Psychology theory to explore the psychological aspects of the complex process of acculturation.

#### **4.3 Links between enculturation/acculturation and mental health/well-being**

In research, *acculturation* is most often considered as cultural socialization to the mainstream/host culture, whereas *enculturation* is the retention of, or cultural socialization to one's culture of origin (Yoon, 2013).

### *Acculturation and mental health*

The largest literature review in this area was conducted by Koneru, Weisman de Mamania, Flynn and Betancourt (2007). The review looked at over 86 studies published between 1995 and 2006; the majority of the studies were carried out in the U.S.A., some in Europe including the U.K., and in South Africa. The mental health outcomes were measured in terms of symptoms of distress, depression, psychotic symptoms, and eating disorders; very few studies included measures of well-being or positive mental health. Some studies have found a positive association between increased acculturation and mental health, while others have found a negative association or no relationship at all. This was true for all studies together as well as when these were analysed in groups by the mental health outcome researched. The only consistent finding was that greater acculturation was associated with increased substance use and abuse (9 studies). The authors concluded that the lack of consistency was due to the fact that acculturation involves a number of complex processes that have differential impact on mental health outcomes.

### *Biculturalism and mental well-being*

A great number of investigations examined the assumption that one specific acculturation strategy, namely integration, was linked with better psychological adjustment (Phinney & Devich-Navarro, 1997). Many researchers found confirmation that biculturalism leads to good adjustment as the person is then able to navigate both cultures, and has social support networks from both cultures (e.g. Mok, Morris, Benet-Martinez & Karakitapoglu-Aygun, 2007). The process of negotiating two cultures may lead to greater integrative complexity, intellectual flexibility, and creativity (Tadmor, Tetlock, & Peng, 2009). Conversely others argue that the process of dealing

with two cultures drains the individual and can result in stress, isolation, and identity confusion (e.g. Rudmin, 2003).

A strong significant positive relationship between biculturalism and adjustment was confirmed by Tu, Nguyen, and Benet-Martínez (2012), who conducted a meta-analysis of 83 studies published between 1980 and 2000 focusing specifically on biculturalism and psychological and socio-cultural adjustment. As the causal direction cannot be established based on the current research, the authors interpreted the results as indicating that either bicultural individuals tend to be significantly better adjusted than those identifying with only one culture, or that acculturating individuals who are better adjusted are more likely to be bicultural. Similarly, Yoon's et al.'s (2013) meta-analysis concluded that the integration strategy was most beneficial to mental health followed by assimilation and separation.

As claimed by the acculturation theory, marginalisation strategy is typically associated with deleterious outcomes. A confirmation for this link was found in Yoon et al.'s (2013) meta-analysis. Nevertheless, a number of individual studies included in this analysis revealed that assimilation or separation has more or similarly favourable associations with mental health as integration. Although this finding generally contradicted the theoretical assumptions, it could be explained by the fact that bicultural individuals are a heterogeneous group (Tu et al., 2012). People using the integration strategy may differ in how they negotiate and combine their two cultures. They may have harmonious and blended versus conflictual and compartmentalized cultures.

### *Mediators/moderators*

The variation of findings on mental health and acculturation may be due to the complexity of this relationship and the factors impacting on it that confound the findings. There is some evidence that the individual's coping resources play a mediating role. The relationship between depression and acculturative stress was partially moderated by active behavioural and cognitive coping, but not by self-efficacy in a U.S.A study involving Latino immigrants (Driscoll & Torres, 2013). A sense of coherence and perceived social support moderated the relationship between acculturative stress and positive functioning, and between acculturative stress and negative mental health outcomes, in Pakistani immigrants in Canada (Jibeen, 2011). It is worth noting that the effect on negative mental health outcomes in this study was to a large extent explained by demographic variables (low perceived income, non-relevant jobs and younger age of participants' children) (Jibeen & Khalid, 2013).

The differences in findings in individual studies of acculturation are often related to the place of study and ethnic group (Yoon et al., 2013). This suggests that social context influences acculturation process, or even that the relationship between acculturation and mental health is due to a third variable, such as social economic status or the dominant group's attitudes toward acculturation (Tu et al., 2013). Furthermore, Rudmin (2009) claims that the common finding that immigration and acculturation are distressing may arise from failure to control for the negative effects of discrimination and low socio-economic status.

Several studies provided evidence of this. For example the relationship between acculturative stress and mental health symptoms among Korean international students in the U.S.A. was moderated by social support (Lee et al., 2004). An aspect of social

support, the perceived ethnic density, was proved to mediate the negative relationship between acculturation and symptoms of depression in Hispanic older adults in the U.S.A, even after controlling for demographics (Kwang, Jang & Chiriboga, 2012).

Low economic status, underemployment, limited education, higher native language proficiency, perceived discrimination, refugee migration, and being a first-generation migrant were shown to increase acculturative stress (Luecka & Wilson, 2010; Thomas, 1995). Also, household income, length of residency, marital status, education, and living alone were found to significantly relate to depression in Korean immigrants in the U.S.A (Bernstein, Park, Shin et al., 2011). Moreover, the experience of discrimination and English language proficiency were significant predictors of depression, but acculturation stress was not.

On the other hand, high socioeconomic status, including education and employment, English language proficiency, voluntary migration, supportive social network, and U.S. citizenship serves as a buffer against acculturative stress (Luecka & Wilson, 2010; Hovey & King, 1996).

### *Critique*

The main limitation, as well as the reason for varying findings, is the lack of consistency in how acculturation is conceptualised and operationalised (Zane & Mak, 2003). Differences in definitions and models of acculturation result in considerable measurement heterogeneity; acculturation has been measured unilinearly, bilinearly, and typologically (Alegria, 2009; Nguyen & Benet-Martinez, 2007). Some studies employ single variables (e.g., language, nativity status) to represent acculturation;

some use scales designed for specific ethnic groups and/or context, whereas others use more generic scales (Thomson & Hoffman-Goetz, 2009).

Because meta-analyses use studies as the unit of analyses, the limitations of the individual studies also become the limitations of the particular meta-analysis (Alegria, 2009). There are methodological differences between studies, which makes the results not entirely comparable or generalizable. Findings across studies also vary for reasons related to differences between particular immigrant groups and host nations. Students are frequently used in studies, where they account for a small proportion of migrants, which makes the samples unrepresentative. The meta-analyses tend to include studies published in English only, missing out on finding of studies published in other languages or unpublished studies. There is a high heterogeneity of measures used, both for acculturation and mental health (Yoon, 2013). Furthermore, the studies tend to be correlational and cross-sectional in design, which limits the ability to infer causal relationships among variables or capture the gradual process of acculturation (Tu et al., 2013). Qualitative studies are usually not included as they do not fit the quantitative framework (Yoon, 2013).

Research reflects current thinking that successful acculturation to a host culture is associated with psychological well-being, which could lead to researcher's biases starting from what research questions are asked and the way results are interpreted. Rudmin (2009) argues that current thinking is based on a historic assumption that ethnic minorities have impaired health owing to the inferiority of their cultures, or due to the distress in the cross-cultural context. *'Thus, it is called a "paradox" and "counter-intuitive" when data show minorities to have superior mental health'* (p.

107). His position on research on mental health outcomes of acculturation is similar to this of Nguyen's (2011) on 'immigrant paradox'.

### *Summary*

In summary, extensive research has been done to examine the relationship between acculturation and poor mental health. There are many discrepancies in findings between individual studies; the comprehensive meta-analytic studies point to the potential benefits of acculturation, with the exception of substance abuse, as they are related negatively. Generally, the integration acculturation strategy (biculturalism) is found to be associated with the best mental health outcomes, however, individual differences and contextual factors play a significant role. Further research is needed to answer these questions about directionality and causality of the relationship between acculturation and mental health, as the complexity of acculturation process is yet to be fully understood.

## **5 PERSONAL CONSTRUCT PSYCHOLOGY**

### **5.1 Overview of PCP theory and its view on psychological disorder**

Kelly's theory (1955) is organized into a fundamental postulate and a series of corollaries elaborating on this. The fundamental postulate is that “a person’s processes are psychologically channelized by the ways in which he [she] anticipates events” (Kelly, 1955, p. 46). PCP is grounded in constructive alternativism; i.e. there is an objectively real universe, but as individuals we can only know it to the extent that we construe it and that events are always open to alternative constructions. A person is like a scientist developing their own theory about the world. Construing is an active, ongoing process in which we try to give meaning to our world and to predict future

events. In order to do so, we each use a finite number of dichotomous constructs; 'each construct is convenient for the anticipation of a finite range of events only' (Kelly, 1955, p. 68). The more permeable the construct is, the more new elements it will admit to its range of convenience. Constructs are organised hierarchically, with more superordinate constructs subsuming those more subordinate.

New events are approached with a network of personal constructs that attempt to make sense of them. If the hypotheses, and constructs from which these were derived, are invalidated by the person's experience, it usually leads to the revision of these constructs. The awareness of a particular transition in construing is associated with the experience of a particular emotion. For example, when we become aware that we are confronted with an event that lies outside the range of convenience of our construct system, we experience *anxiety*. *Threat* is experienced when we are aware of imminent comprehensive change in core structures central to our identity (Kelly, 1955).

People are psychologically similar to one another to the extent that they use similar constructs (commonality corollary). Individuals with the same cultural background will tend to construe world more similarly than those with different cultural backgrounds. Each person has a somewhat different set of personal constructs as a result of having had a different life history (individuality corollary). To have meaningful interactions with another it is necessary for the person to construe their construction processes (sociality corollary).

Optimal functioning is characterised by openness to interactions with the environment, the construct system being relatively open and well organised, and

capable to construe alternative interpretations of events, so that not every experience will imply changes in self-construing. *"Optimally, construing and its transitions proceed in cyclical fashion, and involve a flexible response to new experiences, whether these be validating or invalidating, including a balanced use of strategies in response to invalidation"* (Winter, 1992, p. 16). There is a balance of processes of change and of maintenance of stability.

Psychological disorder results from the person's failure to revise constructions in response to invalidation and the subsequent repeated use of invalidated constructions. Such disorders can be viewed as representing strategies by which the individual attempts to cope with invalidation and avoid uncertainty, particularly within a social context (Winter, 1992). These strategies are used rigidly and extensively rather than flexibly and cyclically in balance with other strategies.

## **5.2 Application to the experience of immigration and acculturation**

The construct system that we develop is assembled by and in our interactions with others and develops to a large extent to make sense of ourselves and those others. Everybody is to some extent a product of their time and culture as we silently absorb aspects of our cultural environment. Kelly viewed culture as a shared system of meanings (Walker, 1996), the pool of experiences upon which future experience will be based (Oliver & Schutsmeyer, 2006). Some of these experiences are shared and some are more individualised.

Culture plays a major role in the actual creation of our meanings, as well as in the validation process of these. *"Our construction of culture provides a framework for making meaning out of our lives and the lives of others. Thus our construction of*

*culture mediates all of our relationships*” (Lietner, Begley & Faidley, 1996, p. 331). Cultures that provide confirmation for more of our personal meanings are more comfortable for us than those that provide affirmation of fewer meanings (Lietner, Begley, & Faidley, 1996). Furthermore, cultures that confirm our more superordinate constructions will result in greater satisfaction than those that invalidate our more central meanings. Our relationship to cultures can be construed as a mixture of personal validation and invalidation, which could serve as basis for psychological understanding of different acculturation strategies when living in a new culture.

When living in a cross-cultural context, the potential for invalidation of one’s construing is greater, and with a more dramatic impact, than when living in a given culture (Scheer, 2003). Migrants may face events falling outside the range of convenience of their construct system, i.e. their construct system is unable to accommodate new experiences. This may result in a major reconstruing process, where the risk of psychological disturbance lies. Psychological adjustment to immigration requires one to develop an elaborated and well-structured system of constructs that allows successful anticipation of the self and others. When the construct system relating to life before immigration remains dominant, or provides a more structured view of the world, as compared to the construct system relating to life after immigration, it may impede psychological adjustment.

McCoy (1983) talks about adjustment to a new culture using Adler’s five stage model of culture shock. The initial three stages occur in a fairly rapid sequence over the first 2-3 years. McCoy used repertory grids to illustrate the following changes in the construing of an Australian migrant in Hong Kong over a period of two years. The

first stage is *contact* with the new culture, characterised by little awareness of pervasive differences in values and organisation of lifestyles. The strangeness is experienced superficially, and peripheral constructs are concerned. During the second stage, *disintegration*, differences are increasingly noted and the person goes through a series of invalidating experiences arising from the mismatch between the previously appropriate construct system and the new cultural setting. Attempts to make the construct system more useful include *loosening* and *tightening*. If adaptation is unsuccessful the person may experience depression and a sense of alienation.

The *reintegration* stage involves more extensive and accurate construing of the new culture, and the person may proceed to a growing cultural awareness by making changes in the construct system, or to regressing to the initial stage and retreating from the new culture by minimising interactions. The choice between growth and regression results from the management of threat, permeability of core structures, incapability between cultures and the extent and importance of the interactions. The final two stages, *understanding* and *acceptance* of the new culture, are marked by the growth of personal flexibility. Cultures are construed sufficiently for the person to distinguish similarities and differences. “*Recognition of human differences as culturally derived permits non-evaluative acceptance and the opportunity to delight in cultural variety rather than being threatened by it*” (McCoy, 1983, p. 179).

Again, McCoy implies that assimilation to new culture is most beneficial in terms of psychological functioning. The historical basis for this assumption could be questioned. Oliver and Schutsmeyer (2006) suggest that the host country attitude towards immigrants and people of ethnic minorities may significantly impact on the

acculturation outcomes. When ‘attempting to engage in meaningful relationships in a society that is unable or unwilling to provide core validation, individuals may create meanings based upon expectation that their experiences will be discounted or ignored’ (p. 103), and thus retreat from meaningful personal relationships within the host community.

Concluding, construing of individuals is embedded in a social and cultural environment. Immigration holds a great potential for invalidation of construing and hence increases the risk of psychological difficulties. The PCP approach offers a useful perspective on adjustment to life in a new culture, and it may help to shed more light on the individual’s psychological processes involved in acculturation.

### **5.3 Relevant research**

Kellian psychology offers a particularly useful perspective for thinking about and researching culture, as cultural differences are expected and respected (Davidson & Reser, 1996). It has a long and successful history of use in exploring people’s perceptions of themselves and others (Burr, Giliberto & Butt, 2013). Several corollaries allow for some individual construing to be cultural construing also and vice versa: the commonality, sociality and individuality corollaries. Despite the obvious suitability for cross-cultural research PCP and repertory grids have been used rarely (e.g. Goins, Winter, Sundin, et al., 2012).

It is widely accepted that living in a different culture may be experienced as challenging. Hamad and Lee (2013) explored construing of Saudi Arabian

international graduate students living in Canada. The results indicated that the social life in the new country evoked strong feelings of isolation, stress, and discrimination. Participants construed themselves in the host country as “more anxious”, “less successful” and having a “more challenging life” compared to their selves in the country of origin. The analysis showed that constructs related to social roles (e.g. classmate, friend, member of culture) were positive when clustered with Saudi roles (e.g., social and confident classmate), and were negative when clustered with Canadian roles (e.g., isolated and shy classmate, foreigner who faces racism). The obvious limitation of the study was a small purposive sample and the use of translation. This way of construing could have had implications for use of a specific acculturation mode.

Chau-Ping Lee (1984) used repertory grid technique to explore personal value systems of Chinese immigrant women in the process of adjusting to Canadian culture. She demonstrated how the acculturation process leads to an everyday experience of conflict of values. Migrants altered their construct system in diverse ways to manage this conflict. Six distinct strategies were identified based on definite differences in structural patterns of construct systems: a reaction against Chinese identity, realignment with peripheral values, the cultivation of a core personal identity, compartmentalization, an affirmation of Chinese identity, and positive expansion against Chinese identity.

A recent study by Burr et al. (2013) explored intercultural perceptions of British and Italian participants. There was substantial commonality in the perceptions of both groups, and each group envied some of the qualities of the other. People from both

cultures were given access to each other's perceptions. Participants initially struggled to accommodate how they were seen by the other; they resolved this difference by construing at a more superordinate level. The authors conclude that a more successful reconstruing process takes place when the pre-existing construct system is sufficiently permeable to incorporate and shift constructs when adjusting to a new situation.

The above study shows one of the challenges of migration – being faced with stereotypes of one's own ethnic group. If migrants share a negative stereotype of their ethnic group which is held by the members of the host country, this may impact on their acculturation process. For that reason, the repertory grid studies looking at the issue of self and stereotype dissociation may also be of significance for this project. Research involving Serbian students showed that they shared the negative stereotype about Serbian national identity espoused in the mass media of the majority of foreign countries during the 1990s (Stojnov, Knežević & Gojić, 1997 cited by Stojnov, 2013). It was hypothesised that they needed to resolve the conflicting experiences flowing from the stereotype about Serbs and their personal experience about themselves. Two main ways of achieving this were treating the picture presented by the media as untrue, and owning the stereotype about their own nation but dissociating themselves from that picture by reducing the importance of their national identity. The latter strategy was accepted by two thirds of participants.

Two studies that looked at the second generation migrants hold some relevance to this project as they show the challenges posed by living in cross-cultural contexts. Kelly (1989) looked at ethnic identity of second generation Pakistani Muslims and Greek Cypriots in Britain. He divided the Muslim sample into "progressive" and "orthodox"

groups, where progressive persons identified most closely with the native British group. These groups could be seen as representing people using different acculturation strategies: *assimilation* and *separation*. The first group had the highest level of identification conflict with their own ethnic group representatives, e.g. in mosques. The identification with aspects of both cultures, and a simultaneous desire to dissociate from some qualities, explained the high level of identity diffusion in this group. However, all of the groups had a high self-evaluation, which did not support the view that "culture conflict" has a detrimental effect on self-evaluation. This study did not point to a single acculturation strategy being most adaptive.

It is generally accepted that the *integration* acculturation strategy is most beneficial for psychological wellbeing. Patel (2003) conducted a repertory grid study with second generation Asian women in the U.K. showing that even women who considered themselves as bicultural experienced psychological distress. However, the impact of the conflictual identifications varied depending on their strength. Highly conflictual identifications were associated with a negative effect on one's sense of well-being, while mild ones served as a trigger for identity development. The experience of integrating the conflicting demands of home and wider society was concluded to be a potential psychological stressor associated with migration and acculturation processes.

Winter, Baker and Goggins (1992) investigated constructs employed by people in a psychiatric hospital engaged in a rehabilitation programme preparing them for the transition from institutional to community psychiatric care. People were more likely to feel ready for discharge and to be perceived as such by the staff when their constructs

applicable to people outside hospital were relatively highly organised compared to constructs applicable to people in hospital. The relatively higher organisation of a construct subsystem concerning the world outside hospital was associated with a higher level of activity and relationships, and fewer behavioural problems. These clients were followed up after their pre-rehabilitation assessment (Winter, Goggins, Baker & Metcalfe, 1996). The structure of the construing of the world outside psychiatric hospital effectively differentiated clients who went on to successfully resettle in the community at 6 and 18 months and those who did not. This study shows that PCP has high explanatory and predictive value.

#### **5.4 Summary**

In summary, the scarce studies to date show that PCP can be successfully applied to exploring immigration and acculturation. The findings so far confirm that immigration can lead to a more negative construing of self and experience of conflict of values. Some of the strategies employed to manage inconsistencies in construing overlap with the current understanding of acculturation modes. The integrative acculturation strategy could lead to various mental health outcomes depending on the strength of the conflictual identifications. Overall, the existing PCP literature confirms that the experience of immigration holds a potential for psychological distress as major transitions require major reconstruing. The mental health outcome depends on the person's ability to successfully reconstrue their construct system. The less the person elaborates a construct subsystem applicable to the elements with which they are confronted in their life after immigration, the more likely this move will be an anxiety provoking prospect. It is possible that construing of the world post-immigration successfully distinguishes those who psychologically adjust, from those who do not.

Exploring acculturation phenomena on the level of personal construing offers promise in explaining the inconsistencies found in the literature.

## **6 POLISH IMMIGRATION IN THE U.K.**

### **6.1 Overview of social and historical context**

Over the past decade the U.K. has experienced substantial growth in its immigrant population. The Census 2011 (ONS, 2011a) has shown that 13% of residents were born outside the U.K., most commonly in India, Poland and Pakistan. Migration from Poland to the U.K. can be seen as occurring in three distinct waves (Iglicka, 2001). Some migration occurred during the Second World War, then immediately following the collapse of the communist regime in 1989. The most recent wave began on 1st May 2004, when Poland and seven other European countries joined the European Union (A8). The Polish-born population of the U.K. increased markedly in a short period of time, from 58,000 in 2001 to 646, 000 in 2012, with Poles becoming the largest foreign group in the country (ONS, 2013). Polish language is now the most widely-spoken non-English language in England and Wales.

The vast majority of A8 migrants are aged between 16 and 39, and single (Pollard, Latorre & Sriskandarajah, 2008). It is often suggested that Polish migrants are young and well-educated (e.g. Anderson, Ruhs, Rogaly et al., 2006). However, some reported that three-quarters of them are not university graduates, many have poor language skills and some represent marginalised sub-groups such as homeless people and Roma (White, 2011).

### *Reasons for migration*

Polish migrants were said to leave for economic reasons. The demographics in Poland, namely the high number of births in Poland in the early 1980, played a role. The 'baby boom' led to a sudden rise in the number of graduates; nearly 1300.000 people were studying at university level in Poland in 2007 (GUS, 2008). At the same time Poland experienced a dramatic increase in the unemployment rates (29% in 2006) (GUS, 2007) making emigration an attractive option.

Whilst acknowledging the economic reasons (Pollard et al., 2008), other motivating factors, such as an opportunity to live in a more liberal society or to broaden horizons, and to improve English skills, have also been explored (Burrell, 2010; Janta, 2007; O'Brien, 2011). Others pointed out the family orientation, a wish for better quality of life and opportunities for the future of children (White, 2009). Burrell (2010) spoke about the 'push' factors, stating that Poles were driven out of their country by the perceived corruption, lack of transparency of hiring and firing practices and insecurity of available jobs. This was confirmed by the qualitative study (Galasinska & Kozłowska, 2009), which reported that migrants criticised the reality of working life in Poland and compared it to a 'normal', 'friendly' and 'just' view of the same in Britain.

### *Underemployment*

Poles are a well-established group with an employment rate of 84% (A8 migrants), which is nine points higher than for those born in the U.K. (Pollard et al., 2008). Despite legal migrant status and potentially improved living and working conditions, compared with the country of origin, Poles continue to face variable work conditions and are more likely to hold temporary or less protected jobs and sometimes face

exploitation (Burrell, 2010; Hickman, Crowley & Mai, 2008). It is common for Polish immigrants to have higher formal skills than their occupational status suggests; they 'downgrade' when they arrive in the U.K. (Anderson et al., 2006; Somerwille & Sumption, 2009). This is because their skills are not recognised, or due to language or other barriers such as the stereotype of them being 'good unskilled workers', prevent them from practising their trained occupation or progressing in their careers (Hickman et al., 2008).

Underemployment may lead to depressive symptoms, low life satisfaction and low self-esteem (Dollard & Winefield, 2002). Pearson, Hammond, Heffernan et al. (2012) identified four responses to underemployment in Polish migrants in the U.K., depending on the person's experience of professional identity loss and feelings of dissonance or discomfort between where they are and where they want to be. These were classed as *struggling*, *satisficing*, *striving* and *succeeding*. *Struggling*, for example, represented a state in which migrants experienced low professional identity and high dissonance; this was linked with the experience of dissatisfaction, frustration or confusion and feelings of sadness, shame, guilt, and loss in participants. These psychological responses may change over time.

It is argued that many migrants made economic, emotional and self-development trade-offs (Anderson et al., 2006; Janta, 2007). For example, Poles may work below their skill level, but earn more money than they would have in their home country. Many tolerate underemployment because they perceive it as a temporary situation, and they see potential benefits of it, such as learning English, lively social environment, flexibility and opportunities for career progression. Nevertheless, some

reported feeling under-stimulated intellectually, frustrated, isolated and vulnerable to exploitation.

## **6.2 Relevant studies**

### *Polish community*

Several studies showed the tensions between 'old' and new 'waves' of immigration, who distance themselves from each other (Garapich, 2007). The most recent migrants' group portrays themselves as 'modern, open, mobile, egalitarian, highly skilful and well-educated, in striking contrast to post-war migrants, who are living in the past and not able to move with the spirit of the time' (Galasinska, 2010, p. 947). The post war immigration group is explicitly negative about newcomers and the post-1989 migrants are ambiguous about both post-war and post EU enlargement groups.

Fomina (2009) identified two subgroups within the 'new' immigration: English-speaking newly-arrived Poles who distance themselves socially from other Polish migrants, and the 'less resourceful' Poles who associate mainly with co-ethnics. This division may be related to the class differences (Gill & Bialski, 2011; Ryan, Sales, Tilki et. al., 2008). The low socio-economic status migrants appeared to share a wide, yet relatively loose social network. Those who rely most on ethnic networks are the most critical of their fellow Poles. Ethnic networks have the potential to lock migrants into specific niches, thus exacerbating competition, rivalry and exploitation (Ryan et al., 2008). On the contrary, they emphasized that their own small circles of friends were very supportive (Selkirk, 2010). The higher status migrants on the other hand, particularly those with high levels of qualifications and linguistic skills, had little or

no connection with Polish community network, and appeared more able to build horizontal social ties with non-co-ethnics.

Gill and Bialski (2011) proposed that the fact that migrants need higher levels of support immediately after their arrival, may have caused significant intra-ethnic tension as co-ethnic ties are exploited in the short term and then rejected. This sort of tension may be explaining the reports of the social distancing that takes place by some Poles from others; 'Poles abroad don't help each other'.

### *Mental health*

Several studies explored the experience of migration and its impact on the well-being. Polish immigrants reportedly experienced significant levels of stress (Smolen, 2013a/b); over 40% of respondents reported heightened level of stress; 36% were under permanent stress, and 5-6% experienced high levels of stress. Although, the methodology of this particular study was poorly described, the findings were confirmed by other small scale qualitative U.K. studies. For example, Weishaar (2008) reported that Polish migrants in Edinburgh identified immigration as a stressful life event and several participants reported psychological distress and decreased health, which manifested via headaches, sleeping problems, raised heart rates, and anxiety or depression.

A project funded by the Department of Health aimed to establish the prevalence of mental distress among Polish migrants and the pressure points threatening their mental well-being (Kozłowska, Sallah & Galasiński, 2008). Nearly half of the respondents scored above the threshold score on the GHQ-28, indicating that they might have suffered high psychological distress and were at risk of developing a mental disorder.

There were no statistically significant differences in mental health for gender, age, place of origin, social capital, cultural capital, duration of residency and length of planned residency. They found an association between psychological distress and satisfaction with one's decision to migrate.

During the three years between 2009 and 2012, the Embassy of the Republic of Poland in London was notified of 67 cases of suicides of Polish citizens residing in Southern England (Smolen, 2013a). The majority were committed by males aged between 22 and 39. In some cases a probable cause was established: personal and family issues, depression, loss of employment and eviction.

Several migration-related stressors were identified: language barrier, separation from family, poor working conditions, underemployment, practical side of settlement, and a sense of alienation (Smolen, 2013a/b; Weishaar, 2008). Speaking limited English on arrival reduced migrants' opportunities for social interaction. Some reported feeling restricted from being their 'usual self' and hence feeling negatively about themselves (Weishaar, 2008). Some participants reported feelings of self-doubt, thoughts of inadequacy and feelings of inferiority (O'Brien, 2011). They experienced a sense of disconnection, isolation and lack of closeness in relationships with British people, due to perceived differences in social conventions and the concept of friendship; this represented an identity threat in the form of challenging one's sense of belonging (O'Brien, 2011).

Migration brings benefits as well as challenges (O'Brien, 2011). Poles expressed tension between values - wanting to pursue personal development whilst being drawn back to Poland through a desire for social and familial closeness and family

obligations. Living in the U.K. was valued by participants and associated with a sense of freedom to develop personally; they valued openness and tolerance as perceived characteristics of U.K. society. This was contrasted with feelings of constraint in Poland inhibiting personal growth and self-actualisation.

#### *Help seeking behaviours*

Mental health problems are considered a 'private' subject in Poland (Selkirk, 2010). Psychological distress is generally attributed to life stresses and social factors, such as divorce, pressures at work, and poverty. Judgements about emotional distress are made based on how reasonable it is given the circumstances. Participants described negative consequences of contact with the scarce mental health services in Poland such as stigma, and employment discrimination. Similarly, McFarlane (2005) gave example of the fear of stigma: *'In Poland nobody would go to the doctor or to mental health services if they were depressed. It is a fear of what other people might think – they would be seen as a freak if they were using mental health services so they will not use those services here either. You would have to be really hearing voices or something before anyone would go'* (p. 54-55).

Polish migrants prefer using informal networks rather than services at times of crises. In Smolen's study (2013a), only 5% of respondents consulted a psychologist and 1% consulted a psychiatrist, despite long term levels of stress reported by 42 % of respondents. Coping strategies in relation to distress appear to be highly gendered (Selkirk, 2010). Women reported to utilise a combination of individual self-soothing activities and emotional expression in a close social circle. Substance use and acting out emotions were presented as male coping strategies by female participants. It was

also found that Poles had limited knowledge of the NHS and did not trust the mental health services (Kozłowska et al., 2008).

In other studies, Poles were found to be very resourceful and actively approaching migration related stressors (McFarlane, 2005), Poles employed various strategies including problem-solving, emotion-regulating and appraisal-oriented strategies (Weishaar, 2010). Maintaining contact with family and friends back in Poland emerged as an important factor in adjustment.

