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AN EXAMINATION OF FAITH AND FAITH-BASED PRACTICES ON HELP-SEEKING
BEHAVIORS AMONG AFRO-CARIBBEAN IMMIGRANTS IN THE UNITED STATES

A DISSERTATION PROPOSAL

Submitted to the Faculty of
Montclair State University in partial fulfillment
of the requirements
for the degree of Doctor of Philosophy

by

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Montclair State University

Upper Montclair, NJ

2023

Dissertation Chair: Dr. Leslie Kooyman

AN EXAMINATION OF FAITH AND FAITH BASED PRACTICES

MONTCLAIR STATE UNIVERSITY

THE GRADUATE SCHOOL

DISSERTATION APPROVAL

We hereby approve the Dissertation

An Examination of Faith And Faith-Based Practices on Help-Seeking Behaviors Among Afro-Caribbean Immigrants In The United States

of

Shanta K. Pamphile

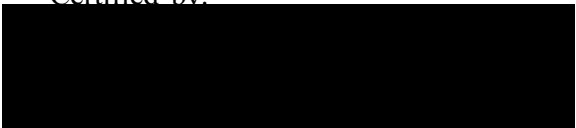
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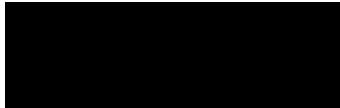
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ABSTRACTAN EXAMINATION OF FAITH AND FAITH-BASED PRACTICES ON HELP-SEEKING
BEHAVIORS AMONG AFRO-CARIBBEAN IMMIGRANTS IN THE UNITED STATES

By: Shanta K. Pamphile

This dissertation presents the findings of a qualitative study exploring the negotiation of faith among Afro-Caribbean immigrants regarding their decision to seek support with the stress of adjusting to the United States. The analysis revealed that Afro-Caribbean immigrants experience high-stress levels as they pursue economic, professional and social advancement in the United States. The persistence of these stressors, with long-lasting residual effects, warrants psychological support. Migrants, although relying heavily on their faith for support with this stress, are willing to seek support. However, they must work through worries of caution and trust and need to discern whether seeking support may be right for them.

Keywords: Afro-Caribbean, faith, religion, spirituality, mental health, help-seeking

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DEDICATION

To my mother, Magdeline Pamphile

This is for you. Thank you for stressing the importance of education and for driving my passion.

And to my husband, Desmond Dawkins, thank you for supporting me, especially during my moments of confusion and stress.

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CHAPTER ONE: INTRODUCTION

A Personal Connection

I must be engaged with myself to be truly involved with someone else. This is the principal path to enlightenment and the most conceivable relationship of harmony, justice, balance, and well-being.

MOLEFI KETE ASANTE

While Sundays represent the beginning of the workweek for many, "it is the day of the Lord" for others. As an Afro-Caribbean (A.C.), Sundays were devoted to the church in my household, the sounds of gospel music playing from the stereo, followed by family gatherings after Sunday mass. As the youngest of six children, Sunday mass was mandatory. It was simply not an option in my household. I recalled waking up at 5:30 am for our weekly 7:00 am Sunday service at the Cathedral of Immaculate Conception in the city's capital, Castries, Saint Lucia.

Despite my chagrin and protest that I did not see God and struggled to believe his existence, I was escorted to the church by my mother with the holy Bible and hymnal in hand and an offering for the church located in my shoulder bag. I must also add that Saturdays were devoted to Holy Communion or Holy Confirmation classes. I remember many stories about religion in the region. More so, mental health-related matters were perceived through a spiritual or religious lens. Religious communities, community dwellers, and various islanders were deemed obeah, bad luck, or "demon-possessed at the hands of someone."

It was mid-week! I recalled leaving middle school early that day in hopes of attending what is called "a spiritual awakening." Earlier that week, I remembered my mother talking about a young woman who had been demonically possessed according to the church and needed to be cured. Members of the church were encouraged to meet in a small room in the archdiocesan house to offer prayers while the priest performed an exorcism.

The idea of an exorcism piqued my interest, and I was happy to attend mass for the first time. I remembered shoving my way through the adults to have an up-close view of the performance. The young woman fell to the floor and was anointed with holy water. She screamed, trembled, rolled around, and cried profusely. The congregants prayed around her while the priest anointed her with holy water and prayed over her. The incident lasted about forty-five minutes to an hour. I, too, felt whatever spirits moved in me and had my very own awakening during the incident. My understanding then was that the young woman was cured. She was no longer demon-possessed, and God worked a miracle. From then on, and before then, I understood that God worked miracles and achieved them through prayer. I was encouraged to pray for good grades, health, and success. Whatever it was, God had an answer for it and would accommodate it.

It was not until my mother's death that I decided I needed more than prayer. I remember feeling misunderstood and yearning desperately for space where I could process my feelings. By then, I had stopped attending the Catholic Church. I thought about attending the Baptist church and even entertained the idea of joining Rastafarianism. I was 19 then and needed someone to talk to about my panic attacks and difficulty navigating my internal and external world.

I sought out a family friend, more so a distant cousin, for psychological support. I knew two things: she had just returned from university; and worked at Golden Hope, a rehabilitation center for individuals with psychiatric issues. My decision to seek support turned out to be a nightmare. I recalled being ridiculed by my sister's boyfriend and my family. I became the joke of the family: "Shanta's mad," followed by finger-pointing and laughter. Deep down, I knew the importance of mental health and what it looked like. Yet, I couldn't help but wonder whether I did not pray to GOD enough.

Flash forward to 2011. I completed a B.A. in Psychology, followed by an M.A. in Clinical Mental Health in 2015. Since then, I have stressed the need for mental health support within my immediate family, and helped clarify some misconceptions about mental health and demonic possessions. Their understanding of the matter has since expanded. However, there is still fear about the role of psychological support, particularly during distress. Afro-Caribbeans (A.C.s) are more likely to read their Bibles, reference scripture, or place religious paraphernalia in their homes to cope with stressors. My sister relied on such measures following her husband's sudden and tragic death in May 2018. I recommended that she see a psychotherapist specializing in grief counseling in Florida. Her response to me was, "I do not need to talk to a stranger. I am okay." Of course, she was not okay. Yet, I did not push any further. As weeks went by, I received phone calls from my nieces indicating that my sister was often angry, difficult to talk to, withdrawn, and became short-tempered. This sounded very familiar to me; they were signs of depression. Yet my sister struggled to acknowledge that she was depressed.

Shortly after my brother-in-law's death, I noticed during a visit to Florida that my sister's bedroom had turned into a shrine. There were pictures of her husband everywhere, two Bibles, a cross, a rosary, a candle of Saint Jude (a symbol of faith when all else is lost), Saint Michael (a symbol of battle and perseverance), and an urn with her husband's ashes. It appeared that my sister took more comfort in relying on her faith yet was open to the idea of my eight-year-old nephew seeing a play therapist. While it is common for Afro-Caribbean adults to rely on their faith during times of distress, the idea of asking an eight-year-old to do so following the loss of his father is unfathomable. Through these observations, I became intrigued by the psychological tensions at play and the notion that somehow seeking mental health support defied the tenets of

strength and authentic Blackness (Danquah, 1998; Mitchell & Herring, 1998), a common expectation of Blacks from the Caribbean diaspora, Africa, and America.

Background Research

Moving to a new country requires that immigrants learn new ways of communicating and adapting to migration stressors, discrimination, racism, and other cultural factors they were less likely to experience in their home countries. Migration has been essential to the lives of Afro-Caribbean migrants, with many seeking refuge in the United States due to economic stressors, political upheavals, and the Great Migration (Thomas, 2012), in an effort to find solace in a new country away from their loved ones. The promise of financial success, the pursuit of the American dream for those willing to work hard, and the proximity of the United States to the Caribbean region are all factors influencing the decision to migrate (Wheeler & Mahoney, 2008). Statistics show that A.C. migrants will continue to migrate in large numbers. Projections indicate that by 2060, Afro-Caribbeans will account for 16.5% of the Black population in the U.S. (Pew Center for Research, 2013). Currently, A.C. migrants account for 9% of the 43.5 million immigrants in the United States (Zong & Batalova, 2016) and have been described as the fastest growing Black population in the United States (Edge & Lemetyinen, 2019)

A considerable amount of research has documented the post-migration experiences of Afro-Caribbeans. Earlier writings of Bashi (2007), Foner (2005), Vickerman (2001), and Waters (1999) documented the adjustment and assimilation patterns of Black Caribbeans to United States (U.S.) culture. These works highlighted this group's stresses and strains of the post-migration process (Baker et al., 2012). William and colleagues (2007), who conducted one of the major studies on A.C. immigrants, served as an impetus for this population. Since then, many other studies have been generated using data from the National Survey of American Life (NSAL)

(Jackson, Torres, Caldwell, Neighbors, Nesse, Taylor, Trierweiler, & Williams, 2004), a comprehensive research study on the mental health needs of African Americans and Caribbean Blacks in the United States. This study was the first and largest to document the status of mental health and psychiatric issues within the diaspora. The results indicated that generational status was a risk factor. Lower levels of psychiatric illness in first-generation Caribbeans were seen when compared to second and third-generations. Higher degrees of psychiatric diagnosis was noted among third-generation immigrants than among first-generation. Increased length of stay in the United States was correlated with higher rates of psychiatric disorders, and third-generation immigrants were at greater risk for psychiatric illnesses than first-generation immigrants.

Further, results indicated that Afro-Caribbean immigrants who migrated between the ages of 13-17 and 18-34 were at low risk for anxiety and mood disorders. Third-generation Caribbean men and women demonstrated higher rates for all disorders, excluding anxiety disorders among men, compared to the first-generation.

Additionally, higher substance abuse rates were noted among second-generation men and women, and overall, men displayed higher rates of all disorders than those born outside the United States. An earlier study by Hall and Carter (2006) observed similar findings and found that factors such as migration status, country of origin, and length of stay in the U.S. impact the psychological well-being of Afro-Caribbean immigrants. Before relocating to the United States, Afro-Caribbeans had had little or no exposure to race-related stressors (Deaux, 2006; Model, 2008). Waters (1999) contended that these individuals did not deal with racial segregation or systemic devaluation in the same ways as their African American counterparts.

Some researchers have indicated that “migration is a stressful and disruptive process...and can be a disorienting event often accompanied by a sense of traumatic loss and unresolved grief (Nguyen et al., 2020, p. 2020?). According to Keane et al.,(2008), A.C. migrants generally left their home countries in healthier states; Read and Emerson (2005) found Afro-Caribbeans typically remain in good health for about five years post-migration when compared to African Americans. However, with increased length of stay, up to about ten years and more in the U.S., A.C. immigrants exhibit a decline in their physical and mental health (Guy, 2001; Lincoln et al., 2007). The existing literature purports that racism and racial discrimination cause negative outcomes such as psychological distress, reduced quality of life, and poor life satisfaction among A.C. immigrants post-migration (Broman et al., 2000; Utsey et al., 2000). The signs of psychological and physical illnesses associated with race-related stressors (Lincoln et al.,2007; Miranda et al.,2005; Ryan et al., 2006; Williams et al., 2007) were similar to their African American counterparts. Utsey and colleagues (2001) noted that the infringement of race-related stressors could have lasting effects on Black Americans' psychological well-being, resulting in psychological illnesses such as anxiety, depression, and intense feelings of distress. This, when coupled with ongoing exposure to systemic racism, disrupts self-esteem and other psychological needs, posing significant distress and exacerbating mental health issues (Hobfoll, 2001).

In recent years, a growing consensus has shown that the psychological needs of Black Caribbean immigrants have generally remained unmet when confronting persistent mental health issues (Breslau et al., 2015). The absence of coping strategies, e.g., self-esteem needs, disrupts the individual's homeostasis and executive functioning, causing psychological distress. Other

psychosocial resources such as religion and spirituality may act as a buffer and protect the individual from such distress.

Religion and religious participation are central to Caribbean culture and the identity of Afro-Caribbean immigrants, and Christianity is the governing religion in the Caribbean (Taylor & Chatters, 2010). Although scarce in the literature, several scholars have given attention to the role of religious participation (Chatters et al., 2009; Taylor et al., 2010) and mental health utilization (Jackson et al., 2007) among this population. Some have also examined the role of clergy in help-seeking behaviors (Leavey et al., 2016; Taylor et al., 2011), religious coping and racial discrimination (Hayward & Krause, 2015), and religious involvement among Afro-Caribbean immigrants (Rose et al., 2017; Taylor et al., 2010). Despite the centrality of religion in A.C. immigrants' lives, little information is available on the role of religious participation, denominational affiliation, religious meanings, and socialization among Afro-Caribbean immigrants. This is concerning, given the importance of religion in coping with life stressors and providing church-based support (Taylor et al., 2004).

Although many nationals within the Caribbean region are Catholic, Seventh-day Adventist, and Pentecostal (Taylor & Chatters, 2010), nationals from Trinidad and Tobago and Guyana who are of East Indian descent identify as Hindu and Muslim (Dudley-Grant & Etheridge, 2008). Despite the centrality of Christianity, indigenous religious and spiritual practices such as Voodoo and Obeah derived from African ancestry (Taylor et al., 2009) are also practiced in the region. In cases of misfortune or harm, magic rituals are performed in hopes of casting off evil spirits and, in many cases, are incorporated into conventional Christian practices (Taylor et al., 2009); for example, a priest is warding off an evil spirit during an exorcism (Getzfeld, 2006). Early explanations of mental illness were regulated by religious and indigenous

belief systems, ascribing unusual behaviors to demonic possession. Serious mental health illnesses or behaviors were said to be due to possession of evil spirits (Porter, 2002) and determined by the type of treatment received. Today, these practices are deemed to have no merit in a world that values scientific practices. Chatters et al. (2008) noted singing, dancing, clapping, and speaking in tongues as experiences described as being possessed by the spirit among Afro-Caribbean churchgoers. These characteristics are most associated with Pentecostals, whose vibrant and dramatic preaching often creates an exuberant feeling where emotions are lifted above cognitive states amongst congregants (Fulop & Raboteau, 1997).

