ACCULTURATION STRATEGIES AND ITS EFFECT ON DEPRESSIVE SYMPTOMS IN THE BRAZILIAN IMMIGRANT COMMUNITY IN THE GREATER TORONTO AREA

by

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A thesis submitted in conformity with the requirements
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Abstract

Among several difficulties associated with immigration, acculturation process has been recognized as one of the main stressors and one of the major risk factors associated in the incidence of mental disorders. The strategies adopted by individuals to deal with the acculturation process appear to be predictive of different mental health outcomes. This exploratory study investigated the relationship between acculturation strategies and the occurrence of symptoms of depression in the context of the Brazilian immigrant community living in the Greater Toronto Area. The results demonstrated that Separation and Assimilation were the predominant strategies for this sample and that acculturation strategies failed to serve as significant predictors of depression scores. However, participants with Separation as their predominant acculturation strategy exhibited higher depressive symptom endorsement. The significance of these findings in the context of previous research as well as its implications for future research and critical multicultural practice in mental health are discussed.

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CHAPTER 1

Introduction

My research will focus on the relationship between acculturation strategies and the occurrence of symptoms of depression in the context of the immigrant Brazilian community living in the Greater Toronto Area. A recent publication by Statistics Canada states that the "net international migration continues to be the main engine of population growth in Canada, accounting for about two-thirds of the annual increase in 2005/2006" (Statistics Canada, 2006, para. 1). Toronto is the main destination of immigrants brought into the country through Canada's immigration policy, receiving thousands of immigrants each year (Statistics Canada, 2003). As immigration is an important strategy for Canada's development as a nation, the adaptation of newcomers to the country has become a central focus of attention for government agencies and academic communities alike. At the government level, leaders have strived to design policies to deal with the inequities involved in the immigration scenario. At the academic level, social scientists have focused their research on the difficulties immigrants face upon landing and living in Canada (e.g. Khan & Watson, 2005; Ward & Kennedy, 1994).

Among several difficulties associated with immigration, the acculturation process has been recognized as one of the main stressors and it is known as one of the major risk factors associated in the incidence of mental disorders (e.g. Lee & Chen, 2000; Miranda & Umhoefer, 1998; Yeh, 2003). In the United States, for example, several studies involving immigrant populations have been analyzed by the Report of the Surgeon General (U.S. Department of Health and Human Services, 2001). The results suggest that mental health problems appear to depend on the level of acculturation and point to the importance of understanding the

acculturation process for the prevention of mental disorders (U.S. Department of Health and Human Services, 2001). In Canada, research reviewers have shown that acculturation and resettlement context have a greater impact on the development of mental health problems than the migration itself (see Beiser, n.d.; Hyman, 2001). Further investigation is needed in order to understand what aspects of the acculturation process are related to the occurrence of mental health problems. One of these aspects refers to the strategies adopted by individuals in order to deal with the acculturation process (Berry, 1999), that is, the extent to which immigrants interact with their own culture and with the dominant culture, and how these strategies influence their adaptation to the new reality.

Researchers have studied the relationship between acculturation strategies and mental health in many cultural groups in Canada, such as French, Portuguese, Korean, Hungarian (Berry, Kim, Power, & Young, 1989), and Chinese (Costigan & Su, 2004; Ryder, Alden, & Paulhus, 2000). However, no studies were found involving Brazilian immigrants residing in Toronto. The scarcity of research involving this community, despite its growth of 60% in the past 10 years[1] (Citizenship and Immigration Canada, 2006b), has contributed to the apparent discontentment and criticism by local Brazilians[2] (Shirley, n.d.). The present study is a response to this lack of empirical knowledge involving the Brazilian immigrant community.

The absence of studies and information on the experience of Brazilian immigrants in Canada poses a limitation to the adaptation of these individuals and to the preparation of

[1] In the 1990s it was estimated that there were 14,976 living in Canada; however, when considering refugee claimants and undocumented individuals the total number of Brazilians was around 12,000 in Ontario alone (Shirley, n.d.). Citizenship and Immigration Canada (2006a) indicates that around 7,600 Brazilians immigrated to Canada between 1996 and 2005, suggesting that Brazilian immigration to Canada is an ongoing phenomenon. Considering that Toronto receives the largest number of immigrants, it seems reasonable to assume that most Brazilian also choose Toronto as their place of settlement.

[2] Even though there has been an increase in publications by Canadian scholars, these focus mostly on Brazil as a country or on residents of Brazil; moreover, these studies are often in fields other than psychology (see Hewitt, 1995).

community agencies to help them in the process. Therefore, this community may benefit from the results of this study in what concerns the encouragement of debates on multicultural counselling and mental health promotion in their community and in the services available to them.

In this study, the mental health of Brazilian immigrants will be assessed by examining levels of depression symptoms. This choice follows a trend in academia to use depression as an indicator of immigrant mental health (see Beiser, n.d.; Hyman, 2001), perhaps due to its pervasiveness in society as a whole. Depression is considered "one of the most prevalent diseases globally and an important cause of disability… is responsible for as many as one in every five visits to primary care doctors; it occurs everywhere and affects members of all ethnic groups." (Kleinman, 2004, p. 951). Depression occupies the second position among the causes of Disability Adjusted Life Years (DALYs) for both sexes and ages from 15 to 44 (World Health Organization, 2007). In Canada, depression is a highly prevalent disorder, equivalent to other leading chronic conditions such as heart disease and diabetes (Statistics Canada, 2003).

Given the high prevalence of depression and the overlap of some of its symptoms and triggers with acculturation experiences, it seems to be paramount that continuous efforts be made to fully understand the relationship between these two constructs in the experience of immigrants. This study will utilize a quantitative, correlational design to investigate the relationship between acculturation strategies (Berry et al., 1989) and the incidence of depressive symptoms in a sample of adult Brazilian immigrants living in the Greater Toronto Area. Specifically, this study will investigate: a) whether specific strategies are better predictors of depression symptoms; b) if there are patterns of strategies and incidence of depression symptoms in the community, and c) relate them with demographic characteristics and immigration context.

This thesis is organized in four chapters: review of literature, research method, results, and discussion. In the review of literature, I will explore studies and theories regarding the concept of culture, acculturation, acculturation strategies, and how culture and acculturation are associated with depression. In the research method chapter, I will detail the research question, describe standard instruments, and outline the procedures from recruitment of participants to data analysis and ethical considerations. The results chapter will describe the findings for each measure administered and the relationships among variables in order to answer the main research question of this study. In the discussion chapter, I will examine the results obtained in light of the existing literature, describe the limitations of this study, discuss its implications for mental health promotion and clinical practice, and propose areas of future research.

Review of Literature

This research will develop within the framework of acculturation theories and its impact on the incidence of depression symptoms. In order to understand acculturation it is necessary to lay the groundwork from which acculturation emerges, that is the notion of culture itself. For the understanding of depression in the context of acculturation, it is vital to understand the cultural context of depression. Therefore, this chapter will expound on issues such as culture, acculturation, and how they relate to depression.

Culture and acculturation

Culture

We live in a time of blurred socio-political boundaries, global economy, shared languages, and widespread electronic communication in which diversity and multicultural relations are a norm. Located within this global reality are countries such as Canada the United States of America. These are formed by immigration and multiple-intersecting cultures, where discourses about culture, multiculturalism and cultural pluralism are serving not only political speeches but also becoming jargons in everyday conversations, although without a critical examination of its meanings. In this context, it is imperative to clarify our understanding of the definition of culture, and increase our awareness of its usage to perpetuate oppression or promote empowerment.

In order to critically understand the concept of culture, it is important to revisit studies in the field of anthropology. Early anthropological studies on *cultures* were associated with fieldwork and exploration of remote groups, which inspired the curiosity, awe, and puzzlement of anthropologists and laypeople alike. Circumscribed by this magical atmosphere, the concept of culture followed the ideas of Tylor (1871, as cited in Wright, 1998, p. 8) in his work *Primitive*

Cultures, which states that "Culture is that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man [sic] as a member of society." According to this concept, culture is bound, a-historical, static, timeless, predictable, and shared homogenously by all individuals who "belong" to it (Wright, 1998).

Studies based on the above notion of culture and on the principals of comparative studies common to social sciences, initiated a tradition that permeates the foundation of several areas of knowledge: the understanding of culture from an "Us" versus "Other" perspective. Lévi-Strauss (1985) contends that

> "Even early anthropology did not hesitate to place the peoples it was studying into categories separate from ours. It put them closer to nature, as implied by the etymology of the term *savage*[*] … or else it put them outside history by calling them 'primitive' or 'archaic,' which was simply another way of denying them a name that would make them part of the human condition." (p.26).

Although the work of Lévi-Strauss has also been target of criticisms (e.g. Wright, 1998), his above comment demonstrates how the "Us vs. Other" stance has been used in anthropology. This has become known as the process of "othering"[3] (Pickering, 2001), through which anthropology, psychology and other social sciences have been studying and trying to define culture by ways of essentialism, ethnocentrism and oppression. These studies are conducted by an "Us", represented by a western scholar, who is studying the "Other" (another culture), comparing it with the West, based on western assumptions, values and habits (Duncan & Duncan, 2004; Wright, 1998). This posture is so ingrained in academic discourse that even

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[*] "From Latin *silva*, 'woods, forest." (Trans.), (Lévi-Strauss, 1985, p.26) …. Note and italic from the original.

[3] Pickering (2001) compares the process of othering with stereotyping "in that it is an evaluative form of naming or labelling, which defines someone or some cultural grouping in reductive terms," and in this fashion, functioning "as

recent publications use terms such as *primitive* or *less-developed* cultures to refer to remote or non-western societies. Sometimes authors use qualifiers such as 'so-called' before the in-between-quotes 'primitive' (e.g. Leeson, 2007; Pedersen, 1984; Roots, 2005). In this case, although the quotes may suggest a certain level of contestation, it seems rather surprising that authors have avoided to search for or failed to provide a conceptually more accurate and balanced term. Conversely, there are instances of non-Western scholars who undertake studies in their own countries and still use the device of comparison (the tradition of comparative studies in the social sciences) with other cultures to create a framework to understand their own culture. In the process of doing so they incur the same pitfalls of othering western cultures and sometimes, their own culture (e.g. DaMatta, 1991; Hess & DaMatta, 1995).

Pickering (2001) argues that "the translation of difference into Otherness is a denial of dialogue, interaction and change" (p. 49). In turn, this denial and the stereotypes it makes possible, are sheltered in a culturally encapsulated, essentialist, and hierarchical worldview (Arthur & Collins, 2005; DaMatta, 1986) that gives rise to oppression (Wright, 1998) and perpetuates the systems that legitimize its power relations (Pickering, 2001).

The intense criticism of such approaches led to the development of a new concept of culture that was once again appropriated as a tool of hegemonic power. For instance, Wright (1998) points out that Margaret Thatcher's New Right in England used the 'new' notion of cultural differences in "an essentialist concept to reassert boundaries: the distinctiveness of Englishness must be defined" (p. 10). Wright presents this reflection based on the principle that culture is political as it serves specific ideologies through institutions and everyday life. This notion of the politicization of culture and its use to the extreme is analysed by Edward Said (e.g.

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a strategy of symbolic expulsion, a mundane exorcistic ritual, used to control ambivalence and create boundaries." (pp. 47-48)

Said, 1995; 2004). For example, he analyses the American war on Iraq and the role of American mass media in disseminating an 'understanding' about middle-eastern affairs and culture that legitimized the war. In his words, "without a well organized sense that these people over there were not like 'us' and didn't appreciate 'our' values – the very core of traditional Orientalist dogma – there would have been no war" (Said, 2004, p. 872).

In recognizing the politicization of culture as a concept and as a process that is dynamic, permeable, ever-changing and circumscribed to a socio-political and historical context (Moodley & Palmer, 2006, p. 15), not only can we understand domination and marginalization imbued in the concept and experience of culture but also contest them. This has been a challenge in psychology, a field that has a tradition of applied essentialism (Arthur & Collins, 2005; Holdstock, 1999; Pedersen, 1984) evident in all domains of the field. Psychological tests are normed for certain groups, based on a restricted reality, but used to classify individuals from all groups and legitimize the use of demographic data to explain differences in performance (Craig, 2003). Psychotherapeutic models reflect Western values and ways of being that are applied to all clients even those who live under conflicting value system (Arthur & Collins, 2005; Pedersen, 1984). Traditional multicultural approaches to counselling focus on homogeneous notions of culture (see Arthur & Collins, 2005 for a discussion on 'Emic' approach). Psycho-diagnostic codes and tools compartmentalize and reduce individuals' difficulties to a set of labels that are questionable even in the society within which they were created (Ehntholt & Yule, 2006). Combined, these manifestations of essentialism, othering and politicization of culture in psychology create real systemic barriers to mental health promotion and access to mental health care (Arthur & Collins, 2005).

A critical view of the concept of culture in psychology is indebted to recent perspectives in critical multicultural counselling and the discussions about a "Third Space" in counselling (e.g. Dalal, 2000; Moodley, 2007; Moodley & Palmer, 2006). These perspectives treat culture as a historical, political and multifaceted concept by acknowledging its dynamic changes over time and social context, by incorporating the notion of power relations and integrating the notion of multiple identities. The notion of multiple identities confers to culture a broader sense, encompassing notions of gender, age, religion, ethnicity, race, and dis/ability (Arthur & Collins, 2005). To this end, it clarifies the impossibility of culture as a static, homogenous construct, since each individual conceptualizes and negotiates their multiple identities in the context of their unique and fluid socio-historical context (Moodley & Palmer, 2006; Robinson, 2005; Wright, 1998). In practical terms, the "power to define" (Wright, 1998) in the dynamic meaning-making process of culture is critically addressed, contested and given back to each individual by acknowledging their agency in construction and appropriation of culture.

The perspectives brought forward by critical multicultural counselling, may contribute to reducing inferences about an individual based on essentialist notions of culture, therefore closing the field to oppression in the form of generalizations, stereotypes, and othering. They present a notion of culture that is flexible enough to encompass diversity within itself (Arthur & Collins, 2005) and provide the framework, together with socio-constructionist perspective, to resolve another problem minimally addressed in anthropology but critical for psychology: the dichotomy between individual and culture (Craig, 2003).

The compartmentalization of existence in psychology is a legacy of a Cartesian paradigm that supports culture-individual or social-psychological dichotomies. This polarization conceptualizes "psychological phenomena as occurring 'in' the mind/brain of an individual …,

and culture as 'outside' the individual" (Craig, 2003, p. 641) and views the "individual as a 'possessor' or as 'being possessed' by culture" (Tatar & Bekerman, 2002, p. 379). If we accept that psychological phenomenon occurs inside the individual, dissociated from a socio-historical context we close the doors to the notion of power relations in culture and mental health. Similarly, if we agree with individuals being 'possessed' by culture, we withdraw agency from individuals and succumb to the notion of culture as a homogenous construct. Therefore, to be coherent with the critical multicultural counselling perspective, we must avoid the above dichotomies.

Socio-constructivist formulations provide a sound contraposition to those polarized views by clearly articulating how human actions or activities are shaped and shape culture (Craig, 2003). According to this perspective, the dichotomy between individual or psychological realm and culture is no longer a plausible construct since individuals evolve through "action-in-context," context being the intertwined mixture of cultural, biological, psychological and historical factors (Craig, 2003). Tatar and Bekerman (2002) suggest to look at "culture and the individual as two sides of the same coin" (p. 379) and point to the "contextually embodied nature of human activity that, through daily social interaction, fabricates and sustains our version of knowledge" (Tatar & Bekerman, 2002, p. 378). The socio-constructionists propose an integration between the individual and the cultural. In doing so, they critique the old definitions of culture as a compound of institutions, symbols and values, by expanding the definition in two important ways. They take into account power relations, "structured inequalities," and oppression as well as highlight individuals' potential to "interpreting and challenging these ways of relating" (Duncan & Duncan, 2004, p. 394).

A synthesis of the above discussion lends to an understanding of culture as a heterogeneous construct, a process that is not inside or outside the individual, but that informs and is informed by each individual's multiple identities, within the ever-changing socio-historical context of power relations, in which the individual is an agent to contest the "power to define".

This return to the individual in the understanding of culture allows for differences and similarities within and between cultural groups, so that we can move from totalitarian views of cultural homogeneity to a view of coexisting diversities. As Said (2004) points out, "rather than the manufactured clash of civilizations, we need to concentrate on the slow working together of cultures that overlap, borrow from each other, and live together in far more interesting ways than any abridged or inauthentic mode of understanding can allow" (p. 878). This is a challenge faced every time contact between cultures occurs, a reality of everyday life, especially if we take in consideration the above discussion that proposes that each individual is a unique intersection of multiple cultural identities. However the challenge becomes even more pronounced when people relocate to a socio-cultural context different from that in which they have developed as individuals (Berry, 1997). This is the focus of the next section: Acculturation.

Acculturation

A definition of acculturation that is currently being used was proposed by Redfield, Linton, and Herskovits' (1936, as cited in Berry, 1997). According to their definition, "acculturation comprehends those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original culture patterns of either or both groups" (p. 7). Based on this concept it is possible to think of acculturation as a generic process of change caused by intercultural contact. This

concept is rather neutral, in that it presupposes that all groups may be changed by the intercultural contact (Berry, 1997). However, it appears vague, static, and essentialist. It is vague in that it does not specify what the term 'phenomena' comprises, thus allowing different and even polarized interpretations, from loss of identity to struggles in power relations. It seems static in that it suggests that there is a set of "resulting" phenomena, without mentioning that it happens in a continuum of time. Finally, it appears essentialist in that it treats culture as a homogenous construct that describes groups, without mentioning the experience and choices of each individual when in contact with other cultural individuals (Padilla & Perez, 2003).

The individual sphere came to the fore in Graves' (1967) suggestion to differentiate between group-level and individual acculturation, naming the latter as "psychological acculturation." This distinction also fails to incorporate the notion that each individual appropriates their cultural experience in a unique way, therefore, reintroducing the discussion against the homogenization of culture. Although it is undeniable that there might be impacts at the group level during acculturation, these impacts would still be processed by each individual. Therefore, it seems prudent to refrain from this in-out, group-psychological polarizations.

Instead, a straightforward approach may solve the problem, by re-writing the initial definition according to the critical multicultural counselling notion of culture: Acculturation is the *change* process that takes place when groups *or* individuals from *different socio-historical contexts* come into continuous contact affecting the original culture patterns and creating *new power dynamics* for all and between groups *and* individuals involved.

Acculturation, as it has been presented, may occur in everyday life for example, when a white, protestant, lesbian, middle-aged woman interacts on a daily basis with an Asian, atheist, heterosexual, youth, male co-worker. It may occur virtually, without geographical movement or

direct contact, in a kind of virtual acculturation taking place when individuals continuously watch foreign movies, world news or surf the internet. As pointed by Said (2004) "the world does have a real interdependence of parts that leaves no genuine opportunities for isolation" (p. 878). We are undeniably and unavoidably interconnected, which makes acculturation a reality of everyday life.

Traditionally, however, acculturation studies have focused on acculturation that happens during colonization, imperialism, commercial relationships, sojourn, and immigration. Each of these contexts brings a particular set of variables to the acculturation process that differs from the acculturation that takes place during the above-mentioned types of intercultural contact. They differ in terms of choice (colonization and refugees versus spontaneous immigration and commercial relationships), geographical movement (imperialism versus immigration and refugee), length of contact (sojourn versus colonization or immigration) (Berry, 1997). Since this study focuses on the acculturation activated in an immigration context, the following discussion will focus on the elements specific to this type of intercultural contact and its challenges to theoretical and empirical developments.

In order to conceptualize the layers in which acculturation happens and to test them empirically, theoreticians have broken down individual's experiences in domains (Padilla & Perez, 2003). They state that the acculturation process is influenced and influences an individual's ways of thinking (attitudes, values, and beliefs), being (roles, personality), behaving and feeling regarding those domains that are determined or influenced by culture. The acculturation domains most frequently referred to are family and social relationships (friendships and marriage), values, political, religious, economical, social, and civic orientations and identity, language, culinary, and media preferences (Costigan & Su, 2004; Flannery, Reise, & Yu, 2001;

Ryder et al., 2000).

Although the context of power relations in which the individual developed and came into contact because of immigration is not clearly stated, there is space for its inclusion within the political domain. On the other hand, it seems appropriate to include among those domains other socio-cultural constructions such as gender identity, representations of age, race, and dis/ability (Arthur & Collins, 2005; Robinson, 2005).

While it seems that there is a general agreement regarding the above domains, the study of acculturation has been occurring according to different and somewhat diverging conceptualization models. There are two major perspectives based on which scholars have studied acculturation, the unidimensional model and the bidimensional model (Costigan & Su, 2004; Navas et al., 2005; Ryder et al., 2000); while attempts at developing a third perspective have also been made (Flannery et al., 2001). The terminology attributed to the different acculturation theories varies depending on the authors and I will use them interchangeably in this review. The unidimensional approach has been called unidirectional and linear, while the bidimensional has been cited as bidirectional and orthogonal. Whatever the choice of words, nomenclatures reflect the extent to which an individual is affiliated to the non-dominant culture and the dominant culture[4]. The unidimensional model sees acculturation on a linear continuum (Gans, 1979), on which an individual moves from unaculturated (totally identified with the

[4] There has been much contention among scholars regarding the naming of "cultures" in the acculturation process. For example, the immigrating culture is sometimes identified as 'minority,' 'ethnic,' 'non-dominant,' 'heritage' or 'home' culture, while the culture receiving the immigrant is called 'host,' 'dominant' or 'mainstream' culture, or 'society of settlement.' Several criticisms have been made to these terms as they imply pejorative connotations and do not reflect all types of acculturation (e.g. Rudmin & Ahmadzadeh, 2001). The terms culture of origin/non-dominant and dominant cultures seem appropriate to this study, since it refers to an immigration context in which the power relations must be kept in the context (Arthur & Collins, 2005).

culture of origin) to acculturated or assimilated (totally identified with the dominant culture)[5]. It also predicts that, over time, assimilation is the most frequent outcome (Flannery et al., 2001) and presupposes that at the extremes of the continuum both cultures are mutually exclusive and negatively correlated. For instance, the more one would adopt values and behaviours typical of the dominant culture, the weaker the association with their non-dominant culture would become (Ryder et al., 2000). In addition, the unidimensional model provides no opportunity to explore the changes that the dominant culture undergoes, since it is inherent to the model that the outcome is the assimilation of the new by the culture of origin.

The bidimensional model, in contrast, argues that one's affiliation to culture of origin and dominant culture happens independently or orthogonally (Costigan & Su, 2004), therefore allowing for the two cultures to coexist in the individual's repertoire of behaviour, attitudes, beliefs, and multiple identities. The degree to which an individual is connected to each of the cultures is represented as a bidimensional matrix that results in four potential outcomes, from integration of cultures to isolation from both cultures (see diagram and description in section *Theory of Acculturation Strategies*, p. 16). Since one does not have to opt out of their non-dominant to incorporate the dominant culture, this perspective supports cultural diversity and the interconnectedness of cultures. Given that loss of cultural identity is not a threat, this model appears to be more dialectic, leaving the door open to a two-way interaction in which both sides are influenced by one another. This perspective is consistent with a multicultural approach to immigration and social organization, oftentimes associated with policy making in Canada (Berry, 2001).

In a study comparing the efficacy of the unidimensional and bidimensional models,

[5] This model is in part responsible for the confusion regarding the term acculturation, which shifted the original meaning from cultural changes due to intercultural contact to a meaning in which acculturation equals assimilation

Flannery et al. (2001) suggest a third approach to understanding acculturation processes. The authors build upon the bidimensional model and add a third axis to the matrix, which represents the possibility of a third culture to emerge. Since it adds a third direction, this model is called tridirectional and because it implies the possibility of the origination of a new (ethnic) cultural identity, it is called Ethnogenesis (genesis of a new ethnicity)[6]. This view goes beyond integration or biculturalism in that it says that the third culture is qualitatively different from the hyphenation associated with integration (i.e. Brazilian-Canadian, Greek-Canadian). It proposes that the combination of the non-dominant culture and dominant culture may result in a set of values, beliefs, attitudes, and behaviours that is not easily recognizable by either the non-dominant culture or the dominant culture as their own. Flannery et al. (2001) cite the case of 'Chicanos' in the United States as one of the best examples of ethnogenesis, supported by several studies they contend that being 'Chicano/a' is more than being 'Mexican' or 'American,' and that in fact many of them do not accept the label 'Mexican-American.'

Although the three models (unidimensional, bidimensional, and tridimensional) differ in what relates to acculturation dimensions and outcome possibilities, they agree that acculturation occurs in multiple domains and involves a complex psychological adjustment. According to Ryder and his colleagues (2000), "at a fundamental level, then, acculturation involves alteration in the individual's sense of self." (p. 49). More often than not, the difficulty dealing with changes in the sense of self results in stress and illness.

Theory of Acculturation Strategies

Although the tridirectional model poses interesting opportunities for future research, it is relatively recent and currently has no empirical validation. Therefore, I will use the

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into a dominant culture (Berry, 1997).

bidimensional model for my inquiry as it is a broader approach to acculturation than the unidimensional model (Ryder et al., 2000), it has been extensively validated by empirical research (e.g. Berry et al., 1989; Kosic, 2002; Krishnan & Berry, 1992), and utilized in the study and prediction of mental health outcomes (e.g. Berry, 1998; Ward & Kennedy, 1994).

One of the main theoreticians of the bidimensional model is John Berry. He has conducted a large number of studies and publications in partnership with other professionals around the world (e.g. Berry & Annis, 1974; Berry & Kalin, 1995; Berry, Kim, & Boski, 1987; Berry et al., 1989). His studies have resulted in the propagation of the bidimensional model from theoretical and empirical points of view, informing both academic and public policy endeavours[7] (Berry, 1984, 1991; Berry & Laponce, 1994). From a theoretical perspective, Berry proposed more clearly the role of the acculturating individual as an agent in the acculturation process rather than a passive receiver of the dominant culture. The individual is an agent of their own acculturation and the potential outcomes will depend, among other factors, on the attitudes and behaviours that they adopt while undergoing acculturation. This active role is evident in the bidimensional model through the strategies of acculturating individuals toward both non-dominant culture and dominant culture. Even when individuals are unaware, they apply strategies in their daily lives to adapt to their new reality.

As established previously, culture and psychological identities are deeply intertwined in an individual's sense of self. Therefore, when they immigrate to a new society their values, attitudes and behaviours in all the aforementioned domains go through a re-evaluation process, based on the discrepancy between their identity and what the dominant culture and its people

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[6] Since this model will not be further explored, it is not the scope of this review to critically discuss the problems with using the terms ethnicity and culture interchangeably.

[7] For a critique of the political motivation and applications of Berry's theory, see the article by Floyd Rudmin (2004).

practice and value, and mediated by group power (Berry, 2001; Navas et al., 2005). Individuals have different desires and behaviours about how much of their non-dominant culture they wish to maintain and how much they wish or are willing to incorporate from the dominant culture. Berry summarized these attitudes by formulating two main issues that acculturating individuals are faced with; "To what extent do people wish to have contact with (or avoid) others outside their group?" and "To what extent do people wish to maintain (or give up) their cultural attributes?" (Berry, 2001, p. 618).

It is important to note that the desire and willingness (attitude) to participate in the dominant culture may not correspond to an actual participation (behaviour). Factors related to the acculturating individual (both psychologically and culturally) as well as the dominant culture may inhibit such demonstration (Berry, 2006; Navas et al., 2005). For example, the possibility of immigrants' intercultural contact may be hindered by insufficient language skills or by a potential negative attitude of the dominant culture toward immigrants. Therefore, how an individual responds or goes through acculturation constitutes a complex psychosocially determined process. Factors such as personality, socio-economic status, demographics, nature of the culture of origin (e.g. collectivistic or individualistic) and nature of the dominant culture, its immigration policies and attitudes, its values and behaviours toward intercultural contact and specific ethnic groups act as moderators of the acculturation process (Berry, 1997; Berry, 2001; Berry, 2006; Navas et al., 2005). Therefore, they should be taken into consideration when trying to understand the interplay between the attitudes and behaviours exhibited by acculturating individuals.

According to Berry (2003), the interplay between attitudes and behaviours results in acculturation strategies that individuals use to respond to the two main issues cited earlier,

namely, maintenance of non-dominant culture and maintenance of contact with other groups. When placed on quadrants, answers to these two dimensions result in four possible orientations toward acculturation: assimilation, separation, integration, and marginalization (Berry, 2001; Berry et al., 1989). Figure 1 demonstrates the distribution of the acculturation strategies in the four quadrants. The first two strategies imply an "either-or" choice. For example, assimilation is when an individual values contact with other groups in detriment of the contact with their culture of origin; and separation is when the individual seeks to maintain their culture of origin and avoid interaction with other groups. The later two strategies involve a "both-or-none" choice. For example, integration represents the maintenance of one's non-dominant culture and simultaneous interaction with other groups; while marginalization represents the rejection of one's non-dominant culture and avoidance of interaction with other groups (Berry, Poortinga, Segall, & Dasen, 2002).

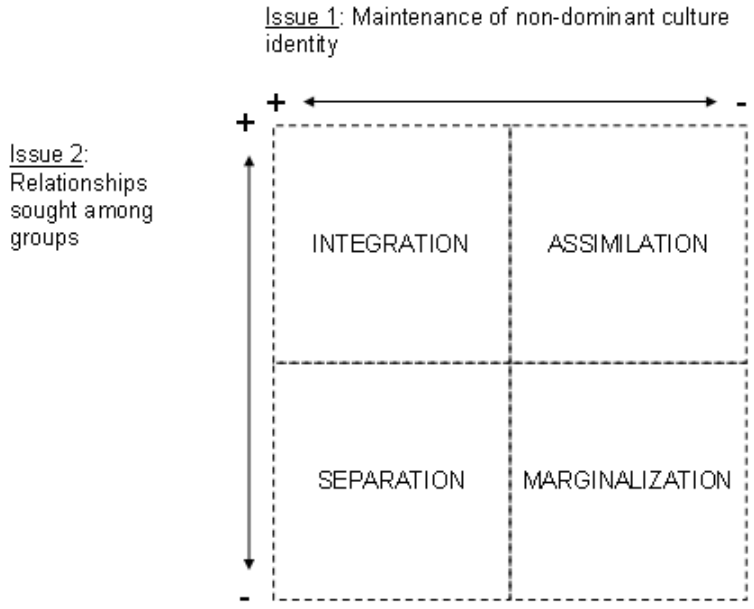

Figure 1. Acculturation Strategies. Adapted from Berry (2001).

The above classification is conceived from the acculturating individual's perspective and the terminology changes when these strategies are representative of the larger society (see Berry, 2003). Berry states that this model takes into consideration the situational factors of the acculturation process. More specifically, he asserts that the acculturation strategies model works under the assumption that individuals have some degree of freedom to choose how they wish to acculturate to the dominant culture, however that there are situations in which the dominant culture does not allow certain choices to take place (Berry, 2006). For instance, integration is only possible if the other groups have a reciprocal interest in intercultural contact; similarly, integration and assimilation may only happen if an individual's non-dominant culture group is interested in maintaining their traditions (Berry, 2003; see also Kosic, 2002). Furthermore, Berry acknowledges that even in societies open to immigration and diversity, sometimes individuals have attitudes that are more positive toward certain ethnic groups based on political issues, discrimination or lack of familiarity with other groups' culture. These factors play an important role in the environment in which individuals make their acculturation choices.

Taking these issues in consideration, however, not addressing them directly, John W. Berry developed a methodology to measure the four acculturation strategies. According to Berry (personal communication, October 30, 2006), there are three different methods to assessing acculturation strategies:

> "(i) create items for each domain, for the four attitudes of Integration, Assimilation, Marginalization and Separation (IAMS)
>
> (ii) create items for each domain, for the two dimensions (cultural maintenance, participation in the larger society).
>
> (iii) create four 'vignettes' that characterise each of the four acculturation attitudes."

The most common method used is the first method, to create items for each of the four attitudes. The measure corresponds to statements regarding different acculturation domains (e.g. language, values, food, social relationships), to which participants respond based on a 5- or 7-point Likert scale. For each domain, there should be separate items indicating attitudes and behaviours. The correspondence of the attitudes and behaviours provide a composite score of acculturation strategies (Berry, personal communication, October 30, 2006).

Preferences for acculturation strategies may change over time and vary depending on the domain (Berry, 1997; Navas et al., 2005; Neto, 2002). Navas and colleagues argue that individuals may choose different strategies for each domain, which will vary depending on the nature of each domain. For example, they suggest that individuals may be more inclined to present an assimilation or integration strategy regarding more "materialistic domains (e.g. work and economic)," while a separation strategy may be more common when it comes to "symbolic or ideological domains (e.g. religious beliefs and customs, ways of thinking, principles and values)" (Navas et al., 2005, p. 32). Berry (1997) points out similar differences, however, dividing domains in private (e.g. family and ethnic community) and public (e.g. work and politics). Moreover, as acculturation happens over time in an ever-changing environment, shifts in experience do not occur linearly, but they accumulate on changes already triggered by acculturation and changes related to one's own developmental stages. Therefore, individuals may explore different acculturation strategies over time and as they experience the outcomes of interaction, or lack thereof, with the dominant society (Berry, 1997; Navas et al., 2005).

The above description of Berry's acculturation strategies model, demonstrates how complex the acculturation process is, since it is circumstantial, dynamic, relative, and mutable (Padilla & Perez, 2003). It is a challenge trying to measure such a dynamic process because

categories and labels may impinge rigidity, homogeneity, and mask the power relations inherent to the process. These are similar methodological problems faced in the study of culture (see Craig, 2003) and that are carried over to the study of acculturation. Berry's model however, represents an advancement to the measuring of acculturation, since it moved beyond the linear approach of the unidimensional model and appears to take into consideration the notion of multiple identities, understand acculturation in a socio-historical context, as well as the political context and power relations that influence how each individual experiences acculturation. On the other hand, since Berry's purpose is to identify acculturation strategies as opposed to exploring power relations, it treats the above factors as moderators but not the focal point of his studies. Perhaps, the list of mediating factors should be enriched with other factors "such as gender or affectional-sexual orientation" among others (Reynolds & Pope, 1991, p. 175).

While improvements to Berry's model have been suggested (e.g. Navas et al., 2005; Rudmin, 2003; Ryder et al., 2000) and further enhancements can still be made, research projects utilizing his model have been instrumental in investigating the mental health of immigrants. Studies have shown that the four acculturation strategies are closely associated to the mental health of immigrants (Krishnan & Berry, 1992; Sam, 1994; Sam & Berry, 1995) and that integration seems to be the most effective strategy being associated with good psychological adaptation (Berry, 1999, 2003; Sam, 1994). Kosic (2002) found that separation and marginalization strategies were correlated with a higher incidence of emotional disorders, psychosomatic symptoms, low socio-cultural and psychological adaptation than integration and assimilation. Moreover, Berry and Sam (2003), state that since studies on the acculturation strategies model started in the 1960s, "a large-scale preference for integration has emerged, and the relative benefits of integration for successful adaptation also became apparent" (p. 67).

The above studies on acculturation and mental health outcomes targeted a multitude of cultural groups and individuals. Their methodology and results were influenced by specific theoretical underpinnings. Similarly, for this study, it is vital to examine the interconnections between culture, acculturation and depressive symptoms that are at the core and guide all stages of my investigation. This is the focus of the next section.

Depression

The World Health Organization (WHO) indicates that depression affects 121 million people around the world and is one of the major causes for disability (World Health Organization, 2006). In Canada, this number corresponds to nearly 3 million people at any given time, with 30% of the disability claims at three of the most known companies in the country (Mood Disorders Association of Ontario, 2005). The 2001 Canadian Mental Health Survey found that only 23% of the sampled participants reported never feeling depressed (Canadian Mental Health Association, 2001). The Canadian Community Health Survey (Statistics Canada, 2003) presents depression as a highly prevalent disorder, equivalent to other leading chronic conditions such as heart disease and diabetes. This survey was conducted in 2002 and found that 4.5% of the individuals interviewed reported "having experienced symptoms or feelings associated with major depression, compared with 5% with diabetes, 5% with heart disease and 6% with a thyroid condition" (para. 2).