A relationship between enculturation and willingness to use psychological help by Polish immigrants in the U.K. was explored by two studies (Bassaly & Macallan, 2006; Selkirk, 2010). Both found that identification with Polish culture (in one study coupled with strong rejection of majority culture), inversely predicted recognition of the need for psychological help, comfort in disclosing problems, confidence in psychological services, and expectations of being accepted for psychological treatment. Neither the identification with the British culture nor bi-cultural identification, were related to willingness to use psychological help. Adopting the host culture's values led to increased perceptions of stigma and doubts about being accepted for treatment.

### *Acculturation*

There are no specific studies on acculturation strategies of Polish immigrants in the U.K. However, there are some studies within social psychology on social attitudes towards the representatives of the culture of origin and the host country. Studies illustrate a range of Polish attitudes, from racism to enthusiastic immersion in multicultural activities (White, 2011). However, it is at times difficult for Poles to

establish friendships with English people despite fluent language (Janta, 2007, Spencer et. al., 2007). Either their paths do not cross because they were working with other migrants or they perceive the British people they met to be polite but distant. They seem more likely to make friends with other groups, such as Irish or Australians, which appear to be based on shared experiences of migration (Ryan, 2010). Others found that contact with host community increases positive attitudes towards them. Poles who socialised mainly with Scottish people perceived Scottish society as offering more freedom and flexibility, than those who had little contact with host community (Selkirk, 2010). They identified less strongly with Polish culture and rejected aspects of it. Those who identified strongly with Polish culture provided positive accounts of Polish communities (Selkirk, 2010).

In order to understand migrants' acculturation process, it is important to include both features of the country of origin and the receiving country (Berry, 1997). The responses to the newcomers in the media and within local communities varied. On the one hand, Poles were being portrayed as 'good workers', dynamic high achievers who will aid the U.K. economy, and who want to integrate with British society (Fomina & Freak, 2008). British employers appreciate the contribution that immigrant workers made to sustained productivity (Hickman, Crowley & Mai, 2008). On the other hand, Poles were described as a 'threatening menace', a frightening foreign other, bringing odd cultural traits, pushing up crime rates, being too competitive ('they take our jobs') and being responsible for unsustainable pressure on social resources such as health welfare (Fomina & Freak, 2008; Hickman et al., 2008).

Ryan (2010) wrote about re-negotiating ethnic identity when moving to a different country, where migrants may be confronted with negative stereotypes of themselves.

Hence Polish migrants are most likely to negotiate and define their identity in relation to 'others' within their ethnic group. This could impact on the identification with the heritage culture.

In summary, despite the potential for bettering one's life, immigration was experienced as a stressful life event by most of the participants. Studies to date have a varied level of rigour in methodology and samples are small, and findings are clouded by using the second language of participants and interpreters. They nevertheless highlighted the vulnerability of Polish economic voluntary migrants. Some reported high rates of suicide and that nearly half of participants were at risk of mental health difficulties. Moreover, they were unlikely to seek professional help. Acculturation strategies are likely to be influenced by social class and skills level of the individual, and the attitudes of the British society towards this group.

## **7 RATIONALE FOR THE STUDY**

There is a growing need to understand the impact of immigration and the subsequent acculturation process on mental health, with a view to preventing and treating mental ill-health. Migration within the borders of the EU is voluntary; however, even this kind of migration brings dangers threatening mental health. Migrants are involved in a very complex process of responding and adapting to a new environment, and the outcome depends on many personal and contextual factors preceding and following immigration.

Despite methodological limitations, studies generally show that immigration increases risk of mental health difficulties; findings for psychoses are the most consistent.

Nevertheless, there is growing evidence for the 'immigrant paradox'. Studies have also shown variation in the incidence of mental health difficulties between immigrant groups. Theoretical models and research evidence generally point to acculturation to the new culture and simultaneously retaining one's culture of origin (biculturalism) as beneficial. However, acculturation is a complex multi-layered process and the most commonly used conceptual framework does not sufficiently explain the underlying mechanism behind the variation in mental health outcomes. It is still unclear why some individuals living in similar socioeconomic conditions, within the same immigrant group, develop mental health difficulties and some benefit from immigration.

This study looks at the relationship between acculturation, psychological adjustment and construing before and after immigration in Polish immigrants in the U.K. PCP is used in this project as it is particularly suited to exploring individuals within cross-cultural contexts. It also offers an in-depth view of adjustment to a new environment and the potential for psychological distress that lies within.

The lack of extensive research of post-accession Polish migrants to the U.K., and the sizeable community of Poles gives further rationale to the investigation. A few small scale qualitative and survey studies have provided evidence of an increased risk of depression and anxiety in this group. Gaining a deeper understanding of the processes regarding the psychological impact of migration could shed light on the individual variations within the relationship between immigration, acculturation and mental health. This might inform direct clinical work, training and development of services, and benefit clinicians, researchers and migrants themselves.

## **8 RESEARCH HYPOTHESES**

The hypotheses have been designed to explore the relationships between level of psychological adjustment, acculturation mode and possible changes within the structure of the construct system used by Polish immigrants. This will include the possible changes in how they construe themselves and others as well as the structure of the construct system. Comparison of the construct system relating to the world before immigration and after immigration will be carried out.

### **Hypothesis I**

Current psychological adjustment is related to cultural attitudes in such a way that:

- good psychological adjustment is related to positive attitudes towards heritage and mainstream cultures
- poor psychological adjustment is related to less positive attitudes to heritage and mainstream, cultures.

### **Hypothesis II**

Construing is related to cultural attitudes in such a way that:

- more superordinate and more structured construing of the pre-emigration world is related to more positive attitudes towards the culture of origin
- more superordinate and more structured construing of the post-emigration world is related to more positive attitudes towards the host culture
- more salient construing of the pre-emigration world is related to more positive attitudes towards the culture of origin
- more salient construing of the post-emigration world is related to more positive attitudes towards the host culture

- smaller distances between Self and Ideal Self and between Others and Ideal Self in the construing of the pre-emigration world are related to more positive attitudes towards the culture of origin
- smaller distances between Self and Ideal Self and between Others and Ideal Self in the construing of the post-emigration world are related to more positive attitudes towards the host culture
- less conflicted construing of the pre-emigration world is related to more positive attitudes towards the culture of origin
- less conflicted construing of the post-emigration world is related to more positive attitudes towards the host culture

### **Hypothesis III**

Construing is related to current psychological adjustment in such a way that:

- poor psychological adjustment is related to relatively less superordinate and less structured construing of the post- than pre-emigration world
- poor psychological adjustment is related to relatively less salient construing of the post- than pre-emigration world
- poor psychological adjustment is related to relatively more tight construing of the post- than pre-emigration world
- poor psychological adjustment is related to a more negative construing of the post-emigration self than the pre-emigration self
- poor psychological adjustment is related to less favourable construing of post- than pre-emigration significant others
- poor psychological adjustment is related to more conflicted construing of the post- than pre-emigration world

# **METHODOLOGY**

## **1 DESIGN**

The major research aim was to explore the relationship between construct systems, acculturation mode and psychological adjustment of Polish immigrants. The design of the study was therefore non-experimental, correlational and cross-sectional. The study variables were investigated using repertory grid technique as a measure of the construct system, and self-report psychometric questionnaires to measure acculturation, life satisfaction, affect and mental health symptoms. These were chosen with a view to exploring the relationship between construing, acculturation and psychological adjustment. The chosen design has both strengths and limitations. It is possible that qualitative methodology would allow a more in-depth exploration of this research topic, however, it would not give information about the direction and strength of the relationships between psychological adjustment, acculturation and construing. Solely using questionnaires or survey would limit the discovery of additional individual factors; such as those related to construing, which have not been previously considered. Overall, given the extensive literature on the subjects of immigration, acculturation and psychological well-being, the chosen methodology is appropriate.

## **2 PARTICIPANTS AND SAMPLE SIZE**

This study used a non-clinical convenience sample of UK based adult Polish immigrants who had lived in the UK continually for at least 2 years, and who arrived after EU accession in 2004. This allowed for a relatively homogenous sample with respect to the socio-political context in the country of origin and the host country.

An a priori power calculation was conducted with the computer programme G\*Power. Assuming a modest effect size of  $r=.30$  for Spearman's correlation to a sample size of 37 was determined sufficient to detect this correlation with a power of .80 and an alpha error of 10% (one tailed). Forty participants took part in this study.

### **3 MEASURES**

The data collection pack was made up of four psychological measures, a repertory grid structured interview, and a questionnaire. This included pre-existing measures of acculturation and psychological adjustment, and measures developed by the researcher for the purpose of the present study, namely a repertory grid and socio-demographic questionnaire.

#### **3.1 Socio-demographic questionnaire**

The socio-demographic questionnaire was developed by the investigator to gather basic participant information. This consists of questions about their age, gender, length of time in the U.K., circumstances of immigration, education, English proficiency, employment, socio-economic situation, relationship status and contact with mental health services (Appendix 1). The majority of questions are in the closed-ended format, as it prompts respondents about possible answers, and the responses are easier to analyse, quantify and compare (Barker, 2010).

#### **3.2 Repertory Grid**

The repertory grid was chosen for this study as the main research instrument. This tool is a derivation of Kelly's Role Construct Repertory Test (Winter, 1992). Hardison and Neimeyer (2011) argue that the repertory grid is designed to assess how the individual

makes sense of the world, which results in a more holistic view of the respondent's meaning system than when using more traditional psychological assessments. It has been argued that the repertory grid offers rich data on underlying structure and content of the person's construing (Fransella, Bell & Bannister, 2004). Furthermore, McCoy (1983) asserts that this technique has high flexibility and high relevance when compared with 'objective' measures, and thus it is relatively free from examiner effects. Hence it can be administered in the person's first language without translation.

The repertory grid takes the form of a structured interview that aims to examine the way in which elements are construed. Elements are defined by Kelly as 'the things or events which are abstracted by a construct' and are one of the 'formal aspects of a construct' (Kelly, 1955, p.95, as cited in Fransella et al., 2004). Constructs are elicited for a set of elements and then it is examined how each element is made sense of in terms of these constructs (Butt, 2008).

The topic of the grid was construing of self and others before and after immigration, and therefore in this grid, people were elements and the ways in which they were anticipated were the constructs (Appendix 2). The element categories were derived from the theory of acculturation, so they were within the range of convenience of the investigated construct subsystem in order to match the specific aims of this study.

The first stage of the interview was to elicit elements. All participants had their "self before immigration", "self after immigration" and "ideal self" as elements. Participants were asked to think of four Polish people whom they knew before immigration; two people whom they liked and two people whom they disliked. After generating Polish elements, they were asked to think of British people they knew after they immigrated

to the UK; two people whom they liked and two whom they disliked. They were encouraged to choose a woman and a man for each category.

The second stage aimed to elicit constructs. The emergent pole of a construct was elicited using the 'triadic difference' method (Jankowicz, 2004), by presenting three elements at a time and asking how two are alike in some important way, but different from the third. Participants were shown three randomly selected flashcards with the names of these elements, which could be moved around. 'Before immigration' constructs were elicited by generating triads from Polish people elements and the 'self before immigration' element. The same procedure was used for eliciting 'after immigration' constructs; constructs were elicited by generating triads from British people elements and the 'self after immigration' element.

The implicit pole of the construct was derived using the 'opposite method' with a view to obtaining clearly bipolar constructs (Fransella et al., 2004); this was achieved by asking what the opposite of the stated characteristic was. A total of five 'before immigration' and five 'after immigration' constructs were elicited. The first few elicited constructs are regarded as more personally meaningful (McDonagh & Adams-Webber, 1987). To counteract this order effect, constructs were elicited alternatively from 'before immigration' and 'after immigration' triads, and in half of the participants elicitation commenced with a 'before immigration' and in the other half with an 'after immigration' triad.

The final stage required the participant to rate the degree to which each construct described the element being rated. A 1-7 scale was defined by the two construct poles,

where 7 represented the emergent pole of the construct, and 1 represented the implicit pole of the construct.

### **3.3 Vancouver Index of Acculturation (VIA) (Ryder et. al., 2000)**

A number of acculturation instruments have been published and more continue to be developed; Taras (2007) identified 69 instruments specifically for use with people from African American, Hispanic and Asian minority groups. Acculturation has been measured unilinearly, bilinearly, and typologically (Nguyen & Benet-Martinez, 2007). Each of these approaches has its own limitations. The unilinear scales confound biculturalism and marginalization, and the typological tools (assessing four acculturation strategies separately) lack scale independence due to the use of forced-choice responses.

The Vancouver Index of Acculturation (VIA) (Ryder et. al., 2000) (Appendix 3) was chosen for this study because it is rooted in the bidimensional model of acculturation (Berry, 1997). The measure was validated on an Asian Canadian sample, however, the ethnic-specific, religious practices and language items were excluded. Therefore it can be successfully applied for other national groups and has been used with Polish migrants in Germany, the V-SA(PL) (Schimanski, 2008). The VIA is a 20-item self-report scale with two subscales: Heritage and Mainstream. Items address several areas of cultural identification including: values, social relationships and adherence to cultural traditions. The response format is a 9-point scale ranging from ‘strongly disagree’ to ‘strongly agree’; high scores on both subscales represent biculturalism.

Internal reliability estimates for both subscales are acceptable (alpha values .85 to .92). The subscales showed strong correlations with concurrent validity indicators, i.e. proficiency of English, identification with mainstream culture. A Polish version used in the German study was obtained (Appendix 4). The wording of certain items on the VIA was altered to reflect the British context of this study, specifically each occurrence of 'German' was changed to 'British' (Appendix 5).

### **3.4 Measures of psychological adjustment**

Psychological adjustment is referred to as subjective wellbeing. Poor psychological adjustment is linked to mental ill-health with emotional and behavioural symptoms. Pavot and Diener (1993) asserted that research identified two broad aspects of subjective well-being: an affective component, and a cognitive component, which is referred to as life satisfaction. For the purpose of this study three measures were chosen to ascertain level of psychological adjustment which are described below. For each of these scales a Polish adaptation and normative data have been obtained for this study.

#### *The Positive and Negative Affect Schedule (PANAS)*

The affective component of psychological well-being was measured using the Polish adaptation of the PANAS - Scala Uczuc Pozytywnych i Negatywnych (SUPIN) (Appendix 6) by Brzozowski (2010). The PANAS (Appendix 7) was developed by Watson, Clark, and Tellegen (1988) as a brief measure of the two primary facets of mood, positive and negative affect. The authors argued that the measured aspects of mood underlined more specific difficulties, such as anxiety and depression. This self-report tool comprises two 10-item mood scales. The positive affect scale measures the

extent to which a person feels enthusiastic, active, and alert; a low score is characterized by sadness and lethargy. The negative affect scale measures subjective distress, unpleasurable feelings such as anger, guilt, fear, and nervousness; a low score indicates a state of calmness and serenity. The respondent is asked to rate on a 5-point Likert scale the extent to which they experienced each feeling at the time of testing (momentary), or during the past week.

The authors have shown it is a valid, reliable and efficient measure (Watson et al., 1988). The work on the Polish adaptation, Skala Uczuc Pozytywnych i Negatywnych (referred to as SUPIN hereafter), was initiated by Jelenska (1992) and Kataryniak (1992), and finalised by Brzozowski (2010). Two versions were developed, the short 20-item version asks respondents to rate how they feel at the time of testing (momentary affect) was used in this study as it measures current mood rather than long-term personal mood disposition. The short version has slightly poorer but comparable psychometric qualities and is highly correlated with the longer version (.96 for PU-positive affect, and .99 for NU-negative affect). SUPIN has good validity as measured by correlations with other well established Polish questionnaires; these were higher for the NU than the PU scale. Factor analysis confirmed internal validity. The measure has good reliability (alpha values of .89 for PU and .91 for NU). A 4-6 weekly test-retest reliability coefficient was good for PU and NU as trait (.80-.90), but lower for NU and PU as state (.59-.73), which was expected given the concept of affect as *state* being more changeable.

Norms based on community sample were developed and will be used in this study. For this purpose, raw scores on PU and NU scales (maximum of 50) will be converted into standardised Sten scores, Sten being an abbreviation for 'Standard Ten'. A Sten score indicates an individual's approximate position with respect to other people in

that population. The individual Sten scores are defined by reference to a standard normal distribution and are demarcated by half standard deviation, where 1-4 are considered low, 5-6 average and 7-10 as high scores.

#### *Satisfaction With Life Scale (SWLS (PL))*

The cognitive component of subjective well-being was measured by the Polish adaptation of the SWLS, Skala Satysfakcji z Zycia (referred to as SWSL(PL) hereafter) by Juczyński (2001) (Appendix 8). The SWLS was originally developed by Diener, Emmons, Larsen and Griffin (1985) (Appendix 9) to measure satisfaction with life as a whole, by assessing conscious evaluative judgment of life circumstances, as compared to one's standards. SWSL consists of five statements in an endorsement format using a 7-point scale, where a higher score indicates greater life-satisfaction.

Juczyński (2001) reported good psychometric characteristics for the Polish adaptation. The scale reliability indicator was satisfactory (alpha of .81), along with the stability of the scale at 6-weekly test-retest which was .86. Theoretical validity of the tool was tested by factor analysis (single factor explained 56% of the variance), and by analyzing the relation between life-satisfaction and other theoretically related variables, such as self-esteem ( $r=.56$ ), dispositional optimism ( $r=.45$ ) and perceived anger, depression and anxiety ( $-.18, -.23, -.24$ ), and stress ( $-.56$ ) (Juczyński, 2001). Normative Sten scores data was developed for Polish population.

#### *General Health Questionnaire (GHQ-12)*

The GHQ-12 (Goldberg & Williams, 1988) (Appendix 10) is a screening device for identifying currently diagnosable psychiatric disorders (McDowell, 2006). It focuses

on the inability to carry out one's normal 'healthy' functions and the appearance of new and distressing phenomena. It covers four elements of distress: depression, anxiety, social impairment and hypochondrias. The emphasis is on the changes in condition, not the severity of symptoms as it compares the present state to the usual situation. All items have a 4 point scoring system ranging from 'better/healthier than normal', 'same as usual', 'worse/more than usual' to 'much worse/more than usual'. The question asks whether the respondent has recently experienced a particular symptom, and scores can be interpreted as indicating the severity of psychological disturbance, on a continuum.

A Polish adaptation of the GHQ, Kwestionariusz Ogolnego Stanu Zdrowia (GHQ-12(PL)) (Appendix 11), has been developed by Makowska and Merecz (2001). The abbreviated 12-item version was used in this study as its parameters were comparable to those of the full 60-item version. The criterion validity and reliability was established by testing 3 groups (inpatients, outpatients and general population) and by using the Munich version of the Composite International Diagnostic Interview for identifying caseness. Reliability of the GHQ-12 (PL) was assessed to be good (alpha .86). For the GHQ scoring pattern (0-0-1-1), a cut-off point was established at the level of 2/3 points, with sensitivity of 64% and specificity 79% (Makowska, Merecz, Moscicka, & Kolasa, 2002).

## **4 PROCEDURE**

### **4.1 Language**

The entire interview was conducted in Polish, the participants' native language. The principal researcher is fluent in both Polish and English. Through conducting the research in Polish it was hoped to ease access to, and inclusion of, the full range of

Polish immigrants. Using English language could have resulted in the exclusion of those Polish immigrants who are not competent or comfortable in English. This in turn could skew the sample by excluding those with particular modes of acculturation, i.e. separation mode, as it often associated with low host country language proficiency.

Conducting repertory grid interviews in Polish potentially ensured greater accuracy and richness of the data. It is commonly accepted that the construing of self and others is inseparable from the social context, including the linguistic aspects (Mair, 1966). For example, using constructs articulated in the weaker (second) language reduces the polarisation of judgements that are made (Lemon, 1975).

#### **4.2 Recruitment**

Participants were recruited in the Polish community within Bedfordshire. The main local community centre identified was the Parish Polish Club adjacent to the Roman Catholic Church in Dunstable. The parish priest was approached in person by the researcher, who explained the purpose of the study and asked for permission to recruit participants on the premises of the club (Appendix 12). Once this was granted, the convenience sample of participants was recruited through the Polish club and by snowball sampling, whereby existing participants were asked if they knew anyone else who might be interested in taking part in the study. The latter method has been widely used in research involving 'hard-to-reach' populations, including Polish migrants in the U.K. (Bassaly & Macallan, 2006; Davies, 2013; Sharp & Randhawa, 2014).

### **4.3 Interview**

Participants were given the choice of being interviewed in their homes or at the Parish Polish Club. All but one person chose the first option. After receiving detailed information about the study (Participant Information Sheet - Appendix 13), if potential participants were willing to take part, they were instructed to complete the consent form (Appendix 14). The interview was completed as follows: socio-demographic questionnaire, mood measure, repertory grid, life satisfaction measure, mental health screening measure, and acculturation scale. At the end of the meeting, participants were provided with the debrief sheet (Appendix 15) as well as the information about psychological services in Polish language provided by Polish Psychologists Association in London (Appendix 16).

## **5 ETHICAL CONSIDERATIONS**

Ethical approval was obtained from the School of Psychology Ethics Committee at the University of Hertfordshire (Appendix 17). Further ethical approval was considered unnecessary as the sample recruited were not a clinical population or a vulnerable group.

The main ethical considerations of this study focused on informed consent, potential distress and confidentiality. In terms of informed consent, it was highlighted in the participant information sheet what taking part in the study would involve. Both the information sheet and consent form also stated that participation was entirely voluntary and that the person could withdraw from the study at any time without having to provide a reason. Once participants read the information sheet, they were offered the opportunity to withdraw or to take more time to consider participating.

Thinking about one's transition between cultures and the stresses associated with immigration may evoke difficult feelings. No direct questions about difficult personal experiences were asked, nevertheless, participants were given contact details for a confidential helpline run by Polish Psychologists Association (PPA), in case they wished to talk to someone.

With regard to confidentiality, participants were informed that all information gathered through the study would remain confidential. It was explained that only the researcher and the research supervisors as necessary, would have access to their completed questionnaires and these would be locked in a secure location. The personal data (name and contact details) were gathered directly from the participants during recruitment and were kept separate from the questionnaires and database. Participants were allocated an identification number for use of the data analysis and the anonymised data was stored securely on a computer password-protected database.

## **6 PLANNED ANALYSES**

### **6.1 Statistical analyses**

All numerical and categorical data collected by the socio-demographic questionnaire, measures of psychological, acculturation and measures of construing extracted from repertory grids, were analysed using SPSS 21 software. Descriptive statistics are computed for each variable. A paired-samples *t* test was conducted to evaluate whether the differences between construing variables pre- and post-emigration were significant.

Main hypotheses were analysed using non-parametric tests; Spearman's Rank Order correlation coefficient (one-tailed, except where indicated) was used due to the modest sample size and the fact that not all variables met the assumption of normal distribution. Strength of the correlations reported is based on Cohen's (1988) recommendations of  $.10 < r < .29$  or  $-.10 > r > -.29$  indicating a small correlation,  $.30 < r < .49$  or  $-.30 > r > -.49$  indicating a medium correlation and  $.50 < r < 1.0$  or  $-.50 > r > -1.0$  indicating a large correlation. A  $p$  value of .05 was required for significance.

Several additional analyses were carried out with respect to socio-demographics. A paired  $t$  test for independent samples was used to evaluate differences between men and women; and a one-way ANOVA test was used for evaluating mean differences where religion was concerned. Otherwise, Spearman's correlation coefficient 1-tailed tests (except where specified) were conducted.

## **6.2 Repertory grid analysis**

Repertory Grid data were first analysed using programmes specifically designed for this purpose to derive some of the measures; other measures were obtained by manual calculations of the computerised data. An individual grid Slater analysis was conducted for each participant's grid using IDIOGRID (Grice, 2002). GRIDSTAT (Bell, 1998/2009) was used specially to perform analysis of conflict. Specific measures and procedures employed to obtain these are explained below.

### *Distances between self and others*

The distance between pairs of elements indicates how alike or different they are construed by the participant. Self-Ideal discrepancy is commonly used as a measure of psychological distress (Hardison & Neimeyer, 2011). The distances between the

following pairs of elements were considered for each participant and also for the group using the standardised Element Euclidean Distances (Grice, 2006).

The distances between 'self before immigration' and 'ideal self' elements, and 'self after immigration' and 'ideal self' elements were calculated. The first figure was taken away from the second to calculate the relative distance from 'ideal self' figure for analysis. A negative figure suggests that the 'self before immigration' is less favourably construed than 'self after immigration'.

A sum of all the distances between 'before immigration' elements and 'ideal self', and a sum of all the distances between 'after immigration' elements and 'ideal self', were calculated. The first score was taken away from the second to calculate the relative distance of others from 'ideal self' figure for analysis. A positive figure suggests that British people are less favourably construed than Polish people the participant knew before immigration.

#### *Implicative dilemma*

Fleixas and Saul (2004) defined implicative dilemma as a type of conflict within the construing, where a dilemma is caused by the implication lines among constructs resulting from the way constructs are linked in the construction system. Discrepant constructs signify an area of dissatisfaction for the individual; conversely, congruent constructs reveal areas of satisfaction for the person. The dilemma appears when the desired change in a discrepant construct implies an undesired change in a congruent construct.

IDIOGRID was used to compute the number of implicative dilemmas associated with 'before immigration' and 'after immigration' constructs for each participant. These

numbers were used to calculate relative number of dilemmas, where a positive figure suggests a higher number of dilemmas associated with post-immigration construing, compared to pre-immigration construing.

### *Intensity*

The measure of intensity, developed by Bannister (1960, cited by Winter, 1992) is a measure of the tightness of organisation in a construct system. It examines the relationships between constructs used in a repertory grid, with a high intensity score indicating a more cognitively simple construct system. Conversely, the lower the intensity score, the more loosely-knit the constructs, suggest a more cognitively complex construct system (Fransella et al., 2004).

The relative intensity of the 'before immigration' constructs in relation to 'after immigration' constructs was calculated. An intensity score was obtained by squaring the correlations between each pair of 'before immigration' constructs in the grid, and summing all the scores obtained (Winter, 1992). The same figure was calculated for 'after immigration' constructs. The relative intensity figure used for analysis was obtained by subtracting the former total from the latter. A negative figure suggests that the 'before immigration' constructs are more intense in comparison to the 'after immigration' constructs, i.e. that the 'before immigration' construct subsystem is relatively more structured, with constructs being more tightly inter-related and used less independently.

### *Saliency*

Saliency of construing indicates the meaningfulness of each element for the person, when a high score suggests that the concerned element is prominent (given extreme ratings), and a low score implies that it has been rated near the midpoint on most constructs (Winter, 1992).

The measure of saliency was obtained by examining the descriptive statistics for elements generated by the Slater analysis, and adding the percentage sum of squares for 'before immigration' and for 'after immigration' elements. The first was taken away from the second to obtain the relative saliency figure. A negative number suggests that the 'before immigration elements' are more prominent.

### *Tightness*

Properties of a tight construct system are more simple or one-dimensional and more integrated construing, whereas loose construing indicates greater differentiation or complexity. Tightness of construing was measured by extracting the first principal component (PVAFF), which was available from the Eigen value Decomposition data computed by IDIOGRID (Grice, 2002). The higher the percentage of variance accounted by the PVAFF, the more tightly organised and more cognitively simple is the individual's construing (Winter, 2003).

### *Superordinacy*

Superordinacy of constructs refers to the hierarchical nature of constructs (Fransella et al., 2004). Superordinate constructs are defined as "constructs that include others as one or more of the elements in their contexts", whereas subordinate constructs may be defined as "constructs that are included as elements in the context of others"

(Fransella, 2005, p. 255). Following Bannister and Salmon (1967), the measure of relative superordinacy was calculated by examining the descriptive statistics for constructs generated by the Slater analysis, and adding the percentage sum of squares for 'before immigration' and for 'after immigration' constructs. The second figure was then subtracted from the first one to compute the relative superordinacy figure used for analysis. A negative figure suggests that the pre-immigration constructs remained dominant; in that 'before immigration' constructs were more superordinate than 'after immigration' constructs.

### *Conflict*

According to Bell (2004) conflict exists in a grid:

- an element is concurrently similar to two constructs poles which are themselves different or distant, or
- where an element is similar to one construct pole and concurrently different to another construct pole, where the two construct poles are similar (Bell, 2004).

He suggested examining the relationship between each element and all pairs of constructs for inconsistencies in distances among these triads. Inconsistencies or contradictions within the construct system have been an interest since Slade and Sheehan (1979); however, the measurement of conflict in grids remains largely unproven (Bell, 2009) and speculative (Fransella et al., 2004). Nevertheless, measuring conflict has remained interesting and a worthwhile task.

GRIDSTAT's Element-Construct Triangular Inequalities analysis was used to compute the degree of overall conflict. The degree of conflict associated with 'self before immigration', was taken away from the degree of conflict associated with 'self

after immigration' to obtain relative conflict associated with self figure. The relative degree of overall conflict figure was obtained in similar way. In order to compute the relative conflict associated with others figure, the sum of the degree of conflict linked with 'before immigration' elements was taken away from the sum of degrees of conflict linked with 'after immigration' elements. For each of these, a negative figure suggests that the person is more conflicted in their 'before immigration' construing compared to their construing 'after immigration'.

## **RESULTS**

The results section has been divided into 4 parts: sample demographic characteristics, a summary of the data and descriptive statistics for each variable, the results relating to hypotheses and two case examples, and finally additional findings concerning socio-demographics. As the collected data is complete (no missing values), no total numbers are given in tables.

### **PART 1: PARTICIPANTS 'CHARACTERISTICS**

#### **1 PARTICIPANTS' DEMOGRAPHICS**

Participants' demographic characteristics are presented in Table 1. Forty people took part in this project, 22 women and 18 men. Half of the respondents were 31 to 35 years old; two were 18 years old, and two people were 46 or older. A great majority of people were in a relationship, with half of all respondents being married. Four fifths of participants had children. As expected, given that Poland is a predominantly Catholic country, most of the participants described themselves as Roman Catholics. However, eight people marked the 'no religion' and one person described themselves as Jehovah Witness.