Moreover, belief in demonic possession appears to be more salient for Pentecostals, though many other denominations in the Caribbean region hold such ideologies. Waters' (1999) ethnographic study of Afro-Caribbeans in Brooklyn, New York, noted the significance of the church in Caribbean Blacks' lives. For A.C. migrants, membership in an ethnically identified congregation has historically been viewed as important to maintain ethnic ties and adjust to the U.S. Not only are ethnic ties important to A.C. migrants, but the church's support also helps build and strengthen relationships. Research on religion among this migrant group has been deemed important, particularly among women and older adults (Chatters et al., 2008; Chatters & Jackson, 2007)

Traditionally, researchers have defined religiosity as a one-dimensional concept associated with religious or church attendance. Inadequately defined, this concept did not apply to all populations, particularly those who did not participate in organized religion. For some, prayer, scripture reading, devotions, and a strong religious belief more accurately captured and defined their religiosity (Kristensen et al., 2001). A more befitting and encompassing description of religion can be described as ways of relating to the sacred. The term sacred refers to a

person(s) or objects of devotion and truth (Hill & Pargament, 2000). Like religiosity, spirituality has also been inconsistently defined in the literature (Berkel et al., 2004). While religiosity is defined as closeness to God, spirituality is “more personal and seeks to appreciate the meaning of the relationship with God or a higher power” (Browne, 2018, p. 30).

Upon further review of the terms, I found Newman’s (2004) definitions more fitting for this study. Newman (2004) likens religion to a “set of beliefs and practices that revere a god or a center of power and value. Persons do things, such as attending worship services or praying, to show reverence and worship. In short, it is a state of *doing*” (p.106). Spirituality, defined as “a state of *being*,” recognizes “a person's attempt to live a life guided by the spirit of their faith” (p. 106) and is likely to engage in prayer, meditation, and or make decisions based on how the spirit is leading them (Newman, 2004). Lastly, Newman (2004) characterizes faith as “the guiding principle by which individuals are either religious or spiritual” (p.106). Thus, an individual can have faith (knowing), and not be religious (doing), may have faith and be religious, but not spiritual (being). Thus, religion and spirituality are “indicators of faith”(Newman, 2004, p.108). It is important to note that while faith remains grounded in an individual, religion and spirituality are ‘dynamic’ (Newman, 2004, p.108). An individual can move in and out along spiritual and religious continuums, at one point being more spiritual and not religious, and vice versa.

There is growing evidence to support the role of religiosity in coping. According to Pargament (1997), religion is involved in the function of coping (e.g., meaning-making), events and appraisal (e.g., exposure to some events and not others, and the choices to appraise), methods of coping (e.g., seeking spiritual support), and outcomes of coping (e.g., spiritual, psychological, physical). The degree to which religious coping is employed is determined by its usefulness in the lives of others. Culture is also relevant to which coping strategies are employed

(Pargament, 1997). Hence, an individual is more likely to use religious-based coping given the centrality of religion in their personal lives (McIntosh, 1995), the intensity of the stressor, and whether it surpasses their human capability (Poggie et al., 1976).

The usefulness of religiosity in help-seeking and psychological well-being has also been important to researchers. A few studies have cited its usefulness and conjectured a positive relationship to health (Koenig & Larson, 2001; Koenig et al., 2001; Pargament, 1997; Pargament et al., 2013). According to one of those studies, Koenig and Larson (2001) found religiosity to be linked to poor mental states such as loneliness, depression, decreased suicidality, anxiety, risk of schizophrenia and other psychotic disorders. Conversely, improved life satisfaction, morale, happiness and positive mood were also reported. Several other authors also credited its usefulness and cited positive mood outcomes (Gall, 2006), life satisfaction (Tix & Frazier, 1998), and mental health outcomes due to religiosity (Mickley et al., 1998).

So how does religious coping work to support individuals? Pargament et al. (2000, as cited in Superville, 2014) summarized that religious coping helps individuals “(a) find meaning (benevolent religious reappraisal, punishing god reappraisal, demonic reappraisal, and reappraisal of God’s power); (b) gain control (collaborative religious coping, active religious surrender, passive religious deferral, pleading for divine intercession, and self-directing religious coping); (c) gain comfort from and closeness to God (seeking spiritual support, religious focus, religious purification, spiritual connection, spiritual discontent, and marking religious boundaries); (d) gain intimacy with others and closeness to God (seeking support from clergy or members, religious helping, and interpersonal religious discontent); and (e) achieve a life transformation (seeking religious direction, religious conversion, and religious forgiving)” (p.18). Additionally, religious coping processes specific to health outcomes have also been

delineated. Pargament et al. (1998) noted two patterns of religious coping associated with health outcomes. One, which they referred to as “positive religious coping, involves benevolent religious reappraisal, collaborative religious coping, seeking spiritual support, spiritual connection, religious purification, seeking help from clergy or members, religious helping, and religious forgiveness” (Pargament et al., 1998, as cited in Superville, 2014, p.19). This form of coping is likely to be enacted by an individual who is high in religiosity, has a close relationship with God, and has a sense of connectedness to the sacred. The second, negative religious coping, involves “punitive religious reappraisals, demonic religious reappraisals, a reappraisal of God’s power, spiritual discontent, self-directing religious coping, and interpersonal religious discontent” (Pargament et al., 1998, as cited in Superville, 2014, p.19). Persons who engage in this method will likely struggle with their spiritual faith and are less close to God. Individuals are more likely to employ positive religious coping methods between the two. Ano and Vasconcelles (2005) found similar results using a meta-analysis of religious coping and psychological adjustment to stress.

A review of the research shows largely positive religious coping among Afro-Caribbeans. Caribbean Blacks have been said to use prayer to cope with racial distress (Hayward & Krause, 2015; Levine et al., 2015). Those scoring higher in religiosity report feeling less anger and a desire to prove those who have discriminated against them wrong. The literature also shows that Afro-Caribbean Blacks are likely to seek clergy during times of spiritual or health crisis (Chatters et al., 2011; Ellison et al., 2008) and that the church functions as a source of support when dealing with migration stressors (Foley & Hoge, 2007; Warner 1998; Yang & Ebaugh, 2001). Collectively, there is evidence to support that Afro-Caribbeans employ the following positive religious coping methods: collaborative religious coping, seeking spiritual support,

spiritual connection, and seeking help from clergy or members. Beliefs that the “Lord will provide” and that “God helps those who help themselves” are also grounded in those coping methods. Sayings like this are still part of Afro-Caribbean culture today.

Although the beliefs above can support positive religious coping, they can very well activate negative religious coping among Afro-Caribbeans. A study by Payne (2008) exploring messages surrounding depression and mental health treatment among African American Pentecostal preachers revealed evidence of spiritual discontent, a reappraisal of God’s power and interpersonal religious discontent per Pargament’s analysis of religious coping. One preacher indicated:

“You talk about being depressed. I was mad at God. Talkin’ about how you got me up in here. I’m preaching in your name; I’m praying in your name, you know, come on now. I’m living for you; this ain’t supposed to happen to me.” (p.222)

Other forms of negative religious coping were also noted among AA Pentecostal preachers, including punitive religious reappraisals and self-directed religious coping. Another preacher battling lymphoma and battling with the idea that “saints don’t cry” shared his experience:

“I think I cried for about two days. Not that I was going to die, but just because of the way I felt emotionally. You see, a lot of times, we don’t deal with our emotions too well. We teach “Saints don’t cry.” Well, if you get sick enough, you’ll cry...and I found that crying became therapeutic for me” (p.223).

Although this cited study specifically focuses on African American Pentecostal preachers, we can deduce similar characteristics from Afro-Caribbeans, particularly those who share Pentecostal values.

Statement of the Problem

While there has been ample evidence to support the centrality of religion in the lives of Afro-Caribbean migrants, little is still known about the role of religion and how Caribbean migrants manage their religious beliefs and the decision to seek mental health in the new environment. It remains clear from the research that A.C. immigrants are likely to seek support from clergy for mental health support and underutilize traditional mental health systems (Woodward et al., 2008). There are conflicting messages at play for A.C. immigrants as depicted earlier, “saints don’t cry,” “crying is therapeutic,” “God will provide,” and “God helps those who help themselves.” In isolation, no studies have examined the tension in these ideologies regarding the multifaceted identities and social locations of Afro-Caribbean migrants. What exist are quantitative studies, one which explored the relationship between Black British West Indian Americans’ professional help-seeking attitudes and the influence of spiritual well-being in mitigating the deleterious effects of race-related stress (Johnny, 2013), another which explored the role of protective factors that could buffer social support and religiosity (Browne, 2018), and lastly the impact of religious coping methods and whether they act as a buffer or worsen stress and psychological outcomes among Caribbean Blacks (Superville, 2014). Another study, not specific to religious coping, examined the coping strategies employed by Caribbean immigrant parents of adolescents and US-born parents of adolescents experiencing parental distress (Wright, 2021). While these studies have added to the literature on A.C. immigrants in the US, some of the nuances specific to A.C. migrants are not adequately described.

The growing yet limited research on this group has become available given their increased presence in the United States, the emerging needs of this group compared to other minority groups, and the anticipated increase in its population by the year 2060, according to the

U.S. census and other statistics. Historically, A.C. immigrants were grouped with the larger Black American population (Sanchez & Awad, 2016) due to limited modes of identification as Black/African Americans are often the choice point for respondents on demographic forms in both research and across the board. Hines-St.Hilaire (2006) cautioned that because of this, A.C. immigrants are experiencing dual invisibility and are, in some instances, an “invisible and forgotten community” (Guy, 2001, p.18). Consequently, the ethnic and cultural focal point unique to Afro-Caribbeans should be considered when distinguishing their needs from other Black groups in the U.S.

Counseling competencies were developed to address the growing multicultural and diverse society (Sue et al., 1982). These competencies were defined, revised, and operationalized so that counselors provide ethical and effective counseling interventions to clients from diverse backgrounds (Arredondo et al., 1996; Pedersen, 1994; Sue et al., 1992). Following these competencies, professional counselors were expected to orient themselves and demonstrate an understanding of their ow(a) value systems, beliefs, biases, and attitudes, (b) knowledge of client worldviews and groups, (c) and utilization of culturally appropriate interventions when working with diverse groups (Sue & Sue, 2013). The American Counseling Association (ACA), which provides oversight of the profession, also stresses cultural sensitivity. Written in its code of ethics, the ACA encourages counselors to execute sensitivity toward client cultural orientations, to advocate on behalf of clients who lack access to culturally informed care and services, and to remove barriers that impede their development at individual, group, institutional and societal levels (ACA, 2014).

Research Question

It is a combination of my personal experiences as an Afro-Caribbean immigrant, friends who migrated here with me for completion of their undergraduate studies, my sister and her two young girls who migrated to the U.S. in 2009, and stories from Afro-Caribbean immigrant clients whom I have had the opportunity to work with that inspired me to explore the following research question: *How do Afro-Caribbean immigrants negotiate their faith and the decision to seek support with stress as they adapt to life in the United States?*

Significance of the Study

The Pew Research Center (2013) reports the growing rise of the Black immigrant population in the United States, particularly those from the Caribbean islands. As the United States continues to undergo demographic changes, we anticipate this population's needs will become more salient. To date, Afro-Caribbeans are often conflated with African Americans (Smedley & Smedley, 2005) as they share similar facial characteristics and skin color. Essentially, they have been an invisible community (Bryce-Laporte, 1972; Butterfield, 2004) within the United States.

As a means of filling the gap in the literature and strengthening the positioning of Afro-Caribbean immigrants in the U.S., the proposed study will help clarify some of the misconceptions and assumptions regarding the homogeneity of the Black population in the United States while simultaneously promoting the emergence of the experiences of Afro-Caribbean immigrants. Hintzen and Rahier (2013) contended that the presence of A.C. immigrants in the United States disrupted the meaning of what it means to be black in the U.S. Thus, this study's significance is even more warranted given the globalized world in which we live. A failure to recognize the ethnic variances among these groups in research and practice

leads to a poor understanding of the interplay of culture, religious affiliation, and religious beliefs and practices on mental health and mental health-seeking.

This qualitative analysis will examine the role of faith and faith-based practices on Afro-Caribbean immigrants' help-seeking behaviors in the United States. This study will inform theory and practice and add to the developing literature on Afro-Caribbeans. The hope is that the counseling community moves towards more culture-specific interventions to address this population's unique needs. The following research question will guide the analysis: How do Afro-Caribbean immigrants negotiate their faith and the decision to seek support with stress as they adapt to life in the United States? My goal is to understand the function of religion, spirituality, and faith on A.C. migrant experiences, as well as their role in mental health seeking.

Conceptual Framework

To understand the above processes, I am using Urie Bronfenbrenner's Ecological Systems Theory (EST) as the basis for this research study (1979, 1986). I am grounding my research in this theory to understand the role of religion, spirituality and their impact on the decision to seek mental health due to post-migration stressors. I hope to learn stories about how early experiences of faith and the role of faith function in the lives of A.C. migrants when coping with post-migration stressors. This study will also be supplemented by Lazarus and Folkman's (1984) transactional theory of stress and coping (TTSC). These theories provide the groundwork for examining the negotiation of religious ideologies, spirituality, faith, and faith-based practices during distressing events and the decision to seek mental health care.