Although, widely researched by the academic community and loosely alluded to by the general population, depression as a construct has different meanings and presentations according to the individuals and their socio-historical context (Kleinman, 2004). Since commentators have argued that depression, like mental health issues in general, is socially constructed, it appears crucial to inquire into the cultural variations of the construct, especially when different views on

the issue come into contact because of acculturation.

Cultural Underpinnings of Depression

In North America, depression is described as a multifaceted psychological difficulty "that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration" (World Health Organization, 2006). People in general use the term depressed to express sadness or low mood. In order to differentiate responses common to daily life situations from depression, professionals argue that the latter is characterized by extremes levels of sadness that endure for two weeks, are combined with other symptoms, and may lead to severe impairment in one's way of functioning (National Institute of Mental Health [NIMH], 2000).

In North America the diagnosis of depression follows the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders – DSM-IV-TR (American Psychiatric Association, 2000). According to the DSM-IV-TR, depression is characterized by sad mood that:

- is present most days and lasts most of the day
- lasts for more than two weeks
- impairs the person's performance at work, at school or in social relationships.

The DSM-IV also states that at least four other symptoms must be associated with the above three for a period of two weeks. The additional symptoms cover a range of areas in one's life: physiological aspects (e.g. changes in appetite and weight, sleep problems, fatigue); social aspects (e.g. loss of interest in work, hobbies, family members and friends, sex); cognitive functions (trouble concentrating, remembering and making decisions); self image (feeling useless, low self-esteem), and mood (hopeless, excessive guilt, pessimism or crying easily,

irritability). Additional symptoms may include thoughts of suicide or a loss of touch with reality or hearing voices (hallucinations) (American Psychiatric Association, 2000).

Depression does not choose gender, age, social class, or ethnicity. Although research studies have shown different results for the number of men and women suffering from depression, they agree that the incidence is usually higher in women, varying from 10-15% of men and 15-25% of women (Mood Disorders Association of Ontario, 2005) to about 5% of men and 10% of women (Canadian Psychological Association, n.d.).

The risk for depression varies from biological factors, such as genetic predisposition, imbalance in brain chemistry, and response to another illness, to psychological factors, such as emotional vulnerabilities and cognitive distortions, to psychosocial environmental factors such as family history and a major stress in life (Centre for Addiction and Mental Health, n.d.).

The DSM-IV-TR classification of depression is widely used around the world (e.g. Ehntholt & Yule, 2006; Giosan, Glovsky, & Haslam, 2001; Glovsky & Haslam, 2003; Kaharuza et al., 2006; Liu et al., 2006; Torres & Rollock, 2007). The revised edition brings advancements when compared to previous versions of the manual, in that it mentions the importance of cultural differences in both symptom presentation and communication of depression (Manson & Kleinman, 1998). However, its elaboration, from choice of words to underlying medical model and political interests, has been questioned extensively (e.g. Dana, 1996; Manson & Kleinman, 1998; Moodley, 2003). Some scholars criticize its essentialist approach, arguing that the criteria reduces a complex multitude of factors and distress into a fixed label that leaves little or no space for context (Ehntholt & Yule, 2006). This process is akin to ‘othering’ (Pickering, 2001) in cultural studies in that it legitimizes the ‘power to define’ (Wright, 1998) of the dominant culture personified by medical professionals who impinge on the ‘Other/patient’ their assumptions about

mental health and illness. Based on the ideas of critical multicultural counselling, Moodley states that mental health professionals may lack understanding or theoretical sophistication to deal with clients multiple identities, therefore, "their only recourse is to find theoretical security in the psychiatrist's 'fourth bag of diagnostic (hat)tricks' (for example, DSM-IV)" (Moodley, 2003, p. 127).

Further criticisms include that notions of mental health and illness are socially constructed (James & Prilleltensky, 2002), therefore each culture and, for that matter, each individual has their own idiosyncratic ways to explain the antecedents, presentations and potential treatments of their psychological difficulties that find support in their environment. Furthermore, criticisms have been made that Western views in psychology and psychiatry are used to "mislabel" cultural differences as "dysfunctional and pathological" (Arthur & Collins, 2005, p. 22). However, culture influences the understanding, presentation and disclosure of symptoms during depression, affecting how and to whom a person expresses specific thoughts, feelings and behaviours related to their experience of depression (Manson & Kleinman, 1998).

An example of the influence of culture in the understanding of mental illness in general, but that can be generalized to depression, is the cross-cultural study conducted by Giosan and colleagues (Giosan et al., 2001). They investigated lay persons' concept of mental disorder by presenting participants from Romania, Brazil, and the United States with paragraph descriptions of mental health disturbances encompassing DSM-IV and non-DSM-IV classifications. They found that Brazilians had a concept of 'mental disorder' that featured more externalist than intra-psychic features of disorders when compared to Americans. Later, the results of this study were used to compare with changes over time in the concept of mental disturbances as individuals became more assimilated to American culture (Glovsky & Haslam, 2003). This study found that

the more Brazilians shared American ways of thinking the more they tended to present an intrapsychic conceptualization of the disturbances and to classify conditions as mental disorders. Although the authors present results generically in terms of 'mental disorders,' depression was one of the conditions described and that counted for the results observed.

In another study, differences in presentation (symptoms) of depression were observed, for example, between white Britons in London, England and participants from Bangalore, South India (Jadhav, Weiss, & Littlewood, 2001). The original study used a sample of white Britons in London receiving treatment for depression and found that the majority of clients (87.2%), reported symptoms of sadness spontaneously, while only 10.6% of participants reported somatic symptoms spontaneously. The report of somatic symptoms increased to 76.6% upon probing. When comparing their results to a study conducted in Bangalore, Jadhav and colleagues concluded that "the tendency of British patients to report psychological symptoms but acknowledge somatic symptoms on probing, is matched by the tendency of Indian patients to report somatic symptoms spontaneously, but acknowledge psychological symptoms on probing" (2001, p. 60).

These differences in disclosure of symptoms may be associated with the stigma associated with depression. For example, Weis and colleagues (Weiss, Jadhav, Raguram, Vounatsou, & Littlewood, 2001) compared the impact of stigma in the experience of depression between participants from Bangalore (South India sample) and London (England). Furthermore, the Bangalore sample chose not to disclose sadness because of either fear of the consequences of stigma, for instance, fewer opportunities for marriage especially for women in the family or difficulties finding or keeping employment for men, which would impact their role as a provider

for the family. In the British sample hesitance in disclosure of symptoms was largely related with the fear of be seen as weak by others.

Kleinman (2004) suggests that in Chinese society depression is experienced in physical as opposed to psychological terms. According to Kleinman, "Chinese people do not report feeling sad, but rather express boredom, discomfort, feelings of inner pressure, and symptoms of pain, dizziness, and fatigue" (p. 951). Claims such as Kleinman's have warranted some caution. Beiser (n.d.), for instance urges that scholars and practitioners do not use these differences in emphasis on psychological and somatic symptoms across cultures as basis for stereotyping and unifying experiences of depression. According to him, such studies have gone to the extent of suggesting that Asian communities lack vocabulary to express psychological symptoms, therefore, the heightened emphasis on somatic symptoms in Asian samples when compared to North American samples. Supported by several studies, Beiser argues quite the opposite, that Asian individuals not only have the idioms to express distress in emotional terms but also that they will use such disclosure when found appropriate.

It is widely accepted that there are linguistic differences across cultures for the expression of emotions (such as those associated with depression) and that, in some cultures, the word 'depression' is nonexistent (see Pilgrim & Bentall, 1999 for a review). However, these should be understood as cultural differences, rather than cultural deficits (Raguram, Weiss, Channabasavanna, & Devins, 1996) and the knowledge of these differences should be used to help clients and practitioners make sense of their experiences.

The above examples illustrate how notions and experiences of mental health and illness are constructed in a cultural context. Paraphrasing S. H. Foulkes, Farhad Dalal (2000) states that "there is no part of the psyche that is outside the social, and there never was a developmental

moment that was outside the social" (p. 49). The understanding of the indivisibility of cultural and psychological realms not only underlines the cultural underpinnings of depression but it makes this statement redundant.

Within the context of cultural differences in depression and despite the aforementioned problems with western categorizations, some researchers suggest that a formal diagnosis may be necessary to raise resources and offer appropriate help (e.g. Ehntholt & Yule, 2006). Moreover, it is important that researchers take into account the context of the 'mental health culture' in which they are operating. At times, it is important to speak the language of the dominant culture in order to work with the system in mobilizing resources, therefore choosing to assimilate at this point so that it is possible to integrate in the future (Berry, 1997; Wright, 1998).

Finally, researchers may still utilize instruments for assessment of depression and refrain from engaging in 'othering,' for example, by reporting results in terms of the incidence of symptoms of depression, rather than labelling participants as "depressed." In addition, researchers must understand the results as transitory and specific to the context in which they were obtained.

Acculturation and Depression

Immigration may be associated with a range of mental health outcomes. Acculturation among them, may function as a precipitating factor of depression. According to Berry (1997) when individuals first come into contact with the dominant culture they go through experiences such as culture shedding, culture learning, and culture conflict[8] in the process of negotiating their current repertoire of behaviours with the ones available in the dominant culture (Berry, 1992).

[8] Culture shedding is the process in which individuals 'unlearn' patterns and behaviour available in their repertoire but that no longer fit in the dominant culture. Culture learning is the learning of new behaviours and attitudes consistent with the dominant culture. Finally, culture conflict is when there is an incompatibility between the

The appraisal of these acculturation experiences by the individual will influence how much distress the acculturation process will trigger. The levels of distress may range from almost unintentional behavioural shifts, to acculturative stress (Berry & Annis, 1974), and psychopathology (Berry, 1997). The latter is what in Berry's formulation is associated with the incidence of depression. It refers to situations in which there is high culture conflict and the individual feels overwhelmed to the extent in which he or she is unable to cope with the situation. Sometimes, culture shedding has occurred without culture learning taking place, which would potentially lead to 'marginalization.' In the 'psychopathology' paradigm, "immediate effects will be substantially negative and stress levels debilitating, including personal crisis and commonly anxiety and depression" (Berry, 1997, p. 20). Based on the previous discussion regarding the effects of labelling, the term 'severe acculturative stress' will replace the term 'psychopathology' paradigm in this review.

Culture shedding in acculturation involves loss of ways of being that are integral parts of one's life. Brown and colleagues (Brown, Harris, & Hepworth, 1995) contend that the connections between loss and depression are widely accepted, therefore, it seems plausible to connect the losses experienced during acculturation with depression. Among the losses involved in the process of acculturation are ways of thinking, feeling and behaving, loss of social and professional status, loss of a social network of friends and family, and loss of a homeland (Arredondo-Dowd, 1981; Beiser, n.d.; Ward & Styles, 2003). In a study investigating the Canadian Immigration experiences of Pakistani women, Khan and Watson (2005) found that participants reported loss of professional status, quality of life, loss of identity and self-worth, and loss of a homeland. As a result, participants reported feeling "sadness, depression, feelings

---

behaviours to learn and unlearn. Culture shedding and learning involve 'accidental' loss and replacement of behaviours (Berry, 1997).

of low self-esteem, problems in their family life accompanied with certain health problems as a result of immigration" (p. 314).

Besides being connected with loss, depression has also been related with feelings of "helplessness, powerlessness and defeat brought about by [an] event" (Brown et al., 1995, p. 7). As part of the acculturation process, in engaging in the dominant culture, immigrants often find that their education, professional experience, social skills, and language skills, for instance, are not immediately transferable to the dominant culture (Beiser, n.d.; Khan & Watson, 2005), preventing them from finding employment (Beiser, n.d.) and triggering feelings of worthlessness, helplessness, and powerlessness, consistent with the symptoms of depression (American Psychiatric Association, 2000). Berry (1997) states that the improvement of socio-economic status is one of the main goals of immigration; however one that is usually frustrated causing loss of status and depression (Beiser, n.d.), and representing the loss of a 'cherished idea' (Brown et al., 1995). Consistent with this pattern, Ehntholt and Yule (2006) note that while young refugees presented PTSD symptoms related to earlier war traumas, the incidence of depression symptoms were related to current life stressors, such as language limitations and financial constraints. Furthermore, the process of culture learning may also trigger feelings of hopelessness, worthlessness, and helplessness. For example, in the process of learning how to function in the dominant culture, individuals often must learn a new language, new codes of conduct, learn about effective job-seeking strategies, reconstruct a social network, and learn to navigate through the sea of systemic barriers (Arthur & Collins, 2005). Already vulnerable by the sense of loss, individuals may experience these challenges as overwhelming, become hopeless and unsure about their future, and enter a scenario similar to that of the 'severe acculturative stress' paradigm (Berry, 1997). Since the hopelessness, worthlessness, and

helplessness that result from acculturation are also core symptoms of depression, it appears that they may become the early signs of the illness to watch for when it comes to immigrants undergoing acculturation.

The above considerations, target the relationship between acculturation and depression by emphasizing the experience of loss, culture shedding, culture learning, hopelessness and helplessness, which are commonly observed during acculturation in general. In what concerns specific acculturation strategies (Berry et al., 1989), there are studies that point to the relationship between each strategy and the incidence of depression. For example, in a study conducted with immigrants from developing countries in Norway, Sam (1994) found that generally acculturation, and specifically, acculturation strategies were related with depressive symptoms, low self-image and anti-social behaviours. The study revealed that 'integration' was the acculturation strategy mostly associated with higher levels of psychological well-being. In a study targeting immigrants from Cape Verde, Angola and India to Portugal, Neto (2002) found that higher levels of depression were associated with high 'marginalization' scores. In the United States, Oh, Koeske, and Sales (2002) found that the 'assimilation' strategy was associated with lower levels of depression among Korean immigrants and that attempts at 'integration' increased levels of acculturative stress and depression when compared with 'assimilation.' Ward and Kennedy (1994) investigated the relationship between acculturation strategies, socio-cultural competence and depression among sojourners (employees of one of the countries organizations and their spouses, on overseas assignments) from New Zealand. The study revealed that individuals who presented the acculturation strategy of 'separation' experienced the greatest levels of social difficulty, while those who endorsed 'integration' or 'assimilation' experienced the lowest levels of social difficulty. Furthermore, the study indicated that individuals who

endorsed ‘integration’ as an acculturation strategy, experienced lower indices of depression. It is important to note in this study that the relationship between acculturation strategies and depression were maintained even though participants employment was secured (and consequently a certain level of maintenance of socioeconomic status) and individuals viewed their residence in the dominant culture as transitory and finite (Ward & Kennedy, 1994). This reinforces the notion that infrastructure domains of acculturation are associated but are not exclusively a source of stress and mental health difficulties in acculturation. Moreover, research results that point to integration as the most adaptive strategy may be understood in the light that little culture shedding has occurred in the core values of individuals (Oh et al., 2002), while the contrary would apply to marginalization (Berry, 1997).

Since the acculturation stress associated with depression is a result of a number of factors, it is important to understand the above examples within their socio-historical context. Specifically, because these studies have been conducted within the field of psychology, oftentimes they overestimate so-called psychological and socioeconomic factors. In doing so, studies overlook the importance of understanding depression not as psychopathology in DSM-IV terms but as contextual symptoms that happen in the indivisible space that integrates psychological and cultural. Acculturation makes it even more important to consider that mental health or illness does not happen inside the individual, but in their relationship with their environment. In this case, the context involves power relations intrinsic to both the non-dominant and dominant culture, as well as emerging from the contact between the two cultures. Therefore, mental illness, and in this case depression, must be understood not as individual psychopathology but as a contextual symptom rooted in power relations (Dalal, 2000).

This chapter discussed the main constructs explored by this study, which are, culture, acculturation, and depression and set the framework that guided the subsequent stages of the research. The next chapter elaborates on how the concepts discussed here were operationalized in terms of research design and creation of instruments, as well as collection, analyses and discussion of data obtained.

CHAPTER 2

Research Method

This study had an exploratory nature that combined paper and electronic survey formats to investigate which acculturation strategy was associated with a higher level of depressive symptom endorsement in a sample of adult Brazilian immigrants living in the Greater Toronto Area. This section details the methodology in terms of research questions, participants, measures, procedures for recruitment, screening and data collection, data analysis procedures, and ethical considerations.

Research Question

Given the importance of acculturation to the mental health of immigrant population and the high prevalence of depression in Canadian society, this study investigated whether there is a an acculturation strategy that is more closely related to the presence of symptoms of depression in the Brazilian immigrant community living in the Greater Toronto Area. Specifically, this study answered the following question: Which strategy was associated with higher endorsement of depressive symptomatology?

As noted earlier, this study used the term ‘symptoms of depression’ and other terms alike (rather than depression) to compile, analyse, and discuss results.

Eligibility Criteria and Sample of Participants

Screening of Potential Participants

Inclusion Criteria. The inclusion criteria are outlined below, followed by the rationale for each item. To be a part of the study individuals must have met the follow inclusion criteria:

- Be first generation immigrants from Brazil

- Present one of the following immigration statuses:
  - Canadian citizen, OR
  - Permanent resident of Canada (landed immigrant, refugee, refugee claimant), OR
  - Undocumented immigrant
- Live in the Greater Toronto Area (GTA)
- Be at least 16 years of age

Exclusion Criteria. Individuals in sojourn (transitory visit) were excluded from this study. These included individuals who were in Canada on student, visitor, and work visas.

The above criteria were consistent with the objectives of this study and followed recommendations from previous studies. Commentators have argued that there are differences in levels of acculturation between first and second generation immigrants as well as differences in the experience of acculturation for immigrants and sojourners (e.g. Berry, 1997). As previously mentioned, the main objective of this study is to investigate the process of acculturation triggered by immigration (rather than sojourn or family biculturalism), therefore, individuals must have been Brazilian-born first generation immigrants. In regards to the place of residence, studies have found that the social context in which acculturation occurs influences acculturation outcomes. For example, the attitude of the dominant culture towards immigrants may influence the degree to which these interact with the dominant culture (Berry, 2006; Navas et al., 2005). Since Toronto is the largest and most multicultural city in Canada, it appears reasonable to assume that there are differences in the experience of immigration and acculturation between immigrants who choose Toronto and those who choose other cities. Moreover, variations of attitudes toward immigrants are likely to exist between larger metropolitan areas and smaller

towns. These types of contextual factors are impossible to measure and if not controlled, they might have become confounding factors for the results of this study; therefore, the rationale to limit participants' place of residence to the Greater Toronto Area. Finally, although the experience of acculturation may vary across the life span (Berry, 1997) limiting the minimal age to 16 prevented problems regarding the informed consent process with minors.

Sample Screening. Participants were selected based on a non-random convenience sample. Of the 199 individuals who consented to participate in the study, 16.1% (n = 32) stopped answering the survey immediately after the consent page (applicable to the online survey only). The remaining 83.9% (n = 167), were screened for inclusion criteria based on their responses to items of the 'Questionnaire of Demographic Data' and the 'Immigration Context Questionnaire'[9] Of 167 individuals who continued to answer the survey past the consent page, 24% (n = 40) were excluded from the final sample, either because they did not provide information for at least one of the criteria (n = 16, 9.6%) or because they did not meet the requirements for at least one of the criteria (n = 24, 14.4%), for example, they might currently have a visitor visa. Figure 2 illustrates the sample selection process.

[9] The *Measures* subsection describes these instruments in detail.

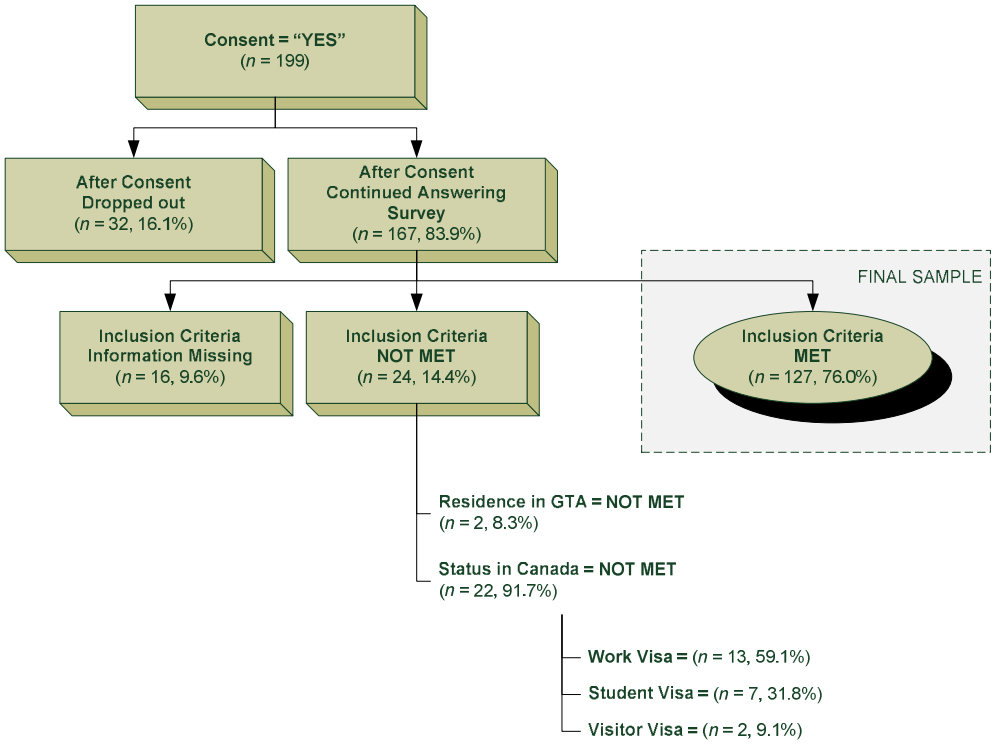

Figure 2. Sample Selection Procedure.

The inclusion criteria were explained to participants and recruitment sources groups via e-mail, in-person presentations, posters, and through the Information Letter. Albeit the fact that the first major page of both paper and online versions of the survey was the Information Letter, some individuals proceeded with responding to the survey regardless of their eligibility. The Questionnaire of Demographic Data and the Immigration Context Questionnaire contained items specifically designed to handle this issue. Therefore, the formal screening process occurred mostly post-participation, especially for those who responded to the survey online (n = 158, 94.6%), but also for those who opted to answer the paper survey (n = 9, 5.4%).

I had an in-person contact with most of the individuals that responded to the paper survey. This contact occurred in public spaces in the presence of other Brazilian individuals. Considering that the status of immigrants in Canada was a delicate issue, potential respondents

approached in public spaces received information regarding the general inclusion criteria; however, they were not screened as an attempt to protect their privacy. Although a telephone number was available to all potential participants, only three individuals left voice mail messages. They did not resume contact after I returned their messages. Given the above circumstances, the telephone screening process (Appendix A) did not integrate the strategies utilized for pre-participation screening. The ease of having the survey available online without having to contact the investigator as a condition to participate likely contributed for potential participants not to contact the investigator.

Final Sample of Participants. The final sample of participants included 127 adult first generation Brazilian immigrants living in the GTA. The sample comprised 75 women (59.1%) and 52 men (40.9%), between the ages of 18 and 65 (M = 35.86, SD= 9.605). The age of entry to Canada varied from 7 to 55 with a mean age of M = 29 (SD = 7.952). Documented immigrants comprised the majority of the participants with 65 permanent residents (51.2%) and 53 individuals who had obtained Canadian citizenship. The final sample included 9 undocumented immigrants (7.1%). The total time in Canada ranged from 2 months to 37 years. The median time living in Canada was 5.08 years. Cumulative percentage based on the total number of participants indicated that 17.5% (n = 22) had been living here for 2 years and that 63.5% (n = 80) had been living in Canada for less than 7 years. The majority of participants were living in the Municipality of York (n = 35, 27.6%), followed by residents of the traditional "Portuguese/Brazilian" area (n = 26, 20.5%), and individuals living in Downtown Toronto (n = 25, 19.7%). Chapter 3 contains a detailed description of the demographic composition of this sample.

Measures

This study used questionnaires and scales to collect demographic data, background information regarding participant's immigration context, and measure the variables of acculturation strategies and depression. I investigated whether and how variables such as demographic and immigration context influenced the choice of acculturation strategy and the incidence of depression. All measures in the research package were available in English (Appendix B) and Portuguese (Appendix C).

Questionnaire of Demographic Data

The Questionnaire of Demographic Data (see Appendix B) contained 24 items designed to verify inclusion criteria and gather information on factors that have been found to be moderators or protective factors during acculturation process (Berry, 1997). These factors correspond to 3 categories: demographics, socioeconomic status, and cultural identification. The demographic category[10] includes items about gender, age, marital status, and status in Canada (Beiser, n.d.). The socioeconomic status category[11] comprises questions about level of education, profession, employment, income level, and living conditions. The cultural identification category[12] contains items inquiring about citizenship, cultural and ethnic affiliation. I designed this questionnaire specifically for this study. First, I wrote the items in English and then I translated them into Portuguese (see Appendix C). All questions were close-ended, however, a few items had response choices such as "other" or "if 'Yes', please specify.' In these cases, participants added their own responses, which I recoded into the existing response options whenever applicable, or created new response categories.

[10] Demographic category: items 1, 2, 3, 5, 7, 8, 9, 14, 15, and 16.
[11] Socioeconomic status category: items 17, 18, 19, 20, 21, 22, 23, and 24.
[12] Cultural identification category: items 4, 6, 10, 11, 12, and 13

Immigration Context Questionnaire

The Immigration Context Questionnaire (see Appendix B) consisted of 36 items inquiring about participants' immigration circumstances. The items corresponded to factors known as moderators or protective factors of the experience of acculturation and symptoms of depression (Beiser, n.d.; Berry, 1997; Ward & Kennedy, 1994). Items fell under one of 3 categories: pre-acculturation and during-acculturation (Berry, 1997), as well as history of depression. The pre-acculturation category[13] included items about reasons for migrating, age at immigration, and original immigration plans. The during-acculturation category[14] comprised questions about social support network, language use, similarities between cultures, and level of satisfaction with their life in Canada (Beiser, n.d.; Berry, 1997; Ward & Kennedy, 1994). The history of depression category[15] inquired about difficulties and treatment for depression that occurred either prior or during acculturation. I created this questionnaire specifically for this study. I wrote the items first in English and subsequently translated into Portuguese (see Appendix C). All questions were close-ended, however, they often had response choices such as "other" or "if 'Yes', please specify.' In these cases, participants added their own responses, which I recoded into the existing response options whenever applicable, or created new response categories.

Acculturation Strategies Scale

The variable acculturation strategy was measured through the Acculturation Strategies Scale – ASSc (see Appendix B). Berry and colleagues (1989) were the first developers of the ASSc; however, many other researchers have adapted it for use in many studies (see review by Berry, 1997). Of the three different methods for assessing acculturation strategies, the most

[13] Pre-acculturation category: items 2, 3, 4, 5, 6, 12, and 13.
[14] During-acculturation category: items 1, 7 to 11, and 14 to 31.

popular is to "create items for each domain, for the four attitudes of Integration, Assimilation, Marginalization and Separation (IAMS)" (Berry, personal communication, October 30, 2006). When the interest is to assess acculturation strategies rather than only attitudes, then each domain must have statements that correspond to attitudes and behaviours (Berry, personal communication, October 30, 2006). This study investigated acculturation strategies (attitudes and behaviours) based on an adaptation of domains drawn from previous studies (Benet-Martínez & Haritatos, 2005; Berry, 2001; Berry et al., 1989; Navas et al., 2005; Neto, 2002; Ryder et al., 2000). The resulting scale comprised 56 items distributed across 4 domains (family, social life, daily living, and power relations). Each domain had 2 sub-domains; each sub-domain had 4 acculturation strategies and each strategy had 2 statements, one that corresponded to an attitude and one that corresponded to a behaviour. Figure 3 demonstrates how the scale is organized.

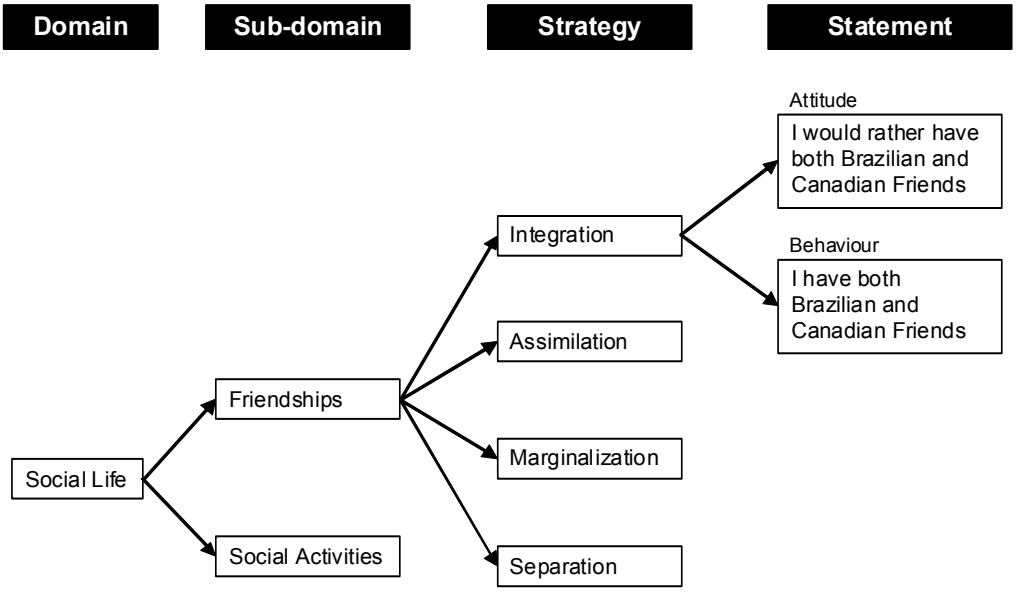

Figure 3. Acculturation Strategies Scale - Multilevel Structure.

[15] History of depression category: items 32 to 36.

The resulting scales contained 14 statements. All statements were specific to the relationship between Brazilian and Canadian traditions and customs. Some of the items were adapted from the scale used by Felix Neto (2002) in Portugal, upon his authorization. Therefore, statements were adapted/created first in Portuguese (see Appendix C) and then translated into English. Each statement was rated on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Appendix D presents a complete list of statements distributed across each acculturation domain. All attitude and behaviour items related to a particular strategy (e.g. integration strategy) were compiled into a subscale for that strategy (e.g. Integration Strategy subscale). As a result, each individual had a score for each of the four acculturation strategies that summarized their behaviours and attitudes across domains. The Results Chapter presents a full description of the statistical properties of the ASSc for this sample.

Center for Epidemiologic Studies Depression Scale (CES-D)

The Center for Epidemiologic Studies Depression Scale – CES-D, (Radloff, 1977) measured the levels of depression. The CES-D (see Appendix B) was developed to assess the current frequency and severity of depression symptoms in the general population. The 20-item scale is a self-administered instrument and participants answered each item based on the following four-point Likert scale:

- Rarely or none of the time (Less than 1 day) – 0 point
- Some of a Little of the Time (1-2 days) – 1 point
- Occasionally or a Moderate Amount of the Time (3-4 days) – 2 points
- Most or All of the Time (5-7 days) – 3 points

The numeric value attributed to each of the ratings is valid for all items except items 4, 8, 12, and 16, for which reverse scoring applies. Because these items reflect the opposite of

depression symptoms, backward points allow low frequencies to be rated with high points. The questions inquired about the frequency of emotions and events over the past week, and assessed six different domains: depressed mood, feelings of guilt and worthlessness, feelings of helplessness and hopelessness, psychomotor retardation, loss of appetite, and sleep disturbance. Sample questions include "I was bothered by things that usually don't bother me" and "I felt that I could not shake off the blues even with help from my family or friends".

This measure has been traditionally used and validated for studies involving diverse populations. For example, it has been used with Hispanic (e.g. Jang, Kim, & Chiriboga, 2005; Torres & Rollock, 2007) and Korean (Oh et al., 2002) populations in the United States, used for comparative studies in Hawaii involving European Americans, Native Hawaiians, and Japanese Americans (Kanazawa, White, & Hampson, 2007), and used in studies investigating the relationship between acculturation and depression (e.g. Jang et al., 2005). Its electronic version has been well accepted (e.g. Houston et al., 2001). A version of the CES-D in Portuguese (see Appendix C) was available to participants who felt more comfortable with their native language. This version was validated by Silveira and Jorge (Silveira & Jorge, 1998, 2004) and followed the same structure of items and scoring procedures used in the original version. Items were back-translated according to standard practices (Chiriboga, Jang, Banks, & Kim, 2007) and the validation conducted with a sample of approximately 600 individuals.

The normatization process of the CES-D in the United States resulted in an alpha coefficient around 0.85 or higher in both general population and patient samples (Radloff, 1977). The scale's test-retest reliability ranged from 0.54 for six months to 0.67 for four weeks. The validation of the Portuguese version conducted in Brazil obtained an alpha coefficient of 0.85 for both general population and patient samples.

The scale is said to discriminate well between psychiatric patient and general populations (Radloff, 1977), using the cut off score of 16 or above (e.g. Chiriboga et al., 2007; Silveira & Jorge, 1998) to indicate increased probability for depression. However, since the CES-D is not considered a diagnostic or clinical tool (Radloff, 1977) and because this study does not intend to diagnose depression, I ignored the cut off scores as indicative of a diagnosis and reported results in terms of higher or lower endorsement of symptoms.

Procedures

Recruitment

Participants were recruited through e-mail, flyers, partnership with community organizations, professionals, commercial establishments, and through snowballing (Biernacki & Waldorf, 1981). All materials used to recruit participants are included in Appendix E (English) and Appendix F (Portuguese). The emails mainly targeted individuals for the online survey, but presented the option for potential participants to either answer the survey electronically or on paper. The e-mails were sent to individuals in the Brazilian community with whom the investigator has been in contact in the past. These individuals forwarded the e-mails to those they knew, posted them on their online communities targeting Brazilian membership (such as Facebook, Orkut, and personal blogs), and presented me with names of professionals working in community agencies serving the Brazilian community who could help referring more names. The emails contained a link to the online survey and encouraged interested individuals to follow this link to participate. I also posted the email to online groups and wrote a brief newspaper article published in a community newspaper (see Appendix F) describing the context of the study and the inclusion criteria.

The flyers were posted in a variety of community centers and organizations known to service the Brazilian community. These included commercial establishments, churches, community agencies, and hospitals. The flyers had tear-off tabs containing telephone number and e-mail for contact, as well as the web address of the survey. The telephone number was specific for this study.

The partnership with community organizations occurred through one-on-one contact and briefing sessions with front-line professionals, clinicians, or clergy individuals. The objective of these contacts was to present this study and ask for their collaboration by referring potential participants to the study. During these contacts, individuals learned about the objective of the study, inclusion criteria, potential risks and benefits, and what participants were required to do during the study (see Appendix E for the Partnership Contact script). In addition to one-on-one contact and briefing sessions, I left research packages with the key contact in each organization for posterior distribution to potential participants. I also contacted representatives of churches that serve the Brazilian community. They agreed that I visited their church during a celebration to talk about my study to their parishioners and recruit participants. Six churches were visited. I either spoke directly to the people or provided the priest/pastor with a description of the study to be presented during their celebration. At the end of the celebration, I was available to talk to interested individuals, who left with a questionnaire package or a small flyer with my contact information and the website address.

The partnership with professionals in the community (such as lawyers, accountants, and psychotherapists) was established through email, telephone and visits. I obtained their permission to post flyers in their offices and invited them to refer potential participants to the study. The script for these conversations was the same as the one used for the partnership

contacts.

Commercial establishments located in the traditional Portuguese/Brazilian area that have a high turnover of attendance were target of visits throughout several weeks. Besides posting flyers to their notice boards, I spent approximately 20 hours presenting the study and inviting individuals to participate. The emails, flyers, telephone script, and partnership contact script mentioned above described the study as one examining the relationship between the ways Brazilian individuals adapt to Canada and the way they feel emotionally. These materials were available in English and Portuguese.