Table 1. *Demographic characteristics of the participants*

Category	Subcategory	Frequency	Percent
Gender	Female	22	55%
	Male	18	45%
Age group	18-25	2	5%
	26-30	7	17.5%
	31-35	20	50%
	36-40	5	12.5%
	41-45	4	10%
	46-50	2	5%
Religion	Roman Catholic	31	77.5%
	Other	1	5%
	No religion	8	17.5%
Marital status	Single	7	17.5%
	Married	20	50%
	Cohabiting couple	11	27.5%
	Divorced/Separated	2	5%
Number of children	0	8	20%
	1	19	47.5%
	2	13	32.5%

As Table 2 shows, just over a third of the participants completed university courses (BA and MA level). A large proportion completed the equivalent of British secondary school, A Levels and/or NVQ3 or a diploma course. There were comparable proportions of people who rated their English skills as basic, intermediate and advanced; fewer people rated their English at the highest level, and only a few reported no English skills. The majority of participants were employed (75%). More than a half of participants reported gross household annual income between £15,000 and £29,000.

As Table 3 illustrates, just over a half of participants had lived in the U.K. for 6 to 7 years at the time of the interview, and a third for 8 to 9 years. A smaller proportion lived in the U.K. for a shorter period of time. Seven people reported living in another country for 6 months to 3 years prior to moving to the U.K.; three people lived in the Republic of Ireland, two in Germany, one in Holland and one in Italy.

Table 2 Education, English language level, employment and income of the participants

Category	Subcategory	Frequency	Percent
Educational qualification	Lower secondary school	2	5%
	Basic vocational school	5	12.5%
	Secondary school/A Levels	7	17.5%
	Secondary school + NVQ3	8	20.0%
	Diploma Course	2	5.0%
	Bachelor's degree	5	12.5%
	Master's degree	11	27.5%
English language proficiency	none	3	7.5%
	basic	10	25.0%
	intermediate	11	27.5%
	advanced	10	25.0%
	fluent	6	15.0%
Employment	Employment full-time	21	52.5%
	Employment part-time	6	15%
	Self-employed	3	7.5%
	Student	3	7.5%
	Housewife	5	12.5%
	Unemployed	2	5%
Household gross annual income	<£15,000	5	12.5%
	£15,000 - £19,999	11	27.5%
	£20,000 - £29,999	11	27.5%
	£30,000 - £39,999	7	17.5%
	£40,000 - £49,999	4	10%
	£50,000 - £69,999	2	5%

The majority of people immigrated to seek employment or to start a prearranged job, followed by those who accompanied or joined a family member. Three people came to study, one person said that they were curious about life in a different country and one said that they left Poland due to a family situation. Several people said that they had no choice about making the decision to emigrate; two were children at the time their parents decided to move, one person said that it was her husband's decision and two stated that they were forced to leave by their economic situation in Poland.

Table 3. *Immigration circumstances*

Category	Subcategory	Frequency	Percent
Years in the U.K.	2-3	3	7.5%
	4-5	4	10.0%
	6-7	21	52.5%
	8-9	12	30.0%
Reason for emigration	formal study	3	7.5%
	to start a definite job	8	20.0%
	to look for work	16	40.0%
	to accompany a family member	5	12.5%
	to join a family member	6	15.0%
	other	2	5.0%

The majority of people lived with their partner and their children. Nearly a third of respondents shared their living space with other un-related adults (35%) whilst house-sharing or sub-renting. A small proportion (15%) shared a household with 4 to 5 people.

One in five people reported experiencing mental health difficulties either before immigration (3), after immigration (4), or both before and after immigration (1). Five out of these eight people were given a mental health diagnosis at the time (bipolar disorder, depression and anxiety). Most of them accessed professional help. Two people reported accessing services in the UK (counselling in primary care or anti-depressant medication via the G.P.) and three people accessed help in Poland (psychologist, psychiatrist, or medication).

## **2 PSYCHOLOGICAL ADJUSTMENT AND ACCULTURATION MEASURES**

### **2.1 The Positive and Negative Affect Schedule, SUPIN**

The Polish version of the PANAS (Watson et al., 1988), the SUPIN, together with Polish population-based norms have been developed (Brzozowski, 2010). The

descriptive statistics for Positive Affect (PU) and Negative Affect (NU) raw scores are presented in Table 4.

Table 4. *Distribution of the SUPIN raw scores*

SUPIN	Mean (CI)	Median	SD	Min	Max	Skewness
Positive affect (PU)	33.80 (31.74, 35.86)	35.50	6.43	21	48	.000
Negative affect (NU)	15.25 (13.88, 16.62)	15	4.27	10	27	.693

The results obtained in this study sample are compared with results of a Polish normative study based on the general population (Brzozowski, 2010). The author did not report percentages for Sten scores in his sample, and thus proportions for the standardised scores as per assumed normal distribution were used (Table 5). Participants in the current study reported higher levels of positive feelings and slightly lower levels of negative affect when comparing participants with those in the Polish normative population.

Table 5. *The SUPIN score ranges in comparison to Polish study*

SUPIN	Current study			Polish norms
	Range	Frequency	Percent	Percent (N=359)
<b>Positive affect (PU)</b>	Low (1-4)	2	5%	31%
	Average (5-6)	14	35%	38%
	High (7-10)	24	60%	31%
<b>Negative affect (NU)</b>	Low (1-4)	11	27.5%	31%
	Average (5-6)	21	52.5%	38%
	High (7-10)	8	20%	31%

## 2.2 Satisfaction With Life Scale, SWLS (PL)

A Polish version of the SWLS (Diener et al, 1985), the SWLS (PL), has been developed along with Polish population-based norms by Juczyński (2001). The descriptive statistics of the scores obtained in the current sample are presented in Table 6.

Table 6. *Distribution of the SWSL (PL) raw scores*

<b>SWLS (PL)</b>	Mean (CI)	Median	SD	Min	Max	Skewness
Raw scores	21 (19.54, 22.46)	21	4.55	11	30	-.367

When comparing Polish immigrants in the current study with their counterparts in Poland using Sten norms (Table 7), they generally reported a higher level of satisfaction with life, and fewer people reported dissatisfaction with life.

Table 7. *SWLS(PL) scores in comparison to Polish study*

	<b>Current study</b>			<b>Polish study</b>
	Range	Frequency	Percent	Percent (N=359)
<b>SWLS (PL)</b> Sten scores ranges	Low (1-4)	8	20.0%	32.4%
	Average (5-6)	20	50.0%	34.8%
	High (7-10)	12	30.0%	32.8%

### 2.3 General Health Questionnaire, GHQ-12 (PL)

The GHQ-12 (Goldberg & Williams, 1988) is a screening device for identifying psychiatric disorders. A Polish version of this measure, GHQ-12 (PL) was developed by Makowska and Merecz (2002).

Table 8. *Distribution of GHQ-12 (PL) raw scores*

<b>GHQ-12 (PL)</b>	Mean (CI)	Median	SD	Min	Max	Skewness
	3.15 (1.97, 4.32)	2	3.67	0	12	.953

A cut of point of 2/3 for GHQ-12(PL) was established (Makowska, et al., 2002). Nearly half of Polish immigrants participating in the current study scored above the cut-off point (Table 9). This suggests that they experienced markedly higher levels of the symptoms associated with mental health disorders as compared to their counterparts in Poland.

Table 9. *The GHQ-12 (PL) scores in comparison to Polish study*

GHQ-12 (PL)	Current study			Polish study
	Range	Frequency	Percent	Percent
	below the cut-off point	22	55%	73.4%
above the cut-off point	18	45%	26.6%	

#### 2.4 Vancouver Index of Acculturation V-SA (PL)

A Polish version of the Vancouver Index of Acculturation (VIA) (Ryder et. al., 2000) with two subscales: Heritage and Mainstream has been developed V-SA(PL) (Schymanski, 2008). As per the theoretical assumption underlying the bi-dimensional Vancouver Acculturation Scale, the two subscales were not correlated in this sample (Spearman's coefficient  $\rho = .144$ ).

Table 10. *Distribution of acculturation scores*

V-SA(PL)	Mean (CI)	Median	SD	Min	Max	Skewness
Heritage	71.05 (66.93, 75.17)	73.00	12.88	41	90	-.274
Mainstream	59.20(56.46, 61.94)	60.50	8.58	37	76	-.581

Participants showed high levels of positive attitudes towards both cultures (Table10). As Figure 3 suggests these were more positive when culture of origin was considered; this difference was statistically significant,  $t(39) = 5.25$ ,  $p < .001$ . The variation in scores within the Heritage scale appeared to be larger than within the Mainstream scale. Two people scored much lower on the Mainstream scale than others.

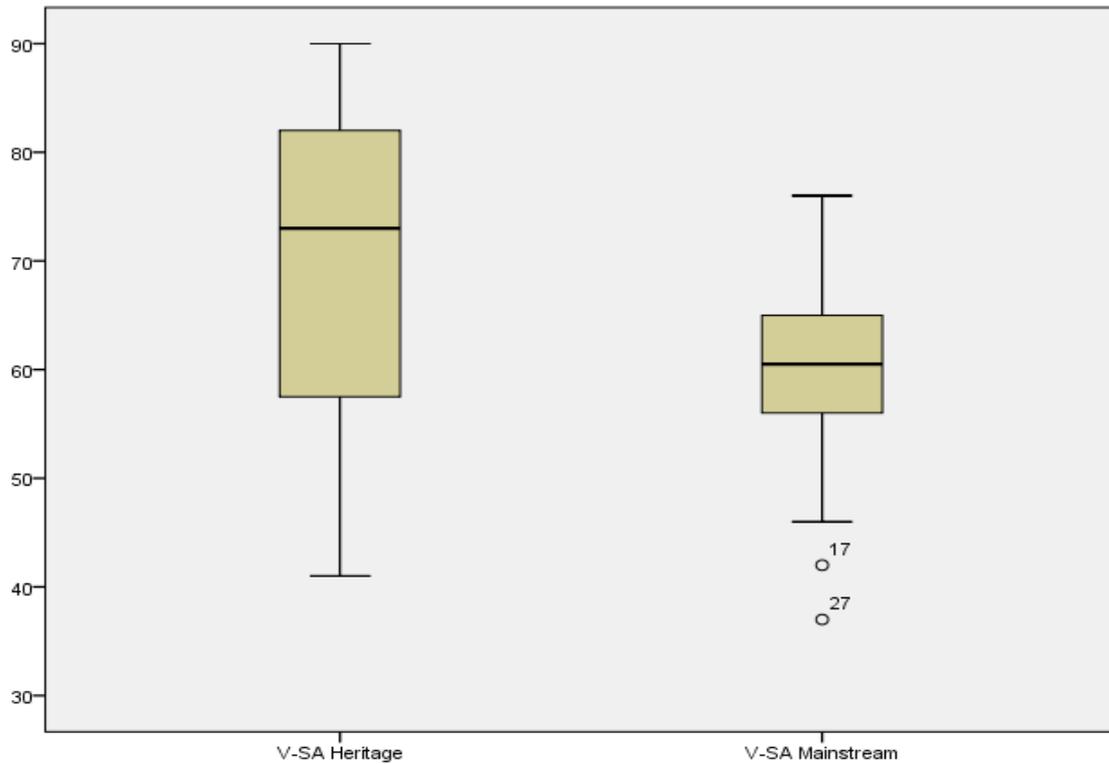


Figure 3. Boxplots for V-SA(PL) Heritage and Mainstream scales.

A theoretical point of 60 on each of the Mainstream and the Heritage scales was established to divide scores into low and high with a view to estimating acculturation strategies (Figure 4). Broadly speaking, it could be concluded that the majority of Polish migrants included in this study used an *integration* strategy, and a large group appeared to use a *separation* strategy. Several people used an *assimilation* strategy and several people rejected both cultures (*marginalisation*). The frequencies are presented in Table 10. Two case examples for two participants with highest scores on both scales (participant 10) and lowest scores on both scales (participant 17) will be presented later in the results section.

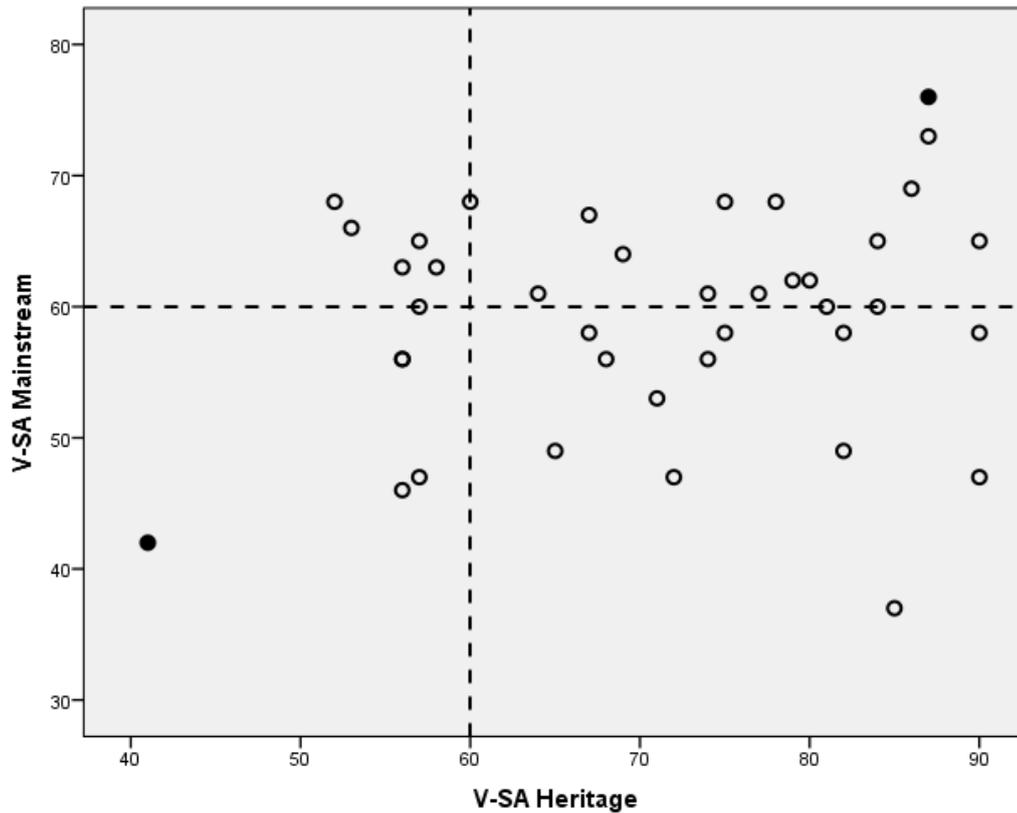


Figure 4. Acculturation strategy typological scatterplot the V-SA(PL) subscales.

The groups generated by the different acculturation strategies are very small, and thus the statistical tests would be underpowered to detect significant differences. For this reason further analysis will be completed using the two main V-SA scales: Heritage and Mainstream.

Table 11. Frequencies of estimated acculturation strategies

Acculturation strategy	Frequency	Percent
Integration	17	42.5%
Separation	12	30%
Assimilation	6	15%
Marginalisation	5	12.5%

### 3 MEASURES OF CONSTRUING

#### 3.1 Saliency

The saliency of construing for pre-emigration elements and the saliency for post-emigration elements are presented in Table 12. The difference between the saliency of construing before and after immigration was not statistically significant. The overall negative figure for the whole group suggested that the 'before immigration elements' were more prominent/meaningful. However, the range of numbers suggests that the sample included people who showed relatively more and less salient construing of 'after immigration'.

Table 12. *Distribution of saliency of construing scores*

<b>Saliency</b>	Mean (CI)	Median	SD	Min	Max	Skewness
Before immigration elements	46.00 (43.13, 48.87)	45.81	8.97	20.72	62.57	-.416
After immigration elements	44.20 (41.53, 46.88)	45.08	8.36	28.82	64.00	.285
<b>Relative Saliency</b>	-3.96 (-9.18, 1.26)	-.53	16.33	-43.28	31.28	-.247

#### 3.2 Tightness

The range of numbers (Table 13) shows a great variation in terms of tightness of construing among participants; the sample includes people who construe tightly and those who construe relatively loosely.

Table 13. *Distribution for tightness of construing scores*

<b>Tightness</b>	Mean (CI)	Median	SD	Min	Max	Skewness
	69.10 (64.57, 73.63)	70.51	14.17	39.37	92.84	-.383

### 3.3 Intensity

Intensity of the constructs within the pre-emigration subsystem was slightly higher compared to post-emigration constructs (Table 14); the difference between means verged on significance ( $t(39)= 1.79, p= .080$ ). This suggests that the post-emigration construct subsystem tended to be more cognitively complex.

Table 14. *Distribution of intensity of construing figures*

<b>Intensity</b>	Mean (CI)	Median	SD	Min	Max	Skewness
Before immigration constructs	4.60 (3.96, 5.23)	4.73	1.98	1.36	8.67	.026
After immigration constructs	4.09 (3.46, 4.72)	3.93	1.97	.54	8.40	.406
<b>Relative Intensity</b>	-.51 (-1.08, .06)	-.23	1.78	-5.1	2.64	-.699

The relative intensity for the group as a whole was a negative figure. This suggests that participants had ‘before immigration’ construct subsystem that was relatively more structured with constructs being more tightly inter-related and used less independently. However, the range of numbers indicates that the sample included both people who showed more intense construing ‘before immigration’ and those for whose construing was more intense ‘after immigration’.

### 3.4 Superordinacy

Examination of superordinacy figures for pre- and post-emigration construing revealed that the ‘before immigration’ constructs were more superordinate (verging on statistical significance,  $t(39)= 1.97, p= .055$ ), suggesting a relatively more structured construing subsystem (Table 15).

Table 15. Superordinacy of construing

<b>Superordinacy</b>	Mean (CI)	Median	SD	Min	Max	Skewness
Before immigration constructs	51.76 (49.96, 53.56)	51.61	5.63	39.41	64.10	.173
After immigration constructs	48.24 (46.44, 50.04)	48.39	5.63	35.90	60.59	-.173
<b>Relative Superordinacy</b>	-3.52 (-7.23, .77)	-3.22	11.23	-28.2	21.18	-.173

The negative relative superordinacy figure suggests that the ‘pre-emigration’ constructs remained dominant in relation to the ‘after immigration’ constructs. However, the range indicates that the sample included both people whose ‘pre-emigration’ constructs remained dominant and people whose ‘post-emigration’ constructs became dominant.

### 3.5 Distances between Self and Ideal Self

The descriptive statistics for Euclidian Standardised Distances between ‘self before immigration’ and ‘ideal self’ elements, and between ‘self after immigration’ and ‘ideal self’ elements are presented in Table 16. Participants as a group construed themselves significantly more favourable following emigration;  $t(39)= 4.28, p < .001$ .

Table 16. *Euclidian Standardised Distances for Self-Ideal*

<b>Euclidian Standardised Distances</b>	Mean (CI)	Median	SD	Min	Max	Skewness
Self before immigration - Ideal Self	.76 (.63, .89)	.76	.41	0	1.79	.321
Self after immigration - Ideal Self	.51 (.43, .59)	.47	.25	0	1.12	.346
Relative Distance Self	-.23 (-.35, -.11)	-.12	.38	-1.09	.41	-.548

As Figure 5 suggests, there were two people who construed themselves before immigration significantly less positively than the other participants; and one person construed themselves following emigration less positively than others.

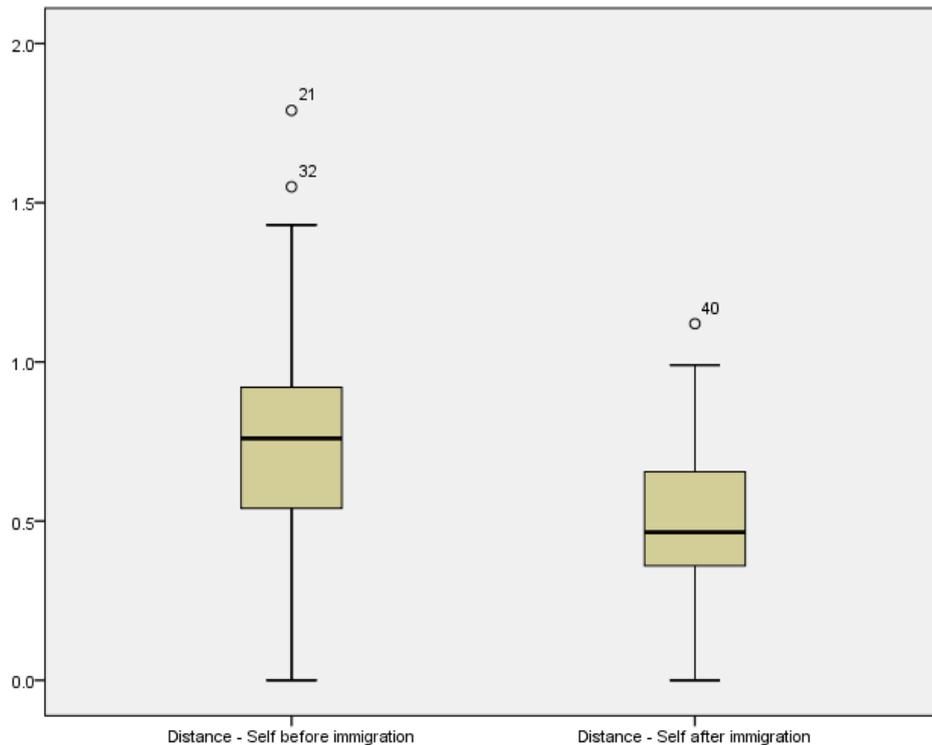


Figure 5. Boxplots for distances between self and ideal self

The relative Self-Ideal distance for the group as a whole is a negative figure. This suggests that the ‘self before immigration’ is less favourably construed than pre-emigration.

### 3.6 Distances between Others and Ideal Self

Descriptive statistics for Euclidian Standardised Distances between ‘before immigration’ elements and ‘ideal self’, and between ‘after immigration’ elements and ‘ideal self’ are presented in Table 17; no significant differences were found. The relative distance Others-Ideal Self is a negative figure. This suggests that overall, Polish persons known to participants before immigration are construed more negatively than British persons. When the standardised Euclidean distances are examined, a range of scores is shown that reflects both more positive and more negative construing of others following emigration.

Table 17. *Euclidian Standardised Distances for Others-Ideal*

<b>Euclidian Standardised Distances</b>	Mean (CI)	Median	SD	Min	Max	Skewness
Others before immigration – Ideal Self	3.98 (3.76, 4.21)	4.0	.71	2.80	5.87	.317
Others after immigration - Ideal Self	3.90 (3.69, 4.10)	3.84	.64	2.67	5.69	.254
Relative Distance Others –Ideal Self	-.084 (-.33,.16)	.02	.77	-1.65	1.52	-.063

### 3.7 Conflict

The data on conflict in construing is presented in Table 18. When the whole group was considered, there was no statistically significant difference between the degree of conflict associated with ‘self before immigration’ and the degree of conflict associated with ‘self after immigration’. Likewise, there was no statistically significant difference between the degree of conflict associated with Polish people known to participants before immigration, and the degree of conflict associated with British people. There was one outlier score from participant 9, who was less conflicted about British people than other participants.

Table 18. *Distribution of conflict measures*

<b>Degree of conflict</b>	Mean (CI)	Median	SD	Min	Max	Skewness
Self before immigration	8.47 (7.48, 9.45)	8.95	3.08	1.2	12.9	-.529
Self after immigration	7.66 (6.56, 8.76)	8.40	3.44	.6	14.5	-.201
Others before immigration	38.11 (36.14, 40.08)	37.35	6.17	26.1	49.7	.104
Others after immigration	35.18 (32.95, 37.41)	34.05	6.96	19.1	51.4	.138
Conflict Overall	39.14 (37.37, 40.54)	39	4.4	31.3	51.9	.631

The relative conflict associated with self and the relative conflict associated with others are negative figures (Table 19). This suggest that overall, participants as a

group were less conflicted about self and others following immigration than before immigration. However, the range of scores suggests that the sample included both people who were relatively less and people who were relatively more conflicted about self and others post emigration.

Table 19. *Distribution of relative conflict in construing*

	Mean (CI)	Median	SD	Min	Max	Skewness
Relative conflict Self	-.81 (-2.42, .81)	.00	5.04	-10.2	8.1	-.056
Relative Conflict Others	-2.93 (-6.73, .87)	-3.35	11.87	-29.1	25.3	.195

The number of implicative dilemmas associated with 'before immigration' and 'after immigration' constructs are presented in Table 20. The descriptive data indicates that participants had a higher number of dilemmas associated with pre emigration construing, compared to post emigration construing; the difference verges on statistical significance ( $t(39)=1.99, p=.053$ ). This is confirmed by the negative relative dilemmas figure. However, the range of scores suggests that the sample included both, people who had fewer and people who had more dilemmas in their post-immigration construing compared to pre-immigration construing.

Table 20. *Distribution of number of implicative dilemmas*

<b>Number of Implicative Dilemmas</b>	Mean (CI)	Median	SD	Min	Max	Skewness
Before immigration subsystem	1.93 (.89, 2.96)	.00	3.24	0	13	1.798
After immigration subsystem	1.03 (.18, 1.87)	.00	2.63	0	11	3.022
<b>Relative Dilemmas</b>	-.90 (-1.81, .01)	.00	2.85	-13	3	-2.496

## **PART 2: RESULTS IN RELATION TO HYPOTHESES**

### **1 HYPOTHESIS I**

#### **1.1 Restatement of Hypothesis I**

Current psychological adjustment is related to cultural attitudes in such a way that:

- good psychological adjustment is related to positive attitudes towards heritage and mainstream cultures
- poor psychological adjustment is related to less positive attitudes to heritage and mainstream cultures.

The variables related to psychological adjustment were: self-reported symptoms of mental health disorders, satisfaction with life, positive affect and negative affect. Raw scores were used. Acculturation was measured by two acculturation subscales: the Heritage (attitudes towards culture of origin) and the Mainstream (attitudes towards host culture).

#### **1.2 Results**

The results presented in Table 21 suggest that one out of eight correlations was significant at the 0.05 level. There was a small positive correlation between the Heritage score and positive affect ( $r=.268, p=.047$ ). More positive attitudes towards Polish culture related to higher level of positive feelings at the time of the interview. Figure 6 illustrates this positive relationship.

Table 21. Correlations for acculturation and psychological adjustment variables

	GHQ-12 (PL)		SWLS (PL)		SUPIN NU		SUPIN PU	
	<i>r</i>	<i>p</i>	<i>R</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
<b>V-SA Heritage</b>	<b>-.242</b>	<b><i>p</i> = .066</b>	.085	<i>p</i> = .301	.007	<i>p</i> = .964 <sup>a</sup>	<b>.268*</b>	<b><i>p</i> = .047</b>
<b>V-SA Mainstream</b>	-.059	<i>p</i> = .359	<b>.211</b>	<b><i>p</i> = .096</b>	-.177	<i>p</i> = .137	<b>.217</b>	<b><i>p</i> = .089</b>

a. two-tailed test

\*. Correlation is significant at the 0.05 level

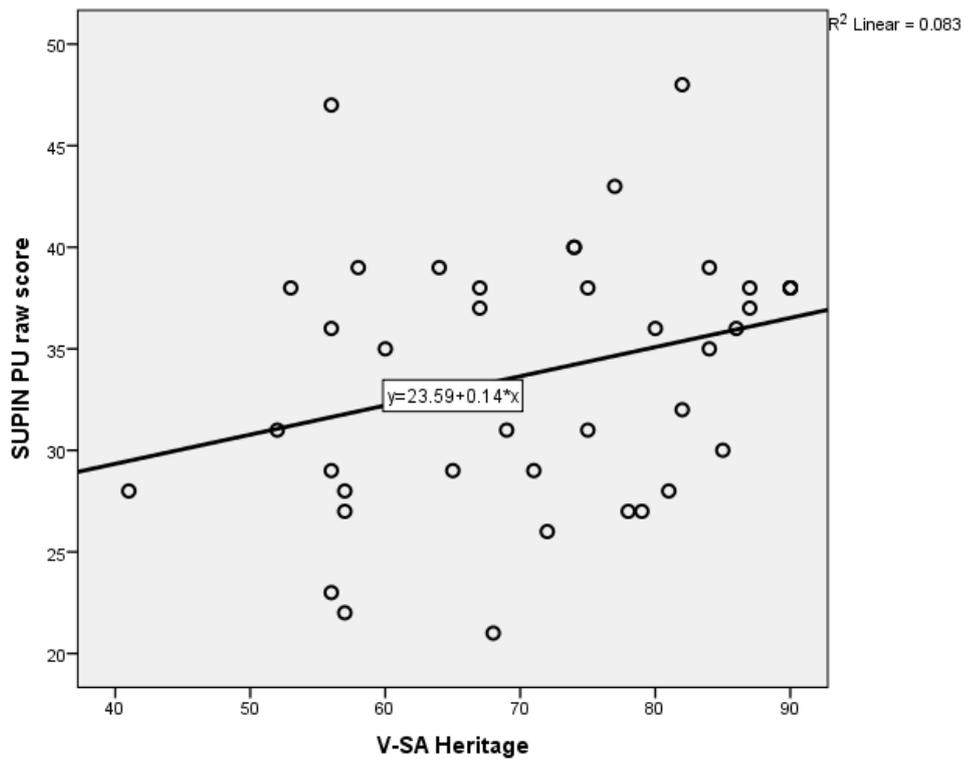


Figure 6. Relationship between scores of positive affect and Heritage scale scores

Three of the correlations were verging on significance, thus indicating trends. Those participants who identified more strongly with Polish culture tended to report less psychological distress ( $r = -.242$ ,  $p = .066$ ). Those who identified more strongly with British culture tended to experience more positive feelings ( $r = 0.217$ ,  $p = .089$ ) and to report higher satisfaction with life ( $r = .211$ ,  $p = .096$ ).