Methodology

Qualitative research methods (Merriam & Tisdell, 2015) will be used for this study as the goal is to understand how A.C. immigrants interpret and make meaning of their post-migration

experiences. Two in-depth semi-structured interviews will be conducted with each participant. Interview topics will focus on participants' migrant experiences, the role of faith during times of stress, and their experiences with mental health. Gilligan's listening guide (Gilligan, 2015) will be used to help analyze the data. The listening guide encourages listening to participant narratives three to four times, each time listening for a distinct voice in the story.

A total of 10 participants will help meet the goals of this study. A participant will qualify for participation in the study based on the following criteria: (a) must be English speaking, (b) identify as male, female, or non-binary, and (c) born and raised in the Caribbean region and migrated to the U.S. before 12 years old, (d) be in the age range of 18 to 65 years old, (e) lived in the United States for more than a year and less than 50 years, (f) identify as a person whose faith governs their life, (g) experienced a significant source of stress since migration, and (h) sought support for stress from a mental health professional, and clergy.

Chapter Summary and Dissertation Organization

The contents of this dissertation follow a five-chapter format. The first chapter introduced the research topic and drew on personal reflections from my life and my family involving faith, stress (loss and change), and coping. The chapter resumes by focusing on the problem statement, background research on the role of faith among Afro-Caribbean immigrants, the importance of this research, and the research question that will guide the proposed investigation area.

The second chapter provides a detailed review of the literature on faith and faith practices among Afro-Caribbean immigrants. The research is relevant to examining Afro-Caribbean identity, religious socialization, religious identity, transmission, and family functioning. Religion and mental health and the role of help-seeking behaviors will also be addressed in this chapter.

Chapter three focuses on the methodological processes that will guide the investigation area: the participant selection data collection process, followed by an overview of Gilligan's listening guide, which will guide the data analysis. The fourth chapter will focus on the data results, and the last will discuss the results, interpretation, and implications for future research.

Definition of Terms

To provide clarification, definitions of relevant terms used throughout the study are listed below.

Afro-Caribbean immigrant: an individual born and raised in the Caribbean islands and migrated to the United States.

Distress: an affective cognitive and behavioral response to a crisis-precipitating event perceived as threatening and manifested by anxiety and depressive symptoms (Potter, 2007).

Faith is "the guiding principle by which individuals are either religious or spiritual" In short, it is a state of knowing and an indicator of the depth of faith (Newman, 2004, p. 106).

Faith-based: the process through which an individual expresses their faith, i.e., affiliation with a religious group or spiritual practice.

Faith-based practice: the use or application of religious or spiritual activities that an individual engages in regularly (e.g., prayer, bible reading, church attendance, etc.)

Faith-based immigrant: an A.C. immigrant who identifies as religious, spiritual, or a person of faith and whose faith g

Help-seeking behavior: the act of seeking help from a professional helper who has training in providing therapeutic interventions. This might include individuals trained as

mental health professionals such as psychologists, psychiatrists, or counselors (Rickwood et al., 2005).

Professional psychological help: for this research, these are mental health services provided by non-religious individuals with specialized training as a counselor, psychologists, psychiatrists, social workers, etc.

Religion: “Religion is still a set of beliefs and practices that revere a god or a center of power and value. Persons do things, such as attending worship services or praying, to show reverence and worship. In short, it is a state of *doing*.” (Newman, 2004, p.106).

Religiosity: the level of connectedness to a particular religion and its rituals and practices (Chaney, 2008).

Religious denomination: “a group or branch of any religion” (Oxford Dictionaries Online, 2013).

Religious ideology: drawing from Berger's (1967) work, religious ideology is defined as a cognitive map of set expectations or values that provide meaning to everyday events and guide to action.

Spirituality: “living life guided by the spirit or faith. A person may meditate, pray or make decisions based on how they experience the Spirit leading them. In short, it is a state of *being*.” (Newman, 2004, p.106).

CHAPTER TWO: LITERATURE REVIEW

This chapter commences with the theoretical framework which informs this study. It includes a discussion of Bronfenbrenner's ecological systems theory (1979, 1986) and the Transactional Theory of Stress and Coping (Lazarus & Folkman, 1984) to discuss how Afro-Caribbean immigrants make sense of their religious faith and of the decision to seek mental health support during times of distress.

Theoretical and Conceptual Framework

Ecological Systems Theory (EST)

Bronfenbrenner's ecological systems theory (1979, 1986) provides a framework for understanding the environments in which individuals live and exist (i.e., the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem; Bronfenbrenner, 1986). According to Bronfenbrenner (1977, 1979, 1986), human development is best understood within social or cultural contexts: the family, school, community, society, beliefs, and value system of a given culture. Bronfenbrenner (1977) argued that all interactions occur in a proximal process, in which persons interact with others, their environment, and information (Broderick & Blewitt, 2009). Moreover, interactions are influenced by and influence their environments. These continuous interactions occur across the sub-systems: microsystem, mesosystem, exosystem, macrosystem, and chronosystem. With this guided theory, events across the lifespan, the growing human, and the changing properties in which they reside are all accounted for.

The microsystem is the immediate environment and comprises family, biology, and peer group. The mesosystem describes the microsystem's interaction (e.g., connection between a person's family and friends). Within the exosystem, various linkages occur between two or more settings, which indirectly impact the individual. Such places may include an individual's

workplace, media, politics, migration, or the neighborhood in which one resides. Although the largest and most distant to the individual, the macrosystem influences the individual significantly. The macrosystem constitutes one's customs, values, culture, dominant beliefs, ideas, political, religious, economic systems, and cultural context. The final stage, the chronosystem, depicts the useful dimension of time, which signifies the influence of change and constancy in an individual's environment and possibly mental health. Most notably, it describes life transitions such as immigration and the effects of post-migration.

Within the ecological systems theory, the environment operates as a set of nested structures, each inside the next. An individual brings pre-existing abilities, skills, experiences, and knowledge to the proximal process influenced by biological and physical functioning levels. Within the systems, the bidirectional effects of each level impact adjacent levels.

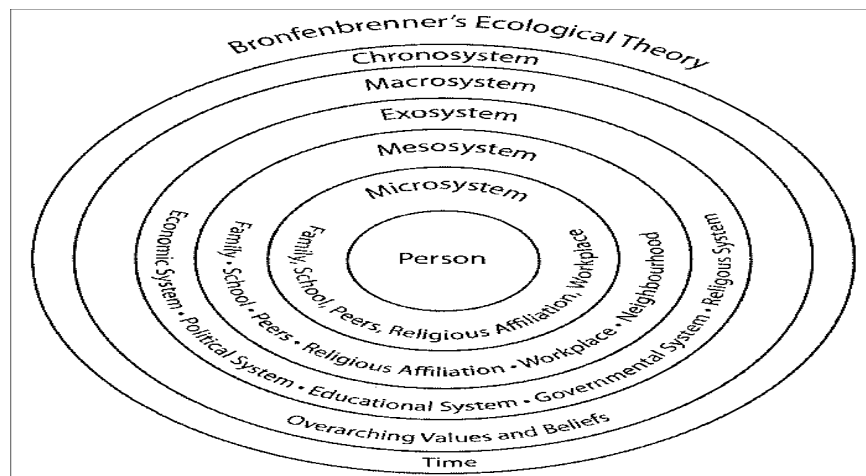


Figure 1: Bronfenbrenner's Ecological Model, Bronfenbrenner, 1986

Newer versions of the theory are redefined as the cultural microsystem model (Velez-Agosto et al., 2017), replacing the concentric circles with a spiral moved by the chronos dimension in which culture is infused across all settings, whether distal or proximal to the individual. Correspondingly, Velez-Agosto et al. (2017) argue that the interaction between and

across systems fosters one's development and becomes more complex as the individual develops. Likewise, cultural beliefs can affect the ecological system (Bronfenbrenner, 1986).

Although Bronfenbrenner did not explore religious contexts, ethnic identity, or acculturative and assimilation experiences within his work, these experiences can still be explored through this model. The interaction of the individual and their environment directly affects ethnic identity, religious experiences, and post-migratory experiences. Within this framework, this study will focus on the everyday activities, routines, and actions of the Afro-Caribbean immigrant (microsystem), how they function and navigate within the American society (macrosystem), and how they use various religious-based practices or faith during times of distress following migration (chronosystem).

Transactional Theory of Stress and Coping (TTSC)

Theories of stress have undergone significant changes beginning with the early conceptualization (Selye, 1956) of stress as a biological process (Everly & Lating, 2002) to a transactional process (Lazarus, 1999; Lazarus & Folkman, 1984). Stress, particularly mental stress, is a transaction (Lazarus, 1999; Lazarus & Folkman, 1984) in which the cognitive emphasis is on the relationship between the individual and the environment. For example, recollecting the experiences in one's life and determining if one has the personal resources to manage such experiences.

In TTSC, stress ensues as a succession of transactions between the person, environment, and situation (Lazarus & Folkman, 1984). It can result in acute and chronic psychological and somatic distress (Hellhammer et al., 2009). An appraisal and coping mechanism determine these transactions by providing acuties of threat, harm, and adaptation (Benight & Bandura, 2004; Carver et al., 1989), which is then used to help negotiate the stressful situation (Lazarus, 1999).

Taken together, the subjective appraisal of the stressful event, elicited emotions, and the stress response is referred to as the cognitive primacy perspective (Everly & Lating, 2002; Lazarus, 1999). Everly and Lating (2002) describe this process as when “the individual’s interpretation of the environment is the primary determinant in the elicitation of the stress response in reaction to a psychosocial stressor” (p. 164).

Appraisal theory is important to TTSC (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) posited that appraisal defines individuals’ cognitions and influence specific outcomes of an event, such as harmful, no harm, or loss. This term was later changed to appraising to reflect the difference between the appraisal product and construction of meaning. Lazarus’s use of the term appraising denotes an active construction of meaning-making within the process. Information, new experiences, and beliefs are actively applied to construct meaning, with the events or situations changing as the individual continuously reevaluates them. Thus, an individual’s evaluation or interpretation of an incident helps determine one’s safety in relation to their environment (Lazarus, 1999). Regardless of its significance, an incident may or may not be observed as harmful or stressful by an individual (Regehr & Bober, 2005).

Lazarus postulated that two types of appraisals are significant to appraisal theory: primary and secondary. In primary appraising, an individual considers the significance of a situation, the extent to which it intersects with their belief systems, values, goals, commitments, and the possible outcomes based on situational resources (Lazarus, 2012). Lazarus (2012) suggests that if the individual notes no consideration of belief systems, values, goals, commitments, and risks in potential outcomes, no more consideration is given to the event or situation. In primary appraising, motivational relevance and motivational congruence are important. Motivational relevance refers to the interaction of beliefs, commitments, and values,

while motivational congruence refers to the interaction of goals and desires (Smith & Lazarus, 1993).

Secondary appraising occurs based on the individual's ability to handle the event or situation given the meaning ascribed to it (Lazarus, 2012). During secondary appraising, the individual considers their options for handling the situation. Accountability, problem-focused coping potential, emotion-focused coping potential, and future expectancy are factored into meaning (Smith & Lazarus, 1993). During this process, individuals assess their coping self-efficacy, that is, their ability to manage the situation (Chesney et al., 2006).

Lazarus and Folkman (1984) further categorized the appraising process. The authors noted three types of primary appraisal: irrelevant, in which the individual has no interest in the outcome of the transaction; benign positive, in which the individual presumes that there are no negative outcomes; and stressful, in which the individual believes that the outcome is harmful to their well-being. In secondary appraisal, an individual considers one of three perceptions: harm or loss, threat, or challenge (Lewis, 2001) when deciding upon an event's significance. During loss, individuals believe that they have been endangered by a physical or emotional loss in the past. The threat is the belief in the likelihood of something terrible occurring in the future, and challenge refers to the use of coping skills to help moderate the stressor (Lazarus & Folkman, 1984).

During secondary appraising, individuals shift from thinking to action (Lazarus, 1999). The behavior which ensues is referred to as coping. Coping is an interface between internal resources and environmental demands (Lazarus & Folkman, 1984). Individuals employ one of two coping strategies: problem-focused coping, gathering information, acquiring new skills and

abilities, conflict resolution, or task-oriented actions. Individuals may also use emotion-focused coping in which they reframe negative thoughts more positively.

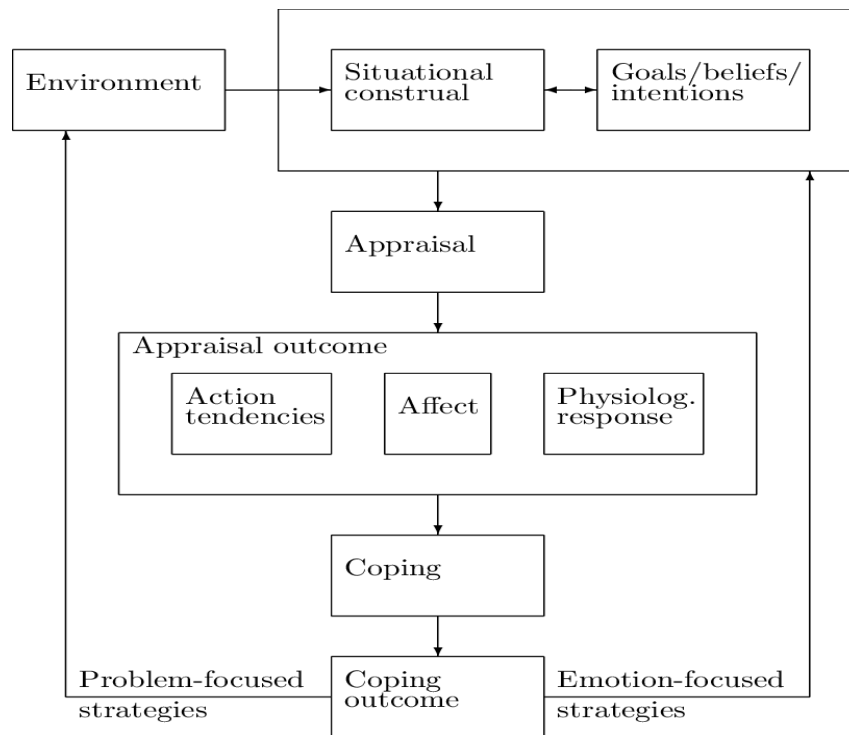


Figure 2: Model of the cognitive-motivational-emotive system. Emotion & Adaptation by R. S. Lazarus, 1991, p. 210. Copyright 1991 by Oxford University Press.