The snowballing strategy was common to all of the above recruitment strategies. It consisted of asking community members and potential participants to pass on information about the study to others they believed were interested in participating. This strategy was particularly efficient through the distribution of e-mails, which resulted in a kind of virtual snowballing the most successful source of participants in the study (n = 39, 30.7%). The other top five recruitment avenues that the final sample responded to was as follows: online forum, blog, listservs (n = 22, 17.3%), e-mail invitation from investigator (n = 19, 15.0%), presentation in church or religious group (n = 8, 6.3%), recommendation from a community agency or centre (n = 7, 5.5%), and through the recommendation of friends (n = 6, 4.7%). Figure 4 provides a visual distribution of the various recruitment strategies utilized in this study.

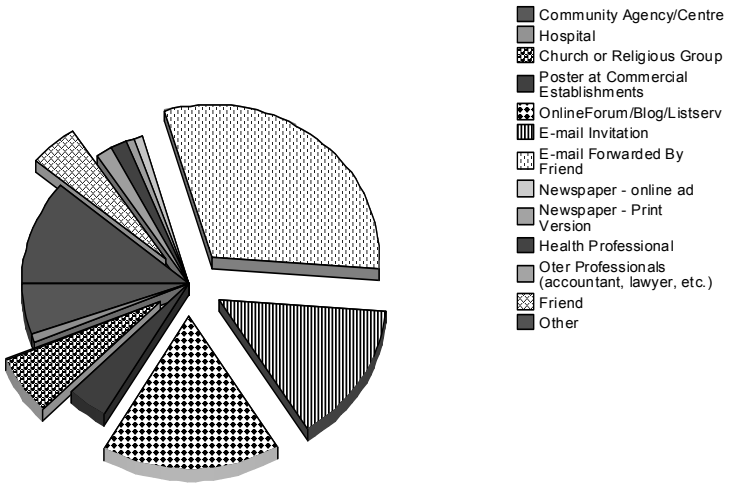

Figure 4. Distribution of Recruitment Sources.

Data Collection

Participants had the choice to answer the survey electronically or on paper. Those from the final sample who opted for the online survey (n = 120, 94.5%) received the link to the website hosting the survey, while those who opted for the paper format (n = 7, 5.5%), received a research package containing the complete set of questionnaires and all additional documentation in the language of their preference (English or Portuguese). Of the final sample, 28 (22.0%) individuals answered the survey in English and 99 (78.0%) answered the Portuguese version. The same documents were available online and on paper, in the same order. As stated earlier the measures included in the research package are presented in Appendices B (English) and C (Portuguese). The additional research package documents (first four items listed below) integrate Appendices G through J.

The research package contained the following documents in this sequence:

- Reminders and Recruitment Source page
- Letter of Information

- Consent Form
- Counselling Resource Sheet
- Questionnaire of Demographic Data
- Immigration Context Questionnaire
- Acculturation Strategies Scale
- Centre for Epidemiological Studies Depression Scale - CES-D
- Pre-addressed and stamped envelope

The Reminders and Recruitment Source page was added to the research package to guide participants in the completion of the survey in the absence of the investigator. It also asked participants to choose from a list of recruitment sources, the recruitment avenue that prompted them to participate. The reminders were available only in the paper package. The Information Letter (see Appendices G and H for hard copy versions, and Appendices I and J for the online versions) explained the purpose of the research, informed participants that participation in the study was voluntary and could be terminated at any point. It also addressed potential risks and benefits of participation, assured potential participants that they would remain anonymous and their answers confidential, and that they were not obliged to answer any question contained in the survey. The Information Letter also contained the contact information for the investigator, supervisor, and research ethics review office. The Consent Form (see Appendices G and H for hard copy versions, and Appendices I and J for the online versions) and the field indicating if they wished to receive a summary of the study's findings are described in detail under the section 'Ethical Considerations'. Participants who opted for the paper survey were encouraged to use the pre-addressed and stamped envelope to mail the questionnaires back to the researcher.

Some specific procedures applied only to the online research package. A popular survey

engine called Survey Monkey hosted the online version of the research package. Survey Monkey allows users to design customized online surveys, collect responses, and download results data into SPSS for analysis. The first page of the survey welcomed and thanked participants for their interest, as well, it asked them to choose the language in which they would like to answer the questionnaires. The second page invited participants to inform which recruitment source prompted them to participate and the third page consisted of the information letter. The information letter presented the Counselling Resource Sheet for the first time in the online survey. The consent form was the fourth page, which ensured that potential participants read and understood the information contained in the information letter and understood what participation in the study entailed. The consent form also provided participants with the procedures to clear their browser history as a way to keep their answers confidential. Potential respondents provided their consent to participate in the study by clicking the option, "I have read the above information and I agree to participate in this study". This option directed participants to the first questionnaire, the Questionnaire of Demographic Data. Conversely, if the respondent selected the option "I do not want to participate in this study," the survey engine directed them to the end of the survey (see Appendices I and J), which thanked them for their time, presented the Counselling Resource Sheet one more time, and reminded participants of the procedures to clear browser history to ensure confidentiality.

Handling Missing Responses

Participants had the right to refuse to answer any questions they did not wish to answer. However, fully completed surveys are more useful from a statistical standpoint. In order to increase the response rate for each question, I added a disclaimer in the beginning and end of all four questionnaires, reminding participants that fully completed questionnaires would be more

useful for the study, and that their answers would remain confidential (for an example see Appendix B). There were still missing data, despite these provisions. As noted earlier, the majority of participants answered the survey online, where they were exempt from providing identifying and contact information. Therefore, I was unable to contact participants who left unanswered questions. In these cases, for the first two questionnaires (Demographic Data and Immigration Context), I considered unanswered questions as missing data. For the two scales that yielded a final score (ASSc and CES-D), I followed Tarlow and colleagues' (2004) procedures for handling missing data. This procedure estimated values for missing data for cases in which participants were missing less than 25% of items on any of the subscales of the ASSc (Integration, Assimilation, Marginalization, Separation), or 25% of the overall CES-D scale. I estimated missing scores by calculating the average response based on the rest of the items per subscale (overall CES-D scale) per person and rounded the score up to the nearest non-decimal value. If participants were missing more than 25% of items on a ASSc subscale, then I considered scores on those items, as well as their corresponding subscale, to be missing, and did not include these missing scores in statistical analyses. However, if these individuals had full scores in other ASSc subscales, these integrated the subscale-by-subscale analyses of each separate subscale. When subscales were analysed comparatively to other subscales or in relationship to CES-D scale, only cases with full scores on all scales were included. For the CES-D responses, those who were missing more than 25% of answers did not participate in the statistical analysis of the CES-D scale both when analysed internally and in relationship to other variables. The Results section indicates the number of individuals included in each analysis.

Statistical Analysis

This was an exploratory study that investigated the incidence of depressive

symptomatology across different acculturation strategies. Descriptive statistics, including frequencies, means, standard deviations and cross-tabulations provided an initial description of the sample and the distribution of acculturation and depressive symptomatology scores.

Correlation analyses (Pearson's *r*) provided the first level of investigation into the relationships among key variables. Regression analyses (Gravetter & Wallnau, 2005) further investigated meaningful relationships with the objective of understanding potentially predictive behaviour of moderating variables (Berry, 1997) on acculturation strategies and depression as dependent variables. Regression analysis also investigated the relationship between acculturation strategies as independent variables and depression as the dependent variable. I utilized *t*-tests in order to answer the main question of this study (i.e. which strategy was associated with higher endorsement of depressive symptomatology?).

Ethical Considerations

Risks and benefits

This study involved a moderate risk since it addressed symptoms of depression and included, among others, participants who had an undocumented immigration status. As for the first issue, I anticipated that while responding to the questionnaires, participants could have experienced thoughts and feelings related to the experience of immigration, possibly resulting in increased levels of distress. I attempted to mitigate this risk in three ways. First, I utilized an instrument that is effective in identifying symptoms of depression but that does not ask questions about suicidal ideation. Second, I provided and encouraged participants to use the 'Counselling Resources Sheet'. This list comprised a number of agencies that offer mental health services either in Portuguese or in Portuguese and English. I referred participants to this list in the 'Information Letter' and 'Consent Form.' In the online survey, I provided the list twice, in the

beginning and end of the survey, to facilitate participant's access to it. Third, I provided participants with my contact information in case they needed help accessing any of these services. Only one participant contacted me via e-mail. I replied to them via e-mail as they did not provide me with a telephone number. I restated the information on the Counselling Resource Sheet, provided links to crisis response information[16] as well as resource sheets in Portuguese[17,18,19] available on the Centre for Addiction and Mental Health (CAMH) their website, and reiterated that they should contact me if they needed further assistance.

The second risk that I anticipated was that some potential participants could have felt uncomfortable or unwilling to provide their names or even declined to participate if they knew me before the research. They could have felt vulnerable to exposure since the researcher belongs to the target group. To mitigate this perceived risk, I gave participants the option to provide 'verbal consent' (Dean Sharpe, Office of Ethics Review, personal communication, March 12, 2007) or to accept to participate in the research without disclosing their names. This option was clarified in the 'Information Letter,' 'Consent Form,' 'Telephone Recruitment Script,' and 'Partnership Contact Script.'

While there was no direct benefit for participants, I wrote in the information letter that their participation would contribute to the production of knowledge on mental health and immigration issues faced by our community. I indicated my intention to share this knowledge with the community in an attempt to encourage debates on multicultural counselling, mental health of immigrant populations, and mental health promotion (U.S. Department of Health and

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[16] Handling crisis: http://www.camh.net/Care_Treatment/Resources_clients_families_friends/Challenges_and_Choices/challenges_choices_inemergcrisis.html

[17] Asking for Help: http://www.camh.net/About_Addiction_Mental_Health/Multilingual_Resources/portugese_asking_help.pdf

Human Services, 2001). As a result, I explained that participants might benefit from future impacts this research may have in the tailoring of mental health services in their community. Finally, I advised participants that I would provide them with a written summary of the results, if they chose so and provided me with either an electronic or regular mail address.

Privacy and confidentiality

Responses to the questionnaires were anonymous. It was not my intention to track participants; however, to ensure that I took all possible measures to protect participant's confidentiality, I set the online survey to ignore IP (internet protocol) addresses. The return package of the paper version contained the consent form and number-coded questionnaires. I separated the consent form from the questionnaires upon receipt and kept them in different files to ensure that responses were not matched with respondent. I advised participants that the questionnaires would remain locked for four years after the study had been finalized, following which they would be destroyed. I also indicated that the information gathered during this study may be used for future publications and presentations; however, as no identifying information was associated with the data collected, there would be no risk of breaking confidentiality.

Informed Consent Process

Participants who answered the paper survey received two copies of the consent form in the research package and had the instruction to return one of the copies (with their consent option checked) with their package. Those who opted for the online survey consented through the website and had the option to print the form for their reference. The consent form delineated the purpose of the research, researcher affiliation and thesis supervisor information. Participants received information regarding their eligibility based on the inclusion and exclusion criteria, of

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[18] About Mental Health: http://www.camh.net/About_Addiction_Mental_Health/Multilingual_Resources/portugese_about_mentalhealth.pdf

the voluntary nature of their participation, and that they could refuse to participate or choose to withdraw from the study at anytime without negative consequences. The consent form also included the time commitment and steps in which individuals would participate, described potential risks and benefits, drew attention to the 'Community Resources Sheet' that should be used in case of emotional distress triggered by the participation in the research. Furthermore, the form reminded participants of the anonymous nature of their participation, data storage procedures, as well as publication and availability of the findings to them.

Conflicts of interest

I am of Brazilian descent (the target population of this study) and have personal experience with issues such as immigration and acculturation to Canada. I made efforts to seek advice from my thesis supervisor and OISE/UT statisticians in order to avoid bias or conflict of interest. In addition, to ensure potential participants who knew me that it would be impossible to track their participation and responses, I encouraged them to exercise their right to not disclose their names (cf. 'Consent form' [Appendices G and H]) or to fill out the online survey, which did not require from potential participants to provide a name. I also reminded participants, especially those who knew me that they could opt out of the study with no consequences to them.

I understand the nature of my connection with the research population as an advantage in the process of accessing the community in a culturally sensitive manner and in being accepted as a researcher by the community.

Finally, I received several requests from individuals inquiring about education opportunities or how to be accepted and navigate the educational system in Canada. Some demonstrated interest in receiving literature or talking about immigration experiences. Although

[19] http://www.camh.net/About_Addiction_Mental_Health/Multilingual_Resources/portugese_coping_stress.pdf

I sent some articles under the acculturation theme, I postponed any personal contact until I finalized data analysis.

CHAPTER 3

Results

I organized this chapter in 5 sections. Four of which refer to the 4 instruments that comprise this study (i.e. Demographic Data, Immigration Context, Acculturation Strategies, and Endorsement of Depressive Symptoms) and one (Relationship Between Acculturation Strategies and Depressive Symptoms) where I present the results related to the main research question: "Which strategy is associated with higher endorsement of depressive symptomatology?" At the end of each section, whenever applicable, I present meaningful relationships or breakdown of results according to demographic and immigration context variables.

Demographic Data

The final sample of participants included 127 adult first generation Brazilian immigrants living in the GTA. The sample comprised 75 women (59.1%) and 52 men (40.9%), between the ages of 18 and 65 (M = 35.86, SD= 9.605). Among them 71 (55.9%) were legally married, 19 (15%) were single, 16 (12.6%) were in a common-law relationship, 14 (11.0%) were dating, and 7 (5.5%) were either separated or divorced.

The level of education of participants ranged from "some High School" to university graduate-level education. Twenty-three participants (18.1%) had a university graduate-level education, 74 individuals (58.3%) had a four-year college/university degree, and 18 individuals (14.2%) had their education range from some High School, to High School or Trades certificate/diploma. In regards to, work status, 13 participants (10.3%) were studying, 42 (33.3%) were working in another field, 59 (46.8%) were working in their original professional field, and 12 (9.5%) were unemployed. Table 1 and Table 2 display generic as well as educational and occupational characteristics of the present sample.

Table 1.

Generic Demographic Characteristics.

Variable	Frequencies or Averages
Mean (*SD*) age (*n* = 127)	35.86 (9.60)
Gender (*n* = 127)	
Female	75 (59.1%)
Male	52 (40.9%)
Region from Brazil (*n* = 127)	
Southeast	84 (66.1%)
Northeast	16 (12.6%)
South	16 (12.6%)
Centre-West	8 (6.3%)
North	3 (2.4%)
Brazilian Ethnic Groups (*n* = 127)	
European Brazilian	74 (58.3%)
Latin American	18 (14.2%)
Aboriginal Brazilian	12 (9.4%)
Mixed Background	7 (5.5%)
Brazilian*	6 (4.7%)
African Brazilian	5 (3.9%)
Asian Brazilian	1 (0.8%)
Middle-Eastern Brazilian	1 (0.8%)
Other	3 (2.4%)
Marital Status (*n* = 127)	
Legally Married	71 (55.9%)
Single	19 (15.0%)
Common-Law	16 (12.6%)
Dating	14 (11.0%)
Separated/Divorced	7 (5.5%)
Widowed	0 (0%)

Note. *Some respondents stated that they are "just Brazilian."

Table 2.

Educational and Occupational Characteristics.

Variable	Frequencies
Education Level (*n* = 127)	
4-Year College/University Degree (Bachelor's)	74 (58.3%)
Master's Degree	21 (16.5%)
High School Diploma (or GED)	12 (9.4%)
2-Year College Degree	7 (5.5%)
Some College	4 (3.1%)
Some High School	3 (2.4%)
Trades Certificate/Diploma	3 (2.4%)
Doctoral Degree	2 (1.6%)
Professional Degree (e.g. MD)	1 (0.8%)
Work Status (*n* = 126)	
Working (in my field)	59 (46.8%)
Working (not in my field)	42 (33.3%)
Studying	13 (10.3%)
Unemployed	12 (9.5%)
Professional Field (*n* = 124)	
Business (administration, finance, etc)	26 (21.0%)
Social Sciences	25 (20.2%)
Arts and Humanities	16 (12.9%)
Information Technology	12 (9.7%)
Trades	11 (8.9%)
Health Sciences	10 (8.1%)
Engineering and Science	5 (4.0%)
Media and Communications	3 (2.4%)
Retail	2 (1.6%)
Other	14 (11.3%)

Participant's annual income ranged from "less than $20,000" to "$100,000 or higher." The higher frequencies were observed in the "$40,000-$59,999" interval (*n* = 38, 32.5%) and in the "$20,000-$39,999" interval (*n* = 34, 29.1%). The lowest frequency was observed in the "$100,000 or higher" range (*n* = 4, 3.4%). The ranges for participants' individual and household annual income are displayed in Table 3.

Table 3.

Economical Characteristics.

Variable	Frequencies
Canadian Home Ownership (*n* = 124)	
No	75 (60.5%)
Yes	49 (39.5%)
Participant's Annual Income (*n* = 117)	
Less than $20,000	17 (14.5%)
$20,000-$39,999	34 (29.1%)
$40,000-$59,999	38 (32.5%)
$60,000-79,999	19 (16.2%)
$80,000-$99,999	5 (4.3%)
$100,000 or higher	4 (3.4%)
Household Annual Income (*n* = 122)	
Less than $20,000	8 (6.6%)
$20,000-$39,999	18 (14.8%)
$40,000-$59,999	25 (20.5%)
$60,000-79,999	26 (21.3%)
$80,000-$99,999	16 (13.1%)
$100,000 or higher	29 (23.8%)

Documented immigrants comprised the majority of the participants with 65 permanent residents (51.2%) and 53 individuals who had obtained Canadian citizenship. The final sample included 9 undocumented immigrants (7.1%). The majority of participants were living in the Municipality of York (*n* = 35, 27.6%), followed by residents of the traditional "Portuguese/Brazilian" area (*n* = 26, 20.5%), and individuals living in Downtown Toronto (*n* = 25, 19.7%). Table 4 provides the immigration characteristics of the sample selected for this study.

Table 4.

Immigration Characteristics.

Variable	Frequencies
Status in Canada (*n* = 127)	
Landed Immigrant	63 (49.6%)
Canadian Citizen	53 (41.7%)
Undocumented Immigrant	9 (7.1%)
Refugee Claimant	1 (0.8%)
Refugee	1 (0.8%)
GTA residence (*n* = 127)	
Municipality of York	35 (27.6%)
Portuguese/Brazilian Area	26 (20.5%)
Downtown Toronto	25 (19.7%)
East End Toronto	13 (10.2%)
Municipality of Peel	12 (9.4%)
West End Toronto	9 (7.1%)
Etobicoke	6 (4.7%)
Toronto (Other)	1 (0.8%)
Currently Living with… (*n* = 113)	
Brazilian Individuals	72 (63.7%)
Canadian Individuals	19 (16.8%)
Individuals From Various Nationalities	6 (5.3%)
Individuals from Other Nationalities	6 (5.3%)
Portuguese Individuals	5 (4.4%)
European Individuals	5 (4.4%)
Nationality Identification (*n* = 126)	
Brazilian	67 (53.2%)
Brazilian-Canadian	58 (46.0%)
Canadian	1 (0.8%)

Immigration Context

The Immigration Context Questionnaire collected pre-acculturation and during-acculturation information identified in the literature (Berry, 1997) as potential mediators of acculturation strategies. This section describes the results in 5 categories: pre-immigration factors, during-acculturation factors, social support network, attitude towards Canadian culture and life in Canada, and history of depression.

Pre-immigration factors

At the time of immigration the age of most participants varied from 7 to 55, with a mean age of 29.02 years (*SD* = 7.952). Individuals had held a job in their professional field (*n* = 90, 71.4%) in Brazil, and had various levels of proficiency in English, ranging from "beginner" (*n* = 37, 29.1%) to "fluent" (*n* = 26, 20.5%). Participants decided to leave Brazil mainly to accompany a parent or spouse (*n* = 30, 23.6%), to seek safety and better quality of life (*n* = 27, 21.3%), to seek better job opportunities/employment mandates (*n* = 22, 17.3%), and to pursue academic opportunities (*n* = 16, 12.6%). The main reasons for choosing Canada as their destination were the belief that it was easier to receive a visa or be accepted as an immigrant (*n* = 24, 19.0%), professional reasons such as better professional opportunities or employment mandates (*n* = 24, 19.0%), the need to accompany someone (*n* = 20, 15.9%) and the wish to reunite with family members (*n* = 18, 14.3%). Most participants had a long-term plan to stay in Canada. Almost half of the respondents (*n* = 53, 42.1%) intended to become Canadian citizens, while 18 (14.3%) planned to stay for a long time. Other participants intended to stay for a limited time (*n* =35, 27.8%) or had no specific plan (*n* = 18, 14.3%). Table 5 (next page) provides the breakdown of pre-immigration factors for the present sample.

Table 5.

Pre-immigration factors.

Variable	Frequencies or Averages
Mean (*SD*) age at Immigration (*n* = 127)	29.02 (7.952)
Employed in field of profession in Brazil (*n* = 126)	
Yes	90 (71.4%)
No, but had a job in another Field	19 (15.1%)
No, Never had a Job in Brazil	17 (13.5%)
Proficiency in English prior to immigration (*n* = 127)	
Beginner	37 (29.1%)
Advanced	34 (26.8%)
Intermediate	30 (23.6%)
Fluent	26 (20.5%)
Reasons for leaving Brazil (*n* = 127)	
Accompanying Parent/Spouse	30 (23.6%)
Seeking Safety/ Better Quality of Life	27 (21.3%)
Seeking Better Job Opportunities/Employment Mandate	22 (17.3%)
Academic	16 (12.6%)
Better opportunities for Family	9 (7.1%)
Seeking Adventured	7 (5.5%)
Economic Reasons	5 (3.9%)
Forced By Other Circumstances	4 (3.1%)
Political Reasons	2 (1.6%)
Other	5 (3.9%)
Reasons for choosing Canada (*n* = 126)	
Easier to be granted a visa/be accepted as an immigrants when compared to other countries	24 (19.0%)
Better Professional Opportunities/Employment Mandate	24 (19.0%)
Accompanying someone, therefore there was no choice	20 (15.9%)
Reunite with Family Members	18 (14.3%)
Liked the Culture/People	17 (13.5%)
Better Educational Opportunities	4 (3.2%)
It was Cheaper	4 (3.2%)
Safety	4 (3.2%)
Easier to Make Money	3 (2.4%)
Other	8 (6.3%)
Original intention when decided to immigrate (*n* = 126)	
To Become a Canadian Citizen	53 (42.1%)
To Stay for a Limited Time	35 (27.8%)
To Stay for a Long Time	18 (14.3%)
No Specific Plan	18 (14.3%)
Other	2 (1.6%)

During-acculturation

The total time that participants had spent in Canada ranged from 2 months to 37 years. The median time that they were living in Canada was 5.08 years. Cumulative percentage based on the total number of participants indicated that 17.5% (n = 22) had been living in Canada for 2 years and 63.0% (n = 80) had been living in Canada for less than 7 years. At the time of the study, most participants were proficient in Portuguese (*n* = 124, 97.6%) and had a command of the English language that was either fluent (*n* = 87, 68.5%) or advanced (*n* = 28, 22.0%). Portuguese was the predominant language spoken at home (*n* = 75, 59.1%), while English was the primary language used outside of the home (*n* = 76, 59.8%). The first job participants had in Canada was mostly in other professional field than that practiced in Brazil (*n* = 82, 65.1%), however, 31 individuals (24.6%) found their first job in their original professional field. Table 6 on the next page presents details of during acculturation factors for the present sample.

Table 6.

During-acculturation factors.

Variable	Frequencies or Averages
Median Time of Residence in Canada (*n* = 126)	5.0833
Current Proficiency in Portuguese (*n* = 127)	
Fluent	124 (97.6%)
Advanced	2 (1.6%)
Intermediate	1 (0.8%)
Current proficiency in English (*n* = 127)	
Fluent	87 (68.5%)
Advanced	28 (22.0%)
Intermediate	9 (7.1%)
Beginner	3 (2.4%)
Language spoken at home (*n* = 127)	
Portuguese	75 (59.1%)
English	26 (20.5%)
Portuguese and English	24 (18.9%)
Other	2 (1.6%)
Language use outside of home (*n* = 127)	
English	76 (59.8%)
Portuguese and English	39 (30.7%)
Portuguese	10 (7.9%)
Other	2 (1.6%)
Type of first job in Canada (*n* = 126)	
In Another Field	82 (65.1%)
In My Field	31 (24.6%)
Have not Looked for a Job Yet	10 (7.9%)
Have not found a Job Yet	3 (2.4%)

Social Support Network

The social support network category comprises items related to connection to a group of individuals and institutions one can turn to for support (see Table 7). Participants described having a group of friends or family members available for support (*n* = 107, 84.3%) and comprised primarily by Brazilian individuals (*n* = 82, 76.6%). Of the 54 individuals (42.5%) who endorsed the participation in religious group, 25 (46.3%) frequented Brazilian groups and

14 (25.9%) were associated with multicultural groups. Fifteen percent (*n* = 19) of participants indicated that they had taken part in a social or cultural club. Of these, the same number of individuals frequented either Brazilian or Canadian groups (*n* = 7, 36.8%), while other participants described attending multicultural groups (*n* = 4, 21.1%). Twenty-one participants (16.9%) reported accessing services available to the Brazilian community.

Table 7.

Social Support Network.

Variable	Frequencies
Support from group of friends or family (*n* = 127)	
Yes	107 (84.3%)
No	20 (15.7%)
Nationality of individuals from support group (*n* = 107)	
Brazilian	82 (76.6%)
Other nationalities	10 (9.3%)
Canadian	9 (8.4%)
Portuguese	3 (2.8%)
Latin-American	3 (2.8%)
Participation in religious/spiritual group (*n* = 127)	
No	73 (57.5%)
Yes	54 (42.5%)
Nationality of religious/spiritual group (*n* = 54)	
Brazilian	25 (46.3%)
Multicultural	14 (25.9%)
Canadian	7 (13.0%)
Brazilian and Canadian	5 (9.3%)
Other	3 (5.6%)
Participation in social/cultural club (*n* = 127)	
No	108 (85.0%)
Yes	19 (15.0%)
Nationality of social/cultural club (*n* = 19)	
Brazilian	7 (36.8%)
Canadian	7 (36.8%)
Multicultural	4 (21.1%)
Other	1 (5.3%)
Currently access services in Brazilian community (*n* = 124)	
No	103 (83.1%)
Yes	21 (16.9%)

Attitude towards Canadian culture and life in Canada

Most participants indicated that Brazilian and Canadian cultures are not at all alike (*n* = 66, 52.0%) and are somewhat compatible (*n* = 42, 33.6%). As regards, cultural compatibility, it is of note that not a single participant indicated that Brazilian and Canadian cultures are alike. While 80% of the individuals responded that Brazilian and Canadian cultures are "not at all" and "a little bit" alike, more than half of respondents (*n* = 70, 56.0%) indicated that Brazilian and Canadian cultures are at least "somewhat" compatible.

Most participants felt at least somewhat welcomed in Canada, with about 90% of the sample falling into one of the three categories (somewhat, pretty much and very much). The median response was "pretty much." Forty-eight percent of respondents (*n* = 61) were unsure whether they planned to return and live in Brazil, 33.9% (*n* = 43) did not have plans to return, and 18.1% (*n* = 23) were definitely considering returning to Brazil. Of the individuals who indicated having plans to return and live in Brazil, 43.5% (*n* = 10) were somewhat satisfied, 26.1% (n = 6) were a little bit satisfied, and 17.4% (n = 4) were pretty much satisfied with their life in Canada. Of those who did not plan to return to Brazil, 39.5% (*n* = 17) were pretty much satisfied, 37.2% (*n* = 16) were very much satisfied, and 23.3% (*n* = 10) were somewhat satisfied with their lives in Canada. Table 8 (next page) provides the breakdown of frequencies for this subsection.

Table 8.

Attitude toward Canadian culture and life in Canada.

Variable	Frequencies
Are Brazilian and Canadian cultures alike? *(n* = 127*)*	
Not at All	66 (52.0%)
A Little Bit	36 (28.3%)
Somewhat	17 (13.4%)
Pretty Much	8 (6.3%)
Very Much	0 (0%)
Are Brazilian and Canadian cultures compatible? *(n* = 125*)*	
Not at All	23 (18.4%)
A Little Bit	32 (25.6%)
Somewhat	42 (33.6%)
Pretty Much	25 (20.0%)
Very Much	3 (2.4%)
Do you feel welcome in Canada? *(n* = 127*)*	
Not at All	2 (1.6%)
A Little Bit	10 (7.9%)
Somewhat	36 (28.3%)
Pretty Much	49 (38.6%)
Very Much	30 (23.6%)
Have expectations prior to immigration been met? (*n* = 122)	
Not at All	4 (3.3%)
A Little Bit	13 (10.7%)
Somewhat	31 (25.4%)
Pretty Much	49 (40.2%)
Very Much	25 (20.5%)
Are you satisfied with your life in Canada? *(n* = 127*)*	
Not at All	2 (1.6%)
A Little Bit	10 (7.9%)
Somewhat	36 (28.3%)
Pretty Much	49 (38.6%)
Very Much	30 (23.6%)
Plans to return and live in Brasil? *(n* = 127*)*	
Not at All	43 (33.9%)
Unsure	61 (48.0%)
Yes, Definitely	23 (18.1%)

The overall satisfaction of participants regarding their life in Canada was measured by the Satisfaction with Life in Canada Index (SLCI). A reliability analysis including the following 3 items of the Immigration Context Questionnaire, indicated that they could be combined into a single variable:

- Item 7: Do you fell that the expectations you had before moving to Canada have come, are coming, or will come true?
- Item 29: Do you feel welcomed in Canada?
- Item 30: Are you satisfied with your life in Canada?

The internal consistency of these variables for the current sample was very good (α = 0.846), therefore, I calculated the SLCI by computing the summation of the 3 items. The SLCI scores ranged from 3 to 15, with a mean of M = 11.01 (SD = 2.59). Figure 5 provides the distribution of scores for the SLCI.

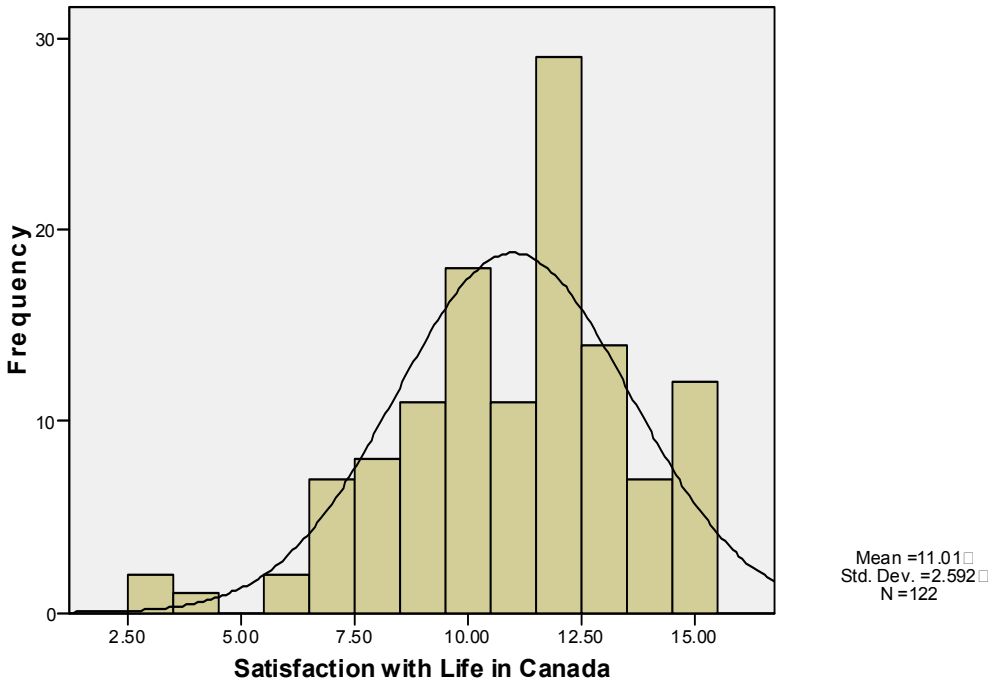

Figure 5. Distribution of Satisfaction with Life in Canada Scores.

History of Depression

In terms of history of depression, most participants had never received a diagnosis (*n* = 87, 68.5%), while some had been treated for more than 3 months (*n* = 97, 77.0%), been hospitalized (*n* = 123, 96.9%), or taken medication for depression (*n* = 100, 78.7%).

Individuals with a history of depressive symptomatology. A new variable labelled "Depression History" was created to allow for an analysis of a subsample of individuals with a history of depression. The new variable checked whether participants provided a positive response to at least one of the questions regarding depression history (items 32 to 36 of the Immigration Context Questionnaire). The absence of positive endorsement was coded "0" and labelled "no previous history of depression." Positive endorsement was therefore, coded "1" and labelled "previous history of depression." The following results refer to the subsample of individuals who had a previous history of depression. Of those who reported a history of depression (*n* = 43, 33.9%), as evidenced by a history in at least one of the above areas, 22 (51.2%) received a diagnosis in Canada, 12 (27.9%) in Brazil, and 6 (14.0%) had received a diagnosis of depression both in Brazil and in Canada. Fourteen individuals (32.6%) had never participated in treatment for depression, while 11 (25.6%) engaged in treatment in Brazil, 13 (30.2%) in Canada, and 5 (11.6%) received treatment both in Brazil and in Canada. An equal number of participants had never taken medication for depression (*n* = 16, 37.2%) or had taken the medication only in Canada (*n* = 16, 37.2%). Eight (18.6%) participants took medication for depression in Brazil and 3 (7.0%) took medication in Brazil and in Canada. Regarding hospitalization because of depression 39 (90.7%) participants had never been hospitalized and 4 (9.3%) had been hospitalized in Brazil. Table 9 provides the breakdown of responses in regards to a previous history of depressive symptomatology.

Table 9.

History of Depressive Symptomatology.

Variable	Frequencies
Previous diagnosis of depression (*n* = 127)	
No	87 (68.5%)
Yes, in Brazil	12 (9.4%)
Yes, in Canada	22 (17.3%)
Yes, Both in Brazil and in Canada	6 (4.7%)
Previous treatment for depression (> 3 months), (*n* = 126)	
No	97 (77.0%)
Yes, in Brazil	11 (8.7%)
Yes, in Canada	13 (10.3%)
Yes, Both in Brazil and in Canada	5 (4.0%)
Previous hospitalization due to depression (*n* = 127)	
No	123 (96.9%)
Yes, in Brazil	4 (3.1%)
Has taken medication for depression (*n* = 127)	
No	100 (78.7)
Yes, in Brazil	8 (6.3)
Yes, in Canada	16 (12.6)
Yes, Both in Brazil and in Canada	3 (2.4)
Currently taking medication for depression (*n* = 127)	
No	117 (92.1%)
Yes	10 (7.9%)

Acculturation Strategies

I examined the internal consistency of the four subscales of the Acculturation Strategies Scale: Integration Strategy Subscale, Assimilation Strategy Subscale, Marginalization Strategy Subscale, and Separation Strategy Subscale in order to choose the items best suited to integrate a composite score for each subscale.

Integration Strategy

Five among the 14 items that composed the original Integration Strategy Subscale scale presented a low corrected item-total correlation and therefore did not integrate the final Integration composite score:

- Item 1: I would marry either a Brazilian or a Canadian
- Item 6: I have both Brazilian and Canadian friends
- Item 10: I take part in social activities that involve both Brazilians and Canadians
- Item 13: I would rather have both Brazilian and Canadian friends
- Item 39: It is important to me to speak both Portuguese and English well
- Item 41: I speak both Portuguese and English in my daily life

The exclusion of the above items resulted in an 8-item subscale with a reliability coefficient of $\alpha = 0.734$. The mean score on this scale was $M = 24.06$ ($SD = 4.70$).

Assimilation Strategy

The Assimilation Strategy subscale demonstrated good internal consistency ($\alpha = 0.794$) in the reliability analysis. All 14 original items demonstrated good corrected item-total correlation and integrated the final composite score. The mean score in this scale was $M = 34.70$ ($SD = 8.51$).

Marginalization Strategy

The Marginalization Strategy subscale also demonstrated good internal consistency ($\alpha = 0.812$). The final subscale maintained all 14 original items and obtained a median score of 18.07 ($SD = 8.51$) for this sample.