There were no correlations between positive attitudes towards culture of origin and negative affect or satisfaction with life. There were no correlations between positive attitudes towards host culture and symptoms of distress or negative affect.

## **2 HYPOTHESIS II**

### **2.1 Restatement of Hypothesis II**

Construing is related to cultural attitudes in such a way that:

- more superordinate and more structured construing of the pre-emigration world is related to more positive attitudes towards the culture of origin
- more superordinate and more structured construing of the post-emigration world is related to more positive attitudes towards the host culture
- more salient construing of the pre-emigration world is related to more positive attitudes towards the culture of origin
- more salient construing of the post-emigration world is related to more positive attitudes towards the host culture
- smaller distances between Self and Ideal Self and between Others and Ideal Self in the construing of the pre-emigration world are related to more positive attitudes towards the culture of origin
- smaller distances between Self and Ideal Self and between Others and Ideal Self in the construing of the post-emigration world are related to more positive attitudes towards the host culture
- less conflicted construing of the pre-emigration world is related to more positive attitudes towards the culture of origin

- less conflicted construing of the post-emigration world is related to more positive attitudes towards the host culture

Hypothesis II was tested by exploring the relationship between the scales of acculturation (Heritage and Mainstream) and repertory grid variables relating to the structure of construing, distances between self/others and ideal self and inconsistencies in construing.

## 2.2 Structure of construing and acculturation

The results presented in Table 22 suggest that one out of four correlations for salience of construing was significant, and that there was one trend.

Table 22. *Correlations for acculturation and salience of construing*

Measure of structure	Construing subsystem	V-SA Heritage		V-SA Mainstream	
		<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
Salience	before immigration	<b>.374**</b>	<b>.009</b>	.201	.214 <sup>a</sup>
	after immigration	<b>-.235</b>	<b>.072</b>	-.199	.220 <sup>a</sup>
Superordinacy	before immigration	<b>-.270</b>	<b>.092<sup>a</sup></b>	-.075	.324
	after immigration	<b>.270</b>	<b>.092<sup>a</sup></b>	.075	.324
Intensity	before immigration	-.133	.412 <sup>a</sup>	.073	.654 <sup>a</sup>
	after immigration	-.124	.223	.084	.304

a. two-tailed test,

\*\* . Correlation is significant at the 0.01 level

There was a medium positive correlation between salience of construing of the ‘before immigration’ elements and the score obtained on the Heritage scale ( $r=.374$ ,  $p=.009$ ).

Figure 7 illustrates this positive relationship in the form of a graph.

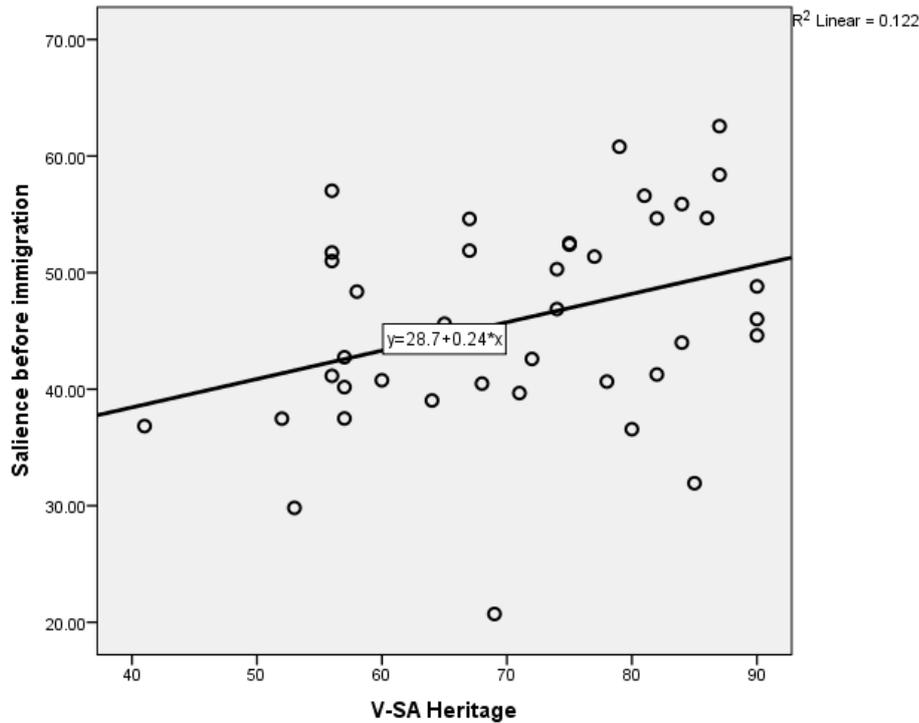


Figure 7. Relationship between salience of pre emigration elements and Heritage scale scores

This suggests that a high salience of others before-emigration was associated with positive attitudes towards Polish culture. Those who construed British persons they knew as less salient, tended to have more positive attitudes towards Polish culture ( $r=-.235$ ,  $p=.072$ ). The correlations between scores obtained on the Mainstream scale and salience were not significant.

None of four correlations for superordinacy of construing was statistically significant. However, there were two correlations verging on significance and these could be considered as trends. More superordinate pre emigration constructs tended to be related to lower identification with Polish culture ( $r=-.270$ ,  $p=.092$ ). More superordinate post emigration constructs tended to be associated with more positive attitudes towards Polish culture ( $r=.270$ ,  $p=.092$ ). The correlations between scores obtained on the Mainstream scale and superordinacy were not significant.

There were no significant correlations for intensity of construing and scores obtained on the Heritage and Mainstream scales of acculturation.

### 2.3 Distances between Self and Ideal, and Others and Ideal Self and acculturation

Contrary to the prediction, there were no significant correlations between Self-Ideal Self and Others-Ideal Self distances and scores obtained on the Heritage and Mainstream subscales of acculturation scale (Table 23).

Table 23. *Correlations for acculturation and distances in construing*

Distances	V-SA Heritage		V-SA Mainstream	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
Self before immigration – Self Ideal	-.172	.144	.150	.178
Self after immigration – Self Ideal	-.191	.236 <sup>a</sup>	-.188	.123
Others before immigration – Self Ideal	-.127	.218	.034	.417
Others after immigration – Self Ideal	-.147	.366 <sup>a</sup>	-.175	.139

<sup>a</sup>. two-tailed test

### 2.4 Conflict in construing and acculturation

The results presented in Table 24 suggest that one out of eight correlations for degree of conflict in construing and acculturation scales was significant at a .05 level. There was a medium positive relationship between degree of conflict associated with construing of others before immigration and scores obtained on the Heritage scale ( $r = .345, p = .030$ ). More conflicted construing of Polish people known to participants prior to emigration was related to high identification with Polish culture. Figure 8 illustrates this positive relationship in the form of a graph. There were no significant correlations between degree of conflict associated with self (neither pre-emigration or post-emigration) and the two acculturation subscales.

Table 24. Correlations for acculturation and conflict in construing

Degree of conflict	V-SA Heritage		V-SA Mainstream	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
Self before immigration	.135	.406 <sup>a</sup>	.003	.491
Self after immigration	-.142	.382 <sup>a</sup>	.028	.864 <sup>a</sup>
Others before immigration	<b>.345*</b>	<b>.030<sup>a</sup></b>	-.124	.446 <sup>a</sup>
Others after immigration	-.092	.572 <sup>a</sup>	-.043	.397

<sup>a</sup>. two-tailed test

\*. Correlation is significant at the 0.05 level

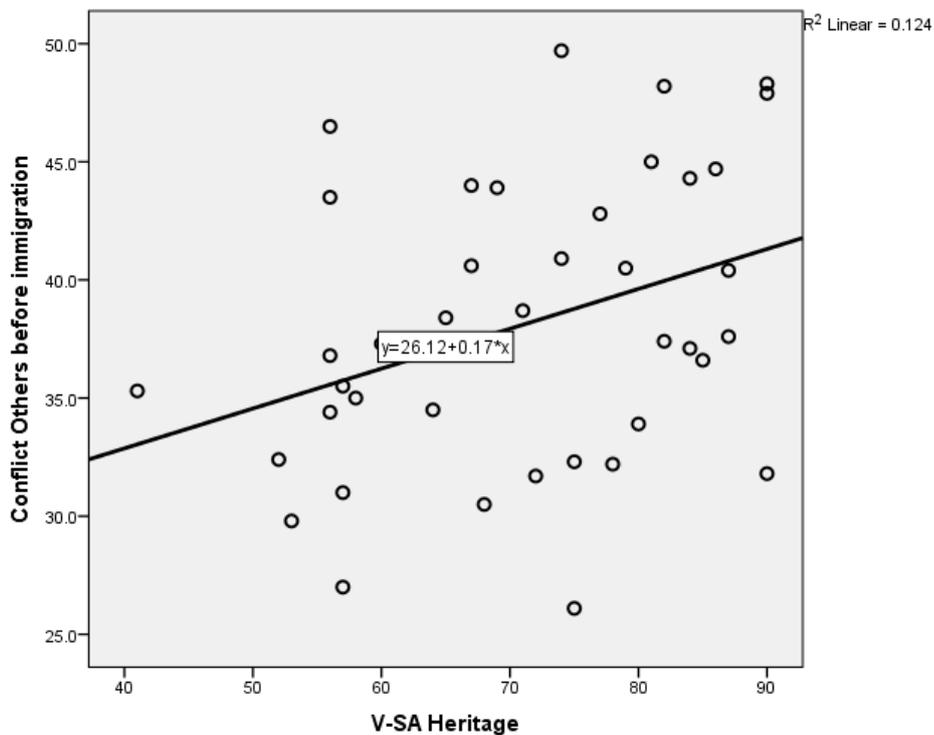


Figure 8. Relationship between degree of conflict associated with pre emigration elements and Heritage scale scores

There were no significant correlations between degree of conflict associated with others post emigration and either of the acculturation scales. Neither was there a correlation between degree of conflict associated with others before emigration and scores obtained on the Mainstream scale.

The results presented in Table 25 show that one out of four relationships between number of dilemmas and acculturation scales is statistically significant at the .001 level. There was a medium negative relationship between the number of implicative dilemmas in post-emigration construing and scores obtained on the Mainstream scale ( $r = .345, p = .030$ ). More contradictory construing following emigration was related to less positive attitudes towards British culture. Figure 9 illustrates this negative relationship.

Table 25. Correlations for acculturation and number of implicative dilemmas

Implicative Dilemmas	V-SA Heritage		V-SA Mainstream	
	<i>rho</i>	<i>p</i>	<i>rho</i>	<i>p</i>
Before immigration	.013	.934 <sup>a</sup>	-.250	.120 <sup>a</sup>
After immigration	-.151	.352 <sup>a</sup>	<b>-.479**</b>	<b>.001</b>

<sup>a</sup>. two-tailed test

\*\* . Correlation is significant at the 0.001 level

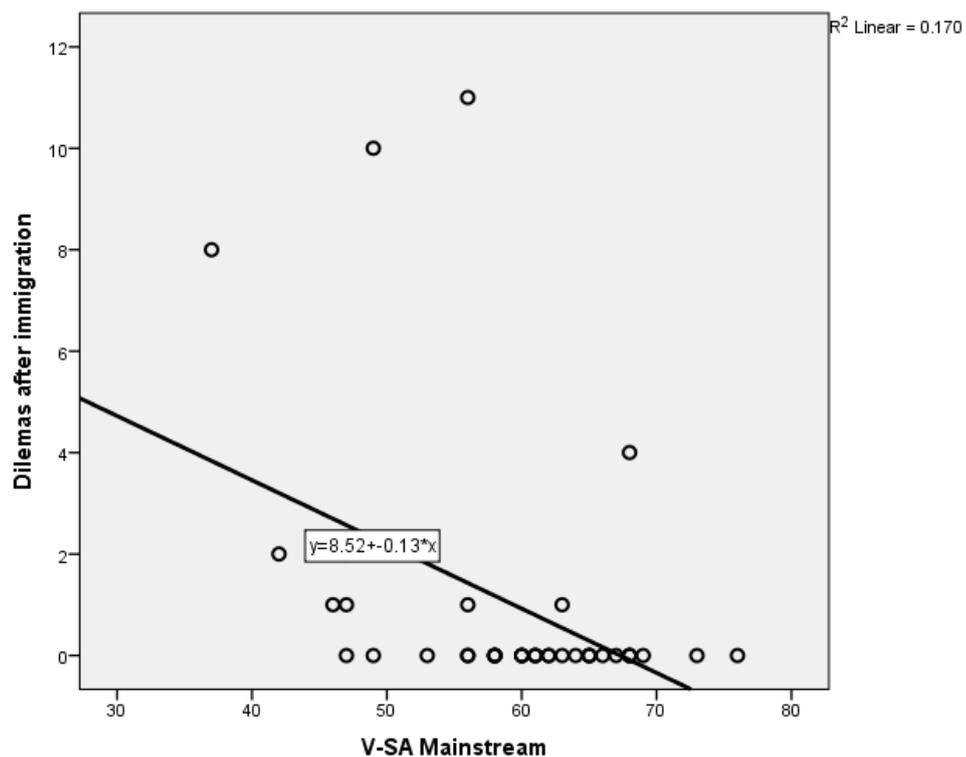


Figure 9. Relationship between number of implicative dilemmas post emigration and Mainstream scale scores

### **3 HYPOTHESIS III**

#### **3.1 Restatement of Hypothesis III**

Construing is related to current psychological adjustment in such a way that:

- poor psychological adjustment is related to relatively less superordinate and less structured construing of the post- than pre-emigration world
- poor psychological adjustment is related to relatively less salient construing of the post- than pre-emigration world
- poor psychological adjustment is related to relatively more tight construing of the post- than pre-emigration world
- poor psychological adjustment is related to a more negative construing of the post-emigration self than the pre-emigration self
- poor psychological adjustment is related to less favourable construing of post-emigration than pre-emigration significant others
- poor psychological adjustment is related to more conflicted construing of the post- than pre-emigration world

Hypothesis III was tested by exploring the relationship between the raw scores on the psychological adjustment scales and several repertory grid measures regarding structure, salience, tightness and conflict in construing.

#### **3.2 Structure of construing and psychological adjustment**

The results presented in Table 26 show that two out of eight correlations between measures of structure in construing and psychological adjustment were significant at

the .05 level, and two correlations were verging on significance and could be considered as trends.

Table 26. Correlations between structure of construing and psychological adjustment

Relative	GHQ-12 (PL)		SWLS (PL)		SUPIN NU		SUPIN PU	
	R	p	r	p	r	p	r	p
Superordinacy	<b>-.216</b>	<b>p= .091</b>	-.019	p= .906 <sup>a</sup>	<b>-.307*</b>	<b>p=.027</b>	.160	p=.178
Intensity	-.110	p= .250	<b>.344*</b>	<b>p= .015</b>	.059	p=.718 <sup>a</sup>	<b>.243</b>	<b>p=.055</b>

<sup>a</sup>. two-tailed test

\*. Correlation is significant at the 0.05 level

There was a medium negative relationship between the relative superordinacy figure and scores obtained on the negative affect (NU) scale ( $r=-.307, p=.027$ ). This implies that relatively more superordinate constructs following emigration were associated with lower levels of negative feelings at the time of the interview. This relationship is illustrated in Figure 10.

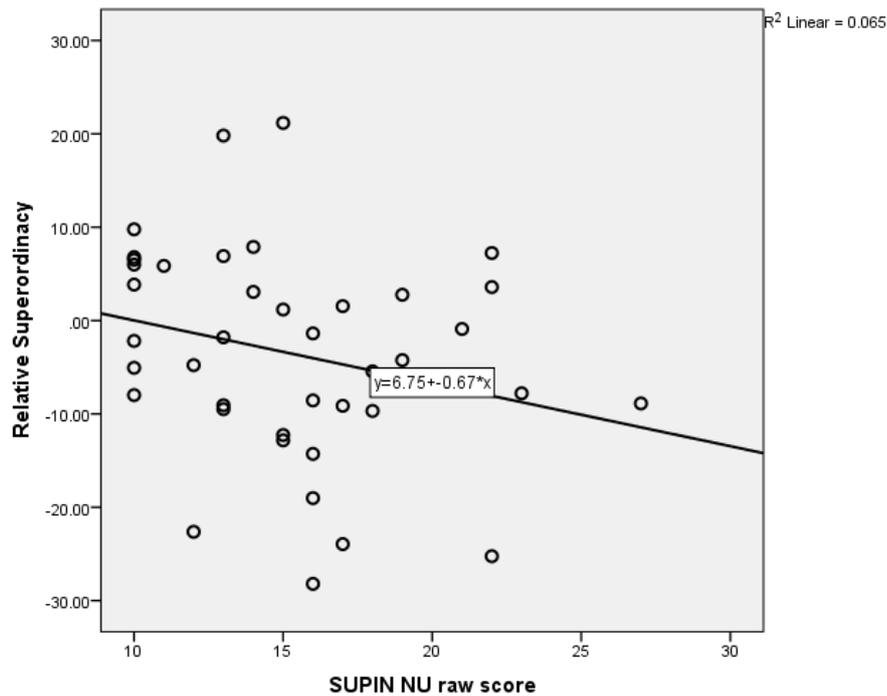


Figure 10. Relationship between number of relative superordinacy and negative affect (NU) scale scores

There was a medium positive relationship between the relative intensity figure and scores obtained on the Satisfaction with Life Scale (SWLS) ( $r=.344$ ,  $p=.015$ ). Relatively more intense constructs following emigration construing, implying relatively more cognitively simple construing, was related to higher levels of satisfaction with life. This relationship is illustrated using a graph (Figure 11).

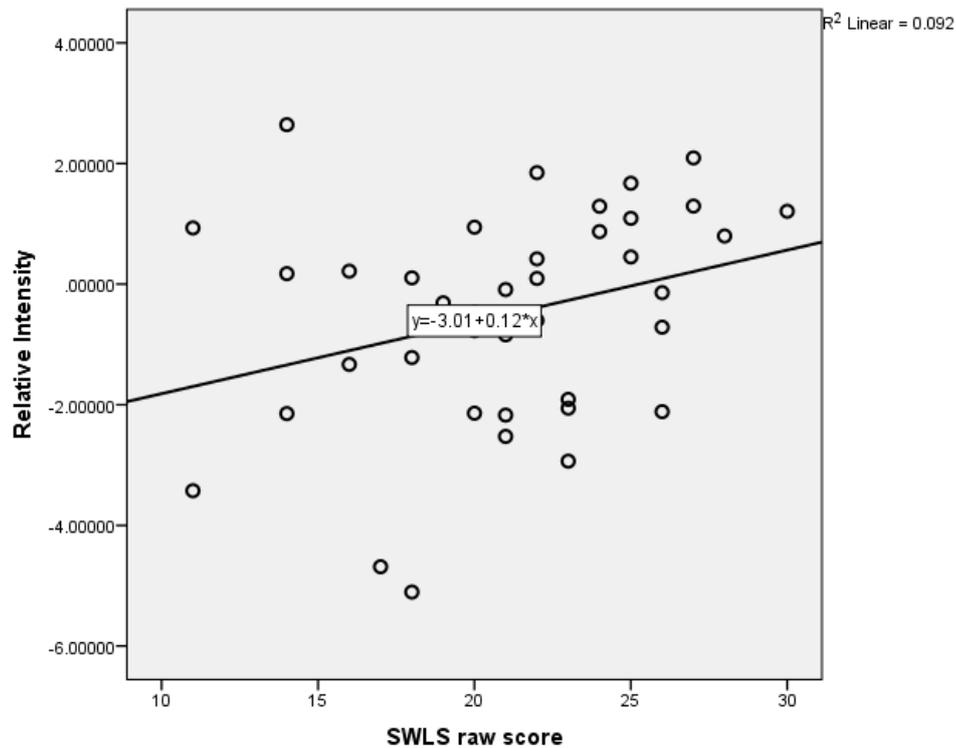


Figure 11. Relationship between relative intensity and satisfaction with life scale scores

Two trends were identified. Participants who had relatively more intense construing following emigration, tended to report higher levels of positive feelings ( $r=.243$ ,  $p=.055$ ). Those who had relatively more superordinate construing following emigration, tended to report lower levels of psychological distress ( $r=-.216$ ,  $p=.091$ ).

Table 27. *Correlations for salience, tightness of construing and psychological adjustment*

	GHQ-12 (PL)		SWLS (PL)		SUPIN NU		SUPIN PU	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>P</i>	<i>r</i>	<i>p</i>
Relative Salience	.213	<i>p</i> = .188 <sup>a</sup>	-.028	<i>p</i> = .864 <sup>a</sup>	-.124	<i>p</i> =.223	-.147	<i>p</i> =.390 <sup>a</sup>
Tightness	-.164	<i>p</i> = .312 <sup>a</sup>	<b>.272</b>	<b><i>p</i>= .090<sup>a</sup></b>	-.206	<i>p</i> =.202 <sup>a</sup>	-.032	<i>p</i> =.379

<sup>a</sup>. two-tailed test

The results of the correlational analysis (Table 27) show that none of the correlations between relative salience and tightness and psychological adjustment were statistically significant. However, one of the relationships verged on significance suggesting a trend. Those who showed relatively tighter, i.e. simple and one-dimensional, construing following emigration tended to report higher levels of satisfaction with life.

### 3.3 Relative distances Self-Ideal and Others-Ideal and psychological adjustment

The results of the correlational analysis presented in Table 28 show that two out of eight correlations were statistically significant, one at a moderate and one at a large significance level.

Table 28. *Correlations for relative distances and psychological adjustment*

Relative distance	GHQ-12 (PL)		SWLS (PL)		SUPIN NU		SUPIN PU	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
Self-Ideal	<b>.308*</b>	<b><i>p</i>= .026</b>	<b>-.228</b>	<b><i>p</i>= .078</b>	.119	<i>p</i> = .232	<b>-.398**</b>	<b><i>p</i>= .005</b>
Others-Ideal	.054	<i>p</i> = .370	.003	<i>p</i> = .986 <sup>a</sup>	-.034	<i>p</i> = .834 <sup>a</sup>	-.160	<i>p</i> = .162

<sup>a</sup>. 2-tailed test,

\*. Correlation is significant at the 0.05 level,

\*\* . Correlation is significant at the 0.01 level

There was a medium negative relationship between the relative Self-Ideal distance and scores obtained on the positive affect scale (PU) ( $r=-.398, p=.005$ ). Relatively more positive construing of 'self after immigration' as compared to construing of 'self before immigration' (lower distance) related to a higher level of positive feelings at the time of the interview. This relationship is illustrated using a graph (Figure 12).

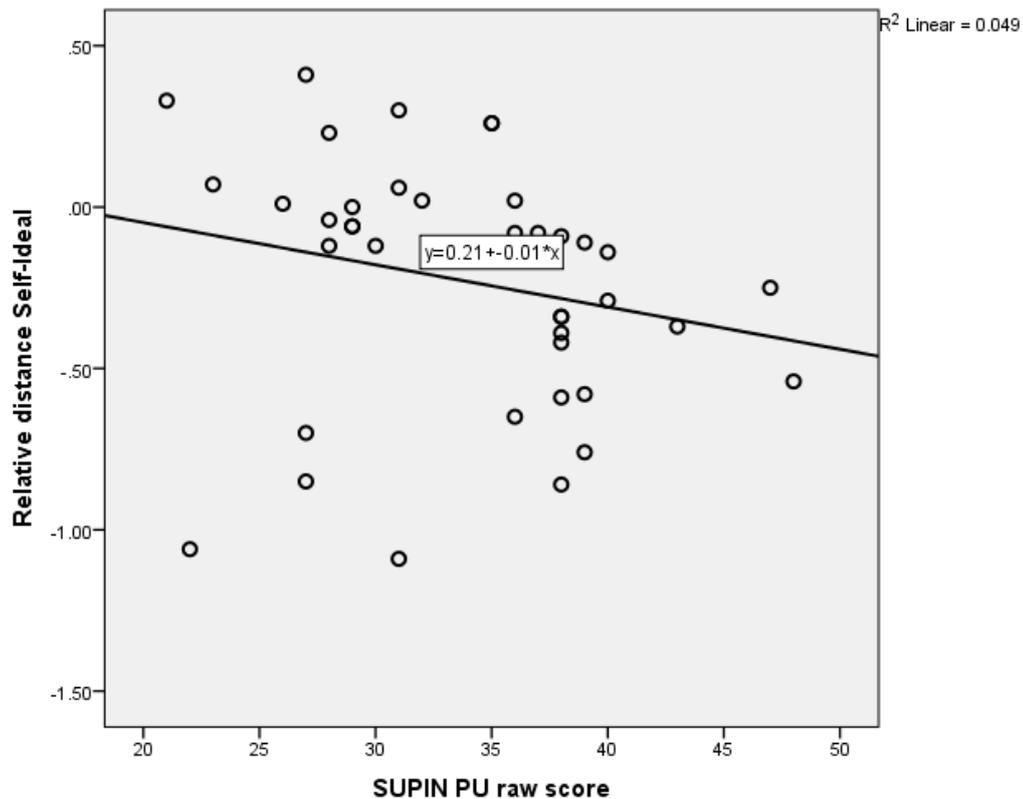


Figure 12. Relationship between relative distance Self-Ideal and positive affect scale scores

There was a medium positive relationship between the relative Self-Ideal distance and scores obtained on the GHQ-12(PL) ( $r=.308, p=.026$ ). Relatively more positive construing of self following emigration (smaller distance) was associated with lower level of symptoms of psychological distress. This relationship is illustrated in the form of a graph (Figure 13).

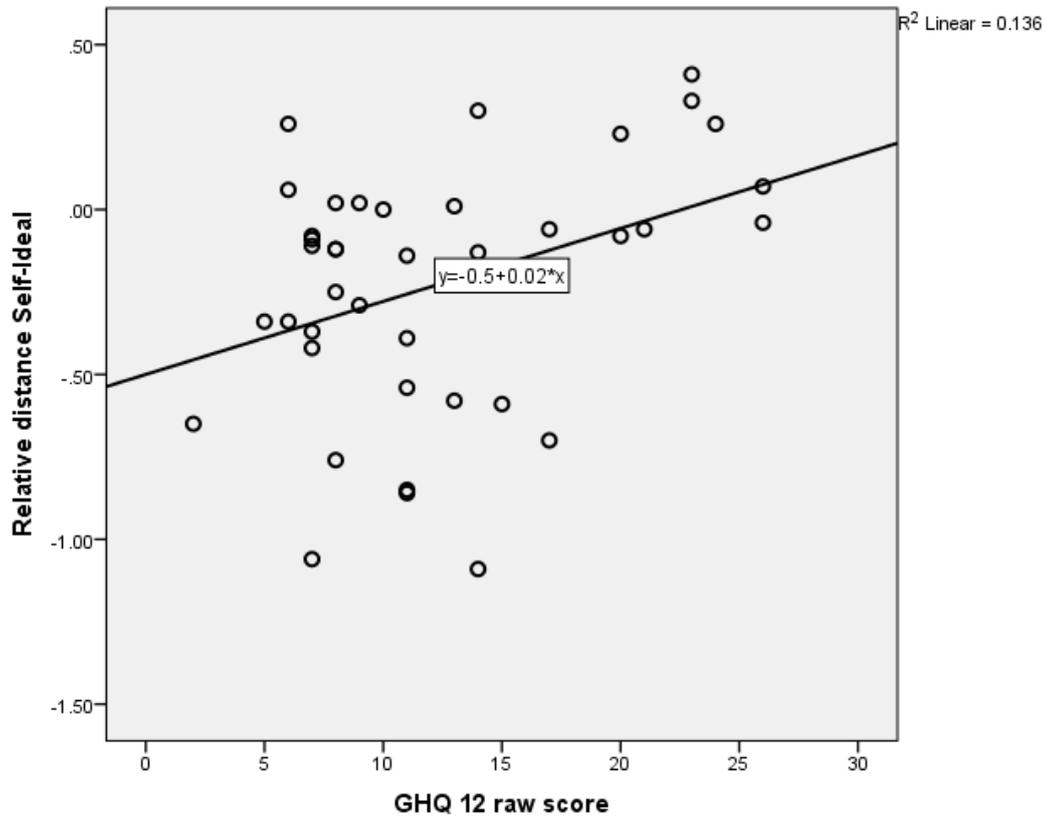


Figure 13. Relationship between relative distance Self-Ideal and GHQ-12(PL) scale scores

The relative Others-Ideal distance did not correlate significantly with any measures of psychological well-being.

### 3.4 Relative conflict and psychological adjustment

The results of the correlational analysis presented in Table 29 show that one out of sixteen correlations was statistically significant at the .001 level, and one of the correlations verged on significance implying a trend. There was a medium positive correlation between relative conflict associated with self and GHQ-12(PL) scores ( $r=.387, p=.007$ ).

Table 29. Correlations between conflict measures and psychological adjustment

	GHQ-12 (PL)		SWLS (PL)		SUPIN NU		SUPIN PU	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
Overall conflict	.186	<i>p</i> = .126	.195	<i>p</i> = .228 <sup>a</sup>	-.206	<i>p</i> = .202 <sup>a</sup>	.144	<i>p</i> =.374 <sup>a</sup>
Relative Self conflict	<b>.387**</b>	<b><i>p</i>= .007</b>	.055	<i>p</i> = .738 <sup>a</sup>	.146	<i>p</i> =.184	-.191	<i>p</i> =.118
Relative Others conflict	.168	<i>p</i> = .150	-.058	<i>p</i> = .361	-.238	<i>p</i> =.138 <sup>a</sup>	-.126	<i>p</i> =.220
Relative Dilemmas	.150	<i>p</i> = .178	.104	<i>p</i> = .524 <sup>a</sup>	.019	<i>p</i> =.453	<b>-.254</b>	<b><i>p</i>=.057</b>

<sup>a</sup>. two-tailed test

\*\* . Correlation is significant at the 0.01 level

This suggests that the more conflicted the person is about 'self after immigration' as compared to 'self before immigration', the more symptoms related to mental health difficulties they experience; Figure 14 illustrates this relationship. This construing variable did not correlate significantly with any other psychological adjustment measure.