The application of Bronfenbrenner’s Ecological Systems Theory (EST) and Lazarus’s Transactional Theory of Stress and Coping (TTSC) demonstrate the complexity of migration, adaptation processes, and the interaction of cultural belief systems among immigrants. Both EST and TTSC emphasize the person's interaction with the environment and the environment on the person, a process known as “mutual accommodation,” according to Bronfenbrenner (1979, p.22). While EST underscores the significance of contextual factors such as religion, family, values, beliefs, and time, it fails to account for the cognitive process through which mutual accommodation occurs. Given this study’s pivotal interest in the negotiation of religious ideologies and mental health-seeking behaviors among A.C. immigrants, TTSC helps account for

the dynamics or mediating factors that reinforce the psychological mechanisms of both cognitive appraisals and coping behaviors that occur as a result of stressful events or situations (Cox & Griffiths, 2010).

Application of Theoretical Models in A.C. Research

The work of Bronfenbrenner has been applied to several studies, with some adapted to the work of A.C. migrants. Special attention has been paid to how religiosity and social support provide life satisfaction while guarding against negative mental health outcomes among A.C. migrants in the United States (Browne, 2018). Browne (2018) hypothesized (a) a strong significant relationship between acculturative stress and depression, (b) a weak significant relationship between acculturative stress and satisfaction with life (SWL), (c) religiosity shielding the relationship between acculturative stress and satisfaction with life (SWL), (d) religiosity shielding the relationship between acculturative stress and depression levels, (e) social support buffering the relationship between acculturative stress and satisfaction with life (SWL), (f) social support buffering the relationship between acculturative stress and depression, (g) religiosity and social support which buffer the relationship between acculturative stress and satisfaction with life (SWL), and acculturative stress and depression, (h) control variables (acculturation, demographic variables) whether depression, satisfaction with life (SWL), and acculturative stress buffer against religion and social support.

Regrettably, results from the study did not support the hypotheses; however, they still contributed to the underpinnings of the ecological system. Supplemental data was also generated from an optional questionnaire in which participants were asked to think about their experiences and to note “what has been challenging about your experiences as an immigrant” (Brown, 2018, p. 51). This supplemental data helped support the theoretical framework of this proposed study.

Theoretically, the study found that migrants with pre-established microsystems such as family, friends, and the church experienced less acculturative strain than those who had to build those communities upon arrival (Browne, 2018). The sample of migrants in this study migrated before the age of 30 and had resided within the United States for over 15 years. The role of religiosity and social support yielded noteworthy findings. Although participants cited participation in organized religion, such as church attendance and religiosity, no significance was noted concerning acculturative stress and satisfaction with life (SWL). Browne (2018) argued that “institutions and groups within the same system may function differently, and one institution/group may be more effective than the other in providing adequate support towards development and wellbeing” (p. 73). The dogmas of various institutions, such as religion, may also shift over time, “making the shift a function of time and the mesosystem” (Browne, 2018, p. 73). Time as a continuum (i.e., increased length of stay and exposure to Westernized ideals) also accounts for the decreased effectiveness of religion, albeit one’s identification as religious. She further noted the bidirectionality of eco-systems and affirmed that they ”flow out and in” (Browne, 2018, p.76).

The transactional theory of stress and coping (TTSC) was applied to a quasi-experimental quantitative study to help understand coping strategies between Caribbean immigrants and U.S.-born parents of adolescents experiencing parental stress in the U.S. (Wright, 2021). Following recruitment efforts through various social media platforms, 37 Caribbean-born parents and 37 US-born parents completed measures, including the Parental Stress Scale, Ways of Coping Checklist-Revised, and a demographic survey. A multivariate linear regression helped determine the degree to which parental stress and culture of origin, as well as covariates (educational level, racial-ethnic background, and adolescent culture of origin), predicted the coping strategies

(confrontive, distancing, self-controlling, seeking social support, accepting responsibility, escape avoidance, planful problem-solving, and positive appraisal). The results found no support for the culture of origin on coping styles among parents experiencing parental stress. However, support was found for the appraisal given to stressors and the use of coping skills. The results found that parental educational levels, racial/ethnic background and levels of stress impacted coping strategies used. Parents with low educational levels (elementary education) were more likely to use confrontive coping skills. Coping strategies such as hostility and aggression are used amongst those parents to change the parental stress situation. Folkman and colleagues (1986) describe this coping strategy as confrontive coping. Other findings noted distancing strategies among parents with high school diplomas. With the use of distancing strategies as a means of coping, parental efforts to distract themselves by thinking positively about the stressful situation protected them against stress. However, research has found that parents who use distancing strategies are more likely to be isolated, have negative relationships with their children and experience depressive symptoms (Vernhet et al., 2019).

The use of social support among parents with some college degrees was noted among participants (Wright, 2021). Similar findings were also pointed out in the work of Vernet and colleagues (2019). They argued that parents of developing adolescents were more likely to use social support during times of parental distress. The role of social support continues to be critical amongst A.C. immigrants during times of distress. The findings from Wright's (2021) and Browne's (2018) study highlight the role of social support systems in the lives of Afro-Caribbeans. This finding supports TTSC's supposition that environmental factors play a role in an individual's appraisal of their stressful experience. Issues such as parenting styles, education

levels, and culture of origin give meaning to perceived stressors and coping styles employed by parents.

Background and Overview

Venner (2015) proposed that the origins, acculturation experiences, and circumstances that impede the transition process for Black Caribbeans should be fully understood to address their needs. As per Venner's recommendation, this section begins with a detailed overview of the history of the Caribbean, followed by an understanding of colonialism and slavery in the Caribbean, slavery in the United States, and the concept of race between the two cultures. Given how A.C. immigrants come to understand race, the literature explores their Black identity formation in the U.S., struggles with the status of the *Black majority*, the navigation of race and race-related stressors that ensue, and how they cope. The rest of the literature review focuses more heavily on the proposed study topic. It explores the role of religious socialization, coping theory and strategies; religion and immigration stressors among A.C. immigrants; the interplay of religion and spirituality on mental health; and concludes with help-seeking practices among A.C. immigrants.

Today, the United States comprises American-born Blacks and those who migrated from countries in the Caribbean region and Africa. Many of these individuals migrated to the United States following the Panama Canal opening in the early twentieth century (Berlin, 2010). Economic hardship and political warfare (Kent, 2007) also sparked increased mobilization to the U.S. among Afro-Caribbean and African immigrants. Of those, Afro-Caribbeans accounted for higher migration rates (Capps et al., 2012) and came from many regions in the Caribbean, including Haiti, Jamaica, Trinidad & Tobago, and Barbados (Thomas, 2012). Trinidad, Tobago, and Barbados were most represented during voluntary migration as their economy struggled to

sustain their growing population (Brooks, 2013). Many migrated legally compared to other immigration groups (Thomas, 2012) as green card holders, through asylum as in Haiti, or through educational and professional means (Thomas, 2012).

A slew of stressors follows post-settlement to the U.S. as the decision to leave their loved ones behind poses significant loss. Although few come closer to citizenship, those with expired visas seek sponsorship through employment prospects and fear deportation until they become American nationals (Baptiste et al., 1997). The path to citizenship for A.C. migrants created a subgroup of migrants with rights and privileges, unlike those who were undocumented, held temporary visas or had a legal status that was less secure (Menjivar, 2006). Without secure status, A.C. migrants were often left worried about their economic outcomes and health (Brown, 2011; Massey et al. 2002; Menjivar, 2006), increasing their vulnerability to health risks (RWIF, 2018), and health-seeking behaviors (Menjivar, 2006; RWIF, 2018).

A.C. immigrants also struggled to maintain ethnic ties to their home country as they begin to assimilate into the United States. To strengthen ethnic ties to their origin, A.C. immigrants identified themselves as Trinidadian, West Indian, or Haitian-American to separate themselves from their African American counterparts (Caetano et al., 1998). They also practiced flexibility and choice in defining what kind of American they would like to be (Rong & Brown, 2001). For White immigrants, becoming American promised upward social mobility. Regrettably, the same could not be said for Black immigrants, as becoming American meant “being American Black” (Sutton, 1973, p. 142), thus leading to downward social mobility. Given the strict racial hierarchy in the United States, the decision to separate from a homeland became compounded. Unlike the United States, “nowhere in the Caribbean is race a simple bipolar distinction between White and Black” (Waters, 1999, p. 28). Instead, it exists “more on a

continuum in which shades of skin color, as well as other physical and social characteristics, are considered in the social process of categorization” (Waters, 1999, p. 29). In the Caribbean, racial discrimination emerges in colorism, in which privileges are given to persons with lighter skin tones (Hall, 2010; Hunter, 2005; Morrison & Bryan, 2014). Many scholars have noted that this type of racism is subtler than Blacks' more flagrant day-to-day experiences in the United States (Sutherland, 2013). Some researchers have argued that this categorization is comparable to a class system by which human capital and education provide more upward mobility than skin color (Gopaul-McNichol, 1993; Foner, 1985; Dominguez, 1975). Therefore, skin color does not solely determine privilege because a dark-skinned person who has attained a high level of education will have more freedom and social status than a light-skinned individual.

Unfortunately, this racial categorization does not lend itself to the U.S. because it cannot be transcended by educational advancement or sociopolitical circumstances like in the Caribbean (Bashi, 2007; Kasinitz, 1992). As a result, A.C. immigrants become forced to assimilate to those cultural expectations, which increases significant psychological stressors and mental health issues.

Caribbean History

The majestic region of the Caribbean consists of several countries stretching from the Bahamas in the north to South America, and is imbedded in the Caribbean Sea (Hall, 2001; Waters, 2004). The term 'West Indies' and 'the Caribbean' are often used interchangeably when referring to the Caribbean islands. However, there are stark differences between the terms. Knight (2012) argued, “To avoid terminological confusion, the term Caribbean must always connote a broader, more regional application because the Caribbean does form a cohesive geographic and cultural area, although one that is neither uniform nor united” (p. ix). He further

argued that the ambiguity with the term is a result of colonization. Knight's views highlight the Caribbean as a composite of societies with similar histories, cultures, and a shared identity. Additionally, although empirical and anecdotal research highlights similarities in culture and behaviors among the Caribbean as per outsiders, there are inter-island differences and subcultures (Murphy & Mahalingham, 2004; Thrasher & Anderson, 1988). Regardless of inter-island differences, researchers propose that "within the context of migration, West Indians view themselves as sharing some broad similarities and are not generally opposed to endorsing a monolithic West Indian identity" (Murphy & Mahalingham, 2004, p. 120).

The West Indies refers to the archipelago of islands between North and South America, while the Caribbean represents the region where these specific islands are located. More precisely, the West Indies consists of three broad areas: the Greater Antilles, the Lesser Antilles, and the eastern Caribbean. The Greater Antilles make up the larger islands of the Caribbean Sea (Cuba, Puerto Rico, Jamaica, and Hispaniola (Haiti, and the Dominican Republic), located in the northwestern section of the Caribbean Sea. The Lesser Antilles are the smaller islands of the region - Saint Kitts, Nevis, Anguilla, Antigua, Barbuda, Montserrat, Virgin Islands, Dominica, Martinique, Saint Lucia, Barbados, Saint Vincent, the Grenadines, and Grenada. Finally, the eastern Caribbean consists of the Bahamas, Turks and Caicos Islands, isolated islands situated in the Northeast, Trinidad, Tobago, Aruba, Curacao, and Bonaire, which border on the South American shelf (Rogoziński, 1999).

Plague of Colonialism

During the five centuries since Christopher Columbus's arrival on the island of Hispaniola in 1492, several Caribbean islands were controlled by various European powers. These Caribbean islands were traded, controlled, and colonized, with control being renounced

back and forth over time among different power regimes, including the Spanish, French, Dutch, Danish, English, and later the United States (Waters, 1994). Consequently, “the societies on the Caribbean islands have been described as “artificial or manufactured ones” (Waters, 1994, p. 39) due to “the mixing of multiracial and multiethnic populations on the islands” (p. 39). Waters (1994) further purports that “the peoples that evolved from this mix was a transplanted and syncretic one- a Creole culture in that no particular parts were indigenous, and the past of Africa, Europe, and Asia that survived were combined and passed on from generation to generation” (p. 39). Highlighting the stripping of identity and the sadistic practice among various power regimes, Caribbean author Jamaica Kincaid (1988) writes

what I see is the millions of people, of whom I am just one, made orphans: no motherland, no fatherland, no gods, no mounds of earth for holy ground, no excess love of which might lead to the things that an excess of love sometimes brings, and worst and most painful of all, no tongue. (p.31)

The islands in the Caribbean were used to generate tremendous profits for the Europeans who purloined land that was essentially unpopulated following the deaths of indigenous people afflicted by disease and combat (Waters, 1999). What was once a settler society was replaced with an exploitation society (Knight, 1990). Slaves were imported from Africa to work in mining fields and took part in the forced labor market for nearly four hundred years. After emancipation, East Indians and Chinese were imported to serve in the labor force. Sugar cane was introduced as part of the labor market, causing Europeans to benefit tremendously off the backs of its indentured servants, mainly African slaves, leaving its mark on the land, people, culture, and society (Waters, 1999).