Separation Strategy

The reliability analysis of the Separation Strategy subscale revealed very good internal consistency ($\alpha = 0.840$) and resulted in the retention of all 14 original items. The mean composite score for the Separation Strategy was $M = 34.74$ ($SD = 9.84$).

Acculturation Strategies Demographics, Immigration Context, and Prevalence

I conducted correlation analyses to examine which variables of the Immigration Context Questionnaire were related to acculturation strategies. Appendix K provides the resulting correlation matrix. Below I present some relationships of interest.

Acculturation Strategy Prevalence by Gender. Women and men obtained comparable scores. The differences observed refer to the Marginalization and Separation strategies. Women scored somewhat higher in the Marginalization scale, while men exhibited slightly higher scores in the Separation Strategy scale (see Table 10).

Table 10.

Acculturation Strategy Prevalence by Gender.

Variable	Gender	Averages (*SD*)
Integration Strategy	Men (*n* = 43)	24.18 (4.92)
	Women (*n* = 67)	23.98 (4.58)
Assimilation Strategy	Men (*n* = 45)	34.37 (9.31)
	Women (*n* = 69)	34.88 (8.01)
Marginalization Strategy	Men (*n* = 44)	Median = 16.07
	Women (*n* = 67)	Median = 18.21
Separation Strategy	Men (*n* = 45)	36.09 (9.88)
	Women (*n* = 68)	33.84 (9.79)

Acculturation Strategies and Time in Canada. Correlation analyses indicated no relationship between acculturation strategies and the time participants had been living in Canada. Table 11 provides the correlation coefficients per acculturation strategy.

Table 11.

Correlations between Acculturation Strategies and Time in Canada.

Variable	*r* value
Integration Strategy (*n* = 109)	0.051
Assimilation Strategy (*n* = 113)	-0.132
Marginalization Strategy (*n* = 111)	0.047
Separation Strategy (*n* = 113)	-.010

Acculturation Strategies and the Satisfaction with Life in Canada Index. Correlation analysis revealed a moderate positive relationship between the Satisfaction with Life in Canada Index (SLCI) and the Assimilation Strategy ($r = 0.382$, $p < .001$). There was also a significant moderate correlation between the SLCI and the Separation Strategy. This time, the correlation was negative ($r = - 0.402$, $p < .001$) and the SLCI accounted for approximately 16% of the variation in the Separation Strategy scores. The next subsection presents in more detail whether and how the SLCI predicts acculturation strategy scores.

Acculturation Strategy Prevalence. The highest scoring acculturation strategies for this sample were Separation and Assimilation, followed by Integration and Marginalization. Table 12 provides a summary of the means for each scale.

Table 12.

Acculturation Strategy Prevalence.

Variable	Averages (*SD*)
Integration Strategy Composite Score (*n* = 110)	24.06 (4.70)
Assimilation Strategy Composite Score (*n* = 114)	34.70 (8.51)
Marginalization Strategy Composite Score (*n* = 111)	Median = 18.07
Separation Strategy Composite Score (*n* = 113)	34.74 (9.84)

Figure 6 (next page) compares the medians of the different strategies utilized by participants taking into consideration cases with scores in all 4 subscales (n = 110). As it demonstrates, the Separation Strategy was prevalent in this sample, followed closely by the Assimilation Strategy. These results demonstrate that participants focus either on the Brazilian culture (Separation) or on the Canadian culture (Assimilation). The significant negative correlation between these two strategies (see Table 13) further demonstrates the mutually exclusive nature of these choices.

Table 13.

Correlations among the Acculturation Strategies subscales (n = 110).

Subscale	Integration Strategy	Assimilation Strategy	Marginalization Strategy
Assimilation Strategy	-0.271**		
Marginalization Strategy	0.057	-0.058	
Separation Strategy	0.217*	-0.506**	0.109

Note. * $p < .05$, ** $p < .01$.

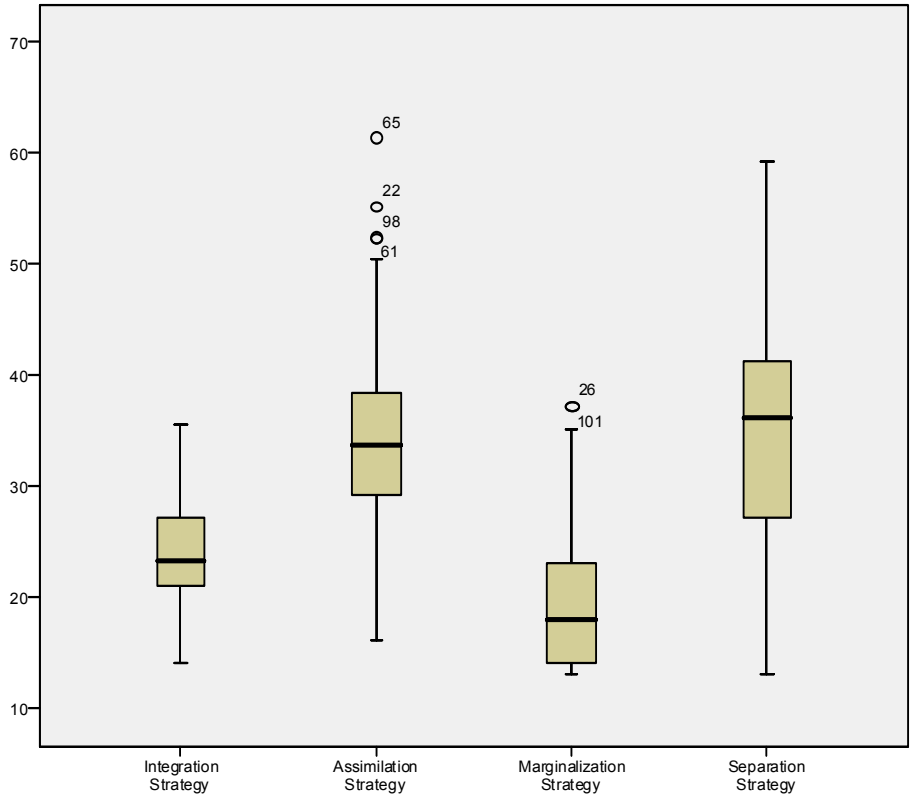

Figure 6. Median Comparison among Acculturation Strategies.

Regression analyses investigated which mediating variables contributed to the higher scores of Separation and Assimilation. The correlation matrix previously mentioned (Appendix K), highlighted the relationship between demographic and immigration context variables (independent) and each of the prevalent variables (dependent). I conducted a principal component analysis to investigate whether a set of independent variables could be combined into one new variable in order to build a stronger model for regression analysis. The principal component analysis resulted in the creation of a new composite variable and in the exclusion of new variables depending upon the acculturation strategy. The next section describes these variables and the results of the regression analyses.

Predictors of Separation Strategy. Five variables from the Immigration Context Questionnaire integrated the principal component analysis for Separation Strategy:

- Item 11: Proficiency in English
- Item 27: Are Brazilian and Canadian cultures alike?
- Item 28: Are Brazilian and Canadian cultures compatible?
- Item 31: Plans to return and live in Brazil
- Satisfaction with Life in Canada Index (SLCI)

The principal component analysis showed that the variables SLCI, Plans to return to Brazil, and Proficiency in English should remain separately and that items 27 and 28 could combine into a new variable. Next, I created a new variable labelled "Culture Compatibility" and conducted a multiple regression analysis with 4 variables (Item 11, Item 31, SLCI, and Culture Compatibility). Due to the exploratory nature of this study, I used the forward method for regression as it allowed for the automatic deletion of those variables that did not contribute to the model. Interestingly, neither Culture Compatibility ($\beta = -0.160$, $p = .087$), nor Proficiency in English ($\beta = -0.121$, $p = .185$), were good predictors of Separation scores and were excluded from the model. Instead, the SLCI and Plans to Return to Brasil integrated the final model. When considered alone, the SLCI ($\beta = -0.408$, $p < .001$) was a higher predictor of lower Separation scores. When combined with the second variable, the SLCI ($\beta = -0.277$, $p = .007$) decreased its predicted impact on lower Separation scores. The variable Plans to return to Brazil ($\beta = 0.254$, $p = .014$) was a predictor of higher Separation Scores. Cumulatively, SLCI and Plans to return to Brazil accounted for 21% of the variance in participants' Separation Strategy scores, $F(1, 104) = 6.28$, $p = .014$. These results indicate that the less an individual was satisfied with their life in

Canada and the more they planned to return to live in Brazil, the more they used Separation as an acculturation strategy.

Predictors of Assimilation Strategy. I followed the same procedure above to investigate predictors of Assimilation scores. Eight variables from the Questionnaire of Demographic Data (QDD) and the Immigration Context Questionnaires (ICQ) composed the principal component analysis for Assimilation Strategy:

- Item 2 (QDD): Age
- Item 2 (ICQ): Time lived in Brazil
- Item 3 (ICQ): Age at immigration
- Item 11(ICQ): Proficiency in English
- Item 27(ICQ): Are Brazilian and Canadian cultures alike?
- Item 28(ICQ): Are Brazilian and Canadian cultures compatible?
- Item 31(ICQ): Plans to return and live in Brazil
- Satisfaction with Life in Canada Index (SLCI)

The principal component analysis showed that all variables should remain separate and that items 27 and 28 could amalgamate into a new variable. "Culture Compatibility," the same variable from the above procedure, was used for this purpose. In addition, I excluded the variable Time lived in Brazil as it had the same weight as the variable Age at Immigration. The final set of 6 variables included Item 2 from the QDD and Items 3, 11, 31, SLCI, and Culture Compatibility from the ICQ. The regression analysis, forward method, revealed that Age at immigration ($\beta = 0.027$, $p = .832$), Proficiency in English ($\beta = 0.086$, $p = .324$), and interestingly SLCI ($\beta = 0.136$, $p = .175$) did not contribute significantly to Assimilation scores, which resulted in their exclusion from the final model. In the final regression model, Plans to return to Brazil (β

= -0.399, p = .000) was the stronger predictor of Assimilation scores, followed in descending order by Age (β = -0.274, p = .001), and Culture Compatibility (β = 0.246, p = .004). Individuals with lower interest in returning to Brazil, who were younger, and who found Brazilian and Canadian cultures more compatible tended to have higher Assimilation scores. This relationship explained 31% of the variance in participants' Assimilation Strategy scores, $F(1, 104) = 8.74$, p = .004.

Endorsement of Depressive Symptoms

The endorsement of depressive symptomatology was measured by the CES-D scale, previously validated by Silveira and Jorge (Silveira & Jorge, 1998, 2004) with both general and clinical populations in Brazil. The scale's internal consistency for the present sample revealed excellent reliability with Cronbach's Alpha of α = 0.910 (superior than those obtained by the North American and Brazilian standardization projects). The endorsement of depressive symptoms ranged from 0 to 51 and had a median of 9.00 for the sample of valid scores (n = 109)[20]. Figure 7 demonstrates the distribution of scores. More than half of respondents (n = 56, 51.4%) obtained a score less than 10, 26.6% (n = 29) had a score between 10 and 19, 12.8% (n = 14) of respondents obtained scores between 20 and 29, and about 9% (n = 10) exhibited scores greater or equal to 30. Overall, 26.6% (n = 29) individuals reported scores above the cut-off of 16.

[20] Eighteen individuals did not respond this measure.

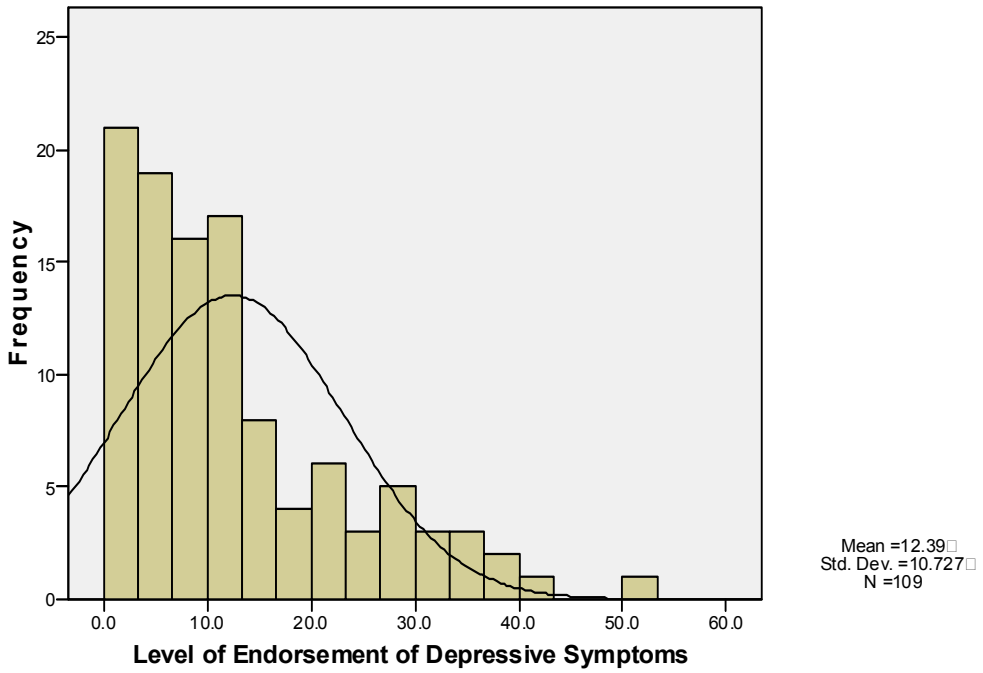

Figure 7. Distribution of Depressive Symptomatology Scores.

Symptom Endorsement, Demographics, and Immigration Context

Depressive symptom endorsement had similar distributions between males (n = 45, median = 8.00) and females (n = 64, median = 9.50), with females exhibiting slightly higher scores. The frequency of scores above 30 remained balanced between females (9.4%) and males (8.9%) based on per gender percentage. A crosstabulation between endorsement of depression symptoms and status in Canada indicated a trend toward higher depression symptomatology in the undocumented immigrant category. While in the total sample only approximately 22% of participants obtained scores from 20 to 30 or greater, 55.5% of the undocumented immigrants endorsed depression symptoms at that level. Due to the small size of the undocumented immigrant subsample (n = 9) there was no statistical power to calculate whether this difference was due to chance alone.

Predictors of Depressive Symptomatology. A regression analysis examined what variables, besides acculturation strategies, contributed to the endorsement of depression symptoms in the present sample. As in the regression analysis for acculturation strategies, I conducted a principal component analysis with the variables highlighted in the correlation matrix as having a relationship with depressive symptomatology to prepare a model for regression analysis of endorsement of depression symptoms. The principal component analysis included the following variables from the Immigration Context Questionnaire:

- Item 11: Proficiency in English
- Item 31: Plans to return and live in Brazil
- Satisfaction with Life in Canada Index (SLCI)
- Depression History (composite score)[21]

The principal component analysis indicated that all 4 variables should go separately into the regression analysis. The forward method of regression analysis for endorsement of depressive symptoms resulted in a model where there was no evidence that Plans to return to Brazil ($\beta = 0.185$, $p < .10$) was a strong predictor, and it was therefore excluded from the model. The remaining 3 variables significantly predicted the endorsement of depressive symptoms. Specifically, the SLCI ($\beta = -0.324$, $p = .000$) was the strongest predictor, followed in descending order by Depression History ($\beta = 0.290$, $p = .001$), and Proficiency in English ($\beta = -0.230$, $p = .01$]). These results indicate that individuals with low satisfaction with their life in Canada, previous history of depression and lower proficiency in English are more prone to experience depressive symptomatology. Since Depression History was the second stronger predictor, even if an individual had no history of depression, but had low satisfaction with life in Canada, they would still be prone to displaying depression signs. Together, SLCI, Depression History, and

Proficiency in English significantly predicted 29% of the endorsement of depression symptoms, $F(1, 100) = 6.80$, $p = .01$.

Relationship between Acculturation Strategies and Depressive Symptoms

This section presents the results of the two research questions this study was designed to investigate. I re-state the questions, the statistical procedures and the results.

Acculturation Strategies relationship with depressive symptomatology. To answer the first question "Is there a relationship between each acculturation strategy and the level of endorsement symptoms of depression?" I conducted a regression analysis between each acculturation strategy and endorsement of depressive symptoms separately. The analysis revealed that the Integration ($\beta = -0.137$, $p = .162$), Assimilation ($\beta = -0.131$, $p = .178$), and Marginalization ($\beta = -0.017$, $p = .864$), strategies failed to significantly predict depressive symptomatology scores. Interestingly, Separation Strategy ($\beta = 0.223$, $p = .021$), significantly predicted depressive symptoms, suggesting that the more participants utilized the separation strategy the more likely they were to exhibit higher level of depressive symptomatology endorsement. Table 14 provides a breakdown of the regression analysis results for each of the acculturation strategies.

Table 14.

Summary Models of Regression for Acculturation Strategies and Depressive Symptoms.

Subscale	R^2	*F* statistic (df)	Significance
Integration Strategy	0.019	1.980 (1, 104)	.162
Assimilation Strategy	0.017	1.838 (1, 105)	.178
Marginalization Strategy	0.000	0.029 (1, 104)	.864
Separation Strategy	0.050	5.481 (1, 105)	.021*

Note. df = degrees of freedom. * $p < .05$.

[21] See subsection History of Depression under Results of the Immigration Context Questionnaire.

Acculturation Strategy with prevalent depressive symptom endorsement. To answer the second research question, "Which strategy had higher endorsement of depressive symptomatology?" I compared depressive symptom scores between the two prevalent strategies. Although the Acculturation Strategy Scale (ASSc) resulted in 4 scores for each individual (4 acculturation strategies), by plotting individual scores for each of the strategies, I observed that each individual had a predominant strategy. In order to compare the means of depression between participants who had either Assimilation or Separation as their prevalent strategy, I created a categorical variable labelled Predominant Acculturation Strategy with codes 1, 2, 3, and 4, corresponding to Integration, Assimilation, Marginalization, and Separation respectively, as the highest score. The highest scoring strategy indicated the predominant strategy for a particular individual. Table 15 displays the frequency distribution of predominant scores.

Table 15.

Frequency Distribution of Acculturation Strategies (n = 114).

Variable	Frequencies
Integration	4 (3.5%)
Assimilation	50 (43.9%)
Marginalization	2 (1.8%)
Separation	58 (50.9%)

The frequency of Integration and Marginalization strategies was minimal, while the tendency of this sample was clearly to exhibit either Separation or Assimilation strategies. Based on these results, it was meaningless to conduct statistical analysis with the minute sub-samples; therefore, I selected the higher frequency subsamples to proceed with the investigation. Next, I conducted an independent sample *t* test to examine whether using Separation or Assimilation was related to higher endorsement of depressive symptoms. I used Predominant Acculturation

Strategy as the grouping variable, with values 2 for Assimilation and 4 for Separation. The test was significant, $t(99) = -2.81$, $p = .006$ and indicated that participants with Separation ($M = 14.96$, $SD = 10.98$) as their prevalent strategy were more likely to have higher endorsement of depressive symptomatology than those who had Assimilation as prevalent ($M = 9.31$, $SD = 8.97$). The 95% confidence interval for the difference in means ranged from -9.63 to -1.67. The eta square index indicated that 7.4% of the variance of depressive symptom endorsement was accounted for by whether the participants had a predominant Separation or Assimilation scores. Figure 8 below and Figure 9 (next page) presented in the next page, show the distribution for the two groups.

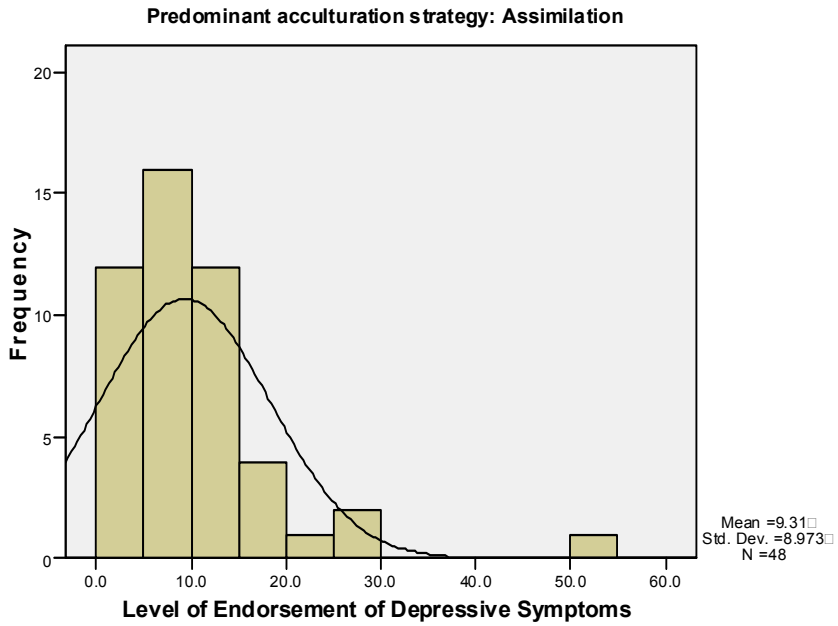

Figure 8. Depressive Symptomatology by Assimilation Scores.

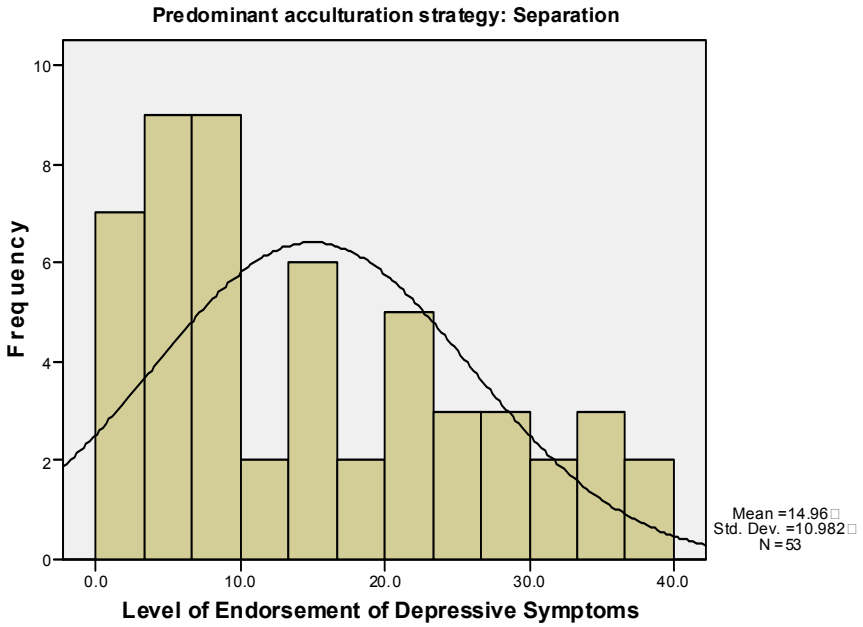

Figure 9. Depressive Symptomatology by Separation Scores.

The results of this study indicate that Separation and Assimilation were the predominant acculturation strategy for this group and that depressive symptomatology was most prevalent in the group for which Separation was the strategy of choice. The next chapter will discuss these results in the light of existing literature and research in the field of acculturation strategies and elaborate on its implications for clinical and future research endeavours.

CHAPTER 4

Discussion

This study investigated the influence of acculturation strategies (e.g. Berry, 1995; Berry et al., 1989) in the level of depressive symptomatology endorsement in the community of Brazilian immigrants residing in the Greater Toronto Area. The relationship between acculturation strategies and mental health outcome is a widely researched subject (e.g. Berry, 1998; Krishnan & Berry, 1992; Neto, 2002; Oh et al., 2002; Sam, 1994; Ward & Kennedy, 1994), though no studies have been published involving Brazilian immigrants. The growing population of Brazilian immigrants in the GTA (Citizenship and Immigration Canada, 2006b), associated with Canada's policy on immigration as a catalyst for growth and development (Statistics Canada, 2006), and previous research showing the vulnerability of immigrants for mental health problems (see Beiser, n.d.; Hyman, 2001; Lee & Chen, 2000; Miranda & Umhoefer, 1998; Yeh, 2003) provided the backdrop for this study.

The main results of this study both contradicted and confirmed previous findings involving other communities. First, the prevalent acculturation strategies for this sample were Separation and Assimilation, contrary to studies that present Integration and Assimilation as the strategies of choice (Berry & Sam, 2003). Second, except for a weak, however, significant relationship between Separation strategy and depressive symptomatology, acculturation strategies failed to significantly predict the endorsement of depressive symptoms, which again contradicts studies in which a high correlation appears to exist (e.g. Berry, 1997; Sam, 1994). The third finding, that Separation was the acculturation strategy with the higher depressive symptom endorsement, confirmed many studies in the

field (Kosic, 2002; Ward & Kennedy, 1994). In this chapter, I will discuss each of these findings, the limitations of this study, and its implication for clinical interventions and future research. First, I will discuss which strategies were prevalent, then I will examine which strategy had higher endorsement of depression symptoms. Next, I will look at the variables involved in the results to understand the context in which they occurred.

Acculturation Strategies Prevalence

According to Berry's (Berry, 1995; Berry et al., 1989) theory of acculturation strategy, when applying specific strategies, individuals are responding to the questions "To what extent do I wish to have contact with (or avoid) others outside my group?" and "To what extent do I wish to maintain (or give up) my cultural attributions?" (Berry, 2001). As pointed earlier, participants of this study endorsed more frequently the strategies of Separation and Assimilation. Although the difference was small, more participants chose Separation as their primary acculturation strategy. Nonetheless, these results suggest that individuals utilize an "either-or" approach to answer the above questions. They either wish to remain exclusively within their own group or wish to have contact with individuals outside their own group.

The above results confirm previous studies in what concerns the choice of Assimilation as the second prevalent strategy. On the other hand, they failed to confirm a major finding of other studies (e.g. Berry, 1999; Neto, 2002; Sam, 1994) that refer to a trend to identify "a large-scale preference for integration" (Berry & Sam, 2003, p. 67). Integration was the third strategy of choice in the present study, with a frequency far behind the second choice. Notably, even though there was a slight difference between frequencies of Assimilation (second choice) and Separation (first choice) as primary strategies, the fact that Separation was highly endorsed contradicts a large body of literature that presents Integration and Assimilation as the strategies of choice (e.g.

Berry, 1999; Neto, 2002; Sam, 1994). However, similar to this research, another study has observed a preference for Separation (Tahmassian, 2003). Tahmassian conducted a study investigating acculturation, acculturative stress and self-worth in first-generation Armenians in the United States. This study found that 82.3% of participants were "culturally resistant" i.e. had Separation as their predominant strategy.

Perhaps the discrepancy in findings of prevalent strategy may be explained by the characteristics of the present sample. The choice of acculturation strategy is mediated by factors related to the acculturating individual and the dominant culture (Berry, 2006; Navas et al., 2005). These factors include demographic differences, socio-political scenarios, and the natures of culture of origin and dominant culture (Berry, 1997; Berry, 2001; Berry, 2006; Navas et al., 2005). I observed this relationship with both prevalent strategies. For example, Assimilation was predicted by age and the opinion of participants if Brazilian and Canadian cultures are alike and compatible. Separation was predicted by whether participants felt welcomed in Canada, if their pre-immigration expectations had been met and whether they felt welcomed in Canada (SCLI – Satisfaction with Life in Canada Index). Both strategies were predicted by whether participants intended to return to live in Brazil. These results point to the complexity of layers involved in individuals' choice of acculturation strategies.

As noted, Assimilation and Separation presuppose the affiliation with one of the cultures (either-or approach). This perhaps indicates a difficulty or a lack of desire or motivation to negotiate the terms between both cultures, or simply a reaction to remain in their "comfort zone." Individuals have the choice to remain in the comfort of what is familiar to them. For example, most participants arrived in Canada at a more mature age (29 years old on average), had been employed in their field prior to leaving Brazil, were in stable relationships, were living with

Brazilian individuals, and had a support network system comprised mainly of Brazilian individuals. This picture suggests that individuals had an already established social network, which might encourage them to find comfort and preserve their identity within their own community, which is typical of Separation Strategy. Conversely, younger individuals tended to exhibit a more open approach toward the dominant culture (higher Assimilation scores). This finding is consistent with studies on intergenerational conflict, where children of immigrants adopt more of the dominant culture, while their parents tend to maintain their traditional ways, resulting in conflicts in values, communication, and costumes (Nayar & Sandhu, 2006; Sharir, 2002).

Acculturation strategies are approaches individuals adopt to move through similarities and differences between at least two cultural worlds with which they are in contact. Notwithstanding the systemic barriers that impose restrictions on individual's choices in the acculturation scenario (Arthur & Collins, 2005; Berry, 1997; Berry, 2001; Berry, 2006; Navas et al., 2005), individuals are agents and react to their environment by finding strategies to adapt. The strong prediction value of the variable 'Plans to return to Brazil' on both Assimilation and Separation, further supports participant's agency in the acculturation process. Individuals who were more certain that they would return to Brazil were more likely to endorse Separation and those who were not as clear or did not have a plan to return to Brazil, were more likely to endorse Assimilation as the prevalent strategy. It seems logical that if an individual plans to return to their country of origin, they would not be as interested in starting a cultural negotiation process to try to interact at a deeper level with the dominant culture, which would certainly generate stress associated with culture shedding (Berry, 1997). Moreover, the maintenance of their own culture has a higher cost-benefit for future re-integration into their country of origin

upon their anticipated return. Conversely, those who intend to stay in Canada must learn to navigate in the dominant culture to safeguard their wellbeing, and to guarantee a fair chance to achieve the main objectives that prompted them to leave Brazil and immigrate to Canada, such as, for the present sample, finding better professional, academic, and economic opportunities.

Interestingly, although the majority of the sample was fluent in English, they spoke mostly Portuguese at home and received support mostly from Brazilians; of those who frequent a religious group, the majority attended Brazilian religious groups. Perhaps the initial difficulty with communication, loss of professional status (as the majority had their first job in another field) and many other associated losses led participants to find support in their own culture. It is known in the community, for instance, that many Brazilians settled in the traditional Portuguese area of Toronto to benefit from the structures created by earlier Portuguese immigrants. This created a movement that currently continues; however, now Brazilians benefit from the knowledge, experience, and resources of members of their own culture. To this end, the adoption of the Separation strategy has an adaptive role in participants' survival in Canada. Whether this is an initial strategy that crystallizes as Separation for some or shifts into Assimilation for others as they become more comfortable in the new society, requires further examination. However, this study found that time in Canada was not a good predictor of either strategy and, therefore, the passing of time alone is insufficient to predict whether such a shift occurs in reality.

Finally, another reason for Assimilation to have lower endorsement than Separation in this sample was perhaps because the mean age was approximately 36 years old and younger participants tended to endorsed Assimilation more frequently.

Depressive Symptom Endorsement and Acculturation Strategies

Separation was the acculturation strategy with the highest endorsement of depressive symptomatology. This finding can be better understood by taking a closer look at the relationship between acculturation strategies and depressive symptoms. How did other strategies relate to depressive symptoms? What brought Separation strategy and depressive symptomatology together?

I found no significant predictive relationship between acculturation strategies and depression. The exception was that Separation strategy exhibited a significantly negative and weak predictive relationship with depressive endorsement. These results partially contradicted current research (e.g. Berry, 1997, 1998; Oh et al., 2002; Sam, 1994; Ward & Kennedy, 1994), in that they failed to demonstrate a relationship between the strategies and mental health of immigrants observed in other studies (Krishnan & Berry, 1992; Sam, 1994; Sam & Berry, 1995). However, the results supported the research that presents Separation as the strategy associated with higher levels of depressive symptomatology (e.g. Kosic, 2002; Neto, 2002; Ward & Kennedy, 1994). In addition, previous research has found that Integration seemed to the most effective strategy being associated with good psychological adaptation (Berry, 1999, 2003; Neto, 2002; Sam, 1994). The present study failed to find similar results, perhaps because the subsample of participants who had Integration as their primary strategy was very small to yield statistically relevant analysis (although, this finding is meaningful in itself).

As pointed earlier, regardless of the lack of a direct relationship between acculturation strategies and depression and the fact that there were two predominant strategies for this sample, only the subsample that chose Separation as their primary strategy presented higher depression scores. The finding that Separation is related to higher depressive symptomatology is not

uncommon (Kosic, 2002; Ward & Kennedy, 1994), but does that mean that focusing on one's own culture predicts depressive symptomatology? Perhaps a closer look at the variables that compose Separation and Depressive symptom endorsement will elucidate this issue.

Components of Separation

The Separation scores are a good example of the interplay between characteristics of the dominant society and the acculturating individual. The Satisfaction with Life in Canada Index was the strongest component of Separation scores, which suggests that the less participants felt welcomed or satisfied with their lives in Canada, the more they established a distance from Canadian culture. One may argue that individuals may not be satisfied with their life in Canada because there are isolated from the dominant culture. Although this may be a plausible hypothesis, the opposite is also valid. For instance, considering that acculturation occurs throughout the life span and developmental stages, individual's experiences in the new society may integrate a set of beliefs regarding this new society. If those experiences were not positive, they will likely shape individuals' future attitude and behaviour toward that society, which will probably be one of Separation (Berry, 1997; Navas et al., 2005).

Berry contends that the appraisal of the acculturation experience by the individual will influence how much distress he or she will experience (Berry, 1997; Berry & Annis, 1974). The SLCI contains the appraisal component as it asks participants to evaluate their level of satisfaction, acceptance to Canada, and fulfillment of pre-immigration expectations. Moreover, the literature suggests that the main reason for people to immigrate is to improve their socio-economic status (e.g. Berry, 1997). The initial and oftentimes pervasive obstacles to achieving this improvement (perhaps the initial difficulty with communication, finding the first job in another field) lead to multiple losses. For instance, the loss of ways of thinking, feeling and

behaving, loss of social and professional status, loss of a social network of friends and family, quality of life, loss of identity and self-worth, and the loss of a homeland (Arredondo-Dowd, 1981; Beiser, n.d.; Khan & Watson, 2005; Ward & Styles, 2003). These many losses encapsulate the loss of a dream (Brown et al., 1995) and constitute life events that bring about feelings of helplessness, powerlessness and defeat, which in turn, may lead to depression (Beiser, n.d.; Brown et al., 1995). It was within this context that the dissatisfaction with life in Canada played a major role in the Separation scores and its associated risk factor for depressive symptomatology.

Components of Depression Score

The results indicated that individuals who had lower depression history scores, higher proficiency in English, and were more satisfied in Canada, were less prone to experience depression symptoms. These findings are consistent with the study conducted by Sharir (2002), in which mental health difficulties were associated with the prevalence of an acculturation strategy different from integration; lower self-confidence in English; and negative feelings about immigrating to Canada.

Not surprisingly, even though a previous history of depression significantly influenced depression scores, for most participants their history of depression happened in Canada, that is, after immigration. Furthermore, when excluding depression history from the equation, the ability to communicate with individuals from the dominant culture and the satisfaction with their life in Canada determined how much depressive symptomatology one experienced. The English proficiency component of depressive symptomatology scores was an unexpected though enlightening finding that has been observed previously. For example, a study of young refugees conducted by Ehntholt and Yule (2006) reinforced the strong link between language limitations

and depression. The lack of knowledge of the dominant language hinders people's ability to communicate, limits their social interactions and opportunities to be active members as well as succeed in society. The inability to communicate may potentially lead to social withdrawal, influence self-esteem, and feelings of hopelessness characteristic of depression. However, participants' satisfaction with their life in Canada influenced their depressive symptom scores more deeply. This supports the notion described under Separation strategy components, that the losses triggered by immigration are associated with how immigrants interact with the dominant culture, how they handle power relations involved in entering another's world (Dalal, 2000), and eventually how they respond to emotional distress.

What brought Separation and Depression together?

As demonstrated, Separation and depressive symptomatology had an important predictor in common, that is, the Satisfaction with Life in Canada Index (SLCI). The SLCI was the primary predictor and had a negative correlation with both variables, implying that the less satisfied participants were with their life in Canada, the more Separation and Depression they experienced. The intersection of attitudes and behaviours surrounding participants' level of satisfaction in Canada brought Separation and Depressive symptomatology together. This helps explain the reason for Assimilation to exhibit lower depressive symptom endorsement than Separation. None its components intersected with the variables that predict depression (see Figure 10).