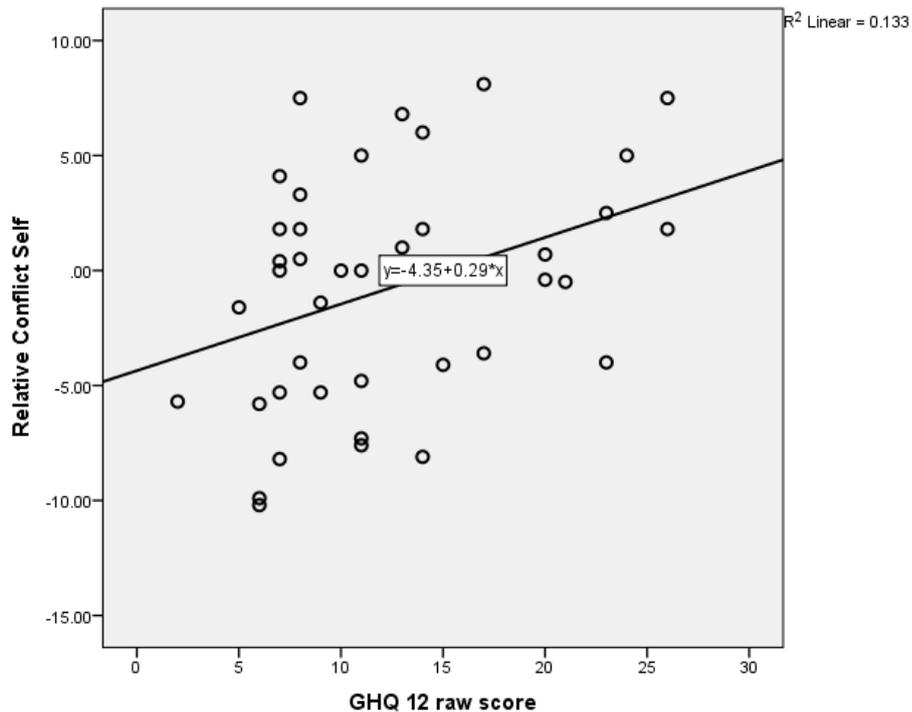


Figure 14. Relationship between the relative conflict associated with self and GHQ-12(PL) scale scores

In terms of trends, those who had relatively more dilemmas following emigration as compared to before immigration tended to report less positive feelings. This construing variable did not correlate significantly with any other psychological adjustment measure. None of the correlations between overall conflict in construing and relative conflict associated with others and psychological adjustment measures were significant.

#### **4 SUMMARY OF FINDINGS**

The relationships between psychological adjustment, acculturation and construing were explored. Several significant correlations and trends were identified. These are presented in Figure 15; findings from additional analyses are not included.

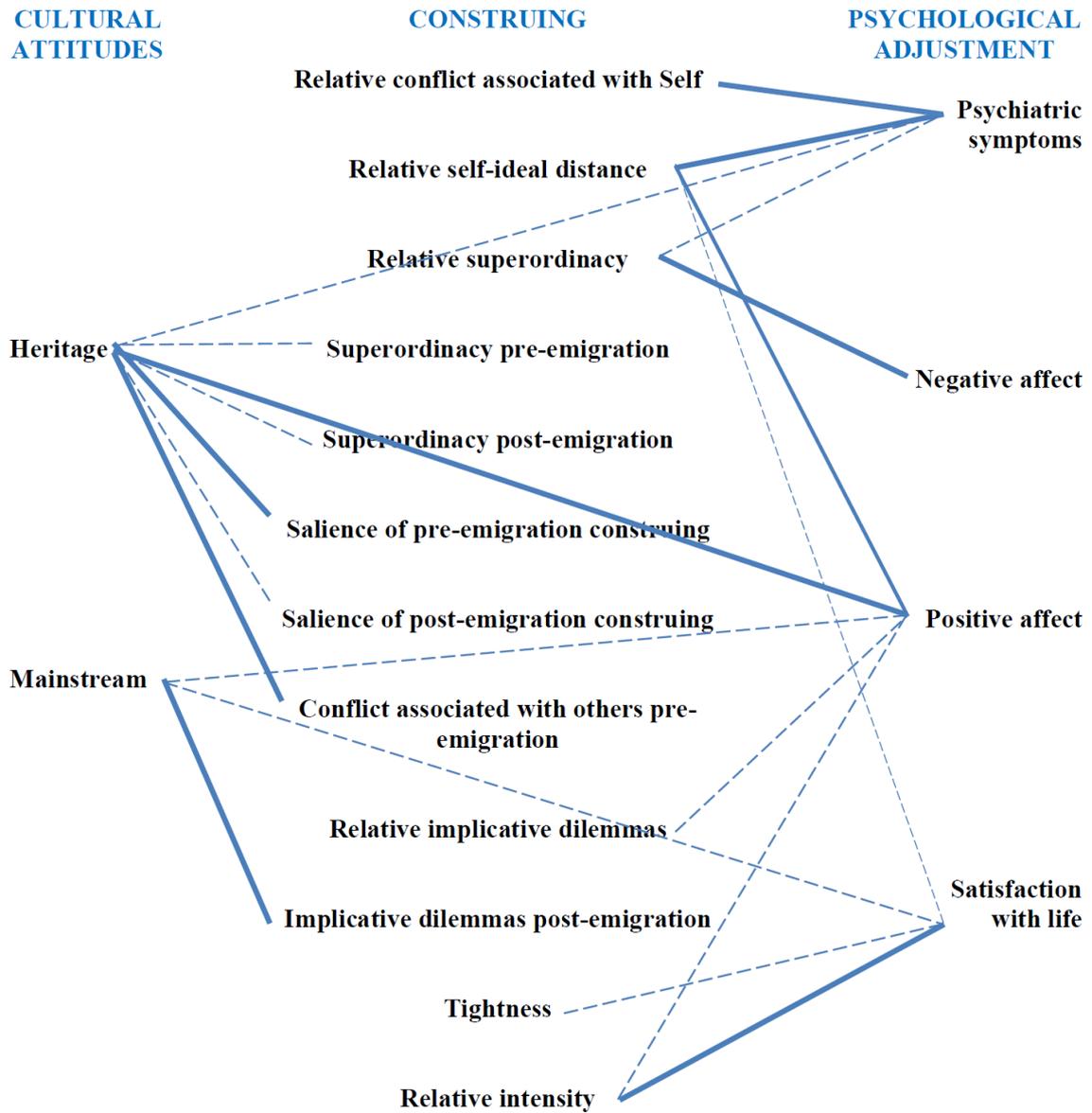


Figure 15. Main findings: statistically significant (continuous line) and trend (dashed line) relationships.

## **PART 3: CASE EXAMPLES**

### **1 CASE EXAMPLE OF A PARTICIPANT SHOWING POOR ADJUSTMENT**

#### **1.1 Background information**

Participant 17 was selected for a more detailed analysis as an example of a person who was poorly adjusted. She will be called 'Anna' for the purpose of this description. Anna was a 33 years old woman who had moved to the U.K. 6-7 years ago to join her partner; a job had been pre-arranged for her. She felt that she had had a choice in making that decision. Anna lived with her partner and their daughter at the time of the interview. Anna had become unemployed and she had looked after her daughter and home for the past few years. Anna held a MA degree and rated her English to be at the intermediate level. She described herself as an atheist. She did not report any history of mental health difficulties.

#### **1.2 Psychological adjustment and acculturation**

In terms of Anna's scores on the measures of psychological adjustment, she scored above the clinical cut-off point on the GHQ-12(PL) obtaining the maximum score of 12. She reported dissatisfaction with life, high levels of negative affect, and average levels of positive feelings as compared with her peers living in Poland (Table 30).

It was predicted in the current study that negative attitudes towards either or both cultures would be related poor psychological adjustment. This relationship is reflected in Anna's case. Anna's scores on the acculturation scale V-SA(PL) showed low level of positive attitudes towards both Polish and British cultures; her scores on both subscales were the lowest in the group. Anna appeared to use a *marginalisation* acculturation strategy. The lack of religious identification with Catholic faith was

found to be linked with lower levels of positive attitudes towards the culture of origin (see additional findings section); this is illustrated here.

Table 30. *Anna's scores on the measures of psychological adjustment and acculturation*

Measure	Raw score	Sten score	Range
GHQ-12(PL) 0-0-1-1	12	-	Above cut-off point
SUPIN NU	27	8	High
SUPIN PU	28	6	Average
SWLS	16	4	Low
V-SA(PL) Heritage	41	-	Low
V-SA(PL) Mainstream	42	-	Low

### 1.3 Anna's construing

When examining Anna's grid (Appendix 18), she was able to apply psychological constructs to herself and others. Table 31 shows constructs Anna elicited using 'before emigration' and 'after emigration' elements

Table 31. *Anna's constructs*

'before emigration' constructs	'after emigration' constructs
Irritating – Likable	Open - Distant
Empathic - Doesn't care about others' feelings	Dynamic - Calm
Family-oriented – Anti-family	Organised – Disorganised
Curious of the world – Stay-at-home	Anti-leader – Leader
Intelligent - Stupid	Laid back – Tense

The loadings of constructs on her principal dimension of construing indicate that Anna contrasts 'intelligent', and 'curious of the world', people with those who are 'stupid', and 'stay-at-home' (Figure 16). Her second major dimension concerns 'anti-leader', 'empathic', 'family-oriented' people as contrasted with 'leader', 'does not care about others' feelings' and 'anti-family' people. The construct which

discriminates the most highly between grid elements, and which might therefore be expected to occupy a superordinate position in her construing, is 'leader - anti-leader'. In terms of the structural characteristics, the first and second principal components derived from the INGRID analysis, account for 48 and 36 per cent of the variance respectively. This suggests that Anna's construing contains at least two main dimensions. When the structure of the before and after emigration construct subsystems is considered, Anna's construing post-emigration was more intense, more salient, but less superordinate, relative to pre-emigration system (Table 32). This suggests that Anna's construing following emigration is tighter and more unidimensional with more prominent elements than pre-emigration.

The relative higher intensity and saliency in post-emigration construing were hypothesised to be linked with positive adjustment. The analysis confirmed that higher relative intensity predicted greater satisfaction with life. However, in Anna's case the relatively more intense construing of post- than pre-emigration, can indicate that Anna's construing became even more cognitively simple following emigration. Higher salience of construing of people following emigration may be a sign that Anna construes people in a more extremely polarised way. This is confirmed when looking at the grid more closely – there are eight extreme ratings (1 or 7) when post-emigration constructs are applied to British people.

Her post-emigration constructs are less superordinate, which increases the potential for invalidation and anxiety, as Anna may be confronted with events falling beyond the range of convenience of her pre-emigration constructs. This has been hypothesised as linked to poor psychological adjustment. In fact, lower relative superordinacy was

found to be related to a higher level of negative affect. This relationship is well illustrated in this case.

Moreover, looking at the grid in more detail, it appears that the new system is fragmented from her previous ways of construing. When she attempted to apply her post-emigration constructs to Polish people, she tended to give them middle scores (10 ratings of 4). Anna appears to have developed a way of construing that made it difficult for her to construe her previous experiences. This seems to be a significant feature of Anna's construing, potentially overriding the potential benefits of a more structured and more salient construing following emigration.

Anna has a slightly low self-esteem since the distances of both, 'self before emigration' and 'self after immigration' from the 'ideal self' are near to 1 (Table 32); however, they all fall within the same quadrant. The more favourable construing of self following emigration was found to be associated with better adjustment (fewer symptoms of psychological distress and higher positive affect). However, the difference is very small (standardised Euclidian distance of -.04) and potentially insignificant.

It was also hypothesised that more favourable construing of others post-emigration would be related to greater well-being. However, other features of Anna's construing might be overriding the potential benefits of this. As apparent from the graph, both Polish people she knew before emigration and British people she met after she moved to the U.K. are in the opposite quadrants in the plot to 'self' elements. Anna construes herself as markedly different from other people, and hence she might be experiencing a sense of isolation.

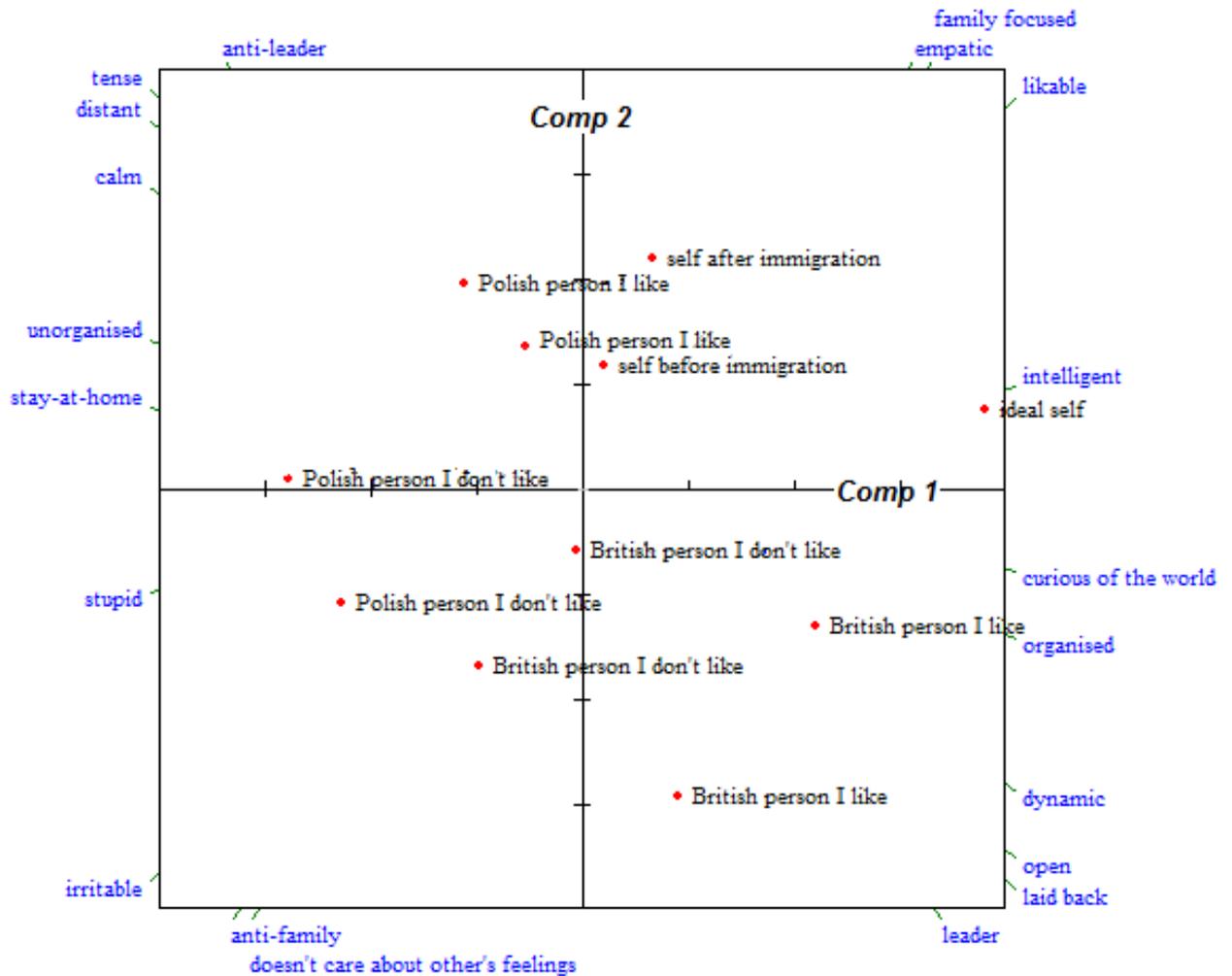


Figure 16. Plot of the elements in construct space for Anna's repertory grid.

The distances between others and the ideal self are relatively large in comparison to the rest of the sample ( $M=3.90$ ,  $\min=2.67$ ,  $\max=5.69$ ). This is in line with her low scores on the acculturation measure. Furthermore, she appears to make a clear distinction between Polish and British people in her construing. As can be seen from the graph, Polish people are in the left quadrants and British people fall within the bottom quadrants. This might result from her fragmented construing and contribute to the fact that she does not identify with either of the cultures.

Table 32. *Anna's measures of structure and salience of construing*

<b>Construing measure</b>	<b>Subsystem</b>	
Intensity	Before emigration	4.67
	After emigration	4.88
	Relative	0.21
Salience	Before emigration	36.84
	After emigration	42.74
	Relative	5.90
Superordinacy	Before emigration	54.44
	After emigration	45.55
	Relative	-8.89
Tightness	-	47.62
Distance between self and ideal self	Before emigration	0.98
	After emigration	0.94
	Relative	-0.04
Distance between others and ideal self	Before emigration	5.87
	After emigration	4.60
	Relative	-1.27
Conflict associated with self	Before emigration	1.20
	After emigration	8.70
	Relative	7.5
Conflict associated with others	Before emigration	35.3
	After emigration	46.2
	Relative	10.9
Conflict Overall	-	34.9
Implicative dilemmas	Before emigration	2
	After emigration	2
	Relative	0

There was a markedly higher level of conflict in her construing of self and others after emigration relative to construing before emigration. This discrepancy was hypothesised to be associated with poor psychological well-being, which is reflected in this case. Moreover, Anna appears to have two dilemmas in her construing of self, which are both present in both 'before emigration' and 'after emigration' construing.

Anna construed herself as ‘anti-leader’, whereas ‘ideal self’ is construed as a ‘leader’. Two dilemmas are apparent in construct relationships involving this construct. Being a leader is associated with being ‘anti-family’ and ‘not caring for other peoples’ feelings’. Therefore, moving towards being a leader would carry a certain amount of conflict for Anna. As both Anna’s dilemmas revolve around the post-emigration construct, it might be that Anna only became aware of her dilemma following emigration as previously the construct entailing logical inconsistencies was not there. A higher level of implicative dilemmas in post-emigration than in pre-emigration construing, was found to be associated with higher levels of symptoms of psychiatric disorders; this is appears to be the case for Anna.

## **2 CASE EXAMPLE OF A PARTICIPANT SHOWING GOOD ADJUSTMENT**

### **2.1 Background information**

Participant 10 was selected for a more detailed analysis as an example of a person who showed high levels of psychological adjustment. He will be called ‘Peter’ for the purpose of this description. Peter was one of the oldest participants, aged between 46 and 50. He moved to the U.K. 6-7 years ago to look for better employment opportunities, and at the time of the interview he was employed full time. His family joined him and he lived with his wife and their two teenage sons. Peter had a diploma level education and described his English speaking and reading skills to be basic, he could not write in English. Peter is Roman Catholic. He did not report any history of mental health difficulties.

### **2.2 Psychological adjustment and acculturation**

In terms of his scores on the measures of psychological adjustment, Peter scored below the clinical cut-off point on the GHQ-12(PL) obtaining the lowest score of 0 (Table 33). He was moderately satisfied with his life; he experienced average levels of negative feelings and high levels of positive feelings as compared with people living in Poland.

It was predicted in the current study that positive attitudes towards either or both cultures would be related to good psychological adjustment. In fact, highly positive attitudes towards the culture of origin were associated with a high level of positive affect. The current study also found that Catholic faith was linked to a more positive view of Polish culture (see additional findings). These relationships are reflected in Peter's case. His scores on the acculturation scale V-SA(PL), showed highly positive attitudes towards both Polish and British cultures; his score on the Mainstream scale was the highest in the group; only three people scored higher on the Heritage scale (max=90). Peter appears to use *integration* acculturation strategy.

Table 33. Peter's scores on the measures of psychological adjustment and acculturation

Measure	Raw score	Sten score	Range
GHQ-12(PL)	0	-	Below cut-off point
SUPIN NU	17	6	Average
SUPIN PU	38	9	High
SWLS	18	5	Average
V-SA(PL) Heritage	87	-	High
V-SA(PL) Mainstream	76	-	High

### 2.3 Peter's construing

When examining the repertory grid (Appendix 19), Peter showed ability to apply psychological constructs to himself and others. Table 34 shows constructs Peter elicited using 'before emigration' and 'after emigration' elements.

Table 34. Peter's constructs

'before emigration' constructs	'after emigration' constructs
Truthful – Untrustworthy Disrespectful – Caring Best friend – Enemy Compassionate – Rude Stressed – Easiness of speech	Unhelpful – Helpful Pretend loyalty – Respectful Open – Distant Lonely – Happy Honest – Two-faced

The loadings of constructs on his principal dimension of construing indicate that Peter contrasts 'truthful', 'respectful' and 'honest' people with those who are 'untrustworthy', 'two-faced', and who 'pretend loyalty' (Figure 17). His second major dimension concerns 'easiness of speech', 'caring', and 'happy' people as contrasted with those who are 'stressed', 'disrespectful', and 'lonely'. One of the pre-emigration constructs discriminates the most highly between grid elements, and which might therefore be expected to occupy a superordinate position in his construing, is 'truthful-untrustworthy'.

In terms of the structural characteristics, the first and second principal components derived from the INGRID analysis, they account for 66 and 14 per cent of the variance respectively. This suggests that his construing contains at least two main dimensions of construing. In comparison with other participants, tightness of Peter's construing appeared to be average (M=69, min=39, max=92). It has been theorised that moderate levels of tightness are the most beneficial for psychological well-being.

In terms of the structure of the pre- and post-emigration construct subsystems, Peter's construing following emigration was more intense, but less salient and less superordinate relative to pre-emigration (Table 35). This suggests that Peter's construing system following emigration is less cognitively complex, pre-emigration elements are construed as more prominent, and before-emigration constructs remained more dominant. The current study found that higher relative intensity was associated with greater satisfaction with life.

Although the differences in terms of measures of salience and superordinacy are in the opposite than hypothesised direction for a person who is well adjusted, these could be explained in terms of potentially beneficial changes for the individual. Peter's higher salience of construing pre-emigration may be a sign that Peter construes Polish people in a more extremely polarised way. This is confirmed when looking at the grid more closely; there are ten extreme ratings (1 or 7) when pre-emigration constructs are applied to Polish people, and nine extreme ratings when post-emigration constructs are used. It appears that he is able to differentiate post-emigration elements more effectively; there are three and five extreme ratings respectively.

Similarly, although his pre-emigration construing is more superordinate, what might be more important is that his new construing subsystem is well integrated into his previous ways of construing. This is confirmed when looking at Peter's grid in more detail. He is well able to apply his post-emigration constructs to Polish people, only one rating of 4 is given.

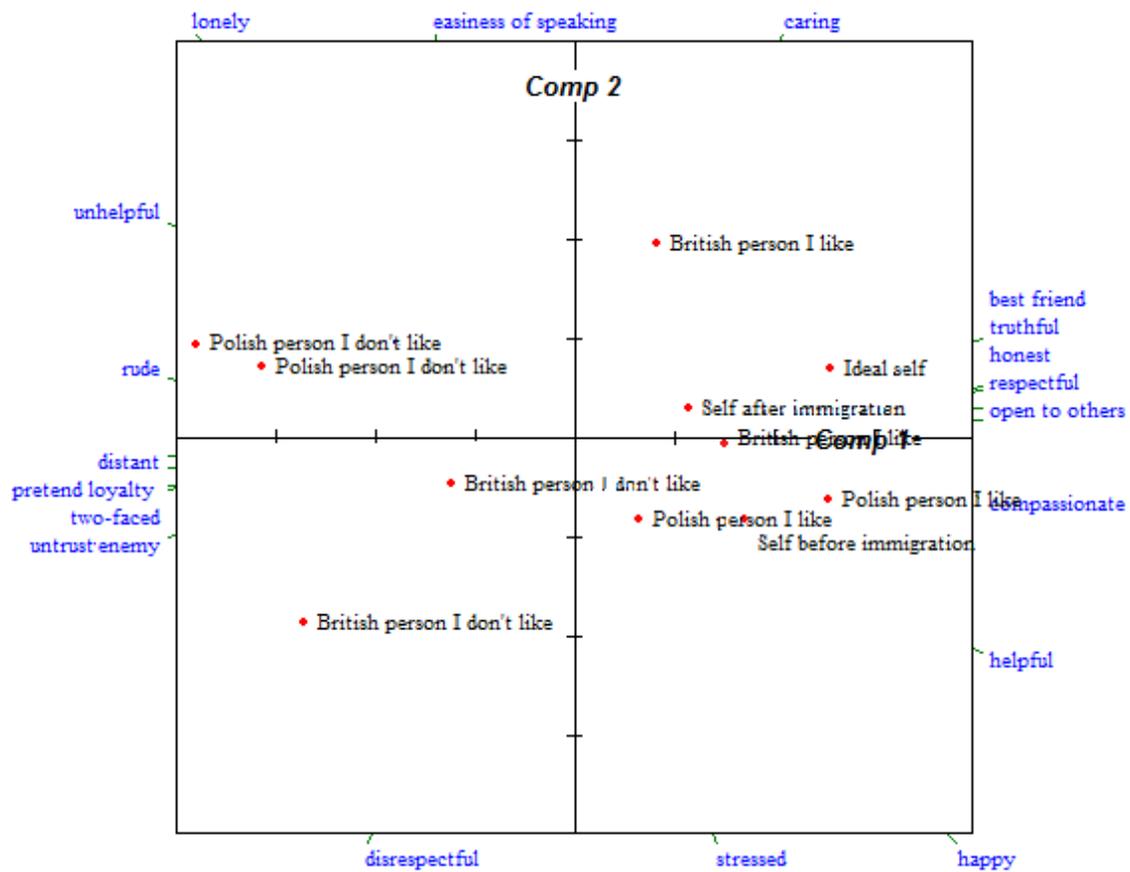


Figure 17. Plot of the elements in construct space for Peter's repertory grid.

The relatively more favourable view of self following emigration has been found to be associated with positive adjustment (less symptoms of psychological distress and a higher level of positive affect). This is well reflected in this case. Peter has a high self-esteem, consistently, both before and after emigration.

As hypothesised in the current study, the relative smaller distance between Others and Ideal Self following emigration would be associated with well-being. This is illustrated in Peter's case. He appears to identify himself with people he likes, both before and after emigration. As can be seen from the graph, his 'self before emigration' lies closely to two Polish people he likes, and his 'self after emigration' lies closely to one British person he likes. This might be a sign of Peter feeling secure and experiencing a sense of belonging, both in his social group back in Poland and in the U.K.

The above is consistent with Peter's high scores on both subscales of the acculturation measures. He appears to use an integration strategy and his case illustrates two main findings of the current study relating to acculturation and construing. Peter showed highly positive attitudes towards Polish culture, which are linked to his pre-emigration constructs being more salient. Peter also had less implicative dilemmas following emigration, which relates to positive attitudes with British culture.

Table 35. Peter's measures of structure and salience of construing

<b>Construing measure</b>	<b>Subsystem</b>	
Intensity	Before emigration	2.50
	After emigration	2.85
	Relative	0.35
Salience	Before emigration	54.11
	After emigration	34.43
	Relative	-19.68
Superordinacy	Before emigration	50.62
	After emigration	49.37
	Relative	-1.25
Tightness	-	66.03
Distance between Self and Ideal Self	Before emigration	.80
	After emigration	.45
	Relative	-0.35
Distance between Others and Ideal Self	Before emigration	4.60
	After emigration	3.95
	Relative	-0.65
Conflict associated with self	Before emigration	9.2
	After emigration	6.6
	Relative	-2.60
Conflict associated with others	Before emigration	43.30
	After emigration	23.90
	Relative	-19.40
Conflict Overall	-	39.6
Implicative dilemmas	Before emigration	5
	After emigration	0
	Relative	-5

Similarly, as per findings in the current study, Peter's lower level of degree of conflict associated with self and others following emigration relative to pre-emigration is associated with low level of symptoms of mental health difficulties. Moreover, he had less implicative dilemmas in his construing following emigration.

Peter construed himself following emigration as having 'easiness of speech' as oppose to being 'stressed'. However he construed himself before emigration as 'stressed', whereas 'ideal self' is construed as having 'easiness of speech'. There are five logical inconsistencies apparent in construct relationships involving this construct. Having 'easiness of speech' was associated with being 'unhelpful', 'pretend loyalty', 'distant', 'rude' and 'lonely'. Hence moving towards having a greater 'easiness of speech' carried a certain amount of conflict for Peter. However, Peter does not show any implicative dilemmas in his construing following emigration, as if his new post-emigration constructs allowed him to become more aware of these dilemmas and reconstrue the self more consistently.

## **PART 4: ADDITIONAL FINDINGS**

### **1 DEMOGRAPHICS AND PSYCHOLOGICAL ADJUSTMENT**

The scores obtained on the Polish version of PANAS related to some socio-demographic factors. Scores obtained on the positive affect scale (PU) correlated positively with English language skills, ( $r=.302$ ,  $p=.029$ ). This suggests that higher host language proficiency related to high levels of positive feelings. Poor English skills were associated with higher levels of negative feelings, ( $r=-.376$ ,  $p=.008$ ). There was also a significant difference in terms of negative affect scores when gender was considered ( $t=2.30$ ,  $p=.027$ ). The results suggest that women ( $M=16.55$ ) reported significantly more negative feelings than men ( $M=13.67$ ).