Slavery in the Caribbean and the United States

The Caribbean and American South share a brutal history of having been afflicted by slavery. Slavery was fundamental to the plantation system in Caribbean colonies and the South, supporting economic development while simultaneously building White fortunes (Waters, 1999). Slaves in these colonies suffered harsher conditions and died at higher rates than those in the South. Lowenthal (1972) noted that Caribbean slave owners were keener on working slaves to death, importing new ones rather than providing adequate resources to survive and reproduce. Once slaves were emancipated, one-third of the slaves imported to the Caribbean remained, while the United States had eleven times what they originally imported. There were key differences between Caribbean Blacks and Blacks in the United States. Slaves in the United States, although granted emancipation after the Civil War, continued to be subjugated and excluded from skilled occupations. Unlike the United States, the planter system in the Caribbean remained intact, with planters being compensated for their loss and freed slaves obtaining land and occupational skills (Waters, 1999). Although former slaves were not granted fair treatment and absolute rights, Mintz (1974) argued that Caribbean Blacks had more freedom to be individuals, “to become persons, to define themselves in terms of what they knew and could do” (p. 325). Unlike Caribbean Blacks, American Blacks were systematically prevented from defining themselves as persons following the Civil War.

These events created generated several implied and genuine differences between Caribbean Blacks and American Blacks. American Blacks have had to confront their social positions, grappling with Whites who assaulted their personhood and contributed cheerfully to their inferior status. Simultaneously, when Caribbean Blacks challenged their inferior status in society, they struggled against their White citizens, who were perpetrators and agents of colonial

power who gainfully benefitted large profits. When contesting racism in the United States, American Blacks are forced to face their oppressors who are present and still functional in their very society. In the Caribbean, struggles against inequality are perceived as one against colonial exploitation. For Caribbean folks, anticolonialism and antiracism are intertwined (Waters, 1999).

Understandings of Race and Racism

Waters' (1999) collocation of social justice issues within the Caribbean and United States' socio-cultural context supports how Blacks experience and understand race and racism. Race in the Caribbean is a continuum in which shade, physical characteristics, and social class are accounted for in the categorization process. Foner (2001) noted,

The very notion of who is considered black also differs in the West Indies. Whereas in the U.S., the category “black” includes those who range from very dark- to very light-skinned, blackness is a matter of ancestry, skin color, hair type, facial features, and socioeconomic status in the West Indies. People defined as “black” in the U.S. belong to different groups in the West Indies, where there is a keen consciousness of shade—the lighter, the better (p. 12).

It should also be noted that Blacks are the majority in the Caribbean. While there is racism in the Caribbean, the Caribbean fundamentally is not a racist society as is the case of the United States (Patterson, 1989). This is because of the majority White population in the United States, slavery and its aftermath, the positioning of Whites in American society as superior while subjugating Blacks (Roediger, 1991), and the exclusionary culture of Whites towards Blacks (Bobo & Zubrinsky, 1996). In contrast, given that the majority population is Black with a small percentage of Whites in the Caribbean, the ingraining and deepening of racism within the

consciousness of Caribbean nationals though prevalent, did not shape ideas of race (Waters, 1999).

As such, Lewis (2009) proposed that “race must be defined and explored as a transnational and multidimensional social construct” (p. 1003) needed to advance “cross-cultural engagements” (p. 1003). She further noted the need to understand Black immigrants' experiences, moving away from conceptions of “authentic blackness” (p. 1009). By the same token, Coleman-King (2014) recommended a need for a transnational understanding of blackness to “allow us to move away from deterministic and static notions of blackness to incorporate a wider array of diasporic realities” (p. 10).

Identity of Caribbean Blacks in the U.S.

Black migrants have unique understandings of race developed within their country of origin, thus determining how they perceive and respond to racialization. Due to their ethnic fluidity (Benson, 2006; Jones & Erving, 2015; Malcolm & Mendoza, 2014; Waters, 1994), Black immigrants are likely to dictate how they identify based on the situational context (Jones & Erving, 2015). Early writers on A.C. migrants lament that they employ distancing strategies to avoid discrimination and stereotyping associated with being part of a racial minority (Apraku, 1996; Arthur, 2000; Duany, 1998; Waters, 1999). This strategy is usually short-lived as foreign blacks begin to develop common interests with other blacks due to exposure to increased discrimination (Bryce-Laporte, 1972; Foner, 2002, Vickerman, 1999; Waters, 1999) and begin to understand race as an imposed label and as a “master status” that permeates all aspects of American society (Merton, 1967; Waters, 1999). The initial status of “foreign” soon dissipates as they begin to experience “racial othering” (Parascandola, 2005, p. 4) and become part of “America's consistently oppressed minority group (Kasinitz, 1992, p. 32).

In that regard, many A.C. immigrants decided against a single identity. Instead, they opted to describe themselves using multiple identities, such as “Black, as West Indian or Caribbean, as British, as Jamaican” (Gilroy, 1993, p. 4). During racial segregation in the U.S., those who migrated vacillated between their ethnic and racial identity. In contrast, others who migrated after 1965 had better chances of maintaining both identities for transnational purposes (Kasinitz, 1992). With a desire to separate and protect themselves from the harsh realities of racism, succeed in the U.S., and maintain their cultural heritage, Johnson (2000) argued that Caribbean Blacks eventually “projected four main ethnic identities: their island/national identity; a pan-West Indian identity; a British identity; and, in many cases reluctantly, a Black American identity” (p. 61).

Waters’ (1999) research heralded some nuanced understandings of Caribbean Blacks’ racial and ethnic negotiations. She argued that West Indians racially identified themselves when they experienced racial discrimination and warned that they were not choosing one identity over the other and to not “misunderstand the strong regional, national, or ethnic identities of West Indians as a denial of racial identity” (p.64). Similar conclusions (Bauer &Thompson, 2006) were drawn from research on Jamaicans in Britain and North America who chose not to give up their ethnic identity while maintaining other identities. The experiences of migrants in their host country also prompt how they choose to identify. Others (Foner, 2001; Rogers, 2001) have argued that their social or political circumstances may also determine how they choose to identify.

In sum, the nuanced racialization of Afro-Caribbean immigrants can be understood across two dimensions of racial identity: racial group identification and racial group consciousness (Benson, 2006). According to Benson (2006), “racial group identification is the degree to which

black migrants identify with other blacks in the U.S., and racial group consciousness is the meaning Black migrants attach to their U.S racial identity” (p. 221). As with other findings, Benson noted that perception of race is “shaped both by the skills and ideologies migrants bring with them and how they are treated within the U.S. context” (p. 240). Length of stay in the United States also shapes how Black migrants develop a shared racial identity with African Americans; however, the meanings given to their American racial identity vary according to their origin.

Caribbean Migration

Migration has always been part of Caribbean culture, with many islanders relocating to neighboring islands due to overcrowding, limited financial-economic opportunities and other scarcity of resources on the island of origin. Migration was also practiced during slavery, during which enslaved people were seasoned in harsh conditions in the West Indies and then transferred to the United States (Thornton et al., 2017). Many islanders migrated to other Caribbean islands to seek a better life post-emancipation. For example, formerly enslaved people from the island of Jamaica could utilize land to till as peasants leaving those from the smaller islands like Barbados, Saint Thomas, Saint John, and Grenada to migrate as there was no available land (Waters, 1999). Thus, migration is part of humanity's experience. We migrate to survive punitive environments, poor economies, to expand, and improve quality of life.

Migration to the United States

Similar migration patterns followed for the United States, with Caribbean migrants leaving their home-based countries for better opportunities in the U.S. Drastic changes to immigration policies and the Nationality Act (Thomas, 2012) in the 1960s triggered an outpouring of Caribbean nationals to the U.S. Opportunity for skilled labor as well as economic

and social survival prompted migration to the U.S. Many came to the United States as green card holders, through family-based migration and asylum as in the case of Haiti, or via educational and professional means (Thomas, 2012). Today, this trend in migration remains, with recent statistics stating that nearly 4.4 million Afro-Caribbean immigrants reside in the United States and account for 10% of the 44.5 million immigrants in the U.S. (Zong & Batalova, 2019).

Acculturation Process and Problems

Scholars began exploring acculturation issues following the diversification of American society (Yoon et al., 2011). Several scholars have argued that only in the last twenty years was an emphasis placed on Black Americans' acculturation process (Landarine & Klonorr, 1994; Obasi & Leong, 2010; Snowden & Hines, 1999). Acculturation has been defined as the process through which two or more cultures meet each other. A more sophisticated definition of the term asserts that the "process occurs when groups of individuals having different backgrounds come into continuous first-hand contact" (Redfield et al., 1936, p. 149 cited in Yoon, Langrer, & Ong, 2011). Stress occurs from adapting to a host country after moving from one's country of origin (Walker et al., 2008).

While the research on cultural adjustment issues has described how this occurs for many minority groups, the same cannot be said for Afro-Caribbeans. Several reasons have been cited for this, and Smedley and Smedley (2005) argued that the research on this population remains inclusive. Unfortunately, when Afro-Caribbeans have been studied, their experiences have been homogenized with their Black counterparts (Rogers, 2006; Waters, 1991).

Despite the discrepancies in the research, attention must be given to what has been done to help bridge the gap in the literature. Qualitative research studies have argued that Afro-Caribbeans are bicultural (i.e., they function within their own cultural system and American

culture (Butterfield, 2004; Clark, 2008). Afro-Caribbeans maintain close connections with their families in their home countries while living and working in ethnic enclaves (Berlin, 2010; Kanya, 2007). Many are also transnational, possessing residency in their home country and the United States; thus, they can leave freely, spend time in their home country on holidays and return to the U.S. to live and work (Arthur, 2000; Foner, 2001).

Race-Related Stressors in the United States

As foreigners in the United States, Afro-Caribbean immigrants experience race-related stressors, a phenomenon that they have either not experienced or experienced in lesser magnitude in their home country (Deaux, 2006; Model, 2008). Instead, Caribbean nationals are more familiar with pigmentocracy issues, in which lighter-skinned individuals are viewed as having a higher status than their darker-skinned counterparts (Cox, 2002, p. 155). Like their African American counterparts, Afro-Caribbeans have been socialized to accept European standards as superior to their own (Shaw-Taylor, 2007; Waters, 1999). However, decreased emphasis is placed on race for these individuals, with more prominent social and class status.

Life in America brought new challenges for these individuals, as many came from countries where they were the racial majority (Shaw-Taylor, 2007; Warner, 2012). The concept of race became more salient to these individuals as they were seen and defined based on their race (Clark, 2008). Butterfield (2004) argued that many Afro-Caribbeans do not integrate race and ethnicity but view them as two separate constructs. Many executed choices and defined themselves racially or ethnically depending on the circumstance (Louis et al., 2017). For example, Afro-Caribbeans are more inclined to identify themselves ethnically among their Caribbean peers (i.e., at social gatherings, family gatherings, and church) but are willing to undertake a Black identity if perceived racial discrimination against Whites (Clark, 2008;

Waters, 1999). Hintzen (2001) also contends that "A Caribbean identity is available as an escape from the repressive conditions of blackness" (p. 112).

A study examining ethnic identification in Afro-Caribbean immigrants (McLaughlin, 1981) reported that Afro-Caribbeans are likely to indicate where they are from when identifying themselves. The study also showed that participants were more likely to use the term West Indian when they were among others from the same geographic region and Black and White Americans. Rogers' (2001) study, where 59 first-generation immigrants were identified based on their country of origin, confirmed McLaughlin's (1981) results. To help explain this problem, Rogers (2001) posited that Afro-Caribbeans have internalized negative stereotypes of Blackness in America and attempted to separate themselves from their African American counterparts. Research on second-generation Afro-Caribbeans reported similar results (Waters, 1996). Others noted that because Black immigrants may view change in status as a linear process (i.e., a Black immigrant to Black America), they are more likely to signify this adjustment as a decrease in social mobility (Sutton, 1973).

Religious Socialization

Gutierrez and colleagues (2014) note that patterns of religious devotion occur across the life span as individuals practice religious attitudes, values, beliefs, and behaviors that they learned, integrated, and maintained, a process described as religious socialization (Bengtson, Copen, Putney, & Silverstein, 2008). The transmission of those values, belief systems, and behaviors occurs through a transactional process (Bengtson et al., 2008; Martin et al., 2003) in which spiritual capital, religious knowledge, and other skills are embedded across generations (Smith, 2005). Beginning in the circle of the family, communities expound on those skills in which religious lives are maintained through prosocial engagement, compassion, efficacious

coping, and attenuation of risk-taking behaviors (Mattis & Mattis, 2011; Regnerus, 2003; Smith, 2005).