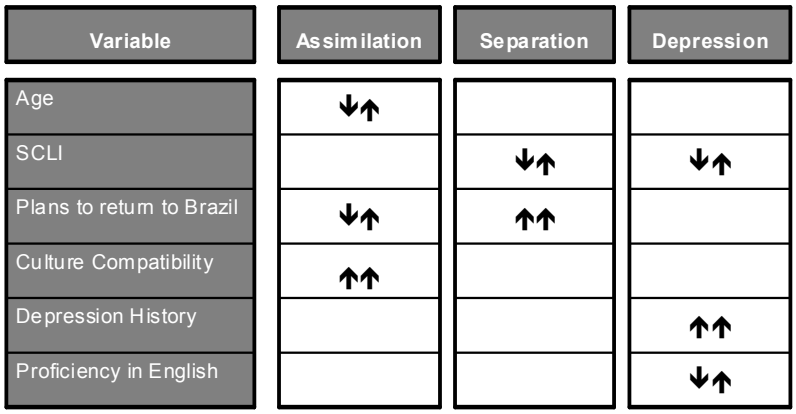

Figure 10. Moderating variables across Acculturation Strategies and Depression.

Besides age, the other variables presuppose an acceptance and a positive attitude regarding cultural compatibility and the desire to remain in Canada. These characteristics did not help explain depressive symptom endorsement and, in fact, they appeared to act as protective factors of stress (Berry, 1997; Berry & Annis, 1974) and difficulties associated with psychological adjustment and depression.

In short, the answer to the question "Does focusing on one's own culture predict depressive symptomatology?" is no. Although the main finding of this study was that Separation strategy presented highest incidence of depressive symptom endorsement, this does not imply a cause-and-effect relationship. The statistical tests between Separation and depressive symptomatology were significant; however, they indicated a less than moderate predictive relationship. Simply put, the results of this study indicate that there is a common ground between depressive symptomatology and Separation of a predictive nature, which contributes to both variables to vary in the same direction. Therefore, I suggest that Separation and Depressive symptomatology occurred in parallel rather than in a linear relationship of cause and effect. What connected them was the Satisfaction with Life in Canada Index.

The Satisfaction with Life in Canada Index combined variables such as "Do you feel

welcome in Canada?" "Have your pre-immigration expectations been met?" and "Are you satisfied with your life in Canada?" Since the SLCI had a negative relationship with Separation and Depressive symptomatology, the answers to the above questions may have elicited experiences of loss, hopelessness, worthlessness, helplessness, dissatisfaction with life, and lack of connectedness. It was at these psychosocial and cultural experiences common to the scenario of acculturation that Separation Strategy and Depressive symptomatology met for participants of this study.

Limitations of this Study

This study has several limitations that must be mentioned when considering its findings. The first limitation refers to the structure and sequence of questionnaires. The items of the Acculturation Strategies Scale were randomized manually, which might have affected the frequency with which each strategy was presented. Since a few participants dropped out before finishing the survey, the frequency of their responses might have been higher for some of the subscales. This limitation was mitigated by using listwise or casewise deletion of cases while conducting analysis between variables, so as to only include cases with responses in all variables considered in the analysis.

The second limitation was that all participants received the questionnaires in the same sequence, regardless of medium (online or paper version). This strategy did not anticipate the fatigue component that leads to drop out rates and resulted in a higher rate of missing data in the latter questionnaires, i.e. the Acculturation Strategies Scale and the CES-D scale. A counterbalanced sequence of questionnaires (Tahmassian, 2003) would have prevented this problem.

Another limitation concerns the low participation of undocumented immigrants. The first stage of recruitment targeted only documented immigrants, while the second stage targeted both documented and undocumented immigrants. The inclusion of the second group was a response to the feedback provided by members of the Brazilian community, mainly those who offer psychosocial support to immigrants. The rationale was that undocumented immigrants are circumscribed to a very different set of stressors than those faced by documented immigrants; therefore, it was crucial to understand the impact of these differences on the strategies individual use to adapt to Canada and its implications for their mental health. Although, I embraced this rationale and recruited undocumented participants, the time they were exposed to recruitment was shorter by at least 3 months. The recruitment was faced with a low participation rate, which was explained by some as a "fear to participate" (A. Costa, personal communication, October, 2007). I added a disclaimer to the online survey that IP addresses were not being collected and reinforced that participation was anonymous and confidential. In addition, for those I met in person, I stressed that they could answer the paper survey and choose the option "I have read the above information and decided that I would like to participate in this study; however, I choose to do so without disclosing my name." I also prioritized the snowballing recruitment through third parties (e.g. community agencies, professionals, and members of the community) as an attempt to provide legitimacy to this study, as potential participants would receive the invitation through someone they trusted. Yet, there was a low participation of undocumented immigrants. Therefore, the results of this study are more applicable to documented immigrants and must be taken with caution when trying to understand the experiences of undocumented immigrants.

A final limitation refers to the use of a single measure to assess participants' psychological adaptation. Perhaps a measure of quality of life and acculturative stress

(Tahmassian, 2003) would have provided a more complete picture of participants' mental health and enriched the results and its implications for practice. Approximately 27% of participants obtained depressive symptomatology scores above the cut off mark of 16 utilized to distinguish between clinical and non-clinical presentations. Although the objective of this study was not to make diagnostic inferences, these results suggest that a large number of individuals was experiencing depressive symptomatology. This is a concerning number when compared to the results of the Canadian Community Health Survey (Statistics Canada, 2003), that found 4.5% of the people surveyed reported having experienced depressive symptomatology. Since the Satisfaction with Life in Canada Index was a major component of the depressive symptomatology score, a measure that assesses general quality of life would likely help understand the reasons behind this high incidence of depressive symptomatology endorsement. A quality of life questionnaire such as the Quality of Life in Depression Scale [QLDS] (Hunt & McKenna, 1992; McKenna et al., 2001), would be an appropriate measure since its theoretical underpinnings is based on the satisfaction of needs, which is essentially what the SLCI measured, though with limited scope. Moreover, an acculturative stress measure such as the SAFE scale (Hovey & Magaña, 2000; Mena, Padilla, & Maldonado, 1987) would help discriminate the impact of acculturation on depressive symptoms. As pointed earlier, the relationship between acculturation strategies and depressive symptomatology was significant but weak. This may indicate that the acculturation strategies in the present sample did not lead to stress and in turn to depressive symptoms in the magnitude that has been proposed by researchers (e.g. Berry, 1997; Berry & Annis, 1974). The relationship between acculturation strategies and acculturative stress has been questioned (e.g. Kosic, 2004). Therefore, by adding the acculturative stress variable, it would have been possible to investigate the strength and

direction of the relationship among acculturation strategies, acculturative stress, and depressive symptomatology and as a consequence, to have a more complete picture of what influences the incidence of depressive symptomatology in Brazilian immigrants, especially when associated with a quality of life measure.

Implications for Mental Health Promotion and Clinical Practice

The findings of this study have implications for the role of mental health professionals. These implications can be divided in at least two levels: micro and macro levels. The micro level refers to the practice of mental health in direct contact with the acculturating individual, while the macro level is related to practices that involve the community and political spheres of the acculturation experience. These are rather didactic divisions since I have argued that psychological and cultural realms of existence are interconnected, mutually influenced, and indivisible.

The micro level of mental health practice involves clinical work with acculturating individuals as well as micro-level advocacy interventions. This is because the SLCI (the major predictor of depressive symptomatology) involved both social-interpersonal factors as well as infrastructure factors (such as meeting expectations prior to immigration). Therefore, clinical work with acculturating individuals should address the experiences of loss, hopelessness, worthlessness, helplessness, dissatisfaction with life, and lack of connectedness associated with low SLCI. Clinical interventions would likely involve grieving multiple losses, working with the integration of multiple identities in a multicultural context such as Canadian society permeated by multiple oppressions, developing coping strategies, tools and skills to increase client's sense of agency and therefore undermine helplessness and hopelessness associated with acculturation

and depression. Such interventions would ultimately increase clients' satisfaction with their life in Canada, which would in turn, function as a protective factor for depression.

Another important clinical intervention is to discuss with clients the cost and benefit of the "either-or" approach to acculturation prevalent in this study, perhaps promoting the utilization of different strategies according to the goals clients intend to achieve. It is similarly important to be aware of the belief system held by clients that will certainly influence their choice and ability to apply the different acculturation strategies. The fact that in general participants did not find that Brazilian and Canadian cultures are alike, provides further support that this negotiation is delicate. On the other hand, the high cultural compatibility endorsement provides a positive scenario based on which mental health professionals may help clients to achieve a higher level of satisfaction in Canada and therefore, achieve better mental health.

In conjunction with clinical interventions, the need for a micro-level advocacy practice stems from the fact that the SLCI demonstrated to be a risk factor for depressive symptom endorsement and that acculturating individuals, especially, newcomers, often are unaware of their rights and services available to help them settle and adapt to their new lives. When basic needs are unfulfilled, the client's capacity to engage in clinical work is minimized. Therefore, clinicians should work with clients on bridging services and advocating for their needs in the community. This may happen in the form of contacting shelters, finding food banks, connecting clients with settlement resources in the community, such as immigration lawyers, agencies, and job search agencies. Advocacy interventions may serve as powerful catalysts of therapeutic alliance and prepare the groundwork to continue meaningful clinical interventions. As pointed by Bratter (1976), "the act of advocacy, when done correctly, cements a positive therapeutic alliance which enables the professional to maintain high expectations for improved behavior

performance" (p. 122). Of course, the boundaries between clinical and advocacy work may become blurred, and referrals should always be considered when a dual role is not in the client's best interest (Canadian Psychological Association, 2000).

Macro-level interventions involve promoting mental health at the community and policy-making spheres. The mental health promotion sphere involves outreach and education initiatives. The rationale for outreach initiatives is threefold. First, people did not received help at the same rate as they reported depressive symptomatology. Of those who reported a history of depression (n = 43, 33.9%), 22 (51.2%) received a diagnosis in Canada. Of these, 13 (59.1%) received treatment in Canada, leaving approximately 40% of individuals without treatment. Second, although a large number of participants tended to remain in their own community, the majority did not access services available at the community agencies. Third, the fact that participants tend to speak more English outside their home suggests that when it comes to their life outside the family (including utilization of various services), individuals are more involved in the dominant society. The conclusion is that a large number of those who would benefit from psychological help are not receiving treatment and when they do receive treatment, this is from organizations outside the community. Two explanations can be put forward for the disparity in symptoms endorsement and help received. First, this may indicate that people do not know about services, which leads to the importance that agencies serving the Brazilian community develop outreach programs targeting these immigrants. Second, perhaps individuals do not seek help because of stigma or because of the subjective (Hunt & McKenna, 1992) and culturally-bound perception of distress (Pilgrim & Bentall, 1999; Raguram et al., 1996). This would be better approached from an educational perspective. The primary objective of educational interventions would be to demystify, de-stigmatize, and promote self-regulation. Topics would involve discussing

precursors, symptoms and consequences of depression, divulging self-help tools, services available and coping strategies that could help in recovery. Potential vehicles for disseminating this information would comprise community agencies, hospitals, schools, television, radio, internet, and participation in mental health day activities. Furthermore, education should also target service-providers from organizations from the dominant culture. This is important in order to ensure that those who continue to seek help outside their community will receive culturally sensitive services, which in turn, will encourage Brazilian immigrants to continue to seek help regardless of the cultural orientation of their service provider.

The macro-level policy-making sphere of intervention in mental health is based on our social responsibility as citizens and ethical responsibility as psychologists (Canadian Psychological Association, 2000) or mental health providers. Given all the repercussion discussed above on the individuals, non-dominant and dominant society, it is in everybody's interest to ensure that the acculturation of immigrants occurs as smooth as it can possibly be. Ultimately, a nation is as healthy as the individuals who live in it, and prevention has always been the best way to promote health in general. To this end, it is crucial that immigration and settlement policies and services address strategies to help Brazilian immigrants to adapt to Canada. Perhaps fostering a partnership with the Brazilian and Canadian governments to develop programs to help immigrants to make an educated decision around immigration based on realistic expectations would help potential immigrants to assess their chances of succeeding in Canada, prepare for adversities, and know what services can be helpful in their transition. These interventions would certainly involve predisposition to and coping strategies to deal with potential mental health issues derived from the immigration and acculturation process. Similarly, identifying and helping create policies that reduce systemic barriers will likely contribute to a

higher satisfaction with life in Canada and increase the help seeking behaviour to handle mental health issues. Finally, the participation in administrative boards of community agencies can facilitate that program designs follow culturally and psychologically sensitive services tailored to the reality of the acculturating Brazilian community, so that they have access to a support network that will help them learn how to adapt and lead fulfilling lives in their new reality.

Ultimately, the involvement of mental health professionals in both micro and macro level of intervention when it comes to acculturation and mental health is coherent with the critical multicultural approach to counselling and psychology. The critical multicultural approach works under a framework of interconnectedness and indivisibility of culture and individual, acknowledging psychology as a cultural practice that occurs in the context of the individual's multiple identities and society's power relations. Therefore, interventions at micro and macro levels, allow psychologists to become agents of social change not only by the repercussion of helping individual changes but also by helping the larger society on how to be psychologically sound in their macro level relationships, rules, and projects. Figure 11 (next page) provides a visual summary of these two levels of intervention.

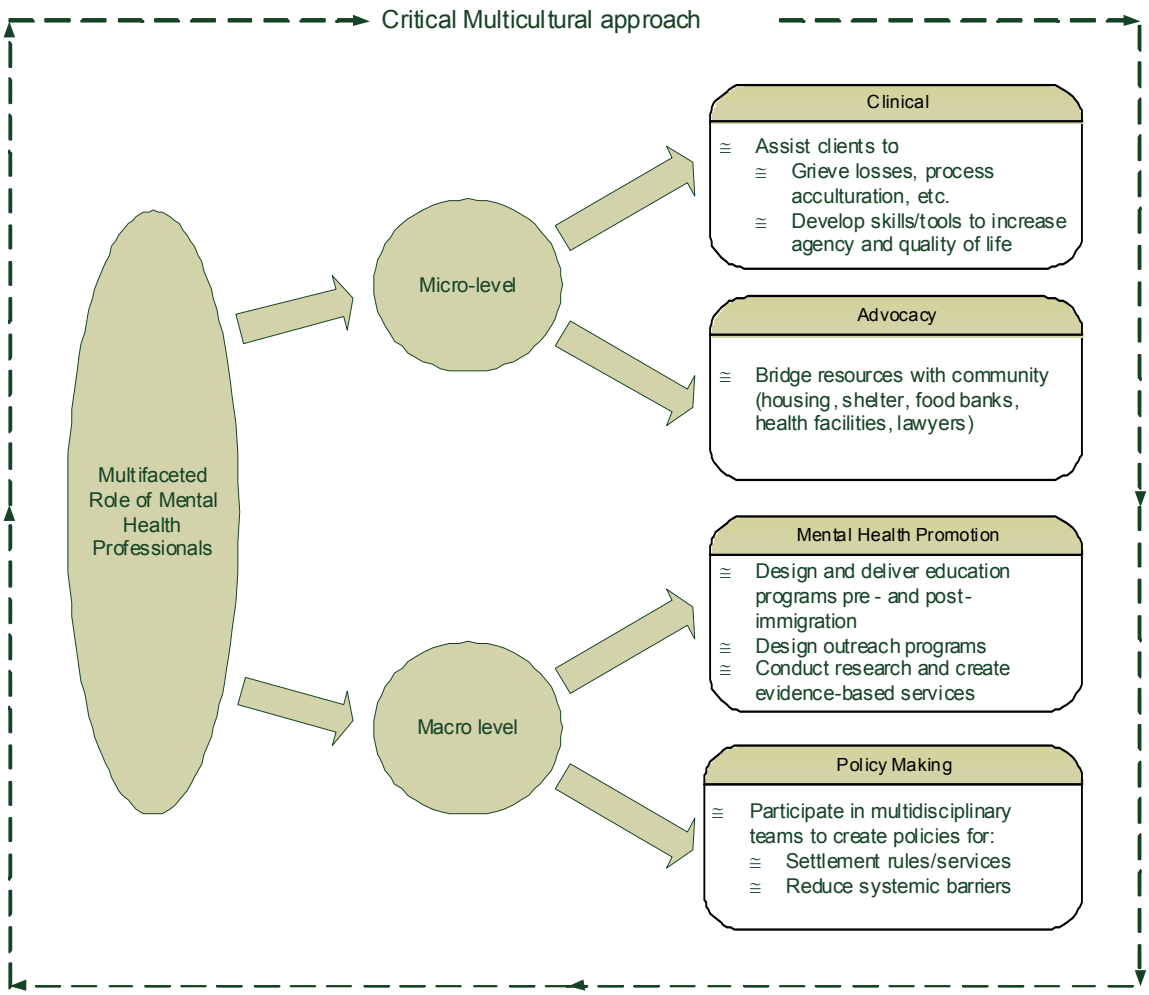

Figure 11. Multifaceted Role of Mental Health Professionals.

Future Research

The findings of this study indicated that the Satisfaction with Life in Canada Index was the major predictor of the prevalence of separation strategy and depressive symptomatology scores. Future research into the specificities of this variable would provide valuable information to assist the settlement of newcomers, to help immigrants to negotiate their expectations and find the appropriate strategies that will potentially function as catalysts of their goals, therefore, increasing overall satisfaction. To this end, perhaps a qualitative exploratory study with individuals who identify themselves as "satisfied" and others who self-identify as "dissatisfied"

would provide the depth of understanding that this issue requires. A step further would be to consider these results for the creation of a measure of Satisfaction of Life in Canada to go beyond the three items utilized in the present study.

Although only a few individuals had Integration and Marginalization as their primary strategy, all individuals had scores in all scales, which corroborated the idea that people use different strategies at perhaps different times and depending on different factors. For example, researchers have suggested that acculturation strategies vary according to domains (Berry, 1997; Navas et al., 2005; Neto, 2002). To this end, having a questionnaire with more items per domain and consequently more power to discriminate between inter-domain strategies would be an important extension of this study, one that would provide an inside look at the dynamic nature of acculturation strategies. Nonetheless, the first important step in that direction was already taken in this study by the development of the Acculturation Strategies Scale. Its adequate internal consistency indicates that the scale is a solid template that can be considered as a pilot project for future improvements. Future studies utilizing the acculturation strategy construct in the Brazilian community will certainly benefit from building upon the present scale.

Another key point of investigation is the potential discrepancy between acculturation attitudes and behaviours. The present study focused only on the combination of attitude and behaviour, i.e. acculturation strategies. However, potential discrepancies may lead to understanding whether and which systemic barriers are preventing individuals from acting according to their wishes and beliefs, which would provide important information for clinical practice and policy making as outlined in the previous section.

Finally, future studies with the Brazilian community must diversify strategies to attract undocumented immigrants. The subsample of undocumented immigrants exhibited a higher

incidence of depressive symptom endorsement. As I clarified, the results could not be further explored since the small sample size prevented statistical analysis. However, a trend of higher psychological distress was observed, which indicates a need for further exploration that can only be achieved with a higher participation rate of undocumented immigrants. Perhaps a longer-term approach to recruitment should be attempted with this population. A strategy could be for the researcher to get involved in programs targeting this population, not only to have a first hand understanding of their reality, but also because future research could take place through the development of a trusting relationship. This is noteworthy especially when considering that the primary source of participation in this study was through recommendation of someone participants already knew.

Conclusion

People all around the world are undeniably and unavoidably interconnected. Our values, traditions, ways of life, and even our needs are in constant transformation as they come in contact with those of other cultures and nations as a consequence of a virtual (through various media vehicles) or physical interaction (through colonization, imperialism, sojourn, or immigration). This continuous change process encompasses the framework of acculturation, a reality of everyday life and even more ubiquitous, to those who are in direct contact with other cultures as a result of immigration. The negotiations between cultures elicit new power dynamics in which the individuals (as complex combinations of multiple identities) undergo multiple oppressions while striving to succeed in their new life and materialize their vision. This study was conducted based on the framework that establishes a relationship between acculturation strategies and psychological adaptation (Berry, 1998; Sam, 1994). It examined the strategies Brazilian immigrants residing in the Greater Toronto Area utilized during acculturation and their

impact on the level of depressive symptomatology endorsement. The choice of population and the framework of critical multicultural theory consisted of important advancements in the study of acculturation strategies and mental health.

This study found that Separation and Assimilation were the predominant strategies for this sample and that acculturation strategies failed to serve as significant predictors of depression scores. However, participants with Separation as their predominant acculturation strategy exhibited higher depressive symptom endorsement. The first finding disconfirmed a trend in acculturation strategy studies that present integration as the strategy of choice; however, it corroborated Assimilation as a popular choice. The second finding confirmed existing studies that present Separation and Marginalization as associated with psychological disturbance. These findings must be understood in a context in which integration and marginalization were underrepresented and therefore prevented them from integrating the analysis of depressive symptom prevalence.

In this sample of Brazilian immigrants, the Satisfaction of Life in Canada Index significantly helped explain both Separation and Depression scores, hence their closer relationship. In summary, the more satisfied with their lives in Canada, the less Separation and Depression participants experienced. This corroborated the complexity of acculturation as a circumstantial, dynamic, relative, and mutable process (Padilla & Perez, 2003) and the importance of studying it in conjunction with mental health. Acculturation is inevitable because cultural isolation is impossible. Intercultural contact occurs in everyday life, virtually or in direct contact between individuals who carry multiple cultural identities. In Said's (2004) words "the world does have a real interdependence of parts that leaves no genuine opportunities for isolation" (p. 878). Participants of this study chose to refuse isolation by remaining in their own

communities, which at times and for some it may have had an adaptive role, at other times and for others, it may have lead to psychological distress. In either case, it reflected attempts to deal with dissatisfaction with their reality; it reclaimed the indivisibility of psychological and social spheres of human existence, and battled with the evident presence of power relations at the foundation of acculturation and mental health.

It is because of the above scenario that this study leads to important implications for the role of mental health professionals working with acculturating individuals. A multifaceted role working with the individual, the community, and multidisciplinary teams to deliver clinical services, education, project design, and policies that will take place before and after immigration, appears to be the appropriate answer to help immigrants deal with the multiple oppressions they face, increase their satisfaction, and live with dignity in Canada. From a critical multicultural perspective, it is paramount that psychologists and mental health workers become true agents of change, assume their inevitably political role in a political society, and help acculturating clients to progress and lead fulfilling lives.

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Appendices

Appendix A.
Telephone Screening Script

Hello,

Thank you for your interest in my study. My name is Iara Costa. I am a graduate student in the department of Counselling Psychology at the Ontario Institute for Studies in Education of the University of Toronto. I am conducting a study as part of the requirement to obtain my Master's degree in counselling psychology.

My study is investigating how the ways Brazilian immigrants adjust to Canada influence the occurrence of symptoms of depression.

I you are interested in learning more about it, I would like to ask you to make up a name that I could call you by. This is to make sure that we protect your confidentiality.

(Upon agreement and provision of a pseudonym):

Let me explain to you what I would ask you to do if you are interested and eligible to participate:

1. I will ask that you fill out a few questionnaires that will take no longer than 20-30 minutes.
2. You can choose between receiving the package by mail or filling out the survey online.
   - If you choose the paper survey, I will need your address and a name to address the package to.
   - If you choose the online survey, I will dictate the website address for you or send you the link via e-mail. In this case, I will need your e-mail address.

Are you interested in participating?

Scenario 1 – "No"

That is not a problem. Thanks for taking the time to call and hear about my study.

Please feel free to pass on my contact information or the website address to anyone you think might be interested in helping.

Again, thank you so much for your time and interest. ----- (end of call).

Scenario 2 – "Yes"

Then, let's check if you are eligible.

- Are you a first generation immigrant from Brazil? ---- Yes or No

- Individuals who have a visitor, student or work visa are not eligible to participate in this study, so I need to ensure that this is not your case. You do not have to tell me your status in Canada; just answer "Yes" or "No" to this question: Have you already become a Canadian citizen, or are a permanent resident of Canada (landed immigrant, refugee, refugee claimant) or a resident without papers? ---- Yes or No
- Do you live in the Greater Toronto Area (GTA)? ---- Yes or No
- Are you at least 16 years of age? ---- Yes or No
- Speak Portuguese or English? ---- Yes or No

Scenario 2.1 – Ineligible

You responded "no" to at least one question. Unfortunately, you are not eligible to participate. Thank you so much for your interest. If you know of anyone you think might be interested in helping in this study would you give them my contact information?

Scenario 2.2 – Eligible

You responded yes to all questions, so you are eligible to participate!

How would you like to answer the survey: online or on paper?

Scenario 2.2.1 – Eligible, Online

Let me explain what the next steps are:

1. I can either dictate the website address for you or send you the link via e-mail
2. In this case, I will ask for your e-mail address before we end this call
3. Once you access the website, you will read the information about the survey and what you will be asked to do. Then you will need to indicate that you consent to participate. After that, you will be directed to a new page and start filling out the survey. You will not be able to see the survey questions unless you have consented to participate.

Scenario 2.2.1 – Eligible, Paper

1. I will need your address and a name to address the package to
2. Once you receive the package, I would like you to
   - Read and sign the Consent Form
     - This form will require that you write your name and signature. If you prefer not to give your name, please use a pseudonym or call me at this number to give me you consent verbally. In this case, I will need the code number on the right top-corner of your survey package and ask that you check the second box at the bottom of the last page of your Consent Form.
   - Once you have consented to participate, please:

- Complete the surveys
- Return the completed Consent form and surveys to me by the date indicated in your package.
- You may use the pre-addressed stamped envelope provided in your package
  - ✶ Please make sure that you keep a copy of the Consent Form for yourself
- You might receive a phone call as a follow up during your participation in this project

End of call for eligible scenarios

(After collecting e-mail address or mailing address and name, where applicable):

Please, feel free to contact me at this number if you need any assistance answering the survey.

Thank you so much for your interest.

Appendix B.
Research Measures – English Version

QUESTIONNAIRE OF DEMOGRAPHIC DATA

Code:

INSTRUCTIONS:

Please answer the following questions as accurately and honestly as possible. Please try to answer each question as best you can since that makes your data more useful. ALL RESPONSES WILL BE KEPT CONFIDENTIAL.

1. **What is your gender?**

☐ **1.** Male ☐ **2.** Female

2. **What is your age?**

_____

3. **Are you currently....**

☐ **1.** Cohabiting with your partner or spouse
☐ **2.** Living alone
☐ **3.** Living with a roommate/housemate
☐ **4.** Living with your family of origin
☐ **5.** Other – Please specify: _____

4. **Are you currently living with...**

☐ **1.** Brazilian individuals
☐ **2.** Portuguese individuals
☐ **3.** Canadian individuals
☐ **4.** Not applicable
☐ **5.** Individuals from other nationality/ies – Please specify: _____

5. **Are you currently...**

☐ **1.** Common-law
☐ **2.** Legally married
☐ **3.** Dating
☐ **4.** Single
☐ **5.** Separated/Divorced

☐ **6.** Widow/er

6. Is your partner…

☐ **1.** Brazilian
☐ **2.** Portuguese
☐ **3.** Canadian
☐ **4.** Latin-American
☐ **5.** Not applicable
☐ **6.** Other – Please specify: _____

7. How many children do you have?

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6 or more

8. How many of your children live with you in your home?

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6 or more

9. What is your current status in Canada?

☐ **1.** Landed immigrant/Permanent resident
☐ **2.** Refugee claimant
☐ **3.** Refugee
☐ **4.** Undocumented immigrant
☐ **5.** Canadian Citizen
☐ **6.** Work visa

- ☐ **7.** Student visa
- ☐ **8.** Visitor visa

10. Do you hold…

- ☐ **1.** Brazilian Citizenship only
- ☐ **2.** Canadian Citizenship only
- ☐ **3.** Dual Brazilian and Canadian Citizenship
- ☐ **4.** Other dual citizenship – Please specify: _____

11. Do you consider yourself…

- ☐ **1.** Aboriginal Brazilian
- ☐ **2.** African Brazilian
- ☐ **3.** European Brazilian
- ☐ **4.** Asian Brazilian
- ☐ **5.** Middle-Eastern Brazilian
- ☐ **6.** Latin American
- ☐ **7.** Other – Please specify: _____

12. Do you consider yourself…

- ☐ **1.** Brazilian
- ☐ **2.** Canadian
- ☐ **3.** Brazilian-Canadian

13. Do you consider that you belong to another group(s) besides the above listed?

- ☐ **1.** No
- ☐ **2.** Yes – Please specify: _____

14. What region of Brazil are you from?

- ☐ **1.** North
- ☐ **2.** Northeast
- ☐ **3.** Center-West
- ☐ **4.** Southeast
- ☐ **5.** South

15. Do you currently reside in the GTA?

- ☐ **1.** No
- ☐ **2.** Yes

16. Where in the GTA do you currently live?

- ☐ **1.** Portuguese/Brazilian area (Dufferin, Dundas, Bloor, Ossington area)
- ☐ **2.** Mississauga
- ☐ **3.** Etobicoke
- ☐ **4.** North York
- ☐ **5.** Downtown
- ☐ **6.** East End
- ☐ **7.** Not applicable
- ☐ **8.** Other – Please specify: _____

17. What is your highest level of education?

- ☐ **1.** Elementary school
- ☐ **2.** Some high school
- ☐ **3.** High school diploma (or GED)
- ☐ **4.** Trades certificate or diploma
- ☐ **5.** Some College
- ☐ **6.** 2-year college degree
- ☐ **7.** 4-year college/university degree (Bachelor's)
- ☐ **8.** Master's degree
- ☐ **9.** Doctoral degree
- ☐ **10.** Professional degree (e.g. MD)

18. Are you currently...

- ☐ **1.** Studying
- ☐ **2.** Working (not in my field)
- ☐ **3.** Working (in my field)
- ☐ **4.** Unemployed
- ☐ **5.** Retired

19. If you answered "studying" or "working," please indicate whether your commitment is...

- ☐ **1.** Part-time
- ☐ **2.** Full-time

20. What is your current main source of income?

- ☐ Employment
- ☐ Savings
- ☐ Social Assistance
- ☐ Employment Insurance
- ☐ Inheritance
- ☐ Loan
- ☐ Parental income
- ☐ Scholarships or grants

21. Your profession is in the field of...

- ☐ **1.** Trades (construction, forklift operation, etc.)
- ☐ **2.** Business (administration, finance, etc.)
- ☐ **3.** Social Sciences
- ☐ **4.** Health Sciences
- ☐ **5.** Arts and Humanities
- ☐ **6.** Retail
- ☐ **7.** Other – Please specify: _____

22. What is <u>your</u> current annual income (in Canadian dollars)?

- ☐ **1.** Less than $20,000
- ☐ **2.** $20,000-$39,999
- ☐ **3.** $40,000-$59,999
- ☐ **4.** $60,000-$79,999
- ☐ **5.** $80,000-$99,999
- ☐ **6.** $100,000 or higher

23. What is your current <u>household</u> annual income (in Canadian dollars)?

- ☐ **1.** Less than $20,000
- ☐ **2.** $20,000-$39,999
- ☐ **3.** $40,000-$59,999

- ☐ **4.** $60,000-$79,999
- ☐ **5.** $80,000-$99,999
- ☐ **6.** $100,000 or higher

24. Do you own a home in Canada?

- ☐ **1.** No
- ☐ **2.** Yes

REMINDER:

Have you answered all questions? Although you can decline to answer any question, completely answered questionnaires are more useful for this study.

If a question does not apply to your case, it would be preferable if you selected 'not applicable' rather than leaving the question unanswered.

Remember that ALL RESPONSES WILL BE KEPT CONFIDENTIAL.

IMMIGRATION CONTEXT QUESTIONNAIRE

Code:

INSTRUCTIONS:

Please answer the following questions as accurately and honestly as possible. Please try to answer each question as best you can since that makes your data more useful. ALL RESPONSES WILL BE KEPT CONFIDENTIAL.

25. How long have you been in Canada (e.g. 'x' years and 'x' months)?

_____ years and _____ months

26. How long did you live in Brazil (e.g. 'x' years and 'x' months)?

_____ years and _____ months

27. How old were you when you immigrated to Canada?

_____

28. Why did you decide to leave Brazil?

- ☐ **1.** Seeking better job opportunities
- ☐ **2.** Seeking Safety
- ☐ **3.** Better opportunities for family
- ☐ **4.** Accompanying parent/spouse
- ☐ **5.** Seeking adventure
- ☐ **6.** Employment mandate
- ☐ **7.** Political reasons
- ☐ **8.** Forced by others or circumstances
- ☐ **9.** Academic
- ☐ **10.** Economic reasons
- ☐ **11.** Other – Please specify: _____

29. Why did you choose to live in Canada?

- ☐ **1.** Reunite with family members
- ☐ **2.** Accompanying someone, therefore there was no other choice
- ☐ **3.** Employment mandate, therefore there was no other choice
- ☐ **4.** Liked the culture
- ☐ **5.** Liked the people
- ☐ **6.** Better educational opportunities

- ☐ **7.** Better professional opportunities
- ☐ **8.** Easier to make money
- ☐ **9.** Easier to get a visa/to be accepted as an immigrant than other countries
- ☐ **10.** Other – Please specify: _____

30. What was your original intention when you decided to move to Canada?

- ☐ **1.** To stay for a limited time
- ☐ **2.** To stay for a long time
- ☐ **3.** To become a Canadian citizen
- ☐ **4.** No specific plan
- ☐ **5.** Other – Please specify: _____

31. Do you feel that the expectations you had before moving to Canada have come, are coming or will come true?

☐ **1.** Not at all ☐ **2.** A little bit ☐ **3.** Somewhat ☐ **4.** Pretty much ☐ **5.** Very much

32. What is the main language that you speak at home?

- ☐ **1.** Portuguese
- ☐ **2.** English
- ☐ **3.** Portuguese and English
- ☐ **4.** Other – Please specify: _____

33. What is the main language that you speak outside your home?

- ☐ **1.** Portuguese
- ☐ **2.** English
- ☐ **3.** Portuguese and English
- ☐ **4.** Other – Please specify: _____

34. What is your level of proficiency in <u>Portuguese</u>?

☐ **1.** Beginner ☐ **2.** Intermediate ☐ **3.** Advanced ☐ **4.** Fluent

35. What is your level of proficiency in <u>English</u>?

☐ **1.** Beginner ☐ **2.** Intermediate ☐ **3.** Advanced ☐ **4.** Fluent

36. How was your overall level of English before immigrating to Canada?

☐ **1.** Beginner ☐ **2.** Intermediate ☐ **3.** Advanced ☐ **4.** Fluent

37. Did you have a job in your field in Brazil?

☐ **1.** No, but had a job in another field
☐ **2.** No, never had a job in Brazil
☐ **3.** Yes

38. Your first job in Canada was…

☐ **1.** In your field
☐ **2.** In another field
☐ **3.** Have not found a job yet
☐ **4.** Have not looked for a job yet

39. If 'in ANOTHER field,' how long did it take you to find this job?

☐ **1.** _____ year(s) and _____ month(s) - e.g. 'x' years and 'x' months
☐ **2.** Not applicable

40. If 'in YOUR field,' how long did it take you to find this job?

☐ **1.** _____ year(s) and _____ month(s) - e.g. 'x' years and 'x' months
☐ **2.** Not applicable

41. Do you feel that you have a group of friends or family that you can turn to for support?

☐ **1.** No
☐ **2.** Yes

42. If you responded 'YES', please specify if the <u>MAJORITY</u> of these individuals are…

☐ **1.** Brazilian
☐ **2.** Portuguese
☐ **3.** Canadian
☐ **4.** Latin-American
☐ **5.** Not applicable
☐ **6.** Other – Please specify: _____

43. Do you participate in a church of religious group?

- ☐ **1.** No
- ☐ **2.** Yes – Please specify: _____

44. If 'YES', this group is …

- ☐ **1.** Brazilian
- ☐ **2.** Canadian
- ☐ **3.** Brazilian and Canadian
- ☐ **4.** Multicultural
- ☐ **5.** Not applicable
- ☐ **6.** Other – Please specify: _____

45. Do you participate in a cultural/social club?

- ☐ **1.** No
- ☐ **2.** Yes – Please specify: _____

46. If 'YES', this group is …

- ☐ **1.** Brazilian
- ☐ **2.** Canadian
- ☐ **3.** Brazilian and Canadian
- ☐ **4.** Multicultural
- ☐ **5.** Not applicable
- ☐ **6.** Other – Please specify: _____

47. Did you access any of the services available to the Brazilian community in the GTA when you first arrived in Canada?

- ☐ **1.** No
- ☐ **2.** Yes

48. If 'YES', which one(s)?

- ☐ **1.** Abrigo Centre (Centro Abrigo)
- ☐ **2.** ACCESS Alliance
- ☐ **3.** Toronto Western Hospital (Portuguese Mental Health & Addictions)
- ☐ **4.** St. Christopher House
- ☐ **5.** Working Women Community Centre
- ☐ **6.** Not applicable

☐ **7.** Other – Please specify: _____

49. Do you CURRENTLY access any of the services available to the Brazilian community in the GTA?

☐ **1.** No
☐ **2.** Yes

50. If 'YES', which one(s)?

☐ **1.** Centro Abrigo
☐ **2.** ACCESS Alliance
☐ **3.** Toronto Western Hospital (Portuguese Mental Health & Addictions)
☐ **4.** St. Christopher House
☐ **5.** Working Women Community Centre
☐ **6.** Not applicable
☐ **7.** Other – Please specify: _____

51. Generally speaking, do you think that Brazilian and Canadian cultures are alike?

☐ **1.** Not at all ☐ **2.** A little bit ☐ **3.** Somewhat ☐ **4.** Pretty much ☐ **5.** Very much

52. Do you think that Brazilian and Canadian cultures are compatible?

☐ **1.** Not at all ☐ **2.** A little bit ☐ **3.** Somewhat ☐ **4.** Pretty much ☐ **5.** Very much

53. Do you feel welcomed in Canada?

☐ **1.** Not at all ☐ **2.** A little bit ☐ **3.** Somewhat ☐ **4.** Pretty much ☐ **5.** Very much

54. Are you satisfied with your life in Canada?

☐ **1.** Not at all ☐ **2.** A little bit ☐ **3.** Somewhat ☐ **4.** Pretty much ☐ **5.** Very much

55. Do you plan to return and live in Brazil?

☐ **1.** Not at all ☐ **2.** Unsure ☐ **3.** Yes, definitely

56. Have you ever been diagnosed with depression?

☐ **1.** No
☐ **2.** Yes, in Brazil
☐ **3.** Yes, in Canada

- ☐ **4.** Yes, both in Brazil and in Canada
- ☐ **5.** Yes, in another country

57. Have you ever seen a psychologist/psychotherapist/psychiatrist for more than 3 months, due to depression?

- ☐ **1.** No
- ☐ **2.** Yes, in Brazil
- ☐ **3.** Yes, in Canada
- ☐ **4.** Yes, both in Brazil and in Canada
- ☐ **5.** Yes, in another country

58. Have you ever been hospitalized due to emotional difficulties, such as depression?

- ☐ **1.** No
- ☐ **2.** Yes, in Brazil
- ☐ **3.** Yes, in Canada
- ☐ **4.** Yes, both in Brazil and in Canada
- ☐ **5.** Yes, in another country

59. Have you ever taken medication for depression?

- ☐ **1.** No
- ☐ **2.** Yes, in Brazil
- ☐ **3.** Yes, in Canada
- ☐ **4.** Yes, both in Brazil and in Canada
- ☐ **5.** Yes, in another country

60. Are you currently taking medication for depression?

- ☐ **1.** No
- ☐ **2.** Yes

REMINDER:

Have you answered all questions? Although you can decline to answer any question, completely answered questionnaires are more useful for this study.