The reported level of satisfaction with life related to household income; a large negative relationship was found, ( $r=.412$ ,  $p=.004$ ). Higher income was associated with higher satisfaction with life. Similarly, higher level of English proficiency related to higher satisfaction with life, ( $r=.385$ ,  $p=.007$ ).

When level of psychological distress measured by the GHQ-12 (PL) was considered, there was one significant difference with regards to socio-demographic groups ( $t=2.83$ ,  $p=.007$ ). Women ( $M=14.55$ ) reported significantly higher level of psychological distress than men ( $M=9.44$ ).

### **2 ACCULTURATION AND SOCIO-DEMOGRAPHICS**

In terms of the scores on the V-SA(PL) scales, there were two statistically significant findings. There was a statistically significant difference with regards to religion in

terms of positive attitudes towards Polish culture,  $F(1,38)=9.118$ ,  $p=.05$ . Participants who described themselves as Roman Catholics identified more strongly ( $M=74.06$ ) with Polish culture than those who did not ( $M=60.67$ ). A medium positive relationship between the scores on the Mainstream subscale and educational qualification was identified, ( $r=.407$ ,  $p=.005$ ). Those with higher level of education showed more positive attitudes towards British culture.

### **3 REPERTORY GRID MEASURES AND SOCIO-DEMOGRAPHICS**

#### **3.1 Structure**

There was a small positive relationship between relative intensity and English language proficiency, ( $r=.350$ ,  $p=.014$ ). Higher proficiency was associated with higher intensity of construing of self post-emigration relative to self pre-emigration.

#### **3.2 Relative Distances Self-Ideal and Others-Ideal**

A large negative relationship was found between income and the relative distance Self-Ideal, ( $r=-.527$ ,  $p<.001$ ). This indicates that a higher income was associated with more favourable construing of self following emigration.

When the relative Others-Ideal distance was considered, a significant difference was found with respect to gender ( $t=-2.64$ ,  $p=.012$ ). The results suggest that women ( $M=-.353$ ) construed British people relatively more favourably than men did ( $M=.244$ ).

#### **3.3 Overall degree of conflict in construing**

When overall degree of construing was considered, there was one significant difference. Women ( $M=40.51$ ) reported a higher degree of conflict than men ( $M=37.44$ ),  $t=2.39$ ,  $p=.022$ . Moreover, a small positive relationship was found

between English proficiency and relative implicative dilemmas,  $r=.368$ ,  $p=.020$  (two-tailed test). This suggests that better language skills relate to a higher number implicative dilemmas following emigration as compared with pre-emigration.

## **DISCUSSION**

This section will start with a review of participants' characteristics in relation to the literature on immigration and mental health. The main findings of this study will then be interpreted in relation to each of the three hypotheses. Finally, additional findings will be reviewed. Implications for clinical practice, limitations of the study and suggestions for future research will then be considered.

### **1 OVERVIEW OF PARTICIPANTS**

The majority of Polish immigrants taking part in this study moved to the U.K. voluntarily for economic reasons. Most of the people were young, and well-educated, with varied levels of English proficiency. This is broadly consistent with reports on Polish migrants in the U.K. (Pollard et al., 2008). Just over a third had only basic education and poor language skills, which is a markedly smaller proportion than the 'three-quarters' suggested by White (2011). The overwhelming majority reported household earnings below the U.K. national average as reported by ONS (2011), £29,900 for graduates and £17,800 for non-degree holders between 2000 and 2010. This is in line with current literature on underemployment of Polish migrants (e.g. Somerwille & Sumption, 2009).

Twenty percent of participants reported that they have experienced mental health difficulties; however this might be an underrepresentation. Three participants reported no difficulties in the questionnaire, but during the meeting talked openly about experiencing low mood and symptoms typical for depression and anxiety disorders. It might be that the scarce mental health services in Poland combined with stigma

associated with mental health problems (McFarlane, 2005; Smolen, 2013) resulted in little awareness of mental health difficulties or an unwillingness to label psychological difficulties as such. More women than men (5:3) reported a history of mental health difficulties. This could be due to gender differences in prevalence rates, or in expressing and managing personal distress. For example, Selkirk (2010) reported that Polish men tended to externalise personal distress.

### **1.1 Psychological adjustment**

In terms of self-reported psychological well-being, Polish migrants in this study compared favourably with their counterparts in Poland. They reported markedly higher levels of positive affect and slightly lower levels of negative feelings as measured by the Polish version of the PANAS. They also reported higher satisfaction with life as measured by the Polish version of the SWLS than the Polish standardisation sample. Half of participants scored within the average range ('somewhat satisfied'). This could have resulted from the economic, emotional and self-development 'trade-offs' (Anderson et al., 2006; Janta, 2007), where migrants 'gained', but also 'lost' when moving countries.

The favourable results in terms of psychological well-being for immigrants as compared with their co-ethnics living in Poland, could be understood in terms of the notion of a 'healthy migrant effect'. It is also possible that those who volunteered for the study were better adjusted than those who did not. Another explanation of this discrepancy is related to the Polish normative studies, which took place about 20 years ago. Given the specific socio-historical context of the post-socialist country, people

included in the normative sample may have showed lower levels of psychological well-being than people who currently live in Poland.

The latter explanation allows an understanding of the finding that nearly half (45%) of the participants showed symptoms of distress in the clinical range as measured by the GHQ-12(PL). This finding is consistent with other U.K. studies with post-accession Polish migrants, Kozłowska et al. (2008) reported that 48.6% of Poles scored above the clinical threshold score on the GHQ-28. The rate obtained in the current study is more than twice as high as the prevalence rate (19.33%) for the U.K. reported by Murphy and Lloyd (2008). It is noteworthy that they used a 3/4 cut-off point for 'caseness' on GHQ-12, and the cut-off point established for the Polish version was 2/3 (Makowska et al., 2002). If the higher cut-off point was used, still 35% of participants would score within the clinical range.

This high proportion of the participants scoring within clinically significant range might be explained by the post-emigration factors. Migrants experience high levels of stress immediately after migration due to immigrants' living conditions and experiences in the host community; this heightens the risk of mental-ill health (Bhugra & Jones, 2001). Lindert et al.'s (2009) meta-analysis found strong evidence for higher rates of both anxiety and depression in immigrants, and Kirkbride et al.'s (2012) meta-analysis identified raised rates of psychotic disorders across several ethnic minority groups, including a small, but significant elevation in rates amongst the non-British white migrant groups in the U.K.

Women appeared to report higher levels of distress than men as measured by the GHQ-12(PL). This is consistent with other studies, whose authors suggest biological

factors and social learning theories could account for the discrepancy (Makowska et al., 2002; Murphy & Lloyd, 2008).

## 1.2 Cultural attitudes

As a group, participants generally reported positive attitudes towards both cultures, but these were significantly more positive towards their culture of origin. This is in line with Schymanski and Schultz's (2012) study using the V-SA with Polish women in Germany. They also reported that women who lived abroad for longer (16-30 years) showed significantly higher acculturation levels than women living in Germany for less than 15 years. This suggests that assimilation to a new culture increases with time. There is some evidence of a sensitive period for acculturation (Cheung et al., 2011); migrants are more likely to identify with the host culture the longer they are exposed to it, but only if this exposure occurs when they are relatively young. All but two participants were adults when they moved to the U.K.

Nearly half of Polish migrants included in this study appeared to use an integration acculturation strategy, followed by a separation strategy. Several people appeared to use assimilation and marginalisation strategies. As the acculturation strategies were estimated using an arbitrary point on the scale, these could only be interpreted as tendencies. However, the proportions are largely consistent with a study including over 5000 immigrant youth who have settled in 13 countries (Berry, Phinney, Sam & Vedder, 2006). They identified four distinct acculturation profiles using a cluster analysis corresponding to Berry's acculturation strategies. The largest number of youth fell into the *integrated* cluster, the second largest cluster was an *ethnic* one

(separation), the third largest cluster was a *national* one (assimilation), and finally a *diffuse* cluster resembling marginalization.

Although research findings in terms of whether acculturation or enculturation are beneficial for mental health are not clear (Korneu et.al, 2007), biculturalism has been consistently reported as leading to good mental health outcomes (Tu et al., 2012; Yoon et al., 2013). Nevertheless, some studies revealed that assimilation or separation has more or similarly favourable outcomes (Yoon et al., 2013). This suggests that Poles included in this study tended to choose acculturation strategies that have been found to be adaptive.

Berry's theory explicitly states that host society attitudes affect the individual's acculturation strategy choice. The fact that high numbers tended to use integration and separation strategies might imply that the larger society is *multicultural*, but also that it *segregates* this immigrant group. Evidence of both was found in media coverage and community studies based in the UK (Fomina & Freak, 2008; Hickman et al., 2008).

### **1.3 Construing**

When looking at measures of pre- and post-emigration construing for the whole group of participants, there was a significant difference in how participants construed themselves post-emigration in comparison to pre-emigration. It appears that participants had more positive views of themselves, or higher self-esteem, following their move to the U.K.

In addition to the economic reasons for emigration, Poles were motivated by opportunities to improve their English skills, living in a more liberal society and broadening of horizons (Burrell, 2010; Janta, 2007; O'Brien, 2011). It might be that those who decided to stay in the U.K., or those who took part in the study, were successful in either improving their financial circumstances or personal development. Hence they might have had a more positive view of themselves.

## **2 HYPOTHESIS I – INTERPRETATION OF FINDINGS**

It was predicted that current psychological adjustment would be related to cultural attitudes in a way that:

- good current psychological adjustment is related to positive attitudes towards the culture of origin and/or host culture, and
- poor psychological adjustment would be related to less positive attitudes to both cultures.

This hypothesis was partially confirmed. One significant relationship was found and three relationships verged on significance. A small positive relationship was identified between positive attitudes towards Polish culture and high levels of positive feelings. Moreover, those participants who viewed Polish culture positively tended to report less symptoms of psychological distress.

It could be argued that having more positive attitudes towards heritage culture may lead the individual to utilize the resources available within that cultural group more and thus adjust better. Social networks within migrant groups may be critical to resolving day-to-day stress, and to feeling grounded and secure. Despite the tensions

within Polish communities (Galasinska, 2010; Ryan et al., 2008), migrants described their own small circles of friends as very supportive (Selkirk, 2010). Moreover, maintaining contact with family and friends back in Poland is an important factor in adjustment (Weishaar, 2010).

Many studies in other migrant populations have demonstrated that retaining the culture of origin has a beneficial effect on mental health. For example, Bosnian migrants living in the Netherlands were found to have fewer mental health symptoms when preserving cultural traditions (Knipscheer & Kleber, 2006).

It was also found that those who showed positive attitudes towards British culture tended to report more positive feelings and higher satisfaction with life. These trend relationships are not surprising as interactions confined within the ethnic group may restrict social connection to and support from mainstream society.

Considering all of the findings together, studies looking simultaneously at identification with the culture of origin and the host culture are of relevance here. Oppedal, Roysamb and Heyerdahl (2005) showed that ethnic and host cultural competencies were associated with fewer mental ill-health symptoms in a multi-ethnic sample of adolescent migrants living in Norway. Another study revealed that both strong identification with host and the culture of origin, predicted enhanced subjective well-being (measured by SWLS and PANAS) in Chinese students in Australia (Zheng, Sang & Wang, 2004).

These findings are also strongly supported by the theory of acculturation. Berry (1988) theorised that the strategy of *integration*, also called *biculturalism*, was the

most beneficial for psychological and social adjustment. A *marginalisation* strategy is associated with higher susceptibility to psychological and adjustment disorders.

### **3 HYPOTHESIS II – INTERPRETATION OF FINDINGS**

It was predicted that construing would be related to cultural attitudes. Specifics of the hypothesis and relevant findings are described below.

#### **3.1 Salience**

It was predicted that more salient construing of the pre-immigration world would be related to positive attitudes towards Polish culture. This part of Hypothesis II was confirmed as a medium positive correlation was found between salience of construing of the ‘before immigration’ elements and the scores obtained on the Heritage scale. This suggests that relatively more salient (more elaborated) construing of Polish people participants knew prior to emigration was associated with positive attitudes towards Polish culture.

This finding is in line with personal construct psychology understanding of impact of culture on construing. The construct system that we develop is assembled by and in our interactions with others and we silently absorb aspects of our cultural environment (Oliver & Schutsmeier, 2006). Individuals with the same cultural background tend to construe the world more similarly than those with a different cultural background, or show greater ‘commonality’, in Kelly’s (1955) terms. The more salient construing of life in Poland, the more valued and preferred the company of co-ethnics might be. This might be driven by seeking experiences of commonality of construing. Polish

culture perhaps provides affirmation for more personal meanings, and hence it might be experienced as more comfortable (Lietner et al., 1996).

Furthermore, to have meaningful interactions with another, it is necessary for the person to construe their construction processes; Kelly's (1955) Sociality Corollary. It could be argued that this would be easier among people from the same ethnic group. Moreover, positive attitudes towards Polish culture might serve to prevent a sense of isolation, potentially experienced when among people from a British cultural background. This might be of more importance for people who have less elaborated construing of life following emigration.

In parallel, it was predicted that more salient construing of the post-immigration world would be related to positive attitudes towards British culture. No significant correlations were found.

### **3.2 Intensity and Superordinacy**

Correlations in regards to the hypotheses related to intensity of construing were found to be insignificant.

### **3.3 Self-Ideal distances and Others-Ideal distances**

The hypotheses related to distances between Self and Ideal Self were not found to be significant, nor were the hypotheses related to distances between Others and Ideal Self.

### **3.4 Conflict in construing**

It was also predicted that less conflicted construing of the pre-immigration world would be related to more positive attitudes towards the culture of origin. This part of Hypothesis II was not confirmed. Contrary to the prediction, a positive medium relationship was found between the degree of conflict associated with significant others prior to emigration and positive attitudes towards Polish culture.

Chau-Ping Lee's (1984) study of Chinese women living in Canada may provide some insights into this finding. She demonstrated that the acculturation process led to an everyday experience of conflict of cultural values. One of the ways of managing this conflict was by altering the construct system by increasing affirmation of Chinese identity. This could be related to the current study. Perhaps life in the U.K. led participants to feel conflicted about significant others in Poland. One way of resolving such inconsistencies could be affirmation of Polish identity, where changes within core constructs allow more tolerance of inconsistencies on a more subordinate level of construing of others before emigration.

The parallel statement regarding post-emigration construing and the host culture was not confirmed.

### **3.5 Implicative Dilemmas**

The number of implicative dilemmas was another measure of inconsistent construing . It was hypothesised that less implicative dilemmas related to construing of 'self before immigration' would be related to more positive attitudes towards the culture of origin.

This part of Hypothesis II was not confirmed, as no significant relationships were found.

A parallel prediction was made for the relationship between the number of implicative dilemmas in construing of 'self after immigration' and attitudes towards the host culture. A negative medium correlation was found between number of dilemmas following emigration and how positive the attitudes were towards British culture.

It could be argued that identifying with British culture resulted in conflict of values in some participants and hence evoked personal dilemmas. One way of reducing the negative feelings associated with the dilemmas might be keeping construing of British culture within more peripheral levels. This strategy could prevent the threat-provoking construing of self as British entering core constructs. However, it might lead to less positive attitudes towards British culture.

#### **4 HYPOTHESIS III – INTERPRETATION OF FINDINGS**

It was predicted that construing would be related to current psychological adjustment. Specifics of the hypothesis and relevant findings are described below.

##### **4.1 Intensity**

It was predicted that more intense construing of the post-immigration than pre-immigration world would be related to good psychological adjustment. This part of Hypothesis III was confirmed when considering positive outcomes, but not when considering negative outcomes. There was a medium positive relationship between the relative intensity figure and scores obtained on the Satisfaction With Life Scale.

Polish immigrants whose post-emigration constructs were more intense than their pre-emigration' constructs, were less likely to find themselves in a situation in which they were still trying to use their old construct system to predict events in their current life. Thus a more structured construing following emigration facilitated better anticipation of the life in the U.K., and reduced the risk of invalidation and anxiety.

Satisfaction with life refers to a subjective evaluative judgement of life circumstances as compared to one's own standards. The individual's satisfaction could be related to how well the person is able to predict their post-emigration world, and validation or invalidation of these predictions. It could be assumed that the person is likely to anticipate more effectively when the construct subsystem appropriate for the life following emigration is more structured, i.e. more intense.

Winter et al.'s studies (1992, 1996) are relevant to this finding. They reported that people in inpatient care, who felt able to live in the community, had more highly organised 'outside-hospital' construct systems, relative to their 'inside-hospital' systems (Winter et al., 1992). They were also more likely to be successfully resettled into the community (Winter et al., 1996). Additionally, the high relative structure of the 'outside-hospital' system was associated with high community, activity, and social relationships skills, and a higher sense of control over their lives (Winter et al., 1992). Similarly, migrants in the present study whose construct system best fitted their current circumstances may have found themselves more able to predict events, and hence they experienced higher levels of life satisfaction. It also might be that their more structured construing following emigration facilitated better social functioning and thus indirectly contributed to the subjective satisfaction with life.

There can be benefits and disadvantages of either construing very loosely, or construing very tightly. Winter (1992) argues that “while loose construing may allow individuals to avoid invalidation of their predictions, a very loosely organised construct system will be able to generate few, if any, coherent anticipation of events” (p. 89). High intensity may allow for more coherent anticipation of events, saving the person from facing logical imbalances and thus reducing discomfort arising from inconsistent construing; this potentially facilitates a sense that the world is predictable. However, evidence was found that neurotic disorder is associated with high levels of logical consistency in construct relationships (Winter, 1983). As such, this might only be a temporarily effective strategy.

## **4.2 Superordinacy**

It was predicted that more superordinate construing of the post-immigration than pre-immigration world would be related to good psychological adjustment. This part of Hypothesis III was confirmed when considering negative outcomes, but not when considering positive outcomes. There was a medium negative relationship between the relative superordinacy figure and scores obtained on the negative affect scale (NU).

This finding is consistent with Winter et al.'s (1992) study looking at how prepared for a discharge people in an inpatient unit felt. They found that individuals felt able to live in the community only if their constructs relevant to the anticipation of life outside the hospital were relatively superordinate. Similarly, Polish migrants might feel more able to successfully manage their life following emigration if their construct system for anticipating their current life is relatively more superordinate. Thus, they find

themselves better able to predict events, and experience lower levels of invalidation and anxiety.

Alternatively, Polish immigrants whose 'before immigration' constructs account for more variation in construing than their 'after immigration' constructs are likely to find themselves in situations where their post-emigration construing is less able to predict the world. Thus, they are likely to experience invalidation and anxiety as they are faced with events beyond the range of convenience of their construct systems. This implies the need to reconstrue, where the risk of psychological distress lies.

#### **4.3 Saliency**

The hypothesis related to saliency of construing were not found to be significant.

#### **4.4 Tightness**

The hypothesis related to tightness of construing were not found to be significant.

#### **4.5 Self-Ideal distances and Others-Ideal distances**

It was proposed that good psychological adjustment would be related to a more favourable construing of the post-immigration self and others than the pre-immigration self and others. This was partially confirmed as one significant correlation in relation to the relative Self-Ideal distance. Contrary to the expectation, no relationships were found between Others and Ideal Self distances and psychological adjustment variables.

There was a medium negative relationship between the relative Self-Ideal distances and scores obtained on the positive affect scale (PU). There was also a medium positive relationship between the relative Self-Ideal distance and scores obtained on the GHQ-12(PL). More favourable construing of self following emigration related to higher level of positive feelings and tended to be associated with lower levels of symptoms of psychological distress. Both findings are consistent with the idea that Self-Ideal discrepancy reflects the extent of psychological distress (Hardison & Neimeyer, 2011), and hence large discrepancy implies less positive feelings and more symptoms of psychological disorders.

#### **4.6 Conflict in construing**

It was predicted that less conflicted construing of the post-immigration than pre-immigration world would be related to good psychological adjustment. This part of Hypothesis III was partially confirmed. A medium positive correlation between the relative conflict associated with self and scores obtained on the GHQ-12(PL) was found. There were no relationships identified concerning overall conflict of construing or the relative conflict in construing others.

It has been highlighted that living in a cross-cultural context entails a great potential for invalidation of one's construing with a more dramatic impact than when living in one's culture of origin (Scheer, 2003). Migrants may face events falling outside the range of convenience of their construct system, which may result in a major reconstruing process potentially involving inconsistencies. If the person's superordinate constructs are not sufficiently permeable to accommodate the incompatible constructions, these incompatibilities will lead to anxiety (Winter,

1992). Intolerance of inconsistencies within core constructs might show in the form of symptoms of psychological disorders. Thus it is not surprising that logical inconsistencies in construing of self following emigration were associated with symptoms related to mental health difficulties.

#### **4.7 Implicative Dilemmas**

The hypothesis related to implicative dilemmas in construing were not found to be significant.

## **5 ADDITIONAL FINDINGS**

### **5.1 Psychological adjustment and socio-demographics**

Gender was the only demographic factor that pointed to significant differences in scores obtained on the GHQ-12(PL) and the NU (SUPIN); women obtained significantly higher scorers than men. This discrepancy relating to GHQ was also found in other studies including Goldberg's (1988) original study, studies conducted in the U.K. (Murphy & Lloyd; 2008) and in Poland (Makowska & Merecz, 2001).

English proficiency and income appeared to impact on psychological well-being of participants. Those with lower income reported less positive feelings and were less satisfied with life. Those with poor language skills reported higher levels of negative feelings. These findings are not surprising given that the majority of Poles included in this study were voluntary economic migrants. These two factors may be linked as it is likely that higher proficiency in English facilitates access to higher paid employment. It has been suggested that underemployment and unmet expectations for the life

following emigration could contribute to poor adjustment. Pearson et al. (2012) talked about the loss of professional identity and feelings of dissonance between where Polish migrants were and where they wanted to be in response to underemployment. Additionally, better host language skills may be associated with accessing social support and services outside the Polish community.

The immigration literature suggests that long term ongoing economic inequalities may contribute to elevated rates of illnesses in migrants and ethnic minority groups (Nazaroo & Iley, 2010). For example, John et al. (2012) found that Asian immigrants who perceived they had greater financial need rated their mental health as worse, and showed more symptoms of depression than U.S.A.-born Asians. Blomstedt et al. (2007) noted that holding a lower status job was associated with poor self-reported mental health and psychosomatic complaints in Eastern European migrants in Sweden. Tarricone et al.'s (2012) meta-analysis noted that lower education and social status were linked to a higher susceptibility to depression and anxiety in migrants.

## **5.2 Acculturation attitudes and socio-demographics**

Higher levels of education related to more positive attitudes towards British culture. This is consistent with what research shows about the Polish community in the U.K. Ryan et al. (2008) suggested that migrants with high levels of qualifications and linguistic skills appeared to be more able to make horizontal ties with non-co-ethnics. Another study (Selkirk, 2010) demonstrated that contact with the host community increased positive attitudes towards them. Poles socialising mainly with Scottish people perceived Scottish society as offering more freedom and flexibility than those who had little contact with the host community.

Participants who described themselves as Catholics showed more positive attitudes towards Polish culture than those who chose the ‘no religion’ or the ‘other religion’ options. A reason for this might be the fact that Poland is a predominantly Roman Catholic country, and religion forms a large part of the Polish culture, particularly given the socialist historic context, when it was prohibited. Those who chose a different religion would therefore be likely to have already rejected some of Polish culture.

### **5.3 Construing variables and socio-demographics**

A high level of English language proficiency was associated with significantly less intense post- than pre-emigration constructs. The more loosely knit construing of the post-emigration world might be due to contact with the host community being restricted by language deficits. Thus, constructs derived from British people triads could be weakly inter-related.

Participants who had lower earnings construed themselves significantly less favourably following emigration. This difference in construing of the self might have arisen from the unfulfilled expectations they had about how financially successful they would be following emigration. It also might be that the new constructs developed following emigration related to financial achievement more strongly than pre-emigration constructs.

British people were significantly more favourably construed than Polish people by female than by male participants. These findings contradict those found by Weinreich

(1973, 1983, cited by Winter, 1992). He reported that immigrant boys tended to construe themselves and others in a globally favourable light compared to girls. His other finding considered identity diffusion defined in terms of a person's identity conflicts with significant others. He demonstrated that immigrant girls showed greater identity diffusion than indigenous girls. This might partially account for the higher degree of conflict overall in the construing of women in the current study.

## **6 CLINICAL IMPLICATIONS**

There is a growing need to understand the impact of immigration and the subsequent acculturation process on mental health with a view to preventing and treating mental ill-health within immigrant population. Studies generally show that immigration increases risk of mental health difficulties, at the same time the evidence body for contrasting 'immigrant paradox' grows. Theoretical models point to acculturation process as potentially accounting for the variation of the mental health outcomes. Research evidence generally points to the acquisition of the new culture whilst simultaneously retaining one's culture of origin (biculturalism) as most beneficial. The sizeable Polish community in the U.K. and already existing evidence of an increased risk of depression and anxiety in this group add to the clinical relevance of this study.

The current study looked at the relationship between acculturation, psychological adjustment and construing of Polish immigrants. Although not a clinical sample, one in five people reported a history of mental health difficulties, with a majority being given a diagnosis. What is more, the reported twenty percent is likely to be an underrepresentation. Moreover, nearly half (45%) of the participants showed

symptoms of distress in the clinical range (as per GHQ-12(PL)) and hence they were at least at risk of developing mental health difficulties.

This group of migrants experience elevated levels of psychological distress, therefore there is a need for mental health services to ensure appropriate and accessible services, for example using community outreach. Also the services should ensure that they either have Polish speaking workers and/or interpreters. Training should be provide for people working in mental health services to ensure all are sufficiently competent in working with people from different cultural groups and with Polish people specifically. Additionally, as local Polish community organisations may well be a source of support for Polish immigrants who are experiencing distress, training and support should be provided.

The findings of this study indicated a relationship between how Polish migrants construe themselves and significant others, their psychological adjustment and cultural attitudes. The findings shed light on the individual variations contributing to the contradicting findings in the area. These findings could inform direct clinical work, training and development of services, and benefit clinicians, researchers and migrants themselves.

The results appear to suggest that construing is an important factor associated with adjustment to life in a different country. How migrants construe or perceive the world following emigration relative to their life prior to migration is related to psychological well-being and the acculturation processes. This may be or may not be independent of external factors, such as the host country migration politics and socio-economic inequalities.

People experiencing mental health difficulties following emigration may benefit from an intervention to address their needs. This study demonstrates the value of taking a personal construct approach into the context of immigration and acculturation. The intervention could focus on different aspects identified in this study. For example, this could be helping migrants to construe themselves more favourably following emigration.

It was identified that more structured and more superordinate construing following emigration was linked with good adjustment. Thus, clinical work might beneficially focus on helping the person to make new constructs more structured, and therefore be better able to predict the world in which they now find themselves. Also they could be helped to reduce the level of inconsistencies in their construing of self post-emigration and to integrate their new construing with their previous ways of construing.

Positive attitudes towards the culture of origin were found to be beneficial for psychological well-being. These also related to relatively more salient pre-emigration construing. Thus, in cases of negative attitudes towards the culture of origin, especially when accompanied by low levels of the host culture acquisition; it might be worth facilitating more salient construing of Polish significant others.

As mentioned above, the retention of the heritage culture was found to be a protective factor. Hence this should be encouraged on at least equal level as assimilation to the new culture. Such a recommendation would require national policies to support ethnic communities' initiatives, particularly those with a potential of establishing social networking and of forming support groups. Creating a more positive image of Polish

migrants in the media might promote more favourable attitudes in the general population. This in turn could facilitate the retention of the heritage culture.

The findings also indicated that social inequalities may be impacting on mental health. This could be addressed by creating national policies that facilitate immigrants' access to support and advice in terms of improving their language skills and employment opportunities. Such initiatives might be more successful if organised within Polish community centres.

## **7 STRENGTHS AND LIMITATIONS**

The main limitation is the sample selection bias due to the use of the purposive sampling procedure. As participants were not selected randomly this might have led to flaws in the selection process, where a subset of data is systematically excluded, producing distorted results. It might be that only participants who were relatively well adjusted took part in the study. Potentially those with poorest mental health did not volunteer or were unable to take part due to their mental health difficulties. For example, a potential participant withdrew when the prearranged interview was about to start. He explained that he was distressed and undergoing therapy within the NHS. He felt unable to take part, but hinted that his difficulties started after emigration, hence the initial interest in participation.

The second limitation is the modest sample size. It may have reflected a population bias in that it may not represent the larger population of Polish migrants in the U.K. As the majority of participants were recruited via the Polish community, those using *assimilation* or *marginalisation* acculturation strategies more extremely could have

been reached in smaller numbers or not at all. Also, as this was a non-clinical sample, the findings may not be generalizable to people who access either the NHS or charitable mental health services.

Moreover, the modest sample size meant that the participants could not be divided into groups by the acculturation strategy. Using a typological measure of acculturation rather than a bi-dimensional scale would have resolved this. However, typological measures artificially force respondents into categories, which did not meet the independence assumption of the bi-dimensional acculturation model used in this study.

The modest sample size had implications for the statistical analysis choices. Had a larger sample size been obtained, this may have increased the likelihood of the data being normally distributed, and therefore could have enabled the use of more powerful parametric tests. Nevertheless, the findings of this study have generated further research questions and are one of the few studies that have been carried from a PCP perspective in the area of immigration and acculturation. The statistical examination consisted of repeated testing on the same data set, which increases the likelihood of a type 1 error - the possibility of incorrectly rejecting the null hypothesis. Although typically used in such cases, a Bonferroni correction was not undertaken in this study as such a correction would further reduce the statistical power. This study was exploratory in nature and important findings could have been lost as a result.

The use of the language of the host society in research is one of the main criticisms of the existing studies of immigration and acculturation. In the current study, the entire interview with participants was conducted using their first language, which is the main

strength of the study. Moreover, the use of Polish versions of standardised psychometric measures of psychological well-being allowed comparison with Polish samples of non-immigrants. However, the differences between the people in the standardisation population and the current study participants, as well as the socio-historical context of the two groups might have contributed to the noted differences.