The impact of religious socialization between mothers and fathers has been documented in the literature (Flor & Knapp, 2001; Martin et al., 2003; Regneurs et al., 2004), with some studies citing both parents as major agents of religious exchange and others noting the importance of mothers only in this exchange (Acock & Bengston, 1978; Okagaki, Hammond, & Seamon, 1999; Park & Ecklund, 2007). Supplementary studies have focused on the role of grandparents (Bengston et al., 2008) and siblings (Ozdikmenli-Demir (2012). While the extant research has focused beyond the nuclear family system, most studies on religious socialization have concentrated on the Caucasian population (Hardy, White, Zhang, & Ruchty, 2011; Park & Ecklund, 2007; Schwartz, 2006).

Despite the prominence of the church in the lives of Blacks, little that is known from the literature supports the notion that religious practices of Black parents, particularly African Americans (A.A.), affect the behavior and psychosocial development of their children (Gutierrez et al. 2014). Increased involvement in church attendance has been linked to decreased oppositional behaviors and mood disorders in children of A.A. parents (Christian & Barbarin, 2001). College successes and career interests have also been noted in A.A. children whose parents are high in religiosity (Constantine et al., 2006). A review of the literature revealed no studies which focused primarily on the role of religious socialization among A.C. immigrants. Although not related to the scope of the proposed study, its absence from the counseling field and literature remains pertinent.

Religion and Immigration among Afro-Caribbeans

Religion and spirituality are central to Afro-Caribbean immigrants' lives as they adapt to life in the United States (Rose, Finigan-Carr, & Joe, 2017). For Black Caribbean immigrants, religion and participation in worship communities have been the primary way for new immigrants to assimilate into life in the United States (Chaze et al., 2015; Marshall, 2016; Marshall & Archibald, 2015). Religion and religious institutions function as ethnic reservoirs that allow Caribbean Blacks to maintain their ethnic and social ties while adjusting to American culture (Vickerman, 2001; Yang & Ebaugh, 2001). Afro-Caribbeans maintain important cultural symbols, practices, social networks, and cultural ties that are meaningful to their ethnic identity and self-perception through participation in their religious enclaves (Bashi, 2007; Cadge & Ecklund, 2006; Ebaugh & Curry, 2000; Foley & Hoge, 2007; Kurien, 2006; Maynard-Reid, 2000; Stepick et al., 2009; Vickerman 2001; Waters, 1999).

Black Caribbeans occupy a dual position in the United States as persons with African ancestry and immigrant status (Bashi, 2007; Foner, 2005; Vicerkman, 1999; 2001). Within the U.S., Black Caribbeans are positioned within a social system where race becomes salient to their identity (Vickerman, 1999). Several threats are posed to the immigrant experience for Afro-Caribbeans, whose socialization practices were based more on ethnic than racial values. As a result of these social pressures, Afro-Caribbeans have been forced to “act Black” (Vickerman, 1999) as they occupy a unique social position in the United States. The dichotomy between preserving one’s ethnic heritage and “giving up” certain aspects of being Black American generates psychological challenges for Afro-Caribbeans. In times like these, Afro-Caribbeans look more to religion and religious worship to provide psychological, social spaces, and

resources to frame these new identities while simultaneously insulating them from racism and prejudice (Bashi, 2007).

Religion, worship communities, rituals, and religious practices help develop and strengthen immigrants' ethnic identities and immigrant ideology in which hard work, achievement, and piety are valued (Bashi, 2007; McAlister, 1998; Stepick et al., 2009; Vickerman, 2001). Worship communities also provide referral networks and assist with sponsoring and selecting those interested in migrating. They also offer post-immigration assistance by delivering social and tangible resources to help newcomers' rsettlement (Bashi, 2007). Thus, consideration of faith and faith-based practices on mental health, coping behaviors, and help-seeking is imperative and, therefore, needs investigation when providing culturally sensitive treatment.

Religious Coping Theory and Coping Strategies

Religion is a mediator of stress through religious coping (Holt et al., 2014). It has been associated with helping individuals cope with life stressors of any magnitude, such as cancer, trauma, or far less severe stressors (Pargament et al., 2000). Evidence has been linked to a variety of outcomes regarding religious coping (Pargament et al., 2011), such as physical and mental health (Exline & Rose, 2013) as well as other health related outcomes (Holt et al., 2014). Those have been explored longitudinally through recent research from Holt and colleagues (2017). The authors examined religious coping as a mediator of religious involvement in health behaviors such as diet, physical activity, alcohol, and cancer screening using longitudinal data from a national sample of African Americans over five years. As time progressed, participants with low religious beliefs and behaviors at year one of the study showed greater health declines than those with high religious beliefs and behaviors. Religious beliefs and participation

behaviors did not impact negative coping behaviors over time. Positive religious coping among participants decreased over time, and evidence was supported for the role of religious beliefs in maintaining positive religious coping over time (Holt et al., 2017). Findings from this study yield= implication for pastoral counseling and faith interventions among persons high in faith while also garnering attention for those whose faith changes over time while continuing to experience life stressors.

Religious Coping among A.C. Immigrants

The experience of race-related and immigrant-related stressors poses a considerable threat to Afro-Caribbean immigrants' psychological functioning. Lazarus and Folkman (1984) have described the impact of life stressors on health outcomes as a two-step process that (a) first involves a cognitive evaluation of the stressful event in order to evaluate the controllability of the stressor; and (b) involves the use of cognitive and behavioral strategies to alleviate the stressor. For Afro-Caribbeans, religious coping (Pargament, 1997) is a central means of managing post-migration life stressors. Pargament (1997) argued that religious coping is a process through which individuals implement religious practices as part of their coping resources. As part of these processes, religious individuals look to God to solve their problem (collaborative approach); wait for God to answer and solve the problem (differing approach); and look to God for freedom and permission to solve the problem (self-directed approach) (Pargament et al., 1988). Hayward and Krause (2015) found that religion was significant among African Americans and Caribbean Blacks when coping with racial discrimination. Respondents from their study reported using prayer as a form of coping, with Caribbean Blacks sometimes reporting passive acceptance of the situation. Caribbean Blacks who were higher in religiosity

worked harder to prove those who discriminated against them wrong, and those who reported higher church attendance responded with less anger.

In a further analysis of the role of religious and spiritual coping in one's life, Taylor and Chatters (2010) examined the degree to which African Americans, Black Caribbeans, and non-Hispanic Whites acknowledged the importance of both religion and spirituality, religion only, spirituality only, or neither religion nor spirituality as an important dimension in their life. Using data from the National Survey of American Life (NSAL), the investigators conducted 6,082 face-to-face interviews from 2001 to 2003 among 18 and older persons from the following groups: 3,570 African Americans, 891 non-Hispanic Whites, and 1,621 Caribbean Blacks. Spirituality and religiosity were assessed using the following questions: (1) How important is spirituality in your life? (2) How important is religiosity in your life? (using the following response categories: very important, fairly important, not too important, or not important at all, which was reclassified as follows): (a) both spirituality and religiosity are important, (b) only religiosity is important, (c) only spirituality is important, (d) neither spirituality nor religiosity is important in life. Demographic factors were also included as independent variables: race/ethnicity (African American, Black Caribbean, non-Hispanic White), gender, age, marital status, education, family income, religious affiliation, and region.

The findings revealed that 90% of African Americans and Caribbean Blacks indicated religion and spirituality as a very important aspect of their daily lives, with 75% non-Hispanic Whites endorsing this view (Taylor & Chatters, 2010). Non-Hispanic Whites endorsed spirituality only, and neither spirituality nor religion was important to their daily lives. African Americans and Black Caribbeans both supported similar views regarding the role of spirituality and religion (i.e., religion and spirituality are salient aspects of their lives). These findings are

concordant with other research using the NSAL data on African Americans and Black Caribbeans concerning religion and spirituality in their life (Chatters, & Jackson, 2007, Chatters et al., 2009).

Several demographic factors endorsed the role of spirituality and religion (Chatters & Jackson, 2007, Chatters et al., 2009). Women reported that religion and spirituality were more important than men. These results report similar findings, which show that women are more involved in religious activities and express greater spiritual dimensions (Taylor et al., 2004). Results also indicated that individuals with higher education endorsed only spirituality as important in their daily life. Earlier work noted that individuals with higher educational attainment are less likely to use religious coping or participate in formal religious activities such as church attendance (Chatters et al., 2008; Taylor et al., 2004) or associate with religious individuals (Thornton et al., 1997).

For regional differences, respondents from the Northeast compared to Southerners stated that religion was only significant and neither religion nor spirituality was substantial. Consistent with previous findings on marital status, married participants were more likely to endorse religiosity and spirituality as important aspects of their daily lives. Furthermore, participants with no religious affiliation were more likely than Baptists to endorse that neither spirituality nor religion was an important facet of their daily lives. Additionally, Catholics and individuals with no religious affiliation were more likely than Baptists to endorse that religion was only important. Most noteworthy, the results revealed that both groups (i.e., Catholics and non-religious) were likelier than Baptists to indicate that spirituality was only important. The authors concluded that although African Americans and Black Caribbeans strongly suggested that both religion and spirituality are salient to their lives, combined with the high rates of religious

participation, church attendance, and reading of religious literature (Chatters et al., 2009), there may be variation in the meaning of spirituality across groups within the Black population. Thus, future research should explore these constructs in greater depth.

Spiritual and Religious Beliefs and Mental Health Needs

The impact of religious and spiritual beliefs on mental health needs has been a topic of interest amongst researchers in the counseling field. For example, Larson and Larson (2003) argued that religion acts as a buffer when an individual perceives a problem is outside their control (e.g., in times of financial crisis). Individuals seek God for guidance and support during such times as the problem is deemed outside their control. Religion and spirituality are a source of resilience for Blacks (i.e., African Americans and Black immigrants) during times of crisis (Ellison et al., 2008). They are most commonly used among oppressed groups, namely women, the poor, and other disadvantaged groups (Pargament, 1997).

Although religious coping has helped manage psychological distress and promote better mental health (Pargament, 1997), there has been concern about its misuse and harmful effects on mental health and health-seeking behaviors. A notable theme within the research on religion and spirituality is the clergy's role in providing mental health services. People of African descent feel a greater connection and source of comfort from clergy members; thus, clergy plays an important role in counseling individuals who struggle with mental health illnesses (Chatters et al., 2011; Neighbors et al., 1998; Wang et al., 2003). Research dating back to the 1980s as well as more current research shows similar trends regarding clergy members' roles. In many cases, clergy is the first contact other than psychologists, social workers, psychiatrists, and marriage counselors when experiencing psychological distress (Chatters et al., 2011).

While clergy has been a viable and preferred source of support for mental health among persons of African descent, there has been concern regarding the role of religious messages and beliefs about mental health and its impact on mental health-seeking. Payne (2008) examined the sermons of ten African American preachers of Pentecostal faith to explore how depression is discussed. The following research questions guided Payne's study: (1) Do African American Pentecostal preachers discuss the symptoms of depression, such as sadness or grief, in their sermons? Is the word depression readily used, and in what context? (2) Is mental health treatment discussed? If so, is treatment discussed in a positive or negative light? Payne (2008) found that the word "depressed" was rarely used in preachers' sermons. In cases where the word depressed was used, it was described as a weakness. It was sometimes replaced with the following terms: "crying and boohooing," "misery," "going through," "bent out of shape," "aching heart," "the bottom falling out," and "disappointments." (Payne, 2008). Results also showed that preachers discouraged their members from sitting in church depressed, "Jesus Christ came to bring us happiness. He did not come to bring us misery" (Payne, 2008, p. 222). In other instances, participants were described as "having an attitude" if they did not display active signs of praise, an expectation from the Pentecostal church. Messages surrounding mental health services (i.e., psychotropic medications) were met with laughter and scrutiny. "Her nerves is bad-oh? You better get yo'self-right with God! Hallelujah!" (Payne, 2008, p. 224). The results also noted the term "crazy" instead of mental health or mental illness when related psychiatric experiences were discussed.

Although limited in its sample size and lack of generalizing ability, Payne's (2008) study has several implications and goals for further research. Payne argues for a paradigm shift and encourages researchers to build rapport with clergy. Second, she proposed we abandon our

decisions to re-educate clergy and instead assume that they are experts in their domain, learning and understanding, and assisting when necessary. Payne's work adds practical value to this study as it seeks to develop culture-specific interventions to help increase help-seeking practices among Afro-Caribbean immigrants. Moreover, the findings from this study confirm and strengthen the theoretical base of the proposed study.

The above studies provide revelatory information on mental health-seeking behaviors among Afro-Caribbeans. Afro-Caribbeans are encouraged to have a strong allegiance to God and the church and are shamed or made to feel guilty about their psychological distress (Payne, 2008). Interestingly, despite being shamed and ostracized, these individuals remain connected to their congregations and continue to seek and receive mental health support from their clergy. Despite this theme's relevance, there appears to be little to no research documenting this phenomenon. Future research can perhaps generate discussion on this topic.

Mental Health Seeking Patterns among Afro-Caribbeans

Much of the research on mental health utilization among Afro-Caribbean immigrants report significant underutilization of treatment. These are mainly attributed to religious factors and stigma among A.C. immigrants. Studies show that Afro-Caribbean immigrants prefer seeking help from religious and spiritual leaders for medical and psychological treatment (Taylor & Chatters, 2010). A.C. migrants believe that psychological issues are internal and that persons outside the family or church are not involved in helping them resolve their problems (Gopaul-McNicol, 1998). Furthermore, they are less likely to seek professional support (i.e., work with a licensed professional) if they receive support from their clergy (Thompson et al., 2004). Statistically, research has shown that only 22% of Afro-Caribbean immigrants are likely to seek

mental health treatment, significantly lower than African Americans at 48% (Neighbors et al., 2007; Woodward et al., 2008).