If a question does not apply to your case, it would be preferable if you selected ‘not applicable’ rather than leaving the question unanswered.

Remember that ALL RESPONSES WILL BE KEPT CONFIDENTIAL.

ACCULTURATION STRATEGIES SCALE

Code:

INSTRUCTIONS:

Here are some statements about language, cultural traditions, friendships, etc. Please indicate **to what extent you agree or disagree** with each statement, by circling the answer that applies more to your case.

Please try to answer each question as best you can since that makes your data more useful. ALL RESPONSES WILL BE KEPT CONFIDENTIAL.

	* *Although some questions may sound repetitive, they are all measuring something different.*	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1.	I would marry either a Brazilian or a Canadian	**1**	**2**	**3**	**4**	**5**
2.	I have more Canadian than Brazilian friends	**1**	**2**	**3**	**4**	**5**
3.	I think that children of Brazilians living in Canada should learn both Brazilian and Canadian values and customs	**1**	**2**	**3**	**4**	**5**
4.	I would rather have more Canadian than Brazilian friends	**1**	**2**	**3**	**4**	**5**
5.	I would marry a Canadian rather than a Brazilian	**1**	**2**	**3**	**4**	**5**
6.	I have both Brazilian and Canadian friends	**1**	**2**	**3**	**4**	**5**
7.	I prefer social activities that involve more Canadians than Brazilians	**1**	**2**	**3**	**4**	**5**
8.	I think that children of Brazilians living in Canada should learn Brazilian rather than Canadian values and customs	**1**	**2**	**3**	**4**	**5**
9.	I would marry a Brazilian rather than a Canadian	**1**	**2**	**3**	**4**	**5**
10.	I take part in social activities that involve both Brazilians and Canadians	**1**	**2**	**3**	**4**	**5**
11.	I would neither marry a Brazilian nor a Canadian	**1**	**2**	**3**	**4**	**5**
12.	I think that children of Brazilians living in Canada should learn Canadian rather than Brazilian values and customs	**1**	**2**	**3**	**4**	**5**
13.	I would rather have both Brazilian and Canadian friends	**1**	**2**	**3**	**4**	**5**
14.	I have more Brazilian than Canadian friends	**1**	**2**	**3**	**4**	**5**

* *Although some questions may sound repetitive, they are all measuring something different.*		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
15.	I think that children of Brazilians living in Canada should learn neither Brazilian nor Canadian values and customs	**1**	**2**	**3**	**4**	**5**
16.	I take part in social activities that involve more Canadians than Brazilians	**1**	**2**	**3**	**4**	**5**
17.	I would rather have neither Brazilian nor Canadian friends	**1**	**2**	**3**	**4**	**5**
18.	I prefer social activities that involve both Brazilians and Canadians	**1**	**2**	**3**	**4**	**5**
19.	I do not have either Brazilian nor Canadian friends	**1**	**2**	**3**	**4**	**5**
20.	I would rather not take part in either Brazilian or Canadian social activities	**1**	**2**	**3**	**4**	**5**
21.	I would rather eat both Brazilian and Canadian food	**1**	**2**	**3**	**4**	**5**
22.	I do not take part in either Brazilian or Canadian social activities	**1**	**2**	**3**	**4**	**5**
23.	I would rather have more Brazilian than Canadian friends	**1**	**2**	**3**	**4**	**5**
24.	I prefer social activities that involve more Brazilians than Canadians	**1**	**2**	**3**	**4**	**5**
25.	I eat both Brazilian and Canadian food	**1**	**2**	**3**	**4**	**5**
26.	I prefer the Canadian ways of treating differences between men and women more than the Brazilian ways	**1**	**2**	**3**	**4**	**5**
27.	I take part in social activities that involve more Brazilians than Canadians	**1**	**2**	**3**	**4**	**5**
28.	I would rather eat Canadian than Brazilian food	**1**	**2**	**3**	**4**	**5**
29.	I speak more Portuguese than English in my daily life	**1**	**2**	**3**	**4**	**5**
30.	I eat more Canadian than Brazilian food	**1**	**2**	**3**	**4**	**5**
31.	I prefer the Canadian ways of treating differences between ethnicities more than the Brazilian ways	**1**	**2**	**3**	**4**	**5**

* *Although some questions may sound repetitive, they are all measuring something different.*		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
32.	I would rather not eat either Brazilian or Canadian food	**1**	**2**	**3**	**4**	**5**
33.	I use more the Canadian ways of treating differences between men and women than the Brazilian ways	**1**	**2**	**3**	**4**	**5**
34.	I prefer the Brazilian ways of treating differences between ethnicities more than the Canadian ways	**1**	**2**	**3**	**4**	**5**
35.	I would rather eat Brazilian than Canadian food	**1**	**2**	**3**	**4**	**5**
36.	It is more important to me to speak English well rather than Portuguese	**1**	**2**	**3**	**4**	**5**
37.	I eat more Brazilian than Canadian food	**1**	**2**	**3**	**4**	**5**
38.	I use the Brazilian ways of treating differences between ethnicities more than the Canadian ways	**1**	**2**	**3**	**4**	**5**
39.	It is important to me to speak both Portuguese and English well	**1**	**2**	**3**	**4**	**5**
40.	I do not prefer either the Canadian or the Brazilian ways of treating differences between men and women	**1**	**2**	**3**	**4**	**5**
41.	I speak both Portuguese and English in my daily life	**1**	**2**	**3**	**4**	**5**
42.	I do not use either the Canadian or the Brazilian ways of treating differences between ethnicities	**1**	**2**	**3**	**4**	**5**
43.	I use the Brazilian ways of treating differences between men and women more than the Canadian ways	**1**	**2**	**3**	**4**	**5**
44.	I speak more English than Portuguese in my daily life	**1**	**2**	**3**	**4**	**5**
45.	I do not prefer either the Canadian or the Brazilian ways of treating differences between ethnicities	**1**	**2**	**3**	**4**	**5**
46.	I do not eat either Brazilian or Canadian food	**1**	**2**	**3**	**4**	**5**
47.	I prefer the Brazilian ways of treating differences between men and women more than the Canadian ways	**1**	**2**	**3**	**4**	**5**

* *Although some questions may sound repetitive, they are all measuring something different.*		**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
48.	I use the Canadian ways of treating differences between ethnicities more than the Brazilian ways	**1**	**2**	**3**	**4**	**5**
49.	I use both Brazilian and Canadian ways of treating differences between men and women	**1**	**2**	**3**	**4**	**5**
50.	I do not speak either Portuguese or English in my daily life	**1**	**2**	**3**	**4**	**5**
51.	I prefer both Brazilian and Canadian ways of treating differences between ethnicities	**1**	**2**	**3**	**4**	**5**
52.	It is more important to me to speak Portuguese well than English	**1**	**2**	**3**	**4**	**5**
53.	I prefer both Brazilian and Canadian ways of treating differences between men and women	**1**	**2**	**3**	**4**	**5**
54.	I use both Brazilian and Canadian ways of treating differences between ethnicities	**1**	**2**	**3**	**4**	**5**
55.	It is not important to me to speak either Portuguese or English well	**1**	**2**	**3**	**4**	**5**
56.	I do not use either the Canadian or the Brazilian ways of treating differences between men and women	**1**	**2**	**3**	**4**	**5**

REMINDER:

Have you answered all questions? Although you can decline to answer any question, completely answered questionnaires are more useful for this study.

Remember that ALL RESPONSES WILL BE KEPT CONFIDENTIAL.

CENTER FOR EPIDEMIOLOGIC STUDIES DEPRESSION (CES-D)*

Code:

INSTRUCTIONS:

Below is a list of some of the ways you may have felt or behaved.
Please indicate how often you have felt this way during the **past week** by checking (✓) the appropriate space.

	DURING THE PAST WEEK:	**RARELY** or NONE of the time (less than 1 day)	**SOME** or a **LITTLE** of the time (1-2 days)	**OCCASIONALLY** or **MODERATE** amount of the time (3-4 days)	**MOST** or **ALL** of the time (5-7 days)
1.	I was bothered by things that usually don't bother me	**1**	**2**	**3**	**4**
2.	I did not feel like eating; my appetite was poor	**1**	**2**	**3**	**4**
3.	I felt that I could not shake off the blues even with help from my family	**1**	**2**	**3**	**4**
4.	I felt that I was just as good as other people	**1**	**2**	**3**	**4**
5.	I had trouble keeping my mind on what I was doing	**1**	**2**	**3**	**4**
6.	I felt depressed	**1**	**2**	**3**	**4**
7.	I felt that everything I did was an effort	**1**	**2**	**3**	**4**
8.	I felt hopeful about the future	**1**	**2**	**3**	**4**
9.	I thought my life had been a failure	**1**	**2**	**3**	**4**
10.	I felt fearful	**1**	**2**	**3**	**4**
11.	My sleep was restless	**1**	**2**	**3**	**4**
12.	I was happy	**1**	**2**	**3**	**4**
13.	I talked less than usual	**1**	**2**	**3**	**4**
14.	I felt lonely	**1**	**2**	**3**	**4**
15.	People were unfriendly	**1**	**2**	**3**	**4**
16.	I enjoyed life	**1**	**2**	**3**	**4**
17.	I had crying spells	**1**	**2**	**3**	**4**
18.	I felt sad	**1**	**2**	**3**	**4**

* Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385-401.

19.	I felt that people disliked me	**1**	**2**	**3**	**4**
20.	I could not get "going"	**1**	**2**	**3**	**4**

REMINDER:

Have you answered all questions? Although you can decline to answer any question, completely answered questionnaires are more useful for this study. Remember that ALL RESPONSES WILL BE KEPT CONFIDENTIAL.

Appendix C.
Research Measures – Portuguese Version

QUESTIONÁRIO DE DADOS DEMOGRÁFICOS

Código:

INSTRUÇÕES:

Por favor, responda as questões abaixo da forma mais correta e honesta possível. Por favor, tente responder todas as questões da melhor forma possível, para que seus dados sejam mais úteis para esta pesquisa. TODAS AS RESPOSTAS PERMANECERÃO CONFIDENCIAIS.

1. **Qual é o seu gênero?**

☐ **1.** Masculino ☐ **2.** Feminino

2. **Qual é a sua idade?**

_____

3. **Atualmente você...**

☐ **1.** Mora com sua/eu parceiro/a ou com sua/eu esposa, marido
☐ **2.** Mora sozinha/o
☐ **3.** Mora com um colega ou amiga/o
☐ **4.** Mora com a sua família de origem
☐ **5.** Outro – Qual? _____

4. **Atualmente você mora com...**

☐ **1.** Brasileiros
☐ **2.** Portugueses
☐ **3.** Canadenses
☐ **4.** Não se aplica
☐ **5.** Pessoas de outras nacionalidades – Qual/is? _____

5. **Atualmente você está...**

☐ **1.** Em uma união estável
☐ **2.** Casado legalmente
☐ **3.** Namorando
☐ **4.** Solteira/o
☐ **5.** Separado/Divorciado(a)

☐ **6.** Viúvo(a)

6. A sua parceira/O seu parceiro é…

☐ **1.** Brasileira/o
☐ **2.** Português
☐ **3.** Canadense
☐ **4.** Latino-americana/o
☐ **5.** Não se aplica
☐ **6.** Outro – Qual? _____

7. Quantos filhos você tem?

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6 ou mais

8. Quantos dos seus filhos moram com você?

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6 ou mais

9. Qual é a sua situação atual no Canadá?

☐ **1.** Imigrante com documentos
☐ **2.** Pedido de refúgio
☐ **3.** Refugiado
☐ **4.** Imigrante sem documentos
☐ **5.** Cidadão Canadense
☐ **6.** Visto de trabalho

- ☐ **7.** Visto de estudo
- ☐ **8.** Visto de visitante

10. Você possui…

- ☐ **1.** Apenas cidadania brasileira
- ☐ **2.** Apenas cidadania canadense
- ☐ **3.** Cidadania dupla (brasileira e canadense)
- ☐ **4.** Outra cidadania dupla – Qual? _____

11. Você se considera…

- ☐ **1.** Brasileiro de origem Indígena
- ☐ **2.** Brasileiro de origem africana
- ☐ **3.** Brasileiro de origem européia
- ☐ **4.** Brasileiro de origem asiática
- ☐ **5.** Brasileiro de origem do oriente médio
- ☐ **6.** Latino-americana/o
- ☐ **7.** Outra – Qual? _____

12. Você se considera…

- ☐ **1.** Brasileira/o
- ☐ **2.** Canadense
- ☐ **3.** Brasileira/o-Canadense

13. Você considera pertencer a outro/s grupo/s além daqueles listados acima?

- ☐ **1.** Não
- ☐ **2.** Sim – Qual? _____

14. De qual região do Brasil você é?

- ☐ **1.** Norte
- ☐ **2.** Nordeste
- ☐ **3.** Centro-oeste
- ☐ **4.** Sudeste
- ☐ **5.** Sul

15. Você atualmente mora na Região da Grande Toronto?

- ☐ **1.** Não
- ☐ **2.** Sim

16. Em que parte da Região da Grande Toronto você mora atualmente?

- ☐ **1.** Área Portuguesa/Brasileira (área da Dufferin, Dundas, Bloor, Ossington)
- ☐ **2.** Mississauga
- ☐ **3.** Etobicoke
- ☐ **4.** North York
- ☐ **5.** Centro da cidade
- ☐ **6.** Lado leste
- ☐ **7.** Não se aplica
- ☐ **8.** Outra – Qual? _____

17. Qual é o nível mais alto de educação que você obteve?

- ☐ **1.** Ensino elementar
- ☐ **2.** Segundo grau incompleto
- ☐ **3.** Segundo grau completo (ou supletivo/GED)
- ☐ **4.** Diploma profissionalizante
- ☐ **5.** Nível Técnico incompleto
- ☐ **6.** Nível Técnico (diploma de 2 anos)
- ☐ **7.** Diploma de 4 anos [nível tecnológico ou universidade (Bacharelado)]
- ☐ **8.** Mestrado
- ☐ **9.** Doutorado
- ☐ **10.** Diploma profissional (residência médica, por exemplo)

18. Atualmente você está...

- ☐ **1.** Estudando
- ☐ **2.** Trabalhando (não na minha área profissional)
- ☐ **3.** Trabalhando (na minha área profissional)
- ☐ **4.** Desempregado
- ☐ **5.** Aposentado

19. Se você respondeu “estudando” ou “trabalhando,” por favor indique se está fazendo isto em...

- ☐ **1.** Período parcial
- ☐ **2.** Período integral

20. Qual é a sua principal atual fonte de renda?

- ☐ **1.** Emprego
- ☐ **2.** Economias
- ☐ **3.** Assistência Social
- ☐ **4.** Seguro desemprego
- ☐ **5.** Herança
- ☐ **6.** Empréstimo
- ☐ **7.** Renda dos pais
- ☐ **8.** Bolsas de estudo ou fundos de pesquisa

21. A sua profissão é na area de...

- ☐ **1.** Trades (construção, operação de empilhadeira, etc.)
- ☐ **2.** Negócios (área administrativa, financeira, etc.)
- ☐ **3.** Ciências Sociais
- ☐ **4.** Ciências da Saúde
- ☐ **5.** Artes e Ciências Humanas
- ☐ **6.** Comércio
- ☐ **7.** Outra – Qual? _____

22. Qual é a <u>sua</u> renda anual atual (em dólar canadense)?

- ☐ **1.** Menos de $20,000
- ☐ **2.** $20,000-$39,999
- ☐ **3.** $40,000-$59,999
- ☐ **4.** $60,000-$79,999
- ☐ **5.** $80,000-$99,999
- ☐ **6.** $100,000 ou mais

23. Qual é a renda annual atual da <u>sua família</u> (em dólar canadense)?

- ☐ **1.** Menos de $20,000
- ☐ **2.** $20,000-$39,999
- ☐ **3.** $40,000-$59,999

- ☐ **4.** $60,000-$79,999
- ☐ **5.** $80,000-$99,999
- ☐ **6.** $100,000 ou mais

24. Você é proprietário de uma casa no Canadá?

- ☐ **1.** Não
- ☐ **2.** Sim

LEMBRETE:

Você respondeu todas as questões? Apesar de que você pode se recusar a responder qualquer questão, questionários completos são mais úteis para este estudo.

Se por acaso, alguma questão não se aplica ao seu caso, é preferível que você selecione ‘não se aplica’ do que deixar a questão em branco.

Lembre-se de que TODAS AS RESPOSTAS PERMANECERÃO CONFIDENCIAIS.

QUESTIONÁRIO DE CONTEXTO DE IMMIGRAÇÃO | Código:

INSTRUÇÕES:

Por favor, responda as questões abaixo da forma mais correta e honesta possível. Por favor, tente responder todas as questões da melhor forma possível, para que seus dados sejam mais úteis para esta pesquisa. TODAS AS RESPOSTAS PERMANECERÃO CONFIDENCIAIS.

25. Há quanto tempo você está no Canadá (por exemplo: 'x' anos e 'x' meses)?

_____ anos e _____ meses

26. Por quanto tempo você morou no Brasil (por exemplo: 'x' anos e 'x' meses)?

_____ anos e _____ meses

27. Que idade você tinha quando immigrou para o Canadá?

_____

28. Por que você decidiu sair do Brasil?

- ☐ **1.** Procurando melhores oportunidades de emprego
- ☐ **2.** Procurando segurança
- ☐ **3.** Melhores oportunidades para a família
- ☐ **4.** Acompanhando pais/cônjuge
- ☐ **5.** Procurando aventura
- ☐ **6.** Enviado a trabalho
- ☐ **7.** Razões políticas
- ☐ **8.** Forçada/o por outras razões
- ☐ **9.** Estudo
- ☐ **10.** Razões econônicas
- ☐ **11.** Outra – Qual? _____

29. Por que você escolheu viver no Canadá?

- ☐ **1.** Reunir-me com membros da família
- ☐ **2.** Acompanhando alguém, portanto, não tive escolha
- ☐ **3.** Enviado a trabalho, portanto, não tive escolha
- ☐ **4.** Gostei da cultura
- ☐ **5.** Gostei das pessoas
- ☐ **6.** Melhor oportunidades de estudo

- ☐ **7.** Melhor oportunidades profissionais/emprego
- ☐ **8.** Mais fácil para ganhar dinheiro
- ☐ **9.** Mais fácil para conseguir visto/ser aceito como imigrante que outros países
- ☐ **10.** Outra – Qual? _____

30. Qual era a sua intenção original quando decidiu se mudar para o Canadá?

- ☐ **1.** Ficar por um tempo determinado
- ☐ **2.** Ficar por bastante tempo
- ☐ **3.** Tornar-me cidadã/ão canadense
- ☐ **4.** Sem plano específico
- ☐ **5.** Outra – Qual? _____

31. Você acha que as expectativas que você tinha antes de se mudar para o Canadá se tornaram, estão se tornando, ou tornar-se-ão realidade?

☐ **1.** Nem um pouco ☐ **2.** Um pouco ☐ **3.** Moderadamente ☐ **4.** Muito ☐ **5.** Extremamente

32. Qual é a principal língua que você fala em casa?

- ☐ **1.** Português
- ☐ **2.** Inglês
- ☐ **3.** Português e inglês
- ☐ **4.** Outra – Qual? _____

33. Qual é a principal língua que você fala fora de casa?

- ☐ **1.** Português
- ☐ **2.** Inglês
- ☐ **3.** Português e inglês
- ☐ **4.** Outra – Qual? _____

34. Qual é o seu nível de proficiência em <u>PORTUGUÊS</u>?

☐ **1.** Iniciante ☐ **2.** Intermediário ☐ **3.** Avançado ☐ **4.** Fluente

35. Qual é o seu nível de proficiência em <u>INGLÊS</u>?

☐ **1.** Iniciante ☐ **2.** Intermediário ☐ **3.** Avançado ☐ **4.** Fluente

36. Qual era o seu nível geral de <u>INGLÊS</u> antes de imigrar para o Canadá?

☐ **1.** Iniciante ☐ **2.** Intermediário ☐ **3.** Avançado ☐ **4.** Fluente

37. Você tinha um emprego na sua área profissional no Brasil?

- ☐ **1.** Não, mas tinha emprego em outra área
- ☐ **2.** Não, nunca teve um emprego no Brasil
- ☐ **3.** Sim

38. O seu primeiro emprego no Canadá foi…

- ☐ **1.** Na sua área
- ☐ **2.** Em outra área
- ☐ **3.** Ainda não achou um emprego
- ☐ **4.** Até então nunca procurou um emprego

39. Se 'em OUTRA área,' quanto tempo levou para você achar este emprego?

- ☐ **1.** _____ ano(s) e _____ mês(meses) - por exemplo: 'x' anos e 'x' meses
- ☐ **2.** Não se applica

40. Se 'na SUA área,' quanto tempo levou para você achar este emprego?

- ☐ **1.** _____ ano(s) e _____ mês(meses) - por exemplo: 'x' anos e 'x' meses
- ☐ **2.** Não se applica

41. Você acha que possui um grupo de amigos ou familiares com o qual você pode contar para suporte?

- ☐ **1.** Não
- ☐ **2.** Sim

42. Se você respondeu 'SIM', por favor, indique se a 'MAIORIA' dessas pessoas são…

- ☐ **1.** Brasileiras
- ☐ **2.** Portuguesas
- ☐ **3.** Canadenses
- ☐ **4.** Latino-americanas
- ☐ **5.** Não se aplica
- ☐ **6.** Outra – Qual? _____

43. Você participa de uma igreja ou grupo religioso?

- ☐ **1.** Não
- ☐ **2.** Sim – Qual? _____

44. Se 'SIM', esse grupo é…

- ☐ **1.** Brasileiro
- ☐ **2.** Canadense
- ☐ **3.** Brasileiro e Canadense
- ☐ **4.** Multicultural
- ☐ **5.** Não se aplica
- ☐ **6.** Outro – Qual? _____

45. Você participa de um clube cultural/social?

- ☐ **1.** Não
- ☐ **2.** Sim – Qual? _____

46. Se 'SIM', esse grupo é…

- ☐ **1.** Brasileiro
- ☐ **2.** Canadense
- ☐ **3.** Brasileiro e Canadense
- ☐ **4.** Multicultural
- ☐ **5.** Não se aplica
- ☐ **6.** Outro – Qual? _____

47. Você usou algum dos serviços disponíveis à comunidade brasileira na Área da Grande Toronto quando você chegou ao Canadá?

- ☐ **1.** Não
- ☐ **2.** Sim

48. Se 'SIM,' qual(is)?

- ☐ **1.** Centro Abrigo (Abrigo Centre)
- ☐ **2.** ACCESS Alliance
- ☐ **3.** Toronto Western Hospital (Portuguese Mental Health & Addictions)
- ☐ **4.** St. Christopher House
- ☐ **5.** Working Women Community Centre
- ☐ **6.** Não se aplica
- ☐ **7.** Outro – Qual? _____

49. ATUALMENTE você usa algum dos serviços disponíveis à comunidade brasileira na Área da Grande Toronto?

- ☐ **1.** Não
- ☐ **2.** Sim

50. Se 'SIM,' qual(is)?

- ☐ **1.** Centro Abrigo (Abrigo Centre)
- ☐ **2.** ACCESS Alliance
- ☐ **3.** Toronto Western Hospital (Portuguese Mental Health & Addictions)
- ☐ **4.** St. Christopher House
- ☐ **5.** Working Women Community Centre
- ☐ **6.** Não se aplica
- ☐ **7.** Outro – Qual? _____

51. Em termos gerais, você acha que as culturas brasileira e canadense são semelhantes?

☐ **1.** Nem um pouco ☐ **2.** Um pouco ☐ **3.** Moderadamente ☐ **4.** Muito ☐ **5.** Extremamente

52. Você acha que as culturas brasileira e canadense são compatíveis?

☐ **1.** Nem um pouco ☐ **2.** Um pouco ☐ **3.** Moderadamente ☐ **4.** Muito ☐ **5.** Extremamente

53. Você se sente bem-vindo no Canadá?

☐ **1.** Nem um pouco ☐ **2.** Um pouco ☐ **3.** Moderadamente ☐ **4.** Muito ☐ **5.** Extremamente

54. Você está satisfeita/o com a sua vida no Canadá?

☐ **1.** Nem um pouco ☐ **2.** Um pouco ☐ **3.** Moderadamente ☐ **4.** Muito ☐ **5.** Extremamente

55. Você planeja voltar a viver no Brasil?

☐ **1.** De jeito nenhum ☐ **2.** Não sei ☐ **3.** Sim, com certeza

56. Você já foi diagnosticado/a com depressão?

- ☐ **1.** Não
- ☐ **2.** Sim, no Brasil
- ☐ **3.** Sim, no Canadá
- ☐ **4.** Sim, tanto no Brasil como no Canadá
- ☐ **5.** Sim, em um outro país

57. Você já consultou um psicólogo/psicoterapêuta/psiquiatra por mais de 3 meses, por causa de depressão?

- ☐ **1.** Não
- ☐ **2.** Sim, no Brasil
- ☐ **3.** Sim, no Canadá
- ☐ **4.** Sim, tanto no Brasil como no Canadá
- ☐ **5.** Sim, em um outro país

58. Você já foi hospitalizado/a devido à difficuldades emocionais, como a depressão?

- ☐ **1.** Não
- ☐ **2.** Sim, no Brasil
- ☐ **3.** Sim, no Canadá
- ☐ **4.** Sim, tanto no Brasil como no Canadá
- ☐ **5.** Sim, em um outro país

59. Você já tomou medicamento para depressão?

- ☐ **1.** Não
- ☐ **2.** Sim, no Brasil
- ☐ **3.** Sim, no Canadá
- ☐ **4.** Sim, tanto no Brasil como no Canadá
- ☐ **5.** Sim, em um outro país

60. Você está atualmente tomando medicamento para depressão?

- ☐ **1.** Não
- ☐ **2.** Sim

LEMBRETE:

Você respondeu todas as questões? Apesar de que você pode se recusar a responder qualquer questão, questionários completos são mais úteis para este estudo.

Se por acaso, alguma questão não se aplica ao seu caso, é preferível que você selecione ‘não se aplica’ do que deixar a questão em branco.

Lembre-se de que TODAS AS RESPOSTAS PERMANECERÃO CONFIDENCIAIS.

ESCALA DE ESTRATÉGIAS DE ACULTURAÇÃO

Código:

INSTRUÇÕES:

Aqui estão algumas afirmações acerca de linguagem, tradições culturais, amigos, etc. Por favor, indique **em que medida concorda ou discorda** com cada afirmação indicando a resposta que mais se aplica ao seu caso.

Por favor, tente responder todas as questões da melhor forma possível, para que seus dados sejam mais úteis para esta pesquisa. TODAS AS RESPOSTAS PERMANECERÃO CONFIDENCIAIS.

	** Algumas questões podem lhe parecer repetitivas, contudo, cada uma está medindo algo diferente. Por favor, procure responder todas as questões.*	**Discordo totalmente**	**Discordo um pouco**	**Neutro**	**Concordo um pouco**	**Concordo totalmente**
1.	Tanto casaria com um(a) brasileiro(a) quanto com um(a) canadense	**1**	**2**	**3**	**4**	**5**
2.	Tenho mais amigos canadenses que amigos brasileiros	**1**	**2**	**3**	**4**	**5**
3.	Acho que filhos de brasileiros vivendo no Canada devem aprender tanto valores e costumes brasileiros quanto valores e costumes canadenses	**1**	**2**	**3**	**4**	**5**
4.	Prefiro ter mais amigos canadenses que amigos brasileiros	**1**	**2**	**3**	**4**	**5**
5.	Preferia casar com um(a) canadense do que com um(a) brasileiro(a)	**1**	**2**	**3**	**4**	**5**
6.	Tenho amigos brasileiros e canadenses	**1**	**2**	**3**	**4**	**5**
7.	Prefiro atividades sociais que envolvam mais canadenses que brasileiros	**1**	**2**	**3**	**4**	**5**
8.	Acho que filhos de brasileiros vivendo no Canada devem aprender valores e costumes brasileiros ao invés de valores e costumes canadenses	**1**	**2**	**3**	**4**	**5**
9.	Preferiria casar com um(a) brasileiro(a) mais do que com um(a) canadense	**1**	**2**	**3**	**4**	**5**
10.	Participo em atividades sociais que envolvem tanto brasileiros quanto canadenses	**1**	**2**	**3**	**4**	**5**
11.	Não casaria nem com um(a) brasileiro(a) nem com um(a) canadense	**1**	**2**	**3**	**4**	**5**
12.	Acho que filhos de brasileiros vivendo no Canada devem aprender valores e costumes canadenses ao invés de valores e costumes brasileiros	**1**	**2**	**3**	**4**	**5**

	** Algumas questões podem lhe parecer repetitivas, contudo, cada uma está medindo algo diferente. Por favor, procure responder todas as questões.*	**Discordo totalmente**	**Discordo um pouco**	**Neutro**	**Concordo um pouco**	**Concordo totalmente**
13.	Prefiro ter tanto amigos brasileiros quanto canadenses	**1**	**2**	**3**	**4**	**5**
14.	Tenho mais amigos brasileiros que amigos canadenses	**1**	**2**	**3**	**4**	**5**
15.	Acho que filhos de brasileiros vivendo no Canada não devem aprender nem valores e costumes brasileiros nem valores e costumes canadenses	**1**	**2**	**3**	**4**	**5**
16.	Participo em atividades sociais que envolvem mais canadenses que brasileiros	**1**	**2**	**3**	**4**	**5**
17.	Prefiro não ter nem amigos brasileiros e nem canadenses	**1**	**2**	**3**	**4**	**5**
18.	Prefiro atividades sociais que envolvam tanto brasileiros quanto canadenses	**1**	**2**	**3**	**4**	**5**
19.	Não tenho nem amigos brasileiros e nem canadenses	**1**	**2**	**3**	**4**	**5**
20.	Prefiro não participar nem em atividades sociais brasileiras e nem canadenses	**1**	**2**	**3**	**4**	**5**
21.	Prefiro comer tanto comida brasileira quanto comida canadense	**1**	**2**	**3**	**4**	**5**
22.	Não participo nem em atividades sociais brasileiras e nem canadenses	**1**	**2**	**3**	**4**	**5**
23.	Prefiro ter mais amigos brasileiros que amigos canadenses	**1**	**2**	**3**	**4**	**5**
24.	Prefiro atividades sociais que envolvam mais brasileiros que canadenses	**1**	**2**	**3**	**4**	**5**
25.	Como tanto comida brasileira quanto comida canadense	**1**	**2**	**3**	**4**	**5**
26.	Prefiro mais o jeito canadense do que o jeito brasileiro de tratar differenças entre homens e mulheres	**1**	**2**	**3**	**4**	**5**
27.	Participo em atividades sociais que envolvem mais brasileiros que canadenses	**1**	**2**	**3**	**4**	**5**
28.	Prefiro comer comida canadense ao invés de comida brasileira	**1**	**2**	**3**	**4**	**5**
29.	Falo mais português do que o inglês no meu dia-a-dia	**1**	**2**	**3**	**4**	**5**

	** Algumas questões podem lhe parecer repetitivas, contudo, cada uma está medindo algo diferente. Por favor, procure responder todas as questões.*	**Discordo totalmente**	**Discordo um pouco**	**Neutro**	**Concordo um pouco**	**Concordo totalmente**
30.	Como mais comida canadense que comida brasileira	**1**	**2**	**3**	**4**	**5**
31.	Prefiro mais o jeito canadense do que o jeito brasileiro de tratar differenças entre etnias	**1**	**2**	**3**	**4**	**5**
32.	Prefiro não comer nem comida brasileira nem comida canadense	**1**	**2**	**3**	**4**	**5**
33.	Uso mais o jeito canadense do que o jeito brasileiro de tratar differenças entre homens e mulheres	**1**	**2**	**3**	**4**	**5**
34.	Prefiro mais o jeito brasileiro do que o jeito canadense de tratar differenças entre etnias	**1**	**2**	**3**	**4**	**5**
35.	Prefiro comer comida brasileira ao invés de comida canadense	**1**	**2**	**3**	**4**	**5**
36.	É mais importante para mim falar bem o inglês do que o português	**1**	**2**	**3**	**4**	**5**
37.	Como mais comida brasileira que comida canadense	**1**	**2**	**3**	**4**	**5**
38.	Uso mais o jeito brasileiro do que o jeito canadense de tratar differenças entre etnias	**1**	**2**	**3**	**4**	**5**
39.	É importante para mim falar bem tanto o português quanto o inglês	**1**	**2**	**3**	**4**	**5**
40.	Não prefiro nem o jeito brasileiro nem o jeito canadense de tratar differenças entre homens e mulheres	**1**	**2**	**3**	**4**	**5**
41.	Falo tanto português quanto inglês no meu dia-a-dia	**1**	**2**	**3**	**4**	**5**
42.	Não uso nem o jeito brasileiro nem o jeito canadense de tratar differenças entre etnias	**1**	**2**	**3**	**4**	**5**
43.	Uso mais o jeito brasileiro do que o jeito canadense de tratar differenças entre homens e mulheres	**1**	**2**	**3**	**4**	**5**
44.	Falo mais inglês do que português no meu dia-a-dia	**1**	**2**	**3**	**4**	**5**
45.	Não prefiro nem o jeito brasileiro nem o jeito canadense de tratar differenças entre etnias	**1**	**2**	**3**	**4**	**5**

	** Algumas questões podem lhe parecer repetitivas, contudo, cada uma está medindo algo diferente. Por favor, procure responder todas as questões.*	**Discordo totalmente**	**Discordo um pouco**	**Neutro**	**Concordo um pouco**	**Concordo totalmente**
46.	Não como nem comida brasileira nem comida canadense	**1**	**2**	**3**	**4**	**5**
47.	Prefiro mais o jeito brasileiro do que o jeito canadense de tratar differenças entre homens e mulheres	**1**	**2**	**3**	**4**	**5**
48.	Uso mais o jeito canadense do que o jeito brasileiro de tratar differenças entre etnias	**1**	**2**	**3**	**4**	**5**
49.	Uso tanto o jeito brasileiro como o jeito canadense de tratar differenças entre etnias	**1**	**2**	**3**	**4**	**5**
50.	Não falo nem português e nem inglês no meu dia-a-dia	**1**	**2**	**3**	**4**	**5**
51.	Prefiro tanto o jeito brasileiro como o jeito canadense de tratar differenças entre etnias	**1**	**2**	**3**	**4**	**5**
52.	É mais importante para mim falar bem o português do que o inglês	**1**	**2**	**3**	**4**	**5**
53.	Prefiro tanto o jeito brasileiro como o jeito canadense de tratar differenças entre homens e mulheres	**1**	**2**	**3**	**4**	**5**
54.	Uso tanto o jeito brasileiro como o jeito canadense de tratar differenças entre etnias	**1**	**2**	**3**	**4**	**5**
55.	Não é importante para mim falar bem nem o português e nem o inglês	**1**	**2**	**3**	**4**	**5**
56.	Não uso nem o jeito brasileiro nem o jeito canadense de tratar differenças entre homens e mulheres	**1**	**2**	**3**	**4**	**5**

LEMBRETE:

Você respondeu todas as questões? Apesar de que você pode se recusar a responder qualquer questão, questionários completos são mais úteis para este estudo.