When the repertory grid interview was carried out, several participants used both Polish and English language when generated constructs. Although the use of the first language potentially increased the validity of the responses, it could also have hindered some participants in expressing their post-immigration constructs, particularly if they had been tending to use English language versions of these.

Participants were asked to generate constructs from triads comprised of all 'before immigration' elements or all 'after immigration' elements. This was based on the assumption that each time period would have a distinct set of constructs associated with it, and that this elicitation method would allow for generating the set of constructs associated with each time period. However, it might be that elicited constructs equally apply to both before and after emigration periods. These constructs were notably the participants' own rather than being generated by the researcher.

## **8 SUGGESTIONS FOR FURTHER RESEARCH**

As mentioned earlier, the largest limitation of this study is the use of the purposive sampling procedure. In order to verify the findings, replicating this study with a larger number of randomly selected participants might be beneficial. A study using a clinical sample would also be of interest.

A larger sample would also allow for controlling for confounding variables, such as socio-demographic variables. More specifically, it was found that retaining heritage culture was a protective factor for mental health, and thus it was proposed that access to social support within the co-ethnic network was beneficial. It would be worth exploring whether this holds for Polish migrants.

Moreover, a larger sample would allow the relationships between mental health and specific acculturation strategies in Polish post-accession migrants to be explored. It would be interesting to see how acculturation and enculturation processes impact on psychological well-being over time using a longitudinal design.

The results demonstrate that personal construct theory has a value in explaining the relationships between acculturation and mental health. It might be that construing serves a mediating or moderating role in the relationship between acculturation processes and psychological adjustment and the individual variation in mental health outcomes. Further analyses are needed to investigate such a hypothesis. It would also be interesting to carry out larger follow-up studies looking at how grid measures might predict people's mental health or acculturation.

In terms of more specific findings relating to construing, it would be valuable to explore why some migrants construe themselves more favourably following emigration and others do not. It would also be of value to evaluate the relationship between mental health difficulties and fragmentation of construing following significant life changes. It has been suggested that the re-construing process is more

successful when the pre-existing construct system is sufficiently permeable to incorporate and shift constructs when adjusting to a new situation (Burr et al. 2013).

This study suggests that personal construct approach could be suitable for therapy for adjustment difficulties, it might be beneficial to explore how effective it would be. A possible way of evaluating the efficacy of the intervention would be to complete repertory grids and a measure of adjustment both prior to and following the intervention.

## **9 CONCLUSIONS**

The Research review highlighted that more explorations are needed to understand the mechanisms underlying the relationships between immigration, acculturation and mental health. This study explored construing pre- and post-emigration of Polish immigrants in the U.K. in relation to acculturation processes and psychological well-being.

The results highlighted that this group experienced elevated levels of psychological distress. It also showed a positive relationship between mental health and positive attitudes towards Polish culture. The key finding emerging from this study was that there was a relationship between how migrants construe themselves and others following emigration, cultural attitudes and mental health. More structured construing following emigration was linked with better mental health outcomes. Furthermore, a relatively more favourable and less conflicted view of self following immigration was associated with better mental health. A positive view of Polish culture was associated with relatively more salient construing of life before emigration, and (contrary to the

prediction) high levels of logical inconsistencies in construing of others before emigration. Relatively more conflicted construing of self following emigration predicted less positive attitudes towards British culture.

The findings shed light on the individual variations contributing to the contradicting findings in the area. This study could inform direct clinical work, training and development of appropriate and accessible services for this group. A Personal Construct approach appears suitable for interventions. As the retention of the heritage culture was found to be a protective factor this should be encouraged.

Further research with a larger randomly selected sample could be carried out to verify these findings in a more rigorous way. Conducting longitudinal studies to explore the impact of emigration and acculturation on mental health, and evaluating the efficacy of the personal construct approach intervention for migrants is suggested.

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## LIST OF TABLES AND FIGURES

### TABLES

Table 1. Demographic characteristics of the participants

Table 2 Educational qualification, English language level, employment and income of the participants

Table 3. Immigration circumstances

Table 4. Distribution of the SUPIN raw scores

Table 5. The SUPIN score ranges in comparison to Polish study

Table 6. Distribution of the SWSL (PL) raw scores

Table 7. SWSL(PL) scores in comparison to Polish study

Table 8. Distribution of GHQ-12 (PL) raw scores

Table 9. The GHQ-12 (PL) scores in comparison to Polish study

Table 10. Distribution of acculturation scores

Table 11. Frequencies of estimated acculturation strategies

Table 12. Distribution of salience of construing scores

Table 13. Distribution for tightness of construing scores

Table 14. Distribution of intensity of construing figures

Table 15. Superordinacy of construing

Table 16. Euclidian Standardised Distances for Self-Ideal

Table 17. Euclidian Standardised Distances for Others-Ideal

Table 18. Distribution of conflict measures

Table 19. Distribution of relative conflict in construing

Table 20. Distribution of number of implicative dilemmas

Table 21. Correlations for acculturation and psychological adjustment variables

Table 22. Correlations for acculturation and salience of construing

Table 23. Correlations for acculturation and distances in construing

Table 24. Correlations for acculturation and conflict in construing

Table 25. Correlations for acculturation and number of implicative dilemmas

Table 26. Correlations between structure of construing and psychological adjustment

Table 27. Correlations for salience, tightness of construing and psychological adjustment

Table 28. Correlations for relative distances and psychological adjustment

Table 29. Correlations between conflict measures and psychological adjustment

Table 30. Anna's scores on the measures of psychological adjustment and acculturation

Table 31. Anna's constructs

Table 32. Anna's measures of structure and salience of construing

Table 33. Peter's scores on the measures of psychological adjustment and acculturation

Table 34. Peter's constructs

## FIGURES

Figure 1: Migration and psychiatric disorder, a hypothetical model (Bhugra, 2004a)

Figure 2: Acculturation strategies in ethnocultural groups and in a larger society (Berry, 2009)

Figure 3: Boxplots for VIA Heritage and Mainstream scales, and boxplot for relative acculturation

Figure 4. Acculturation strategy typological scatterplot the V-SA (PL) subscales.

Figure 5. Boxplots for distances between self and ideal self

Figure 6. Relationship between scores of positive affect and Heritage scale scores

Figure 7. Relationship between salience of pre emigration elements and Heritage scale scores

Figure 8. Relationship between degree of conflict associated with pre emigration elements and Heritage scale scores

Figure 9. Relationship between number of implicative dilemmas post emigration and Mainstream scale scores

Figure 10. Relationship between number of relative superordinacy and negative affect (NU) scale scores

Figure 11. Relationship between relative intensity and satisfaction with life scale scores

Figure 12. Relationship between relative distance Self-Ideal and positive affect scale scores

Figure 13. Relationship between relative distance Self-Ideal and GHQ-12(PL) scale scores

Figure 14. Relationship between the relative conflict associated with self and GHQ-12(PL) scale scores

Figure 15. Main findings: statistically significant (continues line) and trend (dashed line) relationships.

Figure 16. Plot of the elements in construct space for Anna's repertory grid

Figure 17. Plot of the elements in construct space for Peter's repertory grid

## **APPNEDIXES**

Appendix 1: Socio-demographic questionnaire (English translation and Polish version)

Appendix 2: Repertory grid tool

Appendix 3: Vancouver Index of Acculturation, Ryder, Alden, and Paulhus (2000).

Appendix 4: Vancouver Skala Akulturyzacji, Schimanski (2008), German study

Appendix 5: Vancouver Skala Akulturyzacji used in this project

Appendix 6: Scala Uczuc Pozytywnych i Negatywnych (SUPIN), Brzozowski (2010)

Appendix 7: The Positive and Negative Affect Schedule (PANAS), Watson, Clark, and Tellegen (1988)

Appendix 8: Satisfaction With Life Scale (SWLS)(PL), Juczyński (2001)

Appendix 9: Satisfaction With Life Scale (SWLS)(PL), Diener, Emmons, Larsen and Griffin (1985)

Appendix 10: General Health Questionnaire (GHQ-12), Goldberg and Williams (1988)

Appendix 11: Kwestionariusz Ogolnego Stanu Zdrowia (GHQ-12 (PL)), Makowska and Merez (2000).

Appendix 12: Permission to recruit on the premises of the Parish Polish Club, Dunstable.

Appendix 13: Participant Information Sheet

Appendix 14: Consent Form

Appendix 15: Debrief Sheet

Appendix 16: Contact details for Polish Psychologists Association in London

Appendix 17: University of Hertfordshire Ethics Approval

Appendix 18. Participant 17 repertory grid

Appendix 19. Participant 10 repertory grid

**Appendix 1: Socio-demographic questionnaire (English translation and Polish version)**

**BACKGROUND INFORMATION QUESTIONNAIRE**  
(English Translation)

**1. What is your Gender**

- Female  
 Male  
 Prefer not to say

**2. How old are you?**

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 41-45 |
| <input type="checkbox"/> 26-30 | <input type="checkbox"/> 46-50 |
| <input type="checkbox"/> 31-35 | <input type="checkbox"/> >51   |
| <input type="checkbox"/> 36-40 |                                |

**3. How many years have you lived in the UK ?**

- 2-3  
 4-5  
 6-7  
 8-9

**4. What made you move to the UK?**

- Formal study (e.g. university)  
 To start a definitive job  
 To accompany a family member  
 To join a family member already living in the UK  
 To look for work  
 Other Please specify \_\_\_\_\_

**5. Did you believe that you had a choice to immigrate or not to immigrate?**

Yes  No

Comments: \_\_\_\_\_

---

**6. Have you lived in any other countries (except Poland) prior to moving to the UK?**

Yes  No  **If Yes**, what country? \_\_\_\_\_ For how many years?

\_\_\_\_\_

**7. What is your level of English?**

Speaking:	None <input type="checkbox"/>	Basic <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	Fluent <input type="checkbox"/>
Reading:	None <input type="checkbox"/>	Basic <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	Fluent <input type="checkbox"/>
Writing:	None <input type="checkbox"/>	Basic <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	Fluent <input type="checkbox"/>

**8. Religion**

Christian  Please specify \_\_\_\_\_  
Other  Please specify \_\_\_\_\_  
No religion

**9. Marital status**

- Single
- Married/Civil Partnership
- Cohabiting couple
- Divorced/Separated
- Widowed

**10. Do you have children?**

No  Yes  How many? \_\_\_\_\_

**11. How many people do you live with?** (please say how many)

Adult \_\_\_\_\_ Children \_\_\_\_\_ People over 65 \_\_\_\_\_

**12. What educational qualifications do you have?**

- No qualification (Primary School)
- Lower secondary school ('Gimnazjum')
- Basic vocational school (Szkoła Zawodowa)
- Upper school/A levels + NVQ3 (Liceum Ogólnokształcące)
- Upper school, A Levels + NVQ3 (Liceum Profilowane)
- Undergraduate (Studium policealne)
- Graduate/ Bachelor's degree (Licencjat)
- Master's degree (Magister)
- Postgraduate (Doktorat)

**13. Employment**

- Employment full-time
- Employment part-time
- Self-employed
- Student
- Housewife
- Unemployed
- Permanently disabled
- Other specify \_\_\_\_\_

**14. Household gross annual income**

- < £15,000
- £15,000 - £19,999
- £20,000 - £29,999
- £30,000 - £39,999
- £40,000 - £49,999
- £50,000 - £59,999
- £60,000 - £69,999
- £70,000 - £99,999
- >£100,000

**15. Have you experienced mental health difficulties?** Yes  No

If Yes, pre-immigration  post-immigration

**Have you been given a mental health diagnosis?** Yes  No

If Yes, specify \_\_\_\_\_

**Have you accessed mental health services?** Yes  No

If Yes, specify \_\_\_\_\_

# KWESTIONARIUSZ - DANE SOCJALNO-DEMOGRAFICZNE

(Background Information - Polish version)

## 1. Jaka jest Twoja płeć?

- Kobieta  
 Mężczyzna  
 Preferuje nie ujawniać

## 2. Ile masz lat?

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 41-45 |
| <input type="checkbox"/> 26-30 | <input type="checkbox"/> 46-50 |
| <input type="checkbox"/> 31-35 | <input type="checkbox"/> >50   |
| <input type="checkbox"/> 36-40 |                                |

## 3. Ile lat mieszkasz w Wielkiej Brytanii?

- |                              |                              |
|------------------------------|------------------------------|
| <input type="checkbox"/> 2-3 | <input type="checkbox"/> 6-7 |
| <input type="checkbox"/> 4-5 | <input type="checkbox"/> 8-9 |

## 4. Jaki był powód Twojej przeprowadzki do Wielkiej Brytanii?

- Formalna nauka (np. uniwersytet)  
 Aby zacząć konkretną pracę  
 Aby towarzyszyć członkowi rodziny  
 Aby przyłączyć się do członka rodziny mieszkającego w Wielkiej Brytanii  
 Aby szukać pracy  
 Inny Proszę wyjaśnij \_\_\_\_\_

## 5. Czy uważasz, że miałeś/aś wybór co do wyjazdu?

Tak  Nie

Komentarz: \_\_\_\_\_  
\_\_\_\_\_

## 6. Czy mieszkałeś/aś w innych krajach (poza Polskę) zanim wyemigrowałeś/aś do Wielkiej Brytanii?

Tak  Nie  Jeśli tak, w jakim kraju? \_\_\_\_\_ Przez ile lat?  
\_\_\_\_\_

## 7. Na jakim poziomie jest Twoja znajomość języka angielskiego?

Mówienie:	żaden <input type="checkbox"/>	podstawowy <input type="checkbox"/>	średni <input type="checkbox"/>	zaawansowany <input type="checkbox"/>	biegły <input type="checkbox"/>
Czytanie:	żaden <input type="checkbox"/>	podstawowy <input type="checkbox"/>	średni <input type="checkbox"/>	zaawansowany <input type="checkbox"/>	biegły <input type="checkbox"/>
Pisanie:	żaden <input type="checkbox"/>	podstawowy <input type="checkbox"/>	średni <input type="checkbox"/>	zaawansowany <input type="checkbox"/>	biegły <input type="checkbox"/>

## 8. Religia

Chrześcijaństwo  Proszę sprecyzuj \_\_\_\_\_  
Inna  Proszę sprecyzuj \_\_\_\_\_  
żadna

## 9. Stan cywilny

- wolny  
 żonaty/mężatka / civil partnership  
 konkuibinat

- rozwodnik / rozwódka / separacja  
 wdowa / wdowiec

**10. Czy masz dzieci?**

Nie  Tak  Ile? \_\_\_\_\_

**11. Ile osób mieszka razem z Tobą? (podaj liczbę)**

dzieci \_\_\_\_\_ dorośli do 65 \_\_\_\_\_ powyżej 65 \_\_\_\_\_

**12. Jakie kwalifikacje edukacyjne posiadasz?**

- żadne  
 Gimnazjum  
 Szkoła Zawodowa  
 Liceum Ogólnokształcące  
 Liceum Profilowane  
 Studia Licencjackie  
 Studia Magisterskie  
 Studia Doktoranckie

**13. Zatrudnienie**

- Zatrudnienie na pełen etat  
 Zatrudnienie na pół etatu  
 Samo-zatrudniony  
 Student/uczeń  
 Gospodyni domowa  
 Bezrobotny  
 Niezdolny do pracy  
 Inne sprecyzuj \_\_\_\_\_

**14. Roczny przychód domostwa przed opodatkowaniem**

- < £15,000  
 £15,000 - £19,999  
 £20,000 - £29,999  
 £30,000 - £39,999  
 £40,000 - £49,999  
 £50,000 - £59,999  
 £60,000 - £69,999  
 £70,000 - £99,999  
 >£100,000

**15. Czy doświadczyłeś/aś trudności związanych ze zdrowiem psychicznym?**

Tak  Nie

Jeśli tak, przed imigracją  po imigracji

Czy były te trudności zdiagnozowane Tak  Nie

Jeśli tak, podaj diagnozę \_\_\_\_\_

Czy korzystałeś/aś ze służb zdrowia psychicznego? Tak  Nie

Jeśli tak, sprecyzuj \_\_\_\_\_

**Appendix 2: Repertory grid tool**

British man I dislike										
British woman I dislike										
British man I like										
British woman I like										
Polish man I dislike										
Polish woman I dislike										
Polish man I like										
Polish woman I like										
Ideal self										
Self after immigration										
Self before immigration										
Participant Number:										
	Polish elements triads			British elements triads			Polish triads incl. self		British triads incl. self	

### Appendix 3: Vancouver Index of Acculturation, Ryder, Alden, and Paulhus (2000).

#### Vancouver Index of Acculturation (VIA)

Please circle *one* of the numbers to the right of each question to indicate your degree of agreement or disagreement.

Many of these questions will refer to your *heritage culture*, meaning the original culture of your family (other than British). It may be the culture of your birth, the culture in which you have been raised, or any culture in your family background. If there are several, pick the one that has influenced you *most* (e.g. Irish, Chinese, Mexican, African).

	Disagree					Agree			
1. I often participate in my <i>heritage</i> cultural traditions.	1	2	3	4	5	6	7	8	9
2. I often participate in mainstream British cultural traditions.	1	2	3	4	5	6	7	8	9
3. I would be willing to marry a person from my <i>heritage culture</i> .	1	2	3	4	5	6	7	8	9
4. I would be willing to marry a white British person.	1	2	3	4	5	6	7	8	9
5. I enjoy social activities with people from the same <i>heritage culture</i> as myself.	1	2	3	4	5	6	7	8	9
6. I enjoy social activities with typical British people.	1	2	3	4	5	6	7	8	9
7. I am comfortable interacting with people of the same <i>heritage culture</i> as myself.	1	2	3	4	5	6	7	8	9
8. I am comfortable interacting with typical British people.	1	2	3	4	5	6	7	8	9
9. I enjoy entertainment (e.g. movies, music) from my <i>heritage culture</i> .	1	2	3	4	5	6	7	8	9
10. I enjoy British entertainment (e.g. movies, music).	1	2	3	4	5	6	7	8	9
11. I often behave in ways that are typical of my <i>heritage culture</i> .	1	2	3	4	5	6	7	8	9
12. I often behave in ways that are typically British.	1	2	3	4	5	6	7	8	9
13. It is important for me to maintain or develop the practices of my <i>heritage culture</i> .	1	2	3	4	5	6	7	8	9
14. It is important for me to maintain or develop British cultural practices.	1	2	3	4	5	6	7	8	9
15. I believe in the values of my <i>heritage culture</i> .	1	2	3	4	5	6	7	8	9
16. I believe in mainstream British values.	1	2	3	4	5	6	7	8	9
17. I enjoy the jokes and humour of my <i>heritage culture</i> .	1	2	3	4	5	6	7	8	9
18. I enjoy white British jokes and humour.	1	2	3	4	5	6	7	8	9
19. I am interested in having friends from my <i>heritage culture</i> .	1	2	3	4	5	6	7	8	9
20. I am interested in having white British friends.	1	2	3	4	5	6	7	8	9

## Appendix 4: Vancouver Skala Akulturacji, Schimanski (2008), German study

### Vancouver – Skala Akulturacji V-SA(PL)

Proszę o uważne zaznaczenie, w jakim stopniu zgadza się Pan/-i z poszczególnymi stwierdzeniami, zakreślając *jedną* z cyfr znajdujących się po prawej stronie każdego z pytań, aby oznaczyć, w jakim stopniu zgadza się lub nie zgadza się Pan/Pani z danym stwierdzeniem

Niektóre stwierdzenia mogą odnosić się do Pana/-i kultury pochodzenia/narodowej, tzn. kultury, która wywarła na Panu/Pani największy wpływ (inna niż kultura niemiecka). Kulturą pochodzenia/narodową może być miejsce urodzin lub dorastania, takie miejsce, które w jakiś inny sposób związany jest z Pana/Pani tłem społecznym. Jeśli uważa Pan/-i, że jest wiele takich kultur, proszę wybrać tą, która wpływała na Pana/-i najsilniej (np. rosyjska, czeska, słowacka, białoruska, itp.). Jeśli uważa Pan/-i, że żadna z jakichkolwiek kultur nie miała wpływu na Pana/-i, wówczas proszę zastanowić się, jaka kultura miała wpływ na członków Pana/-i rodziny z poprzedniej generacji.

Proszę użyć poszczególnej skali:

zdecydowanie się nie zgadzam		nie zgadzam się		nie mam zdania		zgadzam się		zdecydowanie się zgadzam
1	2	3	4	5	6	7	8	9

Proszę wpisać Pana/-i pochodzenie kulturowe/narodowe: \_\_\_\_\_

1	Często uczestniczę w tradycjach kulturowych typowych dla mojej kultury pochodzenia	1	2	3	4	5	6	7	8	9
2	Często uczestniczę w tradycjach kulturowych typowych dla kultury niemieckiej	1	2	3	4	5	6	7	8	9
3	Byłbym skłonny /Byłabym skłonna do zawarcia związku małżeńskiego z osobą, która jest tej samej kultury pochodzenia co ja	1	2	3	4	5	6	7	8	9
4	Byłbym skłonny /Byłabym skłonna do zawarcia związku małżeńskiego z osobą, która jest pochodzenia niemieckiego	1	2	3	4	5	6	7	8	9
5	Lubię uczestniczyć w wydarzeniach społecznych wraz z osobami mojej kultury pochodzenia	1	2	3	4	5	6	7	8	9
6	Lubię uczestniczyć w wydarzeniach społecznych wraz z osobami pochodzenia niemieckiego	1	2	3	4	5	6	7	8	9
7	Czuję się nieskrępowany /-a, gdy pracuję z osobami mojej kultury pochodzenia	1	2	3	4	5	6	7	8	9
8	Czuję się nieskrępowany /-a, gdy pracuję z osobami pochodzenia niemieckiego	1	2	3	4	5	6	7	8	9
9	Lubię rozrywkę (np. film, muzyka), związaną z moją kulturą pochodzenia	1	2	3	4	5	6	7	8	9
10	Lubię rozrywkę (np. film, muzyka), związaną z kulturą niemiecką	1	2	3	4	5	6	7	8	9
11	Często zachowuję się w sposób typowy dla mojej kultury pochodzenia	1	2	3	4	5	6	7	8	9
12	Często zachowuję się w sposób typowy dla kultury niemieckiej	1	2	3	4	5	6	7	8	9
13	Ważne dla mnie jest podtrzymywanie i rozwijanie zwyczajów związanych z moją kulturą pochodzenia	1	2	3	4	5	6	7	8	9
14	Ważne dla mnie jest podtrzymywanie i rozwijanie zwyczajów związanych z kulturą niemiecką	1	2	3	4	5	6	7	8	9
15	Wierzę w wartości związane z moją kulturą pochodzenia	1	2	3	4	5	6	7	8	9
16	Wierzę w wartości związane z kulturą niemiecką	1	2	3	4	5	6	7	8	9
17	Lubię dowcipy i humor związany z moją kulturą pochodzenia	1	2	3	4	5	6	7	8	9
18	Lubię dowcipy i humor związany z kulturą niemiecką	1	2	3	4	5	6	7	8	9
19	Interesuje mnie zawieranie znajomości z osobami z mojego pochodzenia	1	2	3	4	5	6	7	8	9
20	Interesuje mnie zawieranie znajomości z osobami pochodzenia niemieckiego	1	2	3	4	5	6	7	8	9

## Appendix 5: Vancouver Skala Akulturacji, used in this project

### Vancouver – Skala Akulturacji (V-SA) (PL)

Proszę zakreślić jedną z cyfr znajdujących się po prawej stronie każdego z pytań, aby oznaczyć, w jakim stopniu zgadza się lub nie zgadza się Pan/i z danym stwierdzeniem.

Niektóre stwierdzenia mogą odnosić się do Pana/i kultury pochodzenia/narodowej, tzn. kultury, która wywarła na Panu/Pani największy wpływ (inna niż kultura brytyjska). Kulturą pochodzenia/narodową może być miejsce urodzin lub dorastania, takie miejsce, które w jakiś inny sposób związany jest z Pana/i tłem społecznym. Jeśli uważa Pan/i, że jest wiele takich kultur, proszę wybrać tą, która wpływała na Pana/i najsilniej (np. rosyjska, czeska, słowacka, białoruska, itp.).

	zdecydowanie się nie zgadzam		nie zgadzam się		nie mam zdania		zgadzam się		zdecydowanie się zgadzam						
	1	2	3	4	5	6	7	8	9						
1. Często uczestniczę w tradycjach kulturowych typowych dla mojej kultury pochodzenia							1	2	3	4	5	6	7	8	9
2. Często uczestniczę w tradycjach kulturowych typowych dla kultury brytyjskiej							1	2	3	4	5	6	7	8	9
3. Byłbym skłonny/a do zawarcia związku małżeńskiego z osobą, która jest tej samej kultury pochodzenia co ja							1	2	3	4	5	6	7	8	9
4. Byłbym skłonny/a do zawarcia związku małżeńskiego z osobą, która jest pochodzenia brytyjskiego							1	2	3	4	5	6	7	8	9
5. Lubię uczestniczyć w wydarzeniach społecznych wraz z osobami mojej kultury pochodzenia							1	2	3	4	5	6	7	8	9
6. Lubię uczestniczyć w wydarzeniach społecznych wraz z osobami pochodzenia brytyjskiego							1	2	3	4	5	6	7	8	9
7. Czuję się nieskrępowany/a, gdy pracuję z osobami mojej kultury pochodzenia							1	2	3	4	5	6	7	8	9
8. Czuję się nieskrępowany/a, gdy pracuję z osobami pochodzenia brytyjskiego							1	2	3	4	5	6	7	8	9
9. Lubię rozrywkę (np. film, muzyka), związaną z moją kulturą pochodzenia							1	2	3	4	5	6	7	8	9
10. Lubię rozrywkę (np. film, muzyka), związaną z kulturą brytyjską							1	2	3	4	5	6	7	8	9
11. Często zachowuję się w sposób typowy dla mojej kultury pochodzenia							1	2	3	4	5	6	7	8	9
12. Często zachowuję się w sposób typowy dla kultury brytyjskiej							1	2	3	4	5	6	7	8	9
13. Ważne dla mnie jest podtrzymywanie i rozwijanie zwyczajów związanych z moją kulturą pochodzenia							1	2	3	4	5	6	7	8	9
14. Ważne dla mnie jest podtrzymywanie i rozwijanie zwyczajów związanych z kulturą brytyjską							1	2	3	4	5	6	7	8	9
15. Wierzę w wartości związane z moją kulturą pochodzenia							1	2	3	4	5	6	7	8	9
16. Wierzę w wartości związane z kulturą brytyjską							1	2	3	4	5	6	7	8	9
17. Lubię dowcipy i humor związany z moją kulturą pochodzenia							1	2	3	4	5	6	7	8	9
18. Lubię dowcipy i humor związany z kulturą brytyjską							1	2	3	4	5	6	7	8	9
19. Interesuje mnie zawieranie znajomości z osobami z mojego pochodzenia							1	2	3	4	5	6	7	8	9
20. Interesuje mnie zawieranie znajomości z osobami pochodzenia brytyjskiego							1	2	3	4	5	6	7	8	9

## Appendix 6: Skala Uczuć Pozytywnych i Negatywnych (SUPIN), Brzozowski (2010)

Piotr Brzozowski

### Skala Uczuć Pozytywnych i Negatywnych SUPIN wersja S20

Polska adaptacja skali PANAS  
Dawida Watsona i Lee Anny Clark

Nazwisko i imię.....Płeć:  K  M

Wykształcenie:  wyższe  średnie (w tym policealne)  zasadnicze  gimnazjalne lub podstawowe

Data urodzenia (dzień, miesiąc, rok).....

Data badania (dzień, miesiąc, rok).....

#### Instrukcja

Skala ta składa się ze słów nazywających różne emocje i uczucia. Przeczytaj każde słowo i zastanów się jak czujesz się **TERAZ** albo jak czujesz się **W TEJ CHWILI**. Następnie wpisz właściwą odpowiedź na kresce znajdującej się obok słowa, używając przy tym podanej niżej skali punktowej:

1	2	3	4	5
nieznacznie lub wcale	trochę	umiarkowanie	dość mocno	bardzo silnie
___ aktywny(a) 1				___ winny(a) 11
___ „jak na szpilkach” 2				___ wystraszony(a) 12
___ mocny(a) 3				___ załęczony(a) 13
___ nerwowy(a) 4				___ zaniepokojony(a) 14
___ ożywiony(a) 5				___ zawstydzony(a) 15
___ pełen (pełna) zapału 6				___ zdecydowany(a) 16
___ przestraszony(a) 7				___ zdenerwowany(a) 17
___ rażony(a) 8				___ zmartwiony(a) 18
___ silny(a) 9				___ żwawy(a) 19
___ stanowczy(a) 10				___ żywy(a) 20

Dziękujemy za udział w badaniu

Skala Uczuć Pozytywnych i Negatywnych oparta na pracy: Watson, P., Clark, L.A. i Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect. The PANAS Scales. *Journal of Personality and Social Psychology*, 54, 1063–1070.  
Copyright © 1988 by the American Psychological Association. Tłumaczenie i rozpowszechnianie za zgodą wydawcy. Amerykańskie Towarzystwo Psychologiczne ani autorzy PANAS nie biorą odpowiedzialności za adekwatność przekładu w stosunku do kulturowej specyfiki terminów określających nastroje. Przedrukowywanie i rozpowszechnianie bez pisemnej zgody American Psychological Association jest zabronione.  
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ul. Dzielna 5, 00-162 Warszawa

**Appendix 7: The Positive and Negative Affect Schedule (PANAS), Watson, Clark, and  
Tellegen (1988)**

**PANAS Questionnaire**

This scale consists of a number of words that describe different feelings and emotions. Read each item and then list the number from the scale below next to each word. **Indicate to what extent you feel this way right now, that is, at the present moment *OR* indicate the extent you have felt this way over the past week (circle the instructions you followed when taking this measure)**

1	2	3	4	5
Very Slightly or Not at All	A Little	Moderately	Quite a Bit	Extremely

_____ 1. Interested	_____ 11. Irritable
_____ 2. Distressed	_____ 12. Alert
_____ 3. Excited	_____ 13. Ashamed
_____ 4. Upset	_____ 14. Inspired
_____ 5. Strong	_____ 15. Nervous
_____ 6. Guilty	_____ 16. Determined
_____ 7. Scared	_____ 17. Attentive
_____ 8. Hostile	_____ 18. Jittery
_____ 9. Enthusiastic	_____ 19. Active
_____ 10. Proud	_____ 20. Afraid

## Appendix 8: Skala Satysfakcji z Życia (SWLS)(PL), Juczyński (2001)

E. Diener, R. A. Emmons, R. J. Larson i S. Griffin

### SWLS

Adaptacja: Z. Juczyński

..... wiek ..... płć M K data badania .....