Along with religious factors, Caribbean migrants are also likely to view mental health through fatalistic lens (Gillepsie, 2017). A.C. immigrants believe that any sign of sickness usually requires intervention from God; a lack of faith typically means that God will allow the Devil to take over their health and that there is decreased ability to get better as a result. When they sought support from mental health professionals, A.C. migrants noted negative experiences. Older migrants reported that providers often prescribed medication without fully listening to their experiences and were suspicious of the therapy process (Leis et al., 2011). In a similar study, older adults reported seeking support from family and friends regardless of what they were experiencing (Schwartz et al., 2014). Other authors (Bengston et al., 2015) have found that religious beliefs of older A.C. migrants tend to impact treatment, and those religious beliefs tend to increase as migrants age.

A study aimed at how individuals of Caribbean descent view mental illness and those with mental illness living in the Caribbean, United States and Canada (Waldron, 2018) found that participants residing in the Caribbean rated biological causes of mental illness compared to those living in the United States. Most participants in the study believed that persons who struggled with mental health issues or had recovered from mental health issues were not employable. Participants also feared being perceived as less than by their community if they had dated someone hospitalized for serious mental health reasons or who had been mentally ill. Negative and devaluing beliefs toward the mentally ill were more concentrated among respondents living in the Caribbean compared to those residing in the United States or Canada (Waldron, 2018). Participants indicated feeling fearful and angry towards individuals with

mental health difficulties, even if they were family members. The results found that despite respondents' ability to show love, care and sympathy to others, they were less likely to offer the same to those with mental illness and instead held discriminatory-devaluing perceptions toward the mentally ill. This suggests compartmentalization and distancing strategies as both efforts of coping, survivalism and self-protectionism among persons of Caribbean descent.

Mental health utilization in the Caribbean is also worth noting when examining this group's mental health utilization. Several scholars note the preponderance of stigma toward mental health in the Caribbean (Arthur et al., 2010; Cummings et al., 2013; Fripp & Carlson, 2017; Owen et al., 2012). Individuals struggling with stigma are likely to experience public shame and self-stigma (Wu et al., 2017). Public shame refers to prejudice the larger society holds towards individuals who struggle with mental health issues and self-stigma, negative beliefs that individuals struggling with mental health issues hold towards themselves (Wu et al., 2017).

Public shame and self-stigma interfere with migrants' willingness to seek mental health support and contribute to the underutilization of treatment (Crowe et al., 2017). Despite efforts made to inform the community, coupled with the advancement in research, A.C. immigrants continue to struggle due to misinformation and stereotypes. Williams (2013) notes that Jamaicans and many other Caribbean nationals struggle to acknowledge psychological difficulties and are likely to employ religious coping methods such as prayer and guidance from the clergy. In Jamaica, clergy is often the first choice for psychological support. Despite presenting with psychiatric symptoms, psychological concerns are expressed in physical symptoms, causing clergy to believe and treat the issue as 'evil' meant to be cast out of the individual (Williams, 2013). Lacey and colleagues (2016) argue that because clergy is seen first for mental health support, many Jamaicans who struggle with mental health issues do not get

help until it is too late. Historical abuse regarding healthcare, financial worries, lack of culturally responsive providers, and discrimination in the healthcare system are additional factors obstructing access to mental health utilization among this group (Lacey et al., 2016). Attempts at destigmatization through campaign efforts have fallen, leaving researchers wondering whether the information might be willfully ignored among Jamaicans (Joseph & Miller, 2019).

Similar trends have been noted in previous studies using data from the NSAL probability sample of African Americans, non-Hispanic Whites and Blacks of Caribbean descent on help-seeking behaviors among informal and formal supports (Woodward et al., 2008). Based on reports, 44% of respondents used both professional and informal support, 14% used professional support only, 23% used informal support only, and 22% used no help (Woodward et al., 2008). Demographically, the results showed that younger participants were more inclined to receive informal support, with men receiving less support than women and almost half the women receiving both formal and informal support. Income levels were also noted and indicated that participants with higher income levels reported utilizing more services from informal or informal and professional supports. In contrast, low-income persons relied more on informal support or did not receive services.

Additionally, participants with a mental disorder relied more heavily on informal support than those with a substance abuse disorder only or co-occurring disorder (Woodward et al., 2008). These statistics coincided with earlier claims by Lacey et al. (2016) regarding financial constraints and other systemic factors impeding mental health access and utilization. The author noted analogous findings (Woodward et al., 2011) and indicated that 26% of Caribbean Blacks do not seek mental health support. Among those who reported being comfortable seeking support, 47% use both professional and informal sources of support, with only 12% receiving

help from formal support. Black Caribbean men were also more amicable to receiving help from professionals and informal support than informal help only when compared to African American men (Woodward et al., 2011). Mixed findings found that less than one in five Black Caribbean mothers were open to professional help for mood disorders compared to a quarter of African American mothers (Boyd et al., 2011). A more recent analysis found that older Caribbean Blacks were more likely to seek help from a Black family physician for support with mental health (Nguyen et al., 2020). In general, psychiatrists were rarely sought for mental health support, with participants seeking more support from clergy. Ethnic differences in professional care revealed that all older adults in the study were seen by White professionals, except clergy. Support regarding the type of care sought from a professional demonstrated that older adults with emotional problems were more likely to seek help from a psychiatrist and other mental health professionals and, in some cases, multiple providers (Nguyen et al., 2020). Researchers believe this type of pattern may have to do with a lack of satisfaction with the care received and a lack of treatment progress. (Scott et al., 2011). Over the last decade, the inconsistencies in these findings (Woodward et al., 2008; Woodward et al., 2011; Nguyen et al., 2020) raise questions regarding provider support and may indicate role confusion among providers for participants. Implicit bias in White provider-Black client interactions (Dovidio et al., 2008; Woodward et al., 2011) may also affect whether treatment is likely to be sought in the first place, implicating trust issues.

Summary and Gaps in the Existing Research

This chapter provided an extant overview of the lives of A.C. migrants, including the history of the Caribbean, the plague of colonialism, slavery in the Caribbean, experiences of racism in the Caribbean and U.S., and the understanding of racism and racial discrimination among A.C. migrants. Also covered was the history of migration in the Caribbean and U.S., the

acculturation process of A.C. migrants and their experiences related to post-migration, namely race-related stressors. To help understand more about the uniqueness of A.C. migrants, religious socialization as it relates to this group, the role of religiosity in their lives, and its use in coping was also explored. The literature concluded with an overview of spirituality and religiosity and their impact on the mental health and help-seeking needs of A.C. migrants.

The literature reveals that A.C. migrants experience post-migration stressors which cause physical and psychological health decline. They employ coping strategies such as participating in organized religion, including church attendance, non-religious participation, prayer, and scripture reading. While they are open to seeking help for support with physical and psychological decline, formal support from mental health professionals and medical personnel is the last option, sometimes not considered at all. Afro-Caribbean immigrants have been religiously socialized to call upon God during times of distress and therefore are more comfortable and likely to seek support from clergy. Given that clergy members are first in line, statistics report low utilization rates for psychotherapy and other mental health support from this group. Commitment to religion, socialization and coping methods are protective factors for A.C. migrants. Some evidence suggests that A.C. migrants are open to seeking psychological help from mental health professionals, sometimes as a last resort or to supplement clergy support. This mixed result indicates tensions around psychological help-seeking for A.C. migrants, which researchers have not fully explored. This study will be the first to improve the availability of research related to this issue.

CHAPTER THREE: METHODOLOGY

“Nature and the world do not tell stories; individuals do” (Riessman 1993, p. 2). As a clinician, faith has always played a poignant role in my clients' lives, many of whom are of Black, African American, or West Indian descent. Many clients often expressed conflict regarding seeking mental health support and felt they were not strong enough or failed when they did. Motivated by this intellectual curiosity and a desire to understand how respondents “impose order on the flow of experience to make sense of events and actions in their lives” (Riessman, 1993, p.2), I decided to embark on this study in hopes of understanding how Afro-Caribbean immigrants negotiate religious ideologies and help-seeking practices, using narrative inquiry. Using this methodological construct, I hope to position the stories of Afro-Caribbean immigrants and provide nuanced understandings given that historically “oppressed groups are frequently placed in the situation of being listened to only if we frame our ideas in the language that is familiar to and comfortable for a dominant group” (Collins, 2000, p.vii).

This chapter provides an overview of the proposed methodology for this study. The discussion includes a rationale for the methodological approach chosen, the study design, and the data collection process. The chapter organization is as follows: (a) primary research question of the study, (b) the research design and rationale, (c) the research sample and recruitment process, (d) data collection process, and (e) plans for analysis of the data, (f) research validity and trustworthiness, (g) ethical considerations, and (h) the researcher’s positionality.

Research Question

The following research question will guide this study: How do Afro-Caribbean immigrants negotiate their faith and the decision to seek support with stress as they adapt to life in the United States?

Research Design

This study's goals can be best addressed using qualitative research and a design specific to the narrative approach. Qualitative research is "any kind of research that produces findings not arrived at employing statistical procedures or other means of quantification" (Strauss & Corbin, 1990, p. 17). Instead, it is the kind of research that produces findings from real-world settings where the "phenomenon of interest unfolds naturally" (Patton, 2002, p. 39). Creswell (2013) argues that "we conduct qualitative research when we want to empower individuals to share their stories, hear their voices" (p. 48). Qualitative research is most useful when exploring complex situations that cannot be best explained quantifiably (Creswell, 2013). Most of the research conducted on Afro-Caribbeans has been quantitative, with many focusing on acculturative stressors (Bashi, 2007; Fanfan & Stacciarini, 2020; Foner, 2005; Vickerman, 2001; Williams et al., 2007) and psychological adjustment (Pieterse et al., 2012). A qualitative approach will help provide more insider knowledge of the experiences of this population.

Although a "slow and painstaking process...which requires attention to subtlety: nuances of speech, organization of response, local contexts of production, social discourses that shape what is said, and what cannot speak" (Riessman, 1993, p. 65), and because narratives "are laced with social discourses and power relations, which do not remain constant over time" (Riessman, 1993, p. 65) we can anticipate a rich data source from this study. Inquiries using a narrative approach look to explore the experiences of their participants using a metaphorical three-dimensional narrative inquiry space, "with temporality along one dimension, the personal and social along the second dimension, and place along a third dimension" (Clandinin & Connelly, 2000, p. 50). Temporality, person, and place are key since Carr (1986) notes that "we are composing and constantly revising our autobiographies as we go along" (p. 76).

Narratives provide accounts of life events, daily life, histories, and accounts of written and oral events in the present and future (Dauite, 2014). Narratives help us understand characters as they interact through spatial and temporal contexts and establish meaning in their experiences (Dauite, 2014). Thus, this approach is even more befitting given that their histories have shaped Afro-Caribbean immigrants' lives in their country of origin (past) and the accommodations and adjustments of these histories since residing in the United States (current), that is, "the stories lived and told" (Clandinin & Connelly, 2000, p. 20). Given these adjustments, the goal is to understand their personal and social conditions. That is, the "feelings, hopes, desires, aesthetic reactions and moral dispositions" (Connelly & Clandinin, 2006, p. 480); the impact of place is defined as "the specific concrete, physical and topological boundaries of place or sequences of places where the inquiry and events take place" (Connelly & Clandinin, 2006, p. 480; i.e., country of origin, migration, United States).

Narratives also reinforce the role of culture (Dauite, 2014), relationships, and experiences, serving much as a "product of social life and human social activity" (Wertsch & Tulviste, 1992, p. 551). Scholars are drawn to this design because of its focus on experience, the meaning given to experiences, rather than objective truths (Dauite, 2014). Through narratives, voice and empowerment are given to those who have been suppressed and omitted from public spaces (Harding, 1988), thereby providing them with privileges to formerly impassable forums and public spaces (Dauite, 2014). This study's narrative approach will introduce and analyze Afro-Caribbean immigrants' experiences absent from the literature, textbooks, and multicultural discussions, as their stories are not part of the mainstream or ideal. Rather than in the background, their voices will compel researchers, counselor educators, and practitioners to focus on the nuances and diversities within this group.

The Rationale for Qualitative Design

Issues related to migration (Foley & Hoge, 2007; Yang & Ebaugh, 2001), acculturative stress (Bashi, 2007; Foner, 2005; Vickerman, 2001), ethnic identity (Clark et al., 1999), and mental health issues (Williams et al., 2007) are more prominent within the literature on Afro-Caribbean immigrants compared to those focused on religious coping (Pargament, 1997), spirituality (Ellison et al., 2008, Larson & Larson, 2003) and health-seeking behaviors (Edge & Rogers, 2005). More recently, discussions on religious coping (Hayward & Krause, 2015; Pargament, 1997) have gained recognition and have been a topic of interest for researchers and counselor educators. While it is important to acknowledge these contributions, our understanding of Afro-Caribbean immigrants' multifaceted and intersectional lives remains limited. It is worth noting that the pre-migration, migration, and post-migration processes are developmental. A few scholars have honored narrating as a developmental process (Polkinghorne, 1991) and a constructivist approach (Dauite, 2014). Chase and Rogers (2001) and Ochs and Capps (2002) cite that a constructive view is most appealing to studies focused on investigating well-being, socialization, and social norms, all applicable to this study. Another source for this view purports that narrating is a sense-making process, “a process for figuring out what’s going on in the world and how one fits” (Dauite, 2014, p.15). Weiss's (1995) works in his writing *Learning from Strangers* also supports the rationale for choosing a qualitative approach and narrative design.

We can learn how events affected their thoughts and feelings. We can understand their meanings, relationships, families, work, and selves. We can learn about all the experiences, from joy to grief, that constitute the human condition (1994, p. 10).