Lembre-se de que TODAS AS RESPOSTAS PERMANECERÃO CONFIDENCIAIS.

CES-D* PROAD/UNIFESP Código:

INSTRUÇÕES:

Segue abaixo uma lista de tipos de sentimentos e comportamentos.

Solicitamos que você assinale (✓) a frequência com que tenha se sentido desta maneira **durante a semana passada.**

DURANTE A ÚLTIMA SEMANA:		Raramente (menos que 1 dia)	Durante pouco tempo (1 ou 2 dias)	Durante um tempo moderado (3 a 4 dias)	Durante a maior parte do tempo (5 a 7 dias)
1.	Senti-me incomodado com coisas que habitualmente não me incomodam	**1**	**2**	**3**	**4**
2.	Não tive vontade de comer; tive pouco apetite	**1**	**2**	**3**	**4**
3.	Senti não conseguir melhorar meu estado de ânimo mesmo com a ajuda de familiares e amigos	**1**	**2**	**3**	**4**
4.	Senti-me, comparando-me às outras pessoas, tendo tanto valor quanto a maioria delas	**1**	**2**	**3**	**4**
5.	Senti dificuldade em me concentrar no que estava fazendo	**1**	**2**	**3**	**4**
6.	Senti-me deprimido	**1**	**2**	**3**	**4**
7.	Senti que tive que fazer esforço para dar conta das minhas tarefas habituais	**1**	**2**	**3**	**4**
8.	Senti-me otimista com relação ao futuro	**1**	**2**	**3**	**4**
9.	Considerei que minha vida tinha sido um fracasso	**1**	**2**	**3**	**4**
10.	Senti-me amedrontado	**1**	**2**	**3**	**4**
11.	Meu sono não foi repousante	**1**	**2**	**3**	**4**
12.	Estive feliz	**1**	**2**	**3**	**4**
13.	Falei menos que o habitual	**1**	**2**	**3**	**4**
14.	Senti-me sozinho	**1**	**2**	**3**	**4**
15.	As pessoas não foram amistosas comigo	**1**	**2**	**3**	**4**
16.	Aproveitei minha vida	**1**	**2**	**3**	**4**

* Versão traduzida, adaptada e validada para o português por Dartiu Xavier da Silveira, Evelyn Doering-Silveira e Miguel Roberto Jorge. Silveira, D. X., & Jorge, M. R. (1998). Propriedades psicométricas da escala de rastreamento populacional para depressão CES-D em populações clínica e não clínica de adolescentes e adultos jovens. *Psiq Clin, 25*, 251-261.

17.	Tive crises de choro	**1**	**2**	**3**	**4**
18.	Senti-me triste	**1**	**2**	**3**	**4**
19.	Senti que as pessoas não gostavam de mim	**1**	**2**	**3**	**4**
20.	Não consegui levar adiante minhas coisas	**1**	**2**	**3**	**4**

LEMBRETE:

Você respondeu todas as questões? Apesar de que você pode se recusar a responder qualquer questão, questionários completos são mais úteis para este estudo. Lembre-se de que TODAS AS RESPOSTAS PERMANECERÃO CONFIDENCIAIS.

Appendix D.
Acculturation Strategies Scale Domain Chart

Domain	Sub-domain	Strategy	Attitude/Behaviour	Statement
Family	Marriage	I	Attitude	I would marry either a Brazilian or a Canadian
			Behaviour	N/A - some individuals might be already married and have married in Brazil
		A	Attitude	I would marry a Canadian rather than a Brazilian
			Behaviour	N/A - some individuals might be already married and have married in Brazil
		M	Attitude	I would neither marry a Brazilian nor a Canadian
			Behaviour	N/A - some individuals might be already married and have married in Brazil
		S	Attitude	I would marry a Brazilian rather than a Canadian
			Behaviour	N/A - some individuals might be already married and have married in Brazil
	Child Rearing	I	Attitude	I think that children of Brazilians living in Canada should learn both Brazilian and Canadian values and customs
			Behaviour	N/A – some respondents might not have children
		A	Attitude	I think that children of Brazilians living in Canada should learn Canadian rather than Brazilian values and customs
			Behaviour	N/A – some respondents might not have children
		M	Attitude	I think that children of Brazilians living in Canada should learn neither Brazilian nor Canadian values and customs
			Behaviour	N/A – some respondents might not have children
		S	Attitude	I think that children of Brazilians living in Canada should learn Brazilian rather than Canadian values and customs
			Behaviour	N/A – some respondents might not have children
Social Life	Friendships	I	Attitude	I would rather have both Brazilian and

				Canadian friends
			Behaviour	I have both Brazilian and Canadian friends
		A	Attitude	I would rather have more Canadian than Brazilian friends
			Behaviour	I have more Canadian than Brazilian friends
		M	Attitude	I would rather have neither Brazilian nor Canadian friends
			Behaviour	I do not have neither Brazilian nor Canadian friends
		S	Attitude	I would rather have more Brazilian than Canadian friends
			Behaviour	I have more Brazilian than Canadian friends
	Social Activities	I	Attitude	I prefer social activities that involve both Brazilians and Canadians
			Behaviour	I take part in social activities that involve both Brazilians and Canadians
		A	Attitude	I prefer social activities that involve more Canadians than Brazilians
			Behaviour	I take part in social activities that involve more Canadians than Brazilians
		M	Attitude	I would rather not take part in either Brazilian or Canadian social activities
			Behaviour	I do not take part in either Brazilian or Canadian social activities
		S	Attitude	I prefer social activities that involve more Brazilians than Canadians
			Behaviour	I take part in social activities that involve more Brazilians than Canadians
Daily Living	Food	I	Attitude	I would rather eat both Brazilian and Canadian food
			Behaviour	I eat both Brazilian and Canadian food
		A	Attitude	I would rather eat Canadian than Brazilian food
			Behaviour	I eat more Canadian than Brazilian food
		M	Attitude	I would rather not eat either Brazilian or Canadian food
			Behaviour	I do not eat either Brazilian or Canadian food
		S	Attitude	I would rather eat Brazilian than Canadian food
			Behaviour	I eat more Brazilian than Canadian food

	Language	I	Attitude	It is important to me to speak both Portuguese and English well
			Behaviour	I speak both Portuguese and English in my daily life
		A	Attitude	It is more important to me to speak English well than Portuguese
			Behaviour	I speak more English than Portuguese in my daily life
		M	Attitude	It is not important to me to speak either Portuguese or English well
			Behaviour	I do not speak either Portuguese or English in my daily life
		S	Attitude	It is more important to me to speak Portuguese well than English
			Behaviour	I speak more Portuguese than English in my daily life
Power Relations	Behaviour regarding male female relations	I	Attitude	I prefer both Brazilian and Canadian ways of treating differences between men and women
			Behaviour	I use both Brazilian and Canadian ways of treating differences between men and women
		A	Attitude	I prefer the Canadian ways of treating differences between men and women more than the Brazilian ways
			Behaviour	I use more the Canadian ways of treating differences between men and women than the Brazilian ways
		M	Attitude	I do not prefer either the Canadian or the Brazilian ways of treating differences between men and women
			Behaviour	I do not use either the Canadian or the Brazilian ways of treating differences between men and women
		S	Attitude	I prefer the Brazilian ways of treating differences between men and women more than the Canadian ways
			Behaviour	I use the Brazilian ways of treating differences between men and women more than the Canadian ways
	Behaviour regarding different ethnicities	I	Attitude	I prefer both Brazilian and Canadian ways of treating differences between ethnicities
			Behaviour	I use both Brazilian and Canadian ways of

				treating differences between ethnicities
		A	Attitude	I prefer the Canadian ways of treating differences between ethnicities more than the Brazilian ways
			Behaviour	I use more the Canadian ways of treating differences between ethnicities than the Brazilian ways
		M	Attitude	I do not prefer either the Canadian or the Brazilian ways of treating differences between ethnicities
			Behaviour	I do not use either the Canadian or the Brazilian ways of treating differences between ethnicities
		S	Attitude	I prefer the Brazilian ways of treating differences between ethnicities more than the Canadian ways
			Behaviour	I use more the Brazilian ways of treating differences between ethnicities than the Canadian ways

Appendix E.
Recruitment Materials – English Version

EMAIL ADVERTISEMENT

Hello,

My name is Iara Costa. I am a graduate student in the department of Counselling Psychology at the Ontario Institute for Studies in Education of the University of Toronto. I am conducting a study as part of the requirement to obtain my Master's degree in counselling psychology.

My study is investigating how the ways Brazilian immigrants adjust to Canada influence the occurrence of symptoms of depression.

Many studies that have investigated the connections between immigration and mental health difficulties; however, most of them do not target the Brazilian community.

I would like to invite you to change this trend.

If you…

- Are a first generation immigrant from Brazil
- Have already become a Canadian citizen or are a permanent resident of Canada (landed immigrant, refugee, refugee claimant), or are a resident without documents
- Live in the Greater Toronto Area (GTA)
- Are at least 16 years of age
- Speak Portuguese or English…

Then you are eligible to participate!

If you are interested,

3. You will be asked to fill out a few questionnaires that will take no longer than 20-30 minutes.
4. You can click on this link (http://www.surveymonkey.com/brazil) to fill out the survey online or you may contact me to receive a hard copy version of the survey. Please see my contact information below.
5. In either case, you may stop filling out the survey and return to it later.

Your participation is strictly CONFIDENTIAL!

You are by no means obliged to participate in my study. If you are not interested or do not fit the criteria, please feel free to forward this e-mail to anyone you think might be interested in helping. Otherwise, I would be glad to hear from you or receive your online survey!

Thank you for your time.

Iara Costa
M.A. Candidate
OISE – University of Toronto
416-978-0688
accstudy@oise.utoronto.ca

FLYER

Are you Brazilian??

Would you like to participate in a University of Toronto research study?

By participating you will help us understand how the ways Brazilians adapt to Canada influence how they feel emotionally

To participate you must:

- ✓ Be Brazilian and first generation immigrant to Canada
- ✓ Be a resident with or without documents, landed immigrant, refugee, refugee claimant, or a Canadian citizen *(visitor, student or work visas are not eligible to participate)*
- ✓ Live in the Greater Toronto Area (GTA)
- ✓ Be at least 16 years of age

This is completely CONFIDENTIAL.

Online and paper surveys are available

Adaptation of Brazilians to Canada
http://www.surveymonkey.com/brazil
416-978-0688
accstudy@oise.utoronto.ca

Adaptation of Brazilians to Canada
http://www.surveymonkey.com/brazil
416-978-0688
accstudy@oise.utoronto.ca

Adaptation of Brazilians to Canada
http://www.surveymonkey.com/brazil
416-978-0688
accstudy@oise.utoronto.ca

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Adaptation of Brazilians to Canada
http://www.surveymonkey.com/brazil
416-978-0688
accstudy@oise.utoronto.ca

PARTNERSHIP CONTACT SCRIPT

Hello, my name is Iara Costa. I am a graduate student in the department of Counselling Psychology at the Ontario Institute for Studies in Education of the University of Toronto. I am here to tell you about the study I am conducting as part of the requirement to obtain my Master's degree in counselling psychology.

I am interested in studying how the ways immigrants adapt to Canada influences the way they feel emotionally. More specifically, I am investigating to what extent the ways Brazilian immigrants acculturate to Canada influence the occurrence of symptoms of depression. There are a number of studies demonstrating that immigration and acculturation trigger a series of stressors for newcomers. Among other factors, immigrants struggle with financial uncertainty, language barriers, and negotiation of cultural differences, and as a consequence, mental health difficulties. Some of immigrants become a part of the Canadian society and others prefer to stay in their own community. My study will investigate if these attitudes and behaviours are related with symptoms of depression.

The findings of this study may shed some light in the experiences of Brazilian immigrants in the GTA and inform mental health services that are available to the Brazilian community. I hope it will also inspire an interest for future studies involving this community, since there are very few that have been done so far.

I would like to invite you to ask for your help in divulging the study and referring potential participants. The inclusion criteria is very clear, so it should be relatively straight-forward to identify participants. A person is eligible to participate in the study if he or she:

- Is a first generation immigrant from Brazil
- Has already become a Canadian citizen, or is a permanent resident of Canada (landed immigrant, refugee, refugee claimant), or resident without documents
- Lives in the Greater Toronto Area (GTA)
- Is at least 16 years of age
- Speak Portuguese or English

I estimate that participants will take no longer than 30 minutes to complete the research materials. They will be asked to fill out the consent form, outlining detailed information about their participation, and 4 questionnaires. The questionnaires gather demographic information; ask questions about their immigration experience, about their acculturation attitudes and behaviours, and about potential symptoms of depression. Participants will receive a list of counselling resources they may access if any questions raise personal issues that they would like to discuss with a counsellor

Their participation is completely voluntary and they may change their minds at any time. No one will know that he or she participated in the study, as they will be completing the survey anonymously. They also have the option to use a pseudonym, to answer the survey online, where their names will not be required, or provide verbal consent by calling me with their survey code and stating their interest.

The survey will be available online and on paper. Here is a sample of a package that participants will receive or have access online.

Before we finish, would you like to ask any questions? If you have any questions about this study in the coming days, please feel free to contact me. I look forward to working with you.

SMALL TAKE ONE FLYERS

ADAPTATION OF BRAZILIANS TO CANADA
(University of Toronto Research)

- **Online**: www.surveymonkey.com/brazil
- **Paper**: call or e-mail Iara:
  416-978-0688 | accstudy@oise.utoronto.ca

Strictly CONFIDENTIAL

ADAPTATION OF BRAZILIANS TO CANADA
(University of Toronto Research)

- **Online**: www.surveymonkey.com/brazil
- **Paper**: call or e-mail Iara:
  416-978-0688 | accstudy@oise.utoronto.ca

Strictly CONFIDENTIAL

ADAPTATION OF BRAZILIANS TO CANADA
(University of Toronto Research)

- **Online**: www.surveymonkey.com/brazil
- **Paper**: call or e-mail Iara:
  416-978-0688 | accstudy@oise.utoronto.ca

Strictly CONFIDENTIAL

Appendix F.
Recruitment Materials – Portuguese Version

EMAIL ADVERTISEMENT – (Anúncio via e-mail)

Olá,

Meu nome é Iara Costa. Eu sou uma estudante the mestrado no departamento de Aconselhamento Psicológico no Instituto de Estudos em Educação da Universidade de Toronto (department of Counselling Psychology at the Ontario Institute for Studies in Education of the University of Toronto). Eu estou conduzindo um estudo que é parte dos requisitos para eu obter o meu diploma de mestrado em psicologia e aconselhamento.

O meu estudo está investigando como o jeito com o qual os imigrantes brasileiros se adaptam ao Canadá influencia a ocorrência de sintomas de depressão.

Vários estudos têm investigado as conexões entre imigração e dificuldades com saúde mental, contudo, a maior parte deles não se direciona à comunidade brasileira.

Eu gostaria de o/a convidar a mudar essa tendência.

Se você…

- É brasileiro/a e imigrante de primeira geração no Canadá
- Já se tornou cidadão/ã canadense ou é residente permanente do Canadá (imigrante com ou sem documentos, ou refugiado/a, ou aguardando pedido de refúgio)
- Mora na Área da Grande Toronto (GTA)
- Tem pelo menos 16 anos de idade
- Fala português ou inglês…

Então você pode participar do estudo!

Se você está interessado/a,

1. Você será convidado/a a preencher alguns questionários que demorarão não mais de 20-30 minutos ao todo.
2. Você pode clicar neste link (http://www.surveymonkey.com/brazil) para preencher a pesquisa na internet ou pode me contatar para receber uma cópia impressa. Por favor, veja os meus dados abaixo.
3. Em qualquer um dos casos, você pode parar de preencher a pesquisa e continuar mais tarde.

A sua participação será totalmente CONFIDENCIAL!

Você não é de forma alguma obrigado/a a participar do meu estudo. Se você não está interessado/a ou não preenche o critério de participação acima, por favor, sinta-se à vontade para encaminhar este e-mail à outras pessoas que você ache que poderão estar interessadas em ajudar. Caso contrário, eu adoraria receber o seu contato ou a sua pesquisa preenchida online!
Muito obrigada pela sua atenção e ajuda.

Iara Costa
Candidata de Mestrado (M.A. Candidate)
OISE – University of Toronto
416-978-0688
accstudy@oise.utoronto.ca

ARTICLE PUBLISHED IN BRASIL NEWS, JULY 10, 2007 – (Artigo publicado no Brasil News, 10 de Julho de 2007)

1ª EDIÇÃO DE JULHO | 10.07.2007 BRASIL NEWS

CANADÁ | CANADA

O SEU PROCESSO DE IMIGRAÇÃO FOI OU ESTÁ SENDO ESTRESSANTE?

POR: IARA COSTA
ACCSTUDY@OISE.UTORONTO.CA

Pesquisa quer entender quais as estratégias que a comunidade brasileira em Toronto usa para se adaptar ao Canadá.

Christian Pedersen, colunista do Brasil News recebe sua cidadania.

Se você respondeu 'SIM', tenha certeza de que você não está sozinho! Todo nós de alguma forma tivemos de nos adaptar a uma série de padrões novos e diferentes daqueles que estávamos acostumados no Brasil, lidar com insegurança econômica, barreira de língua e diferenças culturais. Lidar com o novo e o desconhecido [illegible] de desconforto, às vezes stress e, às vezes, problemas de ordem emocional ou psicológica, como por exemplo, solidão, baixa auto-estima, ansiedade ou depressão.

São vários os fatores que determinam o nível de stress de novos imigrantes e que fazem com que alguns passem pela fase de adaptação mais serenamente ou mais atribuladamente que outros. Um desses fatores está relacionado com o interesse de novos imigrantes em se manter conectados com a sua cultura de origem (por exemplo, a cultura e a comunidade brasileiras) e iniciar e manter contato com a cultura da sociedade para qual eles imigraram (ou seja, a cultura canadense). Por exemplo, alguns imigrantes começam a fazer parte da sociedade canadense enquanto outros preferem permanecer na sua própria comunidade, e ainda outros decidem participar de ambas.

Essas diferenças de interesses e comportamentos associadas à minha própria experiência como imigrante brasileira me motivaram a iniciar a pesquisa que agora estou conduzindo. Esta pesquisa procura entender quais são as estratégias que a comunidade de brasileiros em Toronto usa para se adaptar ao Canadá. Eu também gostaria de saber de que forma essas estratégias se relacionam com a saúde mental dos brasileiros, principalmente em termos de sintomas de depressão.

Eu espero que os resultados desse estudo nos ajudem a compreender as experiências da nossa comunidade e disponibilizem mais informação aos serviços de saúde mental que são oferecidos à comunidade brasileira. Eu também espero encorajar um interesse por futuros estudos envolvendo nossa comunidade, para engrossar a lista de estudos extremamente importantes que têm sido conduzidos nos últimos anos (como por exemplo o "Brasil, Mostra a tua Cara" realizado pelo Centro Brasil Angola e a pesquisa realizada pela estudante de doutorado Katherine Brasch).

Esta pesquisa está sendo realizada como a minha tese de mestrado em psicologia e aconselhamento pela Universidade de Toronto. Este projeto recebeu fundos do SSHRC (Social Sciences and Research Council), uma das principais agências de fomento de pesquisa na área de ciências sociais no Canadá, o que demonstra o interesse da área acadêmica em saber mais sobre a nossa comunidade de brasileiros.

A SUA PARTICIPAÇÃO é fundamental!!

Para participar você precisa:

- Ser brasileiro/a e imigrante de primeira geração no Canadá
- Ter se tornado um/a cidadão/ã canadense, ou ser residente permanente no Canadá (imigrante com documentos, refugiado, aguardando pedido de refúgio)
- Viver na Área da Grande Toronto (GTA)
- Ter pelo menos 16 anos de idade
- Falar português ou inglês

Você pode participar de várias formas:

1. Preenchendo os questionários

2. Falando a respeito do estudo com pessoas que se encaixam no critério de inclusão

3. Sugerindo àquelas que demonstrem interesse no estudo, que entrem em contato comigo ou que preencham o questionário na internet

A sua participação é VOLUNTÁRIA e TOTALMENTE CONFIDENCIAL!!

Você pode preencher a pesquisa:

1. Online: http://www.surveymonkey.com/brazil

2. Papel: basta entrar em contato comigo:

Iara Costa
Candidata de Mestrado em Psicologia e Aconselhamento
OISE – Universidade de Toronto
416-923-6641 ext. 2564
accstudy@oise.utoronto.ca

FLYER – (Cartaz)

Você é brasileiro/a??

Você gostaria de participar em um estudo da Universidade de Toronto?

Você ajudará a entender de que forma o jeito que os/as brasileiros/as se adaptam ao Canadá, influencia como eles/as se sentem emocionalmente

Para participar você deve:

- ✓ Ser brasileiro/a e imigrante de primeira geração no Canadá
- ✓ Morar no Canadá sem documentos, com documentos, como cidadão/ã canadense ou refugiado/a, ou aguardando pedido de refúgio
- ✓ Morar na Área da Grande Toronto (GTA)
- ✓ Ter pelo menos 16 anos de idade

Totalmente CONFIDENCIAL.

Questionários disponíveis na internet ou versão impressa

Adaptação de brasileiros ao Canadá
http://www.surveymonkey.com/brazil
416-978-0688
accstudy@oise.utoronto.ca

Adaptação de brasileiros ao Canadá
http://www.surveymonkey.com/brazil
416-978-0688
accstudy@oise.utoronto.ca

Adaptação de brasileiros ao Canadá
http://www.surveymonkey.com/brazil
416-978-0688
accstudy@oise.utoronto.ca

Adaptação de brasileiros ao Canadá
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accstudy@oise.utoronto.ca

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accstudy@oise.utoronto.ca

Adaptação de brasileiros ao Canadá
http://www.surveymonkey.com/brazil
416-978-0688
accstudy@oise.utoronto.ca

Adaptação de brasileiros ao Canadá
http://www.surveymonkey.com/brazil
416-978-0688
accstudy@oise.utoronto.ca

Adaptação de brasileiros ao Canadá
http://www.surveymonkey.com/brazil
416-978-0688
accstudy@oise.utoronto.ca

Adaptação de brasileiros ao Canadá
http://www.surveymonkey.com/brazil
416-978-0688
accstudy@oise.utoronto.ca

PARTNERSHIP CONTACT SCRIPT – (Roteiro para contato com parceiros)

Olá, meu nome é Iara Costa. Eu sou uma estudante the mestrado no departamento de Aconselhamento Psicológico no Instituto de Estudos em Educação da Universidade de Toronto (department of Counselling Psychology at the Ontario Institute for Studies in Education of the University of Toronto). Eu estou aqui para apresentar o estudo que eu estou conduzindo que é parte dos requisitos para eu obter o meu diploma de mestrado em psicologia e aconselhamento.

Eu estou interessada em estudar como é que o jeito com o qual imigrantes se adaptam ao Canadá influencia como eles se sentem emocionalmente. Mais especificamente, eu estou investigando em que medida o jeito como os imigrantes brasileiros se aculturam ao Canadá influencia a ocorrência de sintomas de depressão. Há vários estudos que demonstram que immigração e acculturação desencadeam uma série de estressores para recém-chegados. Entre outros fatores, imigrantes se esforçam para lidar com insegurança econômica, barreira de linguagem e diferenças culturais, o que gera dificuldades na sua saúde mental. Alguns imigrantes começam a fazer parte da sociedade canadense enquanto outros preferem permancer na sua própria comunidade. O meu estudo investigará se essas attitudes e comportamentos se relacionam com sintomas de depressão.

É possível que os resultados desse estudo nos ajude a compreeender as experiências dos imigrantes brasileiros na Área da Grande Toronto e informe os serviços de saúde mental disponíveis à comunidade brasileira. Eu também espero encorajar um interesse por futuros estudos envolvendo essa comunidade, uma vez que há apenas uns poucos estudos realizados até então.

Eu gostaria de os convidar a contribuir com esse estudo de duas formas: falando a respeito do estudo com pessoas que se encaixam no critério de inclusão e sugerindo àqueles que demonstrem interesse no estudo, que entrem em contato comigo ou que preencham o questionário na internet.

O critério de inclusão é bastante claro, portanto, deve ser relativamente fácil identificar participantes. Uma pessoa pode participar do estudo se ele ou ela:

- For brazileiro/a e imigrante de primeira geração no Canadá
- Tenha se tornado um/a cidadão/ã canadense, ou seja residente permanente no Canadá (imigrante com documentos, refugiado, aguardando pedido de refúgio), ou residente sem documentos
- Viver na Área da Grande Toronto (GTA)
- Ter pelo menos 16 anos de idade
- Falar português ou inglês

A minha estimativa é de que não demorará mais que 20-30 minutos para responder os materiais da pesquisa. Os participantes serão convidados a preencher o formulário de consentimento, que apresenta informação detalhada a respeito da sua participação and 4 questionários. Os questionários recolhero dados demográficos; farão perguntas sobre as suas experiências de imigração, sobre suas atitudes e comportamentos de acculturação e sobre possíveis sintomas de depressão. Os participants receberão uma lista de recursos de aconselhamento e terapia que eles podem acessar caso alguma pergunta levante questões pessoais que eles gostariam de discutir com um conselheiro/terapêuta. Eles também receberão os meus dados para contato caso necessitem auxílio.

Participação nesse estudo é totalmente voluntária e eles podem mudar de idéia a qualquer momento. Ninguém saberá que a pessoa participou no estudo, porque ela estará respondendo a pesquisa anonimamente. Eles também terão a opção de não divulgar seus nomes, usar um pseudônimo, responder a pesquisa via internet (onde seus nomes não serão requeridos) ou fornecer o consentimento verbal por telefone, fornecendo o seu código de pesquisa e indicando seu interesse. O exame estará disponível na internet e em formato impresso. Este é um examplo de um pacote que os participantes receberão ou que terão acesso pela internet.

Antes de nós terminarmos, vocês gostaria de fazer alguma pergunta? Se vocês tiverem quaisquer perguntas sobre este estudo nos próximos dias, por favour, sintam-se à vontade para me contatar. Eu estou ansiosa e entusiasmada para começar a trabalhar com vocês.

SMALL TAKE ONE FLYERS – (Cartazetes)

ADAPTAÇÃO DE BRASILEIROS AO CANADÁ
(Pesquisa da Universidade de Toronto)

- **Online**: www.surveymonkey.com/brazil
- **Papel**: ligue ou escreva p/ Iara:
  416-978-0688 | accstudy@oise.utoronto.ca

Totalmente CONFIDENCIAL

ADAPTAÇÃO DE BRASILEIROS AO CANADÁ
(Pesquisa da Universidade de Toronto)

- **Online**: www.surveymonkey.com/brazil
- **Papel**: ligue ou escreva p/ Iara:
  416-978-0688 | accstudy@oise.utoronto.ca

Totalmente CONFIDENCIAL

ADAPTAÇÃO DE BRASILEIROS AO CANADÁ
(Pesquisa da Universidade de Toronto)

- **Online**: www.surveymonkey.com/brazil
- **Papel**: ligue ou escreva p/ Iara:
  416-978-0688 | accstudy@oise.utoronto.ca

Totalmente CONFIDENCIAL

Appendix G.
Additional Research Package Documents: Hard copy - English

REMINDERS AND RECRUITMENT SOURCE PAGE

REMINDERS:

1. Please fill out both sides of all questionnaires
2. Return the following forms via mail in the provided envelope:
   - Consent Form
   - Questionnaires
   - This sheet
     (These forms are clipped together in your package)
3. Keep the stapled copies of the Information Letter, Consent Form, and Counselling Resources Sheet.
4. **Answer the question to the side** ➔
5. Before mailing your package:
   - Did you answer all questions of all questionnaires?
   - Although you may refuse to answer any questions, fully completed questionnaires are more useful to this study.
   - It is preferable to select 'NOT APPLICABLE' (if this is your case) than to leave a question without an answer.
   - Remember that all answers will remain CONFIDENTIAL.

RECRUITMENT SOURCE

Code:

How did you hear about this study?
(Please select the primary source, the one that most influenced your decision to participate)

☐	**1.**	Community Agency/Centre
☐	**2.**	Hospital
☐	**3.**	Church or religious group
☐	**4.**	Poster at commercial establishments
☐	**5.**	Online forum/listserv
☐	**6.**	E-mail invitation
☐	**7.**	E-mail forwarded by a friend
☐	**8.**	Newspaper - online ad
☐	**9.**	Newspaper - print version
☐	**10.**	Magazine - online
☐	**11.**	Magazine - paper version
☐	**12.**	Health professional
☐	**13.**	Other professionals (accountant, lawyer, etc.)
☐	**14.**	Other (please specify)

INFORMATION LETTER
(On departamental letterhead)

Dear Potential Participant,

My name is Iara Costa. I am a graduate student in the department of Counselling Psychology at the Ontario Institute for Studies in Education of the University of Toronto. I would like to invite you to participate in my study. This study is being completed as a Master's thesis under the supervision of Dr. Roy Moodley. It is funded by the Social Sciences and Humanities Research Council and its completion will help to fulfill the requirements for my master's degree in counselling psychology.

WHAT IS THIS STUDY ABOUT?
I am interested in studying how the ways immigrants adapt to Canada influences the way they feel emotionally. More specifically, I am investigating to what extent the ways Brazilian immigrants adapt to Canada influence the occurrence of symptoms of depression.

I am looking for individuals who:

- Are first generation immigrant from Brazil
- Have already become a Canadian citizen, are a permanent resident of Canada (landed immigrant, refugee, refugee claimant), or undocumented immigrants
- Live in the Greater Toronto Area (GTA)
- Are at least 16 years of age
- Speak Portuguese or English

DO I HAVE TO PARTICIPATE?
Your participation in this research is completely voluntary. The information you provide will remain confidential and no one will know that you participated in this study, as you will be completing the survey anonymously. You can decline to answer any question and are free to withdraw from this study at any time with no consequence. The information collected as part of this study may appear in future publications and public presentations, however, no individual will be identified or identifiable and only group results will be presented.

WHAT WILL I BE ASKED TO DO?
You will be asked to fill out some forms and questionnaires, which should take approximately 20-30 minutes to complete. Some of the questions relate to demographic information, some to your experiences as an immigrant in Canada, some are about the ways you use to adjust to Canada, and some relate to how you are feeling emotionally. All forms and questionnaires are available in Portuguese and English and you can choose the language that is more comfortable for you.

If you decide to participate, you will be asked to:

- Read and sign the Consent Form
- Complete the survey packet
- Return the completed Consent Form and surveys by _____. You may use the pre-addressed stamped envelope provided in your survey package or return the envelope to the study's drop off box located at 252 Bloor St. West, 7th Floor (OISE/UT).
  - ✶ **Reminder**: Please make sure that you keep a copy of the Consent Form for yourself
  - ✶ Você também poderá receber uma ligação para verificar como você está indo no processo de responder aos questionários

Alternatively, you may answer the survey online by visiting the following website:

- www.surveymonkey.com/brazil

ARE THERE ANY RISKS AND BENEFITS TO PARTICIPATING?
While there is no direct benefit for participating in this study, you will be helping us to know more about the mental health and immigration issues that Brazilian individuals face while adapting to Canada. I will offer to share the results of this study with key community agencies that serve the Brazilian community.

There are no anticipated risks associated with this study; however, some of the questions might lead you to think about negative emotions or experiences. In the case that any questions raise personal issues that you would like to discuss with a counsellor, you may contact me to direct you to a counsellor or you may use the "Counselling Resource Sheet" provide in your package. This sheet lists organizations that provide counselling in the Toronto area. Many of them offer services in Portuguese. If you live outside of the Toronto area, these resources can refer you to someone in your area, or you can contact me by email for assistance in finding a resource. You may also stop filling out the survey and return to it later.

In addition, you might feel uncertain whether to provide your name and signature on the Consent Form. To reassure you that your information will never be disclosed, I will accept that you provide your consent verbally. In this case, I ask that you call me with the code number written on the top-right corner of the survey and state that I have your permission to use your survey answers. Alternatively, you may choose not to disclose your name by selecting the second box under the section "Declaration of Informed Consent" of the consent Form, or complete the survey online, where your name will not be asked.

WHAT WILL HAPPEN TO THE INFORMATION AFTER I HAVE PARTICIPATED IN THE STUDY?
Your name will not be attached to your survey data and only myself and Dr. Moodley will have access to the survey data. All of the information collected as a result of your participation in this study will remain strictly confidential. The information gathered in this study may appear in future academic or community publications and public presentations and that the data set collected will be terminated and destroyed in July of 2013.

You may choose to receive a summary of the research results. Please indicate your preference under the section "Request to Receive Summary of Results" of the Consent Form.

If you have any questions about your rights as a participant, you may contact the Research Ethics Review Office by e-mail (ethics.review@utoronto.ca) or phone (416-946-3273), or contact Dean Sharpe at 416-978-5585.

If you would like to participate in this study, please read and complete the enclosed consent form. If you have any questions about this study please feel free to contact:

Iara Costa
416-978-0688
accstudy@oise.utoronto.ca

Dr. Roy Moodley
416-923-6641 ext. 2419
roymoodley@oise.utoronto.ca

CONSENT FORM
(On departamental letterhead)

I understand that I will be participating in a research study examining the relationship between ways in which people adjust to Canada after immigration and symptoms of depression. I have read the information letter describing the purpose and procedures of this study.

I understand that my participation in this study involves filling out questionnaires in either Portuguese or English, which should take approximately 20-30 minutes to complete. I understand that some of the questions relate to demographic information, some to my experiences as an immigrant in Canada, some to the ways I use to adjust to Canada, and some are related to how I am feeling emotionally. I also understand that the researcher might phone me as a follow up during my participation in this project.