Poniżej podano kilka stwierdzeń, z którymi możesz się zgadzać lub nie. Używając skali od 1 do 7 wskaż – w *jakim stopniu zgadzasz się z każdym stwierdzeniem* wpisując w pustą kratkę odpowiednią cyfrę. Bądź szczery w swoich odpowiedziach.

Poszczególne punkty skali oznaczają:

- 1 – zupełnie nie zgadzam się
- 2 – nie zgadzam się
- 3 – raczej nie zgadzam się
- 4 – ani się zgadzam ani nie zgadzam
- 5 – raczej zgadzam się
- 6 – zgadzam się
- 7 – całkowicie zgadzam się

- 
1.  Pod wieloma względami moje życie jest zbliżone do ideału
  2.  Warunki mojego życia są doskonałe
  3.  Jestem zadowolony z mojego życia
  4.  W życiu osiągnąłem najważniejsze rzeczy, które chciałem
  5.  Gdybym mógł jeszcze raz przeżyć swoje życie, to nie chciałbym prawie nic zmienić
- 

SAT	sten

**Appendix 9: Satisfaction With Life Scale (SWLS)(PL), Diener, Emmons, Larsen and Griffin (1985)**

*Instructions:* Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

\_\_\_\_ In most ways my life is close to my ideal.

\_\_\_\_ The conditions of my life are excellent.

\_\_\_\_ I am satisfied with my life.

\_\_\_\_ So far I have gotten the important things I want in life.

\_\_\_\_ If I could live my life over, I would change almost nothing.

**Appendix 10: General Health Questionnaire (GHQ-12), Goldberg and Williams (1988)**

**General Health Questionnaire**

We want to know how your health has been in general over the last few weeks. Please read the questions below and each of the four possible answers. Circle the response that best applies to you. Thank you for answering all the questions.

Have you recently:

1. been able to concentrate on what you're doing?

better than usual (0)	same as usual (1)	less than usual (2)	much less than usual (3)
--------------------------	----------------------	------------------------	-----------------------------

2. lost much sleep over worry?

Not at all (0)	no more than usual (1)	rather more than usual (2)	much more than usual (3)
-------------------	---------------------------	-------------------------------	-----------------------------

3. felt that you are playing a useful part in things?

more so than usual (0)	same as usual (1)	less so than usual (2)	much less than usual (3)
---------------------------	----------------------	---------------------------	-----------------------------

4. felt capable of making decisions about things?

more so than usual (0)	same as usual (1)	less than usual (2)	much less than usual (3)
---------------------------	----------------------	------------------------	-----------------------------

5. felt constantly under strain?

Not at all (0)	no more than usual (1)	rather more than usual (2)	much more than usual (3)
-------------------	---------------------------	-------------------------------	-----------------------------

6. felt you couldn't overcome your difficulties?

Not at all (0)	no more than usual (1)	rather more than usual (2)	much more than usual (3)
-------------------	---------------------------	-------------------------------	-----------------------------

7. been able to enjoy your normal day to day activities?

more so than usual (0)	same as usual (1)	less so than usual (2)	much less than usual (3)
---------------------------	----------------------	---------------------------	-----------------------------

8. been able to face up to your problems?

more so than usual (0)	same as usual (1)	less than usual (2)	much less than usual (3)
---------------------------	----------------------	------------------------	-----------------------------

9. been feeling unhappy or depressed?

not at all (0)	no more than usual (1)	rather more than usual (2)	much more than usual (3)
-------------------	---------------------------	-------------------------------	-----------------------------

10. been losing confidence in yourself?

not at all (0)	no more than usual (1)	rather more than usual (2)	much more than usual (3)
-------------------	---------------------------	-------------------------------	-----------------------------

11. been thinking of yourself as a worthless person?

not at all (0)	no more than usual (1)	rather more than usual (2)	much more than usual (3)
-------------------	---------------------------	-------------------------------	-----------------------------

12. been feeling reasonably happy, all things considered?

more so than usual (0)	same as usual (1)	less so than usual (2)	much less than usual (3)
---------------------------	----------------------	---------------------------	-----------------------------

## KWESTIONARIUSZ OGÓLNEGO STANU ZDROWIA GHQ 12

David Goldberg

Proszę o uważne przeczytanie instrukcji.

Chcielibyśmy wiedzieć, czy odczuwał(a) Pan(Pani) dolegliwości oraz jaki był ogólny stan Pana(Pani) zdrowia w *ciągu ostatnich kilku tygodni*. Proszę odpowiedzieć na **wszystkie** pytania tego kwestionariusza, podkreślając tę odpowiedź, która najlepiej oddaje Pana(Pani) odczucia. Proszę pamiętać, że chcielibyśmy dowiedzieć się o Pana(Pani) obecnych i niedawnych dolegliwościach, a nie o tych, które występowały w przeszłości.

Ważne jest, aby spróbował(a) Pan(Pani) odpowiedzieć na **wszystkie** pytania.

Bardzo dziękujemy za współpracę.

---

Czy ostatnio:

- zmartwienia nie pozwalały Ci spać?	w ogóle nie	nie bardziej niż zwykle	raczej bardziej niż zwykle	znacznie bardziej niż zwykle
- czuleś(aś) się stale przemęczony(a)?	w ogóle nie	nie bardziej niż zwykle	raczej bardziej niż zwykle	znacznie bardziej niż zwykle
- potrafiłeś(aś) skoncentrować się na tym, co robiłeś(aś)?	lepiej niż zwykle	tak samo jak zwykle	gorzej niż zwykle	znacznie gorzej niż zwykle
- odczuwałeś(aś), że to, co robisz jest pożyteczne?	bardziej niż zwykle	tak samo jak zwykle	mniej pożyteczne niż zwykle	znacznie mniej pożyteczne niż zwykle
- byłeś(aś) zdolny(a) stawić czoła swoim problemom?	bardziej niż zwykle	tak samo jak zwykle	mniej zdolny(a) niż zwykle	znacznie mniej zdolny(a) niż zwykle
- czuleś(aś) się zdolny(a) do podejmowania decyzji?	bardziej niż zwykle	tak samo jak zwykle	mniej niż zwykle	znacznie mniej zdolny(a) niż zwykle

Czy ostatnio:

- czuleś(aś), że nie potrafisz pokonać trudności?	w ogóle nie	nie bardziej niż zwykle	raczej bardziej niż zwykle	znacznie bardziej niż zwykle
- biorąc wszystkie sprawy pod uwagę, czuleś(aś) się względnie szczęśliwy(a)?	bardziej niż zwykle	tak samo jak zwykle	mniej niż zwykle	znacznie mniej niż zwykle
- potrafiłeś(aś) się cieszyć swoimi zwykłymi codziennymi zajęciami?	bardziej niż zwykle	tak samo jak zwykle	mniej niż zwykle	znacznie mniej niż zwykle
- czuleś(aś) się nieszczęśliwy(a) i przygnębiony(a)?	w ogóle nie	nie bardziej niż zwykle	raczej bardziej niż zwykle	znacznie bardziej niż zwykle
- straciłeś(aś) wiarę w siebie?	w ogóle nie	nie bardziej niż zwykle	raczej bardziej niż zwykle	znacznie bardziej niż zwykle
- myślałeś(aś) o sobie, że jesteś osobą bezwartościową?	w ogóle nie	nie bardziej niż zwykle	raczej bardziej niż zwykle	znacznie bardziej niż zwykle

Razem:

---

GHQ-12 © David Goldberg, 1978.

Tłumaczenie za zgodą wydawcy NFER-NELSON, Darville House, 2 Oxford Road East, Windsor SL4 1DF, England.

Institut Medycyny Pracy im. prof. dra med. Jerzego Nofera, Łódź 2001.

**Appendix 12: Permission to recruit on the premises of the Parish Polish Club, Dunstable.**

Roman Catholic Parish  
Matki Bożej Częstochowskiej  
17 Victoria Street,  
Dunstable,  
Beds,  
LU6 3AZ

Telephone: 01582 662807

25th July 2013

**To Whom it may concern**

I, Rev. Artur Stelmach S.Ch., hereby that I am happy for Sylwia Florczyk to use the Polish Club - Parish venue for conducting interviews for the study titled: Does Construing Relate to Acculturation and Psychological Adjustment of Polish Immigrants? at times convenient for both sides.

Rev Artur Stelmach S.Chr.

A handwritten signature in black ink, appearing to read "Fr. Artur Stelmach". The signature is written in a cursive style with a long, sweeping tail on the final letter.

## **Appendix 13: Participant Information Sheet**

### **PARTICIPANT INFORMATION SHEET** (English Translation)

**PROJECT TITLE:** Does Construing Relate to Acculturation Mode and the Psychological Adjustment of Polish Immigrants?

#### **Introduction**

We would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully.

#### **What is the study about?**

This research project draws on the idea that moving to a different country is a stressful life event and requires psychological adjustment. I am exploring how Polish immigrants view themselves in relation to other people and whether and how this relates to their psychological wellbeing and how they adapt to living in a new culture. This knowledge may help us better understand the experience of immigration and hence help to facilitate a positive experience of adjustment to living in a different country with a view of mental ill-health prevention. For my project, I am looking to recruit 37-40 adult Polish immigrants who have lived in the UK for at least 2 years.

#### **Why have I been invited?**

You have expressed an interest in my project personally or via friend/acquaintance.

#### **Do I have to take part?**

It is wholly your choice as to whether you decide to participate or not. If you do decide to participate you will be asked to sign a form recording your consent. If you do decide to take part you are still free to withdraw at any time and without giving a reason.

#### **What will I have to do if I take part?**

To participate, you would be asked to take part in interview in Polish lasting around 1 - 1½ hours in a comfortable setting, which could be your own home. The meeting will involve completing a few questionnaires and a structured interview about how you perceive yourself in relation to other people.

#### **What are the possible benefits of taking part?**

We cannot promise that the study will help you. However, the research project will allow you to have time and space to reflect on your well-being and how you view yourself in relation to others. It may potentially lead you to have a greater understanding of how you find the process of immigration. We hope that that the research findings will lead to increased knowledge base and affect services in a way that will benefit Polish immigrants in future.

**What are the possible disadvantages of taking part?**

Although the interview will not include any direct questions about any sensitive or difficult personal experiences, it may bring some memories that you may find emotional to think about. You will be provided a telephone number of a confidential helpline run by the Polish Psychologists' Association (PPA) in case you wished to talk to someone about it.

**Will my taking part in the study be kept confidential?**

All information collected about you will be kept strictly confidential. Your name and other identifying information will be kept securely and separately from your questionnaires and the subsequent data-analysis. Authorised persons will look at some anonymised sections of the data collected in order to assess the quality of this doctoral research project. All will have a duty of confidentiality to you as a research participant.

**Are there any reasons where confidentiality may be breached?**

As the project falls under the regulation of the British Psychological Society, its code of conduct will be followed with regards to confidentiality. If you disclose information during the interview which leads to sufficient concern about your safety or the safety of others it may be judged necessary to inform an appropriate third party without formal consent.

**What will happen to the results of this research study?**

The results will be written up in the form of a thesis for the purposes of gaining a doctoral qualification in Clinical Psychology. The findings may be shared via academic publication and/or presentations. Participants will not be identified in any report or publication.

**What if there is a problem?**

Any complaint about the way you have been dealt with during the study or any harm you might suffer will be addressed. If you have any concern about any aspect of this study you should ask to speak to the researcher who will do her best to answer your questions. If you remain unhappy and wish to complain formally you can do so by contacting the project's Research Supervisor, Dr Barbara Mason.

**Further information and contact details**

Should you have any further questions or any concerns during the study please do not hesitate to contact the researcher or the research supervisor on the contact numbers provided below.

Thank you for taking the time to read this information.

Kind Regards,

Ms Sylwia Florczyk  
Chief Investigator  
Trainee Clinical Psychologist  
University of Hertfordshire.  
[s.florczyk@herts.ac.uk](mailto:s.florczyk@herts.ac.uk)  
Tel: 07735 559 970

Dr Barbara Mason  
Research Supervisor  
Clinical Psychologist & Senior Clinical Tutor  
University of Hertfordshire  
[b.l.mason@herts.ac.uk](mailto:b.l.mason@herts.ac.uk)  
Tel: 01707 285 074

## INFORMACJA DLA UCZESTNIKÓW

(Polish version)

**TYTUŁ PROJEKTU:** Czy konstruowanie jest powiążane ze strategią akulturacji i psychologicznym przystosowaniem polskich imigrantów?

### **Wstęp**

Chcielibyśmy zaprosić Cię do wzięcia udziału w naszym projekcie badawczym. Zanim podejmiesz decyzję, potrzebujesz zrozumieć dlaczego robimy te badania i z czym wiązałyby się twój udział. Prosimy abyś uważnie przeczytał/a poniższą informację.

### **O czym jest ten projekt?**

Ten projekt powstał na podstawie przekonania, że przeprowadzenie się do innego kraju jest stresującym wydarzeniem życiowym i wymaga psychologicznego przystosowania się. My chcemy zgłębić jak Polscy imigranci postrzegają siebie w stosunku do innych ludzi i czy to odnosi się do ich psychologicznego dobrobytu i tego jak się przystosowują do życia w nowej kulturze. Ta wiedza może nam pomóc lepiej zrozumieć doświadczenie imigracji i poprzez to ułatwić pozytywne doświadczenie przystosowania się do życia w innym kraju celem zapobiegania zaburzeniom psychicznym. Do tego projektu planujemy zwerbować 37-40 dorosłych Polaków, którzy żyją w Wielkiej Brytanii co najmniej 2 lata.

### **Czemu mnie zaproszono?**

Wyraziłeś/aś zainteresowanie tym projektem osobiście bądź za pośrednictwem przyjaciół/znajomych.

### **Czy muszę wziąć udział?**

To jest wyłącznie Twoja decyzja czy zdecydujesz się wziąć udział czy nie. Jeśli się zdecydujesz, będziesz poproszony o podpisanie formy zaświadczającej o Twojej zgodzie. Nawet, jeśli się zdecydujesz by wziąć udział, wciąż możesz się wycofać w jakimkolwiek momencie bez podawania powodu.

### **Co będę musiał/a zrobić jeśli wezmę udział?**

Udział oznacza zgodę na wywiad w języku polskim w komfortowym otoczeniu - Twój dom lub Polski Klub Parafialny w Dunstable. Spotkanie będzie trwać około 1 - 1½ godziny. Rozmowa obejmie wypełnienie kilku krótkich kwestionariuszy i specjalnie skonstruowanego wywiadu o tym jak postrzegasz siebie w stosunku do innych ludzi.

### **Jakie są potencjalne korzyści z wzięcia udziału?**

Nie możemy obiecać, że ten projekt Ci pomoże. Jakkolwiek, te badania zapewnią Ci czas na refleksję na temat własnego samopoczucia i tego jak Ty postrzegasz siebie w relacji do innych ludzi. Wzięcie udziału w tym projekcie może również pomóc Ci zrozumieć to jak Ty odbierasz proces imigracji. Mamy nadzieję, że wnioski wyciągnięte z tego projektu doprowadzą do pogłębienia wiedzy i w przyszłości wpłyną na rozwój służby zdrowia psychicznego w sposób korzystny dla Polskich imigrantów.

### **Jakie są potencjalne niedogodności wzięcia udziału?**

Mimo tego, że wywiad nie obejmuje żadnych pytań bezpośrednio dotyczących wrażliwych, czy osobistych doświadczeń, to może on przywołać emocjonalnie trudne wspomnienia. Otrzymasz numer telefonu do poufnej linii pomocy prowadzonej przez psychologów z Polish Psychologists' Association (PPA) w Londynie, jeśli będziesz chciał/a o tym z kimś porozmawiać.

### **Czy mój udział w projekcie będzie poufny?**

Wszystkie informacje o Tobie są rygorystycznie poufne. Twoje imię, nazwisko i inne identyfikujące informacje będą zabezpieczone i przechowywane oddzielnie od kwestionariuszy i późniejszej analizy danych. Autoryzowane osoby będą miały dostęp do anonimowych danych i będą sprawdzać sekcje tych danych by ocenić jakość tego projektu doktoranckiego. Wszyscy mamy obowiązek utrzymania poufności co do Twojej osoby jako uczestnika.

### **Czy są jakiegokolwiek powody dla których poufność może być naruszona?**

Ponieważ ten projekt jest regulowany poprzez British Psychological Society, jego reguły co do poufności będą przestrzegane. Jeśli wyjawisz informacje w trakcie wywiadu, która doprowadzi do dostatecznej troski o bezpieczeństwo Twoje bądź innych, to może być uznane jako konieczne by poinformować odpowiednią instytucję bez Twojej/ego formalnego pozwolenia.

### **Co się stanie z wynikami tego projektu badawczego?**

Wyniki będą opisane w formie pracy doktorskiej w celu uzyskania tytułu Psychologa Klinicznego. Wnioski mogą być opublikowane w czasopiśmie akademickim lub ogłoszone w formie prezentacji. Uczestnicy nie będą zidentyfikowani w żadnym raporcie ani publikacji.

### **Co jeśli będzie problem?**

Wszystkie skargi o złym traktowaniu w trakcie badania bądź o ucierpianej krzywdzie będą ropatrzone. Jeśli masz jakiegokolwiek uwagi o tym projekcie powinieneś/aś porozmawiać z badaczem, który odpowie na Twoje pytania najlepiej jak potrafi. Jeśli to nie będzie satysfakcjonujące i będziesz chciał/a złożyć formalną skargę, możesz to zrobić poprzez skontaktowanie się z osobą nadzorującą ten projekt, Dr Barbara Mason.

### **Dodatkowe informacje i dane kontaktowe**

Jeśli masz jakiegokolwiek dodatkowe pytania bądź uwagi w trakcie badania lub później, prosimy o skontaktowanie się z badaczem lub z osobą nadzorującą ten projekt. Dane kontaktowe umieszczone są poniżej.

Dziękujemy za poświęcenie czasu na przeczytanie tej informacji.

Z poważaniem,

Ms Sylwia Florczyk  
Chief Investigator  
Trainee Clinical Psychologist  
University of Hertfordshire.  
[s.florczyk@herts.ac.uk](mailto:s.florczyk@herts.ac.uk)  
Tel: 07735 559 970

Dr Barbara Mason  
Research Supervisor  
Clinical Psychologist & Senior Clinical Tutor  
University of Hertfordshire  
[b.l.mason@herts.ac.uk](mailto:b.l.mason@herts.ac.uk)  
Tel: 01707 285 074



## ZGODA NA UDZIAŁ W BADANIACH

(Consent Form - Polish version)

**TYTUŁ PROJEKTU:** Czy konstruowanie jest powiążane ze strategią akulturacji i psychologicznym przystosowaniem polskich imigrantów?

**Imię i nazwisko badacza:** Sylwia Florczyk

**Proszę o inicjały przy każdym punkcie**

6. Potwierdzam, że przeczytałem/am i zrozumiełem/am 'Informacje dla Uczestników' w tych badaniach. Miałem/am możliwość rozważenia tej informacji, zadania pytań i dostałem/am satysfakcjonujące odpowiedzi.
7. Rozumiem, że mogę odmówić wzięcia udziału w badaniach i że mogę się wycofać z tego projektu w jakimkolwiek momencie bez podawania powodu.
8. Rozumiem, że wszystkie informacje, które podam są poufne. Wyrażam zgodę na opublikowanie wyników badań pod warunkiem, że ja nie będę zidentyfikowany/a jako uczestnik/uczestniczka.
9. Rozumiem, że jeśli ujawnię informacje w trakcie wywiadu, która doprowadzi do dostatecznej troski o bezpieczeństwo moje lub innych, to może być uznane jako konieczne by poinformować odpowiednią instytucję bez mojego formalnego pozwolenia.
10. Otrzymałem/am informację jak się skontaktować z badaczem jeśli chciałbym/chciałabym więcej informacji w przeszłości.
11. Wyrażam zgodę na wzięcie udziału w tym projekcie badawczym.

.....  
*Imię i nazwisko uczestnika*

.....  
*Data*

.....  
*Podpis*

### Deklaracja badacza

Wyjaśniłam ten projekt i możliwe następstwa udziału w tym projekcie bezstronniczo i wierzę, że uczestnik/uczestniczka wyraził/a zgodę na podstawie wyczerpującej informacji i zrozumienia następstw udziału.

.....  
*Imię i nazwisko badacza*

.....  
*Data*

.....  
*Podpis*

## Appendix 15: Debrief Sheet

### DEBRIEF SHEET (English Translation)

#### **PROJECT TITLE:** Does Construing Relate to Acculturation Mode and Psychological Adjustment of Polish Immigrants?

The UK has a large immigrant population (13%) and Polish immigrants are the second largest group.

Some studies indicated that immigrants are more likely to experience mental health difficulties. Hence there is a growing need to understand the impact of immigration on mental health in order to prevent and treat mental ill-health.

Conflict between culture of origin and the culture of the country people immigrated to is felt to predispose people to some forms of psychological and physical illness. A recent review found that the relationship between mental health and adjustment to a new culture is complex. Some studies have found that becoming part of the new culture had a positive effect on immigrants, while other studies have found it had a negative effects or no relationship at all. The most commonly used concept of adjustment to a new culture does not adequately explain the processes behind the higher rates of mental disorders that are seen among some groups of immigrants.

This project aims to extend our understanding of adjustment to a new culture. In particular the project explores whether how we think about the pre- and post- immigration world relates to the adjustment to a new culture and to psychological well-being.

We hope that a deeper understanding of the complex phenomenon of immigration will contribute to our understanding of the relationship between acculturation and mental health. Such insight can be used in promoting mental health amongst minority ethnic groups, as well as to inform direct clinical work, training, and development of services.

Do you have any further questions?

Do you wish to be informed as to the outcome of the study?

You may contact us in the future on:

Ms Sylwia Florczyk  
Chief Investigator  
Trainee Clinical Psychologist  
University of Hertfordshire.  
[s.florczyk@herts.ac.uk](mailto:s.florczyk@herts.ac.uk)  
Tel: 07735 559 970

Dr Barbara Mason  
Research Supervisor  
Clinical Psychologist & Research Tutor  
University of Hertfordshire  
[b.l.mason@herts.ac.uk](mailto:b.l.mason@herts.ac.uk)  
Tel: 01707 285 074

**Thank you for participating in this study.**

## DODATKOWA INFORMACJA

(Debrief - Polish version)

**TYTUŁ PROJEKTU:** Czy konstruowanie jest powiążane ze strategią akulturacji i psychologicznym przystosowaniem polskich imigrantów?

Duża część mieszkańców Wielkiej Brytanii to imigranci (13%); Polacy stanowią drugą co do wielkości grupę. Wiele badań wskazuje na fakt, że trudności związane ze zdrowiem psychicznym są bardziej prawdopodobne u imigrantów. Potrzebujemy zrozumieć wpływ migracji na zdrowie psychiczne w celu zapobiegania i leczenia zaburzeń psychicznych.

Konflikt pomiędzy kulturą kraju pochodzenia i kulturą kraju migracji jest uznany jako czynnik predysponujący do niektórych form psychologicznych zaburzeń i chorób. Niedawny przegląd badań stwierdził, że związek pomiędzy zdrowiem psychicznym i przystosowaniem do nowej kultury jest skomplikowany. Niektóre badania wykazały, że przyjęcie nowej kultury ma pozytywny wpływ na imigrantów, podczas gdy inne badania wykazały wpływ negatywny, bądź nie znalazły żadnego związku. Koncept najczęściej używany do wyjaśnienia przystosowania do nowej kultury - akulturacja - nie wyjaśnia dostatecznie procesu prowadzącego do większej częstotliwości zaburzeń psychicznych wśród niektórych grup imigrantów.

Ten projekt ma na celu pogłębić naszą wiedzę na temat procesu przystosowania się do nowej kultury. W szczególności, ten projekt bada, czy to jak myślimy o świecie przed migracją i po migracji jest związane ze strategią przystosowania się do nowej kultury i dobrobytem psychologicznym.

Mamy nadzieję, że dogłębne zrozumienie skomplikowanego zjawiska migracji przyczyni się do rozszerzenia wiedzy na temat zależności pomiędzy akulturacją i zdrowiem psychicznym. Ten wgląd może być zastosowany w promocji zdrowia psychicznego wśród grup mniejszości narodowych, jak też w pracy klinicznej, szkoleniach i rozwoju służb zdrowia psychicznego.

Czy masz jakieś pytania?

Czy chcesz być poinformowany o wynikach tego projektu?

Możesz się skontaktować z nami:

Ms Sylwia Florczyk  
Chief Investigator  
Trainee Clinical Psychologist  
University of Hertfordshire.  
[s.florczyk@herts.ac.uk](mailto:s.florczyk@herts.ac.uk)  
Tel: 07735 559 970

Dr Barbara Mason  
Research Supervisor  
Clinical Psychologist & Research Tutor  
University of Hertfordshire  
[b.l.mason@herts.ac.uk](mailto:b.l.mason@herts.ac.uk)  
Tel: 01707 285 074

**Dziękujemy za wzięcie udziału w naszym projekcie badawczym.**

**Appendix 16: Contact details for Polish Psychologists Association in London**



English translation:

"PPA Polish Psychologists' Association

Free telephone consultations

020 32394010\*

Wednesdays and Thursdays

19.00-21.00

\*cost as per local phone call"

## Appendix 17: University of Hertfordshire Ethics Approval

UNIVERSITY OF HERTFORDSHIRE  
HEALTH AND HUMAN SCIENCES

### MEMORANDUM

TO           Sylvia Florczyk

CC           Barbara Mason and David Winter

FROM        Dr Richard Southern, Health and Human Sciences ECDA Chairman

DATE        8 August 2013

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Protocol number: LMS/PG/UH/00115

Title of study: Does Construing Relate to Acculturation and Psychological Adjustment of Polish Immigrants?

Your application for ethical approval has been accepted and approved by the ECDA for your school with the following comments:-

**Consent Form – Please add the following statement:**

If I disclose information during the interview which leads to sufficient concern about my safety or the safety of others it may be judged necessary to inform an appropriate third party without formal consent.

Also, presumably Vancouver Index of acculturation will be adjusted to UK context.

This approval is valid:

From: 8 August 2013

To: 31 January 2013

**Please note:**

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1. Should you amend any aspect of your research, or wish to apply for an extension to your study, you will need your supervisor's approval and must complete and submit form EC2. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1 may need to be completed prior to the study being undertaken.

**Appendix 18: Participant 17 repertory grid**

British man I dislike	2	2	3	5	4	5	3	4	3	5
British women I dislike	6	1	3	5	4	6	3	3	3	5
British man I like	3	3	5	7	7	5	7	5	2	7
British women I like	6	2	2	7	7	7	5	4	1	6
Polish man I dislike	5	2	2	4	4	2	2	2	7	4
Polish woman I dislike	7	1	3	6	6	4	3	1	7	5
Polish man I like	3	4	5	5	4	5	3	4	7	4
Polish woman I like	4	5	6	4	3	4	3	3	7	3
Ideal self	1	7	7	7	7	7	6	7	3	7
Self after immigration	2	6	6	5	5	6	4	5	7	3
Self before immigration	3	5	5	4	5	4	5	4	6	5
	Irritating – Likable	Empathic - Doesn't care about others' feelings	Family-oriented – Anti-family	Open - Distant	Dynamic - Calm	Organised – Disorganised	Curious of the world – Stay-at-home	Intelligent - Stupid	Anti-leader – Leader	Laid back – Tense
	Pre-emigration constructs			Post-emigration constructs		Pre-emigration incl. self		Post-emigration incl. self		

**Appendix 19: Participant 10 repertory grid**

British man I dislike	1	6	3	2	7	4	4	4	3	2
British women I dislike	3	4	4	2	4	4	3	3	4	4
British man I like	6	1	6	3	2	4	5	1	7	7
British women I like	6	3	6	2	2	6	6	3	3	7
Polish man I dislike	1	7	5	5	6	6	1	2	4	1
Polish woman I dislike	1	7	2	6	7	6	2	2	6	1
Polish man I like	5	2	5	3	2	6	5	6	3	5
Polish woman I like	7	1	6	1	1	7	7	6	3	7
Ideal self	7	1	7	1	1	7	7	1	1	7
Self after immigration	6	2	5	2	2	7	5	2	2	6
Self before immigration	6	1	6	2	1	7	5	7	3	6
	Truthful – Untrustworthy	Disrespectful – Caring	Best friend – Enemy	Unhelpful – Helpful	Pretend loyalty – Respectful	Open – Distant	Compassionate – Rude	Stressed – Easiness of speech	Lonely – Happy	Honest – Two-faced
	Pre-emigration constructs			Post-emigration constructs		Pre-emigration incl. self		Post-emigration incl. self		