Methodological Plan for Inquiry

Sampling and Selection

Following Sandelowski's (1995) recommendation that the number of research participants must be thoughtfully decided, "too few may risk adequate depth and breadth, but too many may produce superficial or unwieldy volumes of data," ten participants were interviewed for this study. Participants were selected using purposive and snowball sampling (Miles & Huberman, 1994; Patton, 2002) and were selected based on the following: (a) English speaking, (b) identified as male, female, or non-binary, (c) self-identified as Afro-Caribbean or West-Indian (i.e., was born and raised in any one of the following Caribbean islands: Saint Lucia, Barbados, Trinidad & Tobago, Saint Kitts & Nevis, Jamaica, Antigua & Barbuda, Dominica, Grenada, Haiti, Saint Vincent & the Grenadines, Bahamas until the age of twelve and older (i.e., developmentally grown up in their home country and whose formative years were in the Caribbean), (d) was born and raised in the Caribbean region and migrated to the United States at the age of twelve and older, (e) resided in the United States for more than a year and less than fifty years, (f) is in the age range of 18 to 65 years old, (g) believes in the sacred, spirit, or supreme being that serves as a guide or source of inspiration in one's life. To include someone who prays, attends church, worships with the community, or participates in any acts of faith; and (h) experienced a significant source of stress since migration and sought support for stress from a mental health professional, clergy, or another professional. Since this was a study about faith, persons who identified as non-religious (i.e., agnostic or atheist) were excluded.

Participant Recruitment

Participants were recruited from major metropolitan areas in the U.S. as A.C. migrants are known to migrate to such areas. Also, opening the study to these major areas increased

variation in the study based on gender, age, income, education, and religious faith. Participants were recruited via social media platforms, including Facebook, Instagram, and Twitter. This posting listed the study's flyer (Appendix A) and details for contacting the primary investigator. Word of mouth, phone calls, and emails to potential participants were secondary recruitment sources. An invitation for participation was also sent to various cultural support groups such as the West Indian Foundation Inc. in Bloomfield, Connecticut, the West Indian Social Club of Hartford, Inc., the West Indian American Association, and the Facebook Page of Capital Region West Indian Association. I also submitted a recruitment letter, flyer, and contact details to several churches within major metropolitan areas in the U.S. The first three participants were also encouraged to share their study experience and contact details of the researcher with anyone they believed qualified for the study. As a result of these efforts, 10 participants participated in this study and were from the states of New Jersey, New York, Texas, and Pennsylvania.

Table 1

Participant Demographics

#	Name	Nationality	Years in the U. S.	Spiritual or Religious	Education	Gender
1	Jolie	Saint Lucian	16	Yes	Masters	F
2	Jazmine	Trinidadian	5	Yes	Bachelors	F
3	Charles	Dominican	16	Yes	Bachelors	M
4	Amanda-L	Haitian	7	Yes	Bachelors	F
5	Fontabelle	Vincentian	9	Yes	Masters	F
6	Paula	Trinidadian	31	Yes	Bachelors	F

7	Veronica	Virgin Islander	20	Yes	Masters	F
8	MaryJones	Jamaican	30	Yes	PhD	F
9	Vincent	Saint Lucian	9	Yes	High School	M
10	Catherine	Trinidadian	13	Yes	Masters	F

Data Collection

Institutional Review Board

Approval for this research study was sought from Montclair State University's Institutional Review Board (IRB) before beginning research with human subjects. Training was also completed by the Consortium for IRB Training Initiatives (CITI), which provided certification for the research with human participants. The following materials were submitted to IRB for approval: IRB application, informed consent documents, and recruitment materials. A copy of these documents can be found in the appendix section. Data collection began following the approval of the RB application and supporting documents.

Data Collection: Interviews

Interviews served as the main source of data collection. Given the rising number of cases of Covid-19, coupled with the new variants, all interviews were conducted virtually using Zoom. This web-based feature was HIPPA-compliant and permitted video recording. Data were collected through two interviews per participant, ranging from 60-90 minutes. Researchers have strongly suggested that interviews be kept to less than two hours to avoid fatigue among participants (Weiss, 1995). The 60-90 minutes allowed for more flexibility and rapport-building between the participant and the researcher. Weiss (1995) also recommended that researchers aim

for two interviews to strengthen their findings and reflection among participants and within themselves during their data collection process. The depth of the data following all interviews confirmed Weiss's recommendation. Ten interviews were garnered from the first round of interviews and eight interviews in the second.

All interviews were stored on a computer and external hard drive with a secure password. Interviews were semi-structured and followed a conversational style and natural exchange between me and the participant. Interviews were transcribed following each data collection phase. During the first data collection phase, key themes and changes to the existing interview guide occurred. Storytelling was used to elicit using the interview guide (See Appendix C). The second data collection phase clarified topics, identified themes, and plot development (i.e., what is happening, where it is taking place, who is involved, when, and why) from the first data collection phase. Member checking was also achieved during the second phase of the data collection process and integrated into the final overall analyses of themes. An additional follow-up interview also took place, which helped verify key information about the findings. It also allowed me to share I-poems with each participant based on their interviews and to check their accuracy. Two participants were identified as key informants based on their demonstrated knowledge of the subject matter. They helped to reflect on the themes from the findings and shared their reactions.

Online Interview Considerations

The rise of virtual platforms such as Zoom has made capturing a wider participant pool easier for those opting to conduct qualitative research, thereby reducing travel costs for both the researcher and participants. Video interviews can also be performed anytime and anywhere (Merriam & Tisdell, 2015), offering flexibility. One disadvantage, however, is related to this

technology: privacy concerns, access to technology, stable internet connection, and basic computer skills, which some participants might need more. The ability to build rapport, read non-verbal language, and co-create meaning has also been raised regarding online interviewing (Hesse-Biber, 2013).

The quality of research garnered from online interviews citing concerns about in-depth responses, loss of intimacy, and mutuality of trust among participants (Seitz, 2016), yet validating its usefulness with participants who are introverted and worry about remaining anonymous (Hesse-Biber, 2013; Seitz, 2016). To help minimize some of the concerns of online interviewing, I encouraged participants to test out the online video platform and internet connection. I ensured that they had privacy before beginning interviews.

Ethical Considerations

I adhered to the ethical practice standards outlined in Patton's (2002) Ethical Issues Checklist. Confidentiality issues, ethical versus legal conduct, informed consent, and the interviewer's mental health. All sensitive information from the study was secured on a computer using a secure password. To maintain privacy, participants used pseudonyms throughout all aspects of the study. Interviews were conducted in a private area using Zoom, a video communications feature that was HIPPA compliant.

As part of compliance with ethical standards, participants were also educated about the study's nature and agreed to informed consent and their right to withdraw at any given time. Another component essential to the ethical standards process is the interviewer's mental health. I am in good mental health and have had several conversations with my dissertation chair and committee members about my research project.

Data Analysis

Each interview was transcribed and coded for themes. McLellan et al. (2003) recommend verbatim transcriptions, such as pauses, mispronunciations, and non-verbal sounds (e.g., laughter, intakes of breath). Verbatim transcriptions helped increase the study's naturalness and supported the cultural context on which it is based. These were captured to understand the psychological processes and meaning-making experiences of participants. All data from the study were entirely explored while maintaining the guiding research question in mind. Auerbach and Silverstein (2003) recommended this process to assist researchers in minimizing worries during coding decisions. Recordings from all virtual interviews were sent to Temi, a transcription service for verbatim transcription.

Gilligan's Listening Guide (2015) was used to help guide this analysis. On an epistemological level, it is both a method and a methodology, proposing specific ways for listening during data collection and nuanced ways of analyzing the data (Gilligan & Eddy, 2017). The Listening Guide suggests reading all transcripts and listening to all recordings multiple times for (a) variations in tone, (b) contradictions in the story, and (c) shifts in the point of view of each participant. The research process was one of discovery and not question answering and encouraged listening to participant experiences and the societal structures that inform their experiences (Gilligan & Eddy, 2017). Chatters, & Jackson, 2007, Chatters et al., 2009). Compared to other analytic methods, which place the researcher in various relationships with their participant and data (Edwards & Wellers, 2012), the Listening Guide enabled aspects of intimacy and distance to be traced and explored. Its use has been noted across a variety of contexts, including experiences of social stigma, shame, and secrecy (Sorsoli & Tolman, 2008),

and studies on depression, eating disorders, adolescent boys' friendships and teenagers who are socially excluded (Byrne et al., 2008; Jack, 1991; Mauthner, 2002; Way, 2011).

Transcription Preparation

Interviews were transcribed continuously (i.e., following a meeting with each participant). To establish familiarity with the work, I transcribed the first interview independently. The remaining interviews were sent to Temi, a transcription service. Upon receipt of each transcription, I listened to the initial video recordings for accuracy and made changes if needed. All recordings, transcriptions, and electronic files were saved on a computer with a secure password. Written documents were kept in a closed cabinet.

Listening Guide

Data analysis in qualitative research has often been described as “labor-intensive and time-consuming” (Lofland et al., 2006, p. 196). This is because qualitative analysis produces “large amounts of contextually laden, subjective, and richly detailed data” (Byrne, 2001, p. 904). Because I sought to bring the distinct voices of Afro-Caribbean Blacks to the emerging literature, I found it useful to use a unique methodological tool, *The Listening Guide* (Gilligan, 2015), to help capture the nuances in psychological coping and distress among A.C. immigrants. Drawing heavily from voice-centered research (Brown & Gilligan, 1992) on gender socialization, the listening guide was created to help identify “tensions between discourses and voices, between normalized representations and subjectivity” (Beauboeuf-Lafontant, 2008, p. 398). In voice-centered research, the emphasis is placed on how “an individual speaks from an experienced standpoint that marks its proximity to and distance from cultural narratives. Thus, voices are subject positions identifiable by their relative obedience or resistance to a particular discourse” (Beauboeuf-Lafontant, 2008, p. 396). Rather than adhering to thematic ordering that is often

distant from the researcher's feelings and thoughts, the listening guide helped "reveal the self as a changing, fluid collection of voices" (Beauboeuf-Lafontant, 2008, p. 404). Thus, this tool helped illuminate how A.C. immigrants negotiate religious ideologies on a psychological level, "how they take in the voices around them, and appropriate and resist different perspectives" (Brown, 1997, p. 686). Through a minimum of four readings also known as "listenings" (Gilligan, 2015; Gilligan et al., 2006) uncovered was (a) the plot, (b) first-person voices, and (c) contrapuntal voices in each interview (Gilligan, 2015).

Listening for the Plot

The first step of the analysis entails listening to the plot and the researcher's response to the interview (Gilligan et al., 2006). During this initial listening, I read and listened to the plot, what was happening, where it was being told, when, with whom, and why they were being told. Also noted were the changes to the landscape, repeated messages, images, themes, and what was present and what was absent. In this listening, I also brought my subjectivities into the process of interpretation. As part of the reflexive process, I noted my responses to each participant (i.e., what was being said) and my social location in relation to the participant (i.e., self as a researcher, A.C. immigrant, woman, psychotherapist, and spiritual atheist). This process encouraged researcher reflexivity (Mauthner & Doucet, 1998) as it is impossible to maintain a neutral or objective stance (Keller, 1985; Morawski, 2001).

Listening for the "I"

In this second listening, attention is focused on the voice of the "I." In this listening, attention was given to how participants describe themselves, noting any differences in cadences and rhythms (Gilligan et al., 2006). During this listening, an I-poem was created in which the first-person pronoun "I" was tracked, followed by the verb and any important complementary

words in the text. This step in the listening process simulates free association and an associative stream of consciousness (Gilligan et al., 2006).

Listening for Contrapuntal Voices

This is the third process in the listening guide, which helped bring the researcher close to the voices that inform their inquiry (Gilligan & Eddy, 2017). During this process, the researcher listens to the story's multiple facets being told, bearing in mind the research question. In this process, two to three text readings are encouraged, emphasizing listening for a salient voice(s) or one facet of the story being told (Gilligan et al., 2006). Here, the researcher identifies how the first-person voice contradicts or compliments the contrapuntal voice(s). This data analysis is unique from others as it helps zone in the competing voices within participants, bringing us closer to the personal conflicts of their experiences (Gilligan & Eddy, 2017). During this process, I listened closely for vocal quality, tensions in storytelling, contradictions, and what was not being said. Once a voice has been identified, I reread and coded each transcript for that particular voice.

Final Analysis

This final listening places the participant within the broader social, cultural, and political context. The hope is to bring each participant closer to the social institutions, ideological issues, and socio-cultural discourses that influence them (Mosiander et al., 2009). Having completed a series of four listenings (plot, I-Poem, and two to three listenings for the contrapuntal voice(s)), this final analysis involved synthesizing what has been learned about the person speaking in relation to the research question (Gilligan et al., 2006). As part of this last analysis, the researcher also looks to clarify how they came to know what they know and, in some cases, based on their discoveries, may need to modify their research question(s). Data was presented

according to major themes and sub-themes, quotations and anecdotes in which participants speak for themselves, the life history of participants who form the base for this study, and group participants' narratives based on common themes.

Research Integrity and Trustworthiness

Merriam (2009b) cites that "...Part of ensuring the trustworthiness of a study (i.e., its credibility) is that the researcher himself or herself is trustworthy in carrying out the study in as ethical a manner as possible" (p. 234). Others have cited the use of reflexivity (Patton, 2002), in which the researcher critically assesses his/her values, belief systems, behaviors, and emotions and their impact on the data collection process and analysis (Gerrish & Lacey, 2006; Lambert et al., 2010). To navigate this process successfully, Patton (2002) recommends using reflective triangulation in which the researcher examines the perspectives of