I understand that my participation in this research is completely voluntary. I understand that any information that I provide will remain confidential and that no one will know that I participated in this study, as I will be completing the survey anonymously. I also understand that I can decline to answer any question or to withdraw from this study at any time with no consequence. I understand that the information gathered in this study may appear in future publications and public presentations; however, no individual will be identified or identifiable and only group results will be presented. I also understand that the data set collected will be terminated and destroyed in July of 2013.

I understand that my participation in this study will provide no direct benefits to me; however, I will be helping to find out more about the mental health and immigration issues that Brazilian individuals face while adapting to Canada. I understand that if survey items raise issues for me and I would like to discuss this with a counsellor, I may contact the researcher or use the "Counselling Resource Sheet" provided or the researcher will assist me in finding a counsellor to speak with. I understand that I may stop filling out the survey and return to it later. I also understand that if I feel unsure about disclosing my name, I can use a pseudonym, choose not to disclose my name or complete the online survey where my name will not be asked.

I understand that I can receive written information about the results of the study by providing my information at the end of this form. I also understand that I can choose to provide consent verbally by following the instructions outlined in the "Information Letter."

DECLARATION OF INFORMED CONSENT

☐ I, _____ have read the above information and I would like to participate in this study.

☐ I have read the above information and decided that I would like to participate in this study; however, I choose to do so without disclosing my name.

☐ I, _____ have read the above information and I do not want to participate in this study.

Name: _____ Date: _____

Signature: _____

(Please refer to the next page)

DECLARATION OF RECEIPT OF INFORMED CONSENT FORM

☐ I have received a copy of this Consent Form.

REQUEST TO RECEIVE SUMMARY OF RESULTS

If you would like to receive a summary of the results of the study, please fill out the information below.

☐ Yes, I would like to receive a summary of the results of the study.

Please send me the summary by: ☐ E-mail ☐ Canada Post

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

E-mail: _____

Thank you for your time.

COUNSELLING RESOURCES SHEET

If this survey has raised any personal issues that you would like to discuss with a counsellor, here is a list of counselling resources in the Toronto area. Please feel free to contact me by phone at 416-978-0688 or email at accstudy@oise.utoronto.ca if you need assistance to find a counsellor.

Services available in **English and Portuguese**

1. Portuguese Mental Health & Addictions
   Toronto Western Hospital
   399 Bathurst Street
   East Wing, 9th Floor
   416-603-5747

2. COSTI
   North York Centre
   Family and Mental Health Services
   Sheridan Mall, 1700 Wilson Ave, Ste 105, North York
   416-244-7714

3. Family Service Association of Toronto
   355 Church Street
   416-595-9618

Services available in **English only**

1. OISE/UT Clinic
   252 Bloor Street West
   416-923-6641, ext. 2585

2. Yorktown Child and Family Centre and West-End Walk-in Centre
   416-394-2424
   21 Ascot Ave, 1st Fl, (Dufferin St-St Clair Ave W)

3. Toronto Institute for Relational Psychotherapy
   1352 Bathurst Street
   416-657-6463

4. The Gestalt Institute of Toronto
   194 Carlton street
   416-964-9494, ext. 63

Thank you for your participation,

Iara Costa

Appendix H.
Additional Research Package Documents: Hard copy - Portuguese

REMINDERS AND RECRUITMENT SOURCE PAGE – (Lembretes e Fontes de Recrutamento)

LEMBRETES:

1. Preencher todos os formulários frente e verso
2. Devolver pelo correio no envelope fornecido:
   - Formulário de Consento Informado
   - Questionários
   - Esta folha
     (Estes formulários estão presos pelo clips de papel)
3. Ficar com a cópia grampeada da Carta Informativa, Formulário de Consentimento e Agências de Aconselhamento.
4. **Responder a pergunta ao lado**
5. Antes de enviar o pacote por correio:
   - Você respondeu todas as questões em todos os questionários?
   - Apesar de que você pode se recusar a responder qualquer questão, questionários completos são mais úteis para este estudo.
   - É preferível que você selecione 'NÃO SE APLICA' (se este for o caso) do que deixar uma questão em branco.
   - Lembre-se de que todas as respostas permanecerão CONFIDENCIAIS.

FONTES DE RECRUTAMENTO

Código:

Como você soube a respeito deste estudo? (Por favor, selecione o meio/local que mais influenciou a sua decisão de participar do estudo)

☐	**1.**	Agência/Centro Comunitário
☐	**2.**	Hospital
☐	**3.**	Igreja ou grupo religioso
☐	**4.**	Cartaz em estabelecimentos comerciais
☐	**5.**	Fórum online/lista de e-mail (listserv)
☐	**6.**	Convite por e-mail
☐	**7.**	E-mail encaminhado por um amigo
☐	**8.**	Jornal - anúncio online
☐	**9.**	Jornal - versão impressa
☐	**10.**	Revista - online
☐	**11.**	Revista - versão impressa
☐	**12.**	Profissional de saúde
☐	**13.**	Outros profissionais (contador/a, advogado/a, etc.)
☐	**14.**	Outro (qual?) _____

CARTA INFORMATIVA

Caro Possível Participante,

Meu nome é Iara Costa. Eu sou uma estudante de mestrado no departamento de Aconselhamento Psicológico no Instituto de Estudos em Educação da Universidade de Toronto (department of Counselling Psychology at the Ontario Institute for Studies in Education of the University of Toronto). Eu gostaria de lhe convidar a participar do meu estudo. Esse estudo é a minha pesquisa de mestrado e está sendo conduzido sob a supervisão do Dr. Roy Moodley. A minha pesquisa está sendo financiada pelo Social Sciences and Humanities Research Council e é parte dos requisitos para eu obter o meu diploma de mestrado em psicologia e aconselhamento.

SOBRE O QUE É ESSE ESTUDO?
Eu estou interessada em estudar como o jeito com o qual imigrantes se adaptam ao Canadá influencia como eles se sentem emocionalmente. Mais especificamente, eu estou investigando em que medida o jeito como os imigrantes brasileiros se adaptam ao Canadá influencia a ocorrência de sintomas de depressão.

Eu estou buscando pessoas que:

- Sejam brazileiras e imigrantes de primeira geração no Canadá
- Tenham se tornado cidadãs canadenses, ou sejam residentes permanentes no Canadá (imigrante com ou sem documentos, refugiado/a, aguardando pedido de refúgio)
- Vivam na Área da Grande Toronto (GTA)
- Tenham pelo menos 16 anos de idade
- Falem português ou inglês

EU TENHO QUE PARTICIPAR?
A sua participação é totalmente voluntária. A informação que você fornecer permanecerá confidencial e ninguém saberá que você participou desse estudo, uma vez que você responderá a pesquisa anonimamente. Você pode se recusar a responder qualquer questão e é livre para deixar o estudo a qualquer momento sem nenhuma consequência. A informação coletada por meio desse estudo poderá aparecer em futuras publicações e apresentações públicas, contudo, nenhum indivíduo será identificado ou identificável e apenas resultados globais serão apresentados.

O QUE EU SEREI SOLICITADO A FAZER?
Você sera solicitado a preencher alguns formulários e questionários que demorarão aproximadamente 20-30 minutos para completar. Algumas questões consistem de dados demográficos, algumas dizem respeito a suas experiências como imigrante no Canadá, algumas são sobre o jeito que você usa para se adaptar ao Canadá e algumas dizem respeito a como você está se sentindo emocionalmente. Todos os formulários e questionários estão disponíveis em português e inglês e você pode escolher a língua com a qual você se sente mais confortável.

Se você decidir participar, você será solicitado a:

- Ler and assinar o Formulário de Consentimento
- Responder os questionários
- Retornar o Formulário de Consentimento e os questionários de pesquisa para mim até _____. Você pode usar o envelope fornecido no seu pacote que está pré-endereçado e selado ou devolver o envelope à caixa de entrega localizada neste endereço: 252 Bloor St. West, 7th Floor (OISE/UT).

- **Lembrete**: Por favor, não esqueça de ficar com a sua cópia do Formulário de Consentimento.
- Você também poderá receber uma ligação telefonica para verificar o andamento dos questionários.

Outra alternativa é responder à pesquisa online visitando a seguinte página na internet:

- www.surveymonkey.com/brazil

EXISTEM RISCOS E BENEFÍCIOS SE EU PARTICIPAR?
Apesar de não haver benefício direto em participar desse estudo, você estará ajudando-nos a saber mais a respeito da saúde mental e assuntos de imigração que brasileiros/as enfrentam no processo de adaptação ao Canadá. Eu oferecerei compartilhar os resultados desse estudo com as principais agências comunitárias que servem a comunidade brasileira.

Não foi previsto nenhum risco associado a esse estudo; contudo, algumas questões podem levar você a pensar sobre emoções ou experiências negativas. Caso questões despertem assuntos pessoais que você gostaria de discutir com um conselheiro/terapêuta, você poderá contatar-me para receber indicações de serviços ou usar a folha "Agências Aconselhamento" incluída no seu pacote. Essa folha contém uma lista de instituições que oferecem aconselhamento e terapia em Toronto. Várias delas oferecem serviços em Português. Se você morar fora de Toronto, essas instituições poderão recomendar serviços disponíveis na sua área, ou você pode me contatar por e-mail para que eu o ajude com isso. Você também pode parar de preencher a pesquisa e voltar a preenchê-la mais tarde.

Além disso, você pode não ter certeza se você deseja fornecer o seu nome e assinatura no formulário de consentimento. Para assegurar que a sua informação jamais será revelada, eu aceitarei que você forneça consentimento verbal. Nesse caso, por favor, ligue para mim fornecendo o código numérico escrito no lado direito do topo da página do seu pacote de pesquisa e indicando que você me dá permissão para utilizar as respostas marcadas nos seus questionários. Outras alternativas, seriam você decidir não revelar o seu nome e selecionar o segundo quadrado da seção "Declaração de Consentimento Informado" do seu Formulário de Consentimento, ou completar a pesquisa online, uma vez que esta não solicita o seu nome.

O QUE ACONTECERÁ COM A INFORMAÇÃO DEPOIS DE EU TER PARTICIPADO DO ESTUDO?
O seu nome não será vinculado às suas repostas e apenas eu e o Dr. Moodley teremos acesso aos dados da pesquisa. Toda informação coletada por meio da sua participação neste estudo permanecerá estritamente confidencial. A informação coletada neste estudo poderá aparecer em futuras publicações acadêmicas ou comunitárias e apresentações públicas. Os dados coletados serão destruídos em Julho de 2013.

Você pode optar por receber um resumo dos resultados da pesquisa. Por favor, indique sua preferência sob a seção "Solicitação de Resumo dos Resultados" do Formulário de Consentimento.

Se você tiver qualquer dúvida sobre os seus direitos de participante, você poderá contatar o escritório de Revisão de Ética em Pesquisa via e-mail (ethics.review@utoronto.ca) ou telefone (416-946-3273), ou contatar Dean Sharpe no número 416-978-5585.

Se você desejar participar deste estudo, por favor, leia e preencha o Formulário de Consentimento anexado.

Se você tiver qualquer dúvida sobre este estudo, por favor, sinta-se à vontade para contatar:

Iara Costa
416-978-0688
accstudy@oise.utoronto.ca

Dr. Roy Moodley
416-923-6641 ramal 2419 (English only)
roymoodley@oise.utoronto.ca

FORMULÁRIO DE CONSENTIMENTO

Eu entendo que eu estarei participando de uma pesquisa examinando a relação entre o jeito como as pessoas se ajustam ao Canadá depois de imigrar e os sintomas da depressão. Eu li a carta de informação descrevendo o propósito e os procedimentos desse estudo.

Eu entendo que a minha participação neste estudo involve preencher questionários em português ou inglês, os quais levarão aproximadamente 20-30 minutos para completar. Eu entendo que algumas questões consistem de dados demográficos, algumas dizem respeito às minhas experiências como imigrante no Canadá, algumas são sobre o jeito que eu uso para me ajustar ao Canadá e algumas dizem respeito a como eu estou me sentindo emocionalmente. Eu também entendo que a pesquisadora poderá me telefonar para verificar o andamento durante a minha participação neste projeto.

Eu entendo que a minha participação é totalmente voluntária. Eu entendo que qualquer informação que eu forneça permanecerá confidencial e que ninguém saberá que eu participei desse estudo, uma vez que eu responderei a pesquisa anonimamente. Eu também entendo que eu posso me recusar a responder qualquer questão e que sou livre para deixar o estudo a qualquer momento sem nenhuma consequência. Eu entendo que a informação coletada por meio desse estudo poderá aparecer em futuras publicações e apresentações; contudo, nenhum indivíduo será identificado ou identificável e apenas resultados globais serão apresentados. Eu também entendo que os dados coletados serão destruídos em Julho de 2013.

Eu entendo que a minha participação neste estudo não me fornecerá benefícios diretos; contudo, eu estarei ajudando a entender melhor questões ligadas à saúde mental e imigração que brasileiros enfrentam ao se adaptar ao Canadá. Eu entendo que se algumas questões levantarem assuntos pessoais que eu gostaria de discutir com um/a conselheiro/terapêuta, eu poderei contatar a pesquisadora ou usar a folha "Agências Aconselhamento," ou a pesquisadora me ajudará a achar um/a conselheiro/terapêuta com quem eu possa falar. Eu entendo que eu posso parar de preencher a pesquisa e voltar a preenchê-la mais tarde. Eu também entendo que se eu me sentir incerto quanto a revelar meu nome, eu poderei usar um pseudônimo, optar por não revelar meu nome ou preencher a pesquisa online, onde meu nome não será solicitado.

Eu entendo que eu posso receber informação por escrito sobre os resultados da pesquisa desde que eu forneça meus dados para contato no final deste formulário. Eu também entendo que eu posso optar por dar meu consentimento verbalmente seguindo as instruções descritas na "Carta de Informação."

DECLARAÇÃO DE CONSENTIMENTO INFORMADO

☐ Eu, _____ li a informação acima e gostaria de participar deste estudo.

☐ Eu li a informação acima e decidi que eu gostaria de participar deste estudo; contudo, eu escolho participar sem revelar meu nome.

☐ Eu, _____ li a informação acima e decidi não participar deste estudo.

Nome: _____ Data: _____

Assinatura: _____

DECLARAÇÃO DE RECEBIMENTO DE FORMULÁRIO DE CONSENTIMENTO INFORMADO

☐ Eu recebi uma cópia deste Formulário de Consentimento Informado.

SOLICITAÇÃO DE RESUMO DOS RESULTADOS

Se você desejar receber um resumo dos resultados deste estudo, por favor, preencha a informação abaixo.

☐ Sim, eu gostaria de receber um resumo dos resultados deste estudo.

Por favor, envie-me o resumo por: ☐ E-mail ☐ Canada Post

Nome: _____

Endereço: _____

Cidade: _____ Província: _____

CEP: _____

E-mail: _____

Obrigada pela sua atenção e participação.

AGÊNCIAS DE ACONSELHAMENTO

Se esta pesquisa despertou assuntos pessoais que você gostaria de discutir com um conselheiro/terapêuta, aqui está uma lista de instituições que oferecem aconselhamento e terapia em Toronto. Por favor, sinta-se à vontade para me contatar por telefone no número 416-978-0688 ou pelo email accstudy@oise.utoronto.ca se você precisar de ajuda para achar um serviço.

Serviços disponíveis em **inglês e português**

1. Portuguese Mental Health & Addictions
   Toronto Western Hospital
   399 Bathurst Street
   East Wing, 9th Floor
   416-603-5747

2. COSTI
   North York Centre
   Family and Mental Health Services
   Sheridan Mall, 1700 Wilson Ave, Ste 105, North York
   416-244-7714

3. Family Service Association of Toronto
   355 Church Street
   416-595-9618

Serviços disponíveis apenas em **inglês**

1. OISE/UT Clinic
   252 Bloor Street West
   416-923-6641, ext. 2585

2. Yorktown Child and Family Centre and West-End Walk-in Centre
   416-394-2424
   21 Ascot Ave, 1st Fl, (Dufferin St-St Clair Ave W)

3. Toronto Institute for Relational Psychotherapy
   1352 Bathurst Street
   416-657-6463

4. The Gestalt Institute of Toronto
   194 Carlton street
   416-964-9494, ext. 63

Obrigada pela sua participação,

Iara Costa

Appendix I.
Additional Research Package Documents: Online - English

INFORMATION LETTER (online survey)

Dear Potential Participant,

My name is Iara Costa. I am a graduate student in the department of Counselling Psychology at the Ontario Institute for Studies in Education of the University of Toronto. I would like to invite you to participate in my study. This study is being completed as a Master's thesis under the supervision of Dr. Roy Moodley. It is funded by the Social Sciences and Humanities Research Council and its completion will help to fulfill the requirements for my master's degree in counselling psychology.

WHAT IS THIS STUDY ABOUT?
I am interested in studying how the ways immigrants adapt to Canada influence the way they feel emotionally. More specifically, I am investigating to what extent the ways Brazilian immigrants adapt to Canada influence the occurrence of symptoms of depression.

I am looking for individuals who:

- Are first generation immigrants from Brazil
- Have already become a Canadian citizen, are a permanent resident of Canada (landed immigrant, refugee, refugee claimant), or undocumented immigrants
- Live in the Greater Toronto Area (GTA)
- Are at least 16 years of age
- Speak Portuguese or English

DO I HAVE TO PARTICIPATE?
Your participation in this research is completely voluntary. The information you provide will remain confidential and no one will know that you participated in this study, as you will be completing the survey anonymously. You can decline to answer any question and are free to withdraw from this study at any time with no consequence. The information collected as part of this study may appear in future publications and public presentations, however, no individual will be identified or identifiable and only group results will be presented.

WHAT WILL I BE ASKED TO DO?
You will be asked to fill out some questionnaires, which should take approximately 20-30 minutes to complete. Some of the questions relate to demographic information, some to your experiences as an immigrant in Canada, some are about the ways you use to adjust to Canada, and some relate to how you are feeling emotionally. All forms and questionnaires are available in Portuguese and English and you can choose the language that is more comfortable to you.

ARE THERE ANY RISKS AND BENEFITS TO PARTICIPATING?
While there is no direct benefit for participating in this study, you will be helping us to know more about the mental health and immigration issues that Brazilian individuals face while adapting to Canada. I will offer to share the results of this study with key community agencies that serve the Brazilian community.

There are no anticipated risks associated with this study; however, some of the questions might lead you to think about negative emotions or experiences. In the case that any questions raise personal issues that you would like to discuss with a counsellor, you may contact me to direct you to a counsellor or you may use the "Counselling Resource Sheet" that can be found at the bottom of this letter as well as on the final page of the survey. This sheet contains a list of counselling resources in the Toronto area, many of which offer services in Portuguese. If you live outside of the Toronto area, these resources can refer you to someone in your area, or you can contact me by email for assistance in finding a resource. You may also stop filling out the survey and return to it later.

WHAT WILL HAPPEN TO THE INFORMATION AFTER I HAVE PARTICIPATED IN THE STUDY?

Your name will not be asked during the online survey and only myself and Dr. Moodley will have access to the survey data. All of the information collected as a result of your participation in this study will remain strictly confidential. The information gathered in this study may appear in future academic or community publications and public presentations and the data set collected will be terminated and destroyed in July of 2013.

You may choose to receive a summary of the research results by emailing me at the address provided below.

If you have any questions about your rights as a participant, you may contact the Research Ethics Review Office by e-mail (ethics.review@utoronto.ca) or phone (416-946-3273), or contact Dean Sharpe at 416-978-5585.

If you would like to participate in this study please read and complete the consent form on the next page.

If you would like to keep a copy of this form for future reference (recommended), select "print" or "save as" from your browser's menu.

If you have any questions about this study please feel free to contact:

Iara Costa
416-978-0688
accstudy@oise.utoronto.ca

Dr. Roy Moodley
416-923-6641 ext. 2419
roymoodley@oise.utoronto.ca

CONSENT FORM (online version)

I understand that I will be participating in a research study examining the relationship between ways in which people adjust to Canada after immigration and symptoms of depression. I have read the information letter describing the purpose and procedures of this study.

I understand that my participation in this study involves filling out questionnaires in either Portuguese or English, which should take approximately 20-30 minutes to complete. I understand that some of the questions relate to demographic information, some to my experiences as an immigrant in Canada, some to the ways I use to adjust to Canada, and some are related to how I am feeling emotionally. I also understand that the researcher might phone me as a follow up during my participation in this project.

I understand that my participation in this research is completely voluntary. I understand that any information that I provide will remain confidential and that no one will know that I participated in this study, as I will be completing the survey anonymously. I also understand that I can decline to answer any question or to withdraw from this study at any time with no consequence, except after I have submitted my answers at the end of the survey. I understand that the information gathered in this study may appear in future publications and public presentations; however, no individual will be identified or identifiable and only group results will be presented. I also understand that the data set collected will be terminated and destroyed in July of 2013.

I understand that my participation in this study will provide no direct benefits to me; however, I will be helping to find out more about the mental health and immigration issues that Brazilian individuals face while adapting to Canada. I understand that if survey items raise issues for me and I would like to discuss this with a counsellor, I may contact the researcher or use the "Counselling Resource Sheet" provided or the researcher will assist me in finding a counsellor to speak with. I understand that I may stop filling out the survey and return to it later. I also understand that if I feel unsure about disclosing my name, I can use a pseudonym, choose not to disclose my name or complete the online survey where my name will not be asked.

I understand that I can receive written information about the results of the study by e-mailing my e-mail address or name and mailing address to the researcher.

If you would like to keep a copy of this form for future reference (recommended), select "print" or "save as" from your browser's menu.

If you are using a public computer and you are concerned about confidential web surfing, you can erase your browser history after exiting the survey by doing the following:

- If you are using Internet Explorer: Click on "tools" → "internet options" → "delete" under "browsing history" section.

- If you are using Firefox: Click on "tools" → "clear private data" → select "browsing history" and "cache" → "clear private data now."

DECLARATION OF INFORMED CONSENT

Please click one of the following:

☐ I have read the above information and I would like to participate in this study.

☐ I do not want to participate in this study and would like to exit this survey.

FINAL PAGE OF THE ONLINE SURVEY

If this survey has raised any personal issues that you would like to discuss with a counselor, here is a list of counselling resources in the Toronto area. Please feel free to contact me by phone at 416-978-0688 or email at accstudy@oise.utoronto.ca if you need assistance.

Services available in **English** and **Portuguese**:

1. Portuguese Mental Health & Addictions
   Toronto Western Hospital
   399 Bathurst Street
   East Wing, 9th Floor
   416-603-5747
2. COSTI
   North York Centre
   Family and Mental Health Services
   Sheridan Mall, 1700 Wilson Ave, Ste 105, North York
   416-244-7714
3. Yorktown Child and Family Centre
   416-394-2424
   21 Ascot Ave, 1st Fl, (Dufferin St-St Clair Ave W)
4. Family Service Association of Toronto
   355 Church Street
   416-595-9618

Services available in **English only**:

1. OISE/UT Clinic
   252 Bloor Street West
   416-923-6641, ext. 2585
2. Toronto Institute for Relational Psychotherapy
   1352 Bathurst Street
   416-657-6463
3. The Gestalt Institute of Toronto
   194 Carlton street
   416-964-9494, ext. 63

If you would like to keep a copy of this form for future reference (recommended), select "print" or "save as" from your browser's menu.

If you are using a public computer and you are concerned about confidential web surfing, you can erase your browser history after exiting the survey by doing the following:

If you are using Internet Explorer: Click on "tools" → "internet options" → "delete" under "browsing history" section.

If you are using Firefox: Click on "tools" → "clear private data" → select "browsing history" and "cache" → "clear private data now."

Thank you for your participation,
Iara Costa

Appendix J.
Additional Research Package Documents: Online - Portuguese

CARTA INFORMATIVA (pesquisa online)

Caro Possível Participante,

Meu nome é Iara Costa. Eu sou uma estudante the mestrado no departamento de Aconselhamento Psicológico no Instituto de Estudos em Educação da Universidade de Toronto (department of Counselling Psychology at the Ontario Institute for Studies in Education of the University of Toronto). Eu gostaria de lhe convidar a participar do meu estudo. Esse estudo é a minha pesquisa de mestrado e está sendo conduzido sob a supervisão do Dr. Roy Moodley. A minha pesquisa está sendo financiada pelo Social Sciences and Humanities Research Council e é parte dos requisitos para eu obter o meu diploma de mestrado em psicologia e aconselhamento.

SOBRE O QUE É ESSE ESTUDO?
Eu estou interessada em estudar como é que o jeito com o qual imigrantes se adaptam ao Canadá influencia como eles se sentem emocionalmente. Mais especificamente, eu estou investigando em que medida o jeito como os imigrantes brasileiros se adaptam ao Canadá influencia a ocorrência de sintomas de depressão.

Eu estou buscando pessoas que:

- Sejam brazileiras e imigrantes de primeira geração no Canadá
- Tenham se tornado cidadãs canadenses, ou sejam residentes permanente no Canadá (imigrante com ou sem documentos, refugiado/a, aguardando pedido de refúgio)
- Vivam na Área da Grande Toronto (GTA)
- Tenham pelo menos 16 anos de idade
- Falem português ou inglês

EU TENHO QUE PARTICIPAR?
A sua participação é totalmente voluntária. A informação que você fornecer permanecerá confidencial e ninguém saberá que você participou desse estudo, uma vez que você responderá a pesquisa anonimamente. Você pode se recusar a responder qualquer questão e é livre para deixar o estudo a qualquer momento sem nenhuma consequência. A informação coletada por meio desse estudo poderá aparecer em futuras publicações e apresentações públicas, contudo, nenhum indivíduo será identificado ou identificável e apenas resultados globais serão apresentados.

O QUE EU SEREI SOLICITADO A FAZER?
Você sera solicitado a preencher alguns formulários e questionários que demorarão aproximadamente 20-30 minutos para completar. Algumas questões consistem de dados demográficos, algumas dizem respeito a suas experiências como imigrante no Canadá, algumas são sobre o jeito que você usa para se adaptar ao Canadá e algumas dizem respeito a como você está se sentindo emocionalmente. Todas os formulários e questionários estão disponíveis em português e inglês e você pode escolher a língua com a qual você se sente mais confortável.

EXISTEM RISCOS E BENEFÍCIOS SE EU PARTICIPAR?
Apesar de não haver benefício direto em participar desse estudo, você estará ajudando-nos a saber mais a respeito da saúde mental e assuntos de immigração que brasileiros/as enfrentam no processo de adaptação ao Canadá. Eu oferecerei compartilhar os resultados desse estudo com as principais agências comunitárias que servem a comunidade brasileira.

Não foi previsto nenhum risco associado com esse estudo; contudo, algumas questões podem lever você a pensar sobre emoções ou experiências negativas. Caso questões despertem assuntos pessoais que você gostaria de discutir com um/a conselheiro/terapêuta, você poderá contatar-me para receber indicações de servicos ou usar a folha "Agências Aconselhamento" que pode ser encontrada no final dessa carta e também na última página da pesquisa. Essa folha contém uma lista de instituições que oferecem aconselhamento e terapia em Toronto. Várias delas oferecem serviços em Português. Se você morar fora de Toronto, essas instituições poderão recomendar serviços disponíveis na sua área, ou você pode me contatar por e-mail para que eu o ajude com isso. Você também pode parar de preencher a pesquisa e voltar a preenchê-la mais tarde.

O QUE ACONTECERÁ COM A INFORMAÇÃO DEPOIS DE EU TER PARTICIPADO DO ESTUDO?
O seu nome não será solicitado durante a pesquisa online e apenas eu e o Dr. Moodley teremos acesso aos dados da pesquisa. Toda informação coletada por meio da sua participação neste estudo permanecerá estritamente confidencial. A informação coletada neste estudo poderá aparecer em futuras publicações acadêmicas ou comunitárias e apresentações públicas. Os dados coletados serão destruídos em Julho de 2013.

Você pode optar por receber um resumo dos resultados da pesquisa. Neste caso, por favor, envie-me um e-mail utilizando o meu endereço eletrônico fornecido abaixo.

Se você tiver qualquer dúvida sobre os seus direitos de participante, você poderá contatar o escritório de Revisão de Ética em Pesquisa via e-mail (ethics.review@utoronto.ca) ou telefone (416-946-3273), ou contatar Dean Sharpe no número 416-978-5585.

Se você desejar participar deste estudo, por favor, leia e preencha o Formulário de Consentimento na próxima página.

Se você quiser uma cópia desta carta para seus arquivos (recomendável), selecione "print" ("imprimir") ou "save as" ("salvar como") no menu de seu programa de internet.

Se você tiver qualquer dúvida sobre este estudo, por favor, sinta-se à vontade para contatar:

Iara Costa
416-978-0688
accstudy@oise.utoronto.ca

Dr. Roy Moodley
416-923-6641 ext. 2419
roymoodley@oise.utoronto.ca

FORMULÁRIO DE CONSENTIMENTO (versão online)

Eu entendo que eu estarei participando de uma pesquisa examinando a relação entre o jeito como as pessoas se ajustam ao Canadá depois de imigrar e os sintomas da depressão. Eu li a carta de informação descrevendo o propósito e os procedimentos desse estudo.

Eu entendo que a minha participação neste estudo involve preencher questionários em português ou inglês, os quais levarão aproximadamente 20-30 minutos para completar. Eu entendo que algumas questões consistem de dados demográficos, algumas dizem respeito às minhas experiências como imigrante no Canadá, algumas são sobre o jeito que eu uso para me ajustar ao Canadá e algumas dizem respeito a como eu estou me sentindo emocionalmente. Eu também entendo que a pesquisadora poderá me telefonar para verificar o andamento durante a minha participação neste projeto.

Eu entendo que a minha participação é totalmente voluntária. Eu entendo que qualquer informação que eu forneça permanecerá confidencial e que ninguém saberá que eu participei desse estudo, uma vez que eu responderei a pesquisa anonimamente. Eu também entendo que eu posso me recusar a responder qualquer questão e que sou livre para deixar o estudo a qualquer momento sem nenhuma consequência, exceto depois de ter submetido as minhas respostas ao final da pesquisa. Eu entendo que a informação coletada por meio desse estudo poderá aparecer em futuras publicações e apresentações públicas; contudo, nenhum indivíduo será identificado ou identificável e apenas resultados globais serão apresentados. Eu também entendo que os dados coletados serão destruídos em Julho de 2013.

Eu entendo que a minha participação neste estudo não me fornecerá benefícios diretos; contudo, eu estarei ajudando a entender melhor questões ligadas à saúde mental e imigração que brasileiros enfrentam ao se adaptar ao Canadá. Eu entendo que se algumas questões leveantarem assuntos pessoais que eu gostaria de discutir com um/a conselheiro/terapêuta, eu poderei contatar a pesquisadora ou usar a folha "Agências Aconselhamento," ou a pesquisadora me ajudará a achar um/a conselheiro/terapêuta com quem eu possa falar. Eu entendo que eu posso parar de preencher a pesquisa e voltar a preenchê-la mais tarde. Eu também entendo que se eu me sentir incerto quanto a revelar meu nome, eu poderei usar um pseudônimo, optar por não revelar meu nome ou preencher a pesquisa online, onde my nome não sera solicitado.

Eu entendo que eu posso receber informação por escrito sobre os resultados da pesquisa desde que eu envie um e-mail para a pesquisadora contendo o meu endereço de e-mail ou o meu nome e endereço para correspondência.

Se você quiser uma cópia deste formulário para seus arquivos (recomendável), selecione "print" ("imprimir") ou "save as" ("salvar como") no menu de seu programa de internet.

Se você estiver utilizando um computador público e está preocupado/a com confidencialidade ao usar internet, você pode apagar o seu histórico de navegação depois de terminar a pesquisa. Basta seguir estas instruções:

- Se você estiver usando Internet Explorer: Selecione “tools” (“ferramentas”) → “internet options” (“opções de internet”) → “delete” (“deletar”) na seção “browsing history” (“histórico de navegação”).

- Se você estiver usando Firefox: Selecione “tools” (“ferramentas”) → “clear private data” (“limpar dados pessoais”) → selecione “browsing history” (“histórico”) e “cache” → “clear private data now” (“limpar dados pessoais”).

DECLARAÇÃO DE CONSENTIMENTO INFORMADO

Por favor, selecione uma das seguintes opções:

☐ Eu li a informação acima e gostaria de participar deste estudo.

☐ Eu não gostaria de participar deste estudo e gostaria de sair desta pesquisa.

PÁGINA FINAL DA PESQUISA ONLINE

Se esta pesquisa despertou assuntos pessoais que você gostaria de discutir com um conselheiro/therapêuta, aqui está uma lista de instituições que oferecem aconselhamento e terapia em Toronto. Por favor, sinta-se à vontade para me contatar por telefone no número 416-978-0688 ou pelo email accstudy@oise.utoronto.ca se você precisar de ajuda.

Serviços disponíveis em **inglês e português**

1. Portuguese Mental Health & Addictions
   Toronto Western Hospital
   399 Bathurst Street
   East Wing, 9th Floor
   416-603-5747

2. COSTI
   North York Centre
   Family and Mental Health Services
   Sheridan Mall, 1700 Wilson Ave, Ste 105, North York
   416-244-7714

3. Family Service Association of Toronto
   355 Church Street
   416-595-9618

Serviços diaponíveis apenas em **inglês**

1. OISE/UT Clinic
   252 Bloor Street West
   416-923-6641, ext. 2585

2. Yorktown Child and Family Centre and West-End Walk-in Centre
   416-394-2424
   21 Ascot Ave, 1st Fl, (Dufferin St-St Clair Ave W)

3. Toronto Institute for Relational Psychotherapy
   1352 Bathurst Street
   416-657-6463

4. The Gestalt Institute of Toronto
   194 Carlton street
   416-964-9494, ext. 63

Se você quiser uma cópia deste formulário para seus arquivos (recomendável), selecione “print” (“imprimir”) ou “save as” (“salvar como”) no menu de seu programa de internet.

Se você estiver utilizando um computador público e está preocupado/a com confidencialidade ao usar internet, você pode apagar o seu histórico de navegação depois de terminar a pesquisa. Basta seguir estas instruções:

Se você estiver usando Internet Explorer: Selecione “tools” (“ferramentas”) → “internet options” (“opções de internet”) → “delete” (“deletar”) na seção “browsing history” (“histórico de navegação”).

Se você estiver usando Firefox: Selecione “tools” (“ferramentas”) → “clear private data” (“limpar dados pessoais”) → selecione “browsing history” (“histórico”) e “cache” → “clear private data now” (“limpar dados pessoais”).

Obrigada pela sua participação.

Iara Costa

Appendix K.
Correlation Matrix – Acculturation Strategies and Mediating Variables

	Are Brazilian & Canadian cultures alike?	Are Brazilian & Canadian cultures compatible?	Do you feel welcome in Canada?	Satisfied with life in Canada?	Plans to return and live in Brazil	Have expectations prior to immigration been met	Main language spoken at home	Proficiency in English	Assimilation Strategy	Separation Strategy
Satisfaction with Life in Canada Index	0.274 **	0.434 **	0.846 **	0.877 **	-0.521 **	0.842 **	0.334 **	0.323 **	0.387 **	-0.411 **
Are Brazilian & Canadian cultures alike?		0.574 **	0.317 **	0.145	-0.184	0.224 *	-0.143	0.251 *	0.240 *	-0.185
Are Brazilian & Canadian cultures compatible?			0.495 **	0.326 **	-0.168	0.282 **	0.096	0.358 **	0.350 **	-0.291 **
Do you feel welcome in Canada?				0.648 **	-0.499 **	0.550 **	0.268 **	0.255 **	0.382 **	-0.406 **
Satisfied with life in Canada?					-0.432 **	0.636 **	0.300 **	0.274 **	0.305 **	-0.376 **
Plans to return and live in Brazil?						-0.413 **	-0.162	-0.175	-0.425 **	0.404 **
Have expectations prior to immigration been met							0.312 **	0.281 **	0.315 **	-0.288 **
Main language spoken at home								0.204 *	0.132	-0.406 **
Proficiency in English									0.233 *	-0.274 **
Integration Strategy Composite Score'									-0.242 *	0.214 *
Assimilation Strategy										-0.505 **

Note. [a] Listwise $n = 104$. * $p < .05$, ** $p < .01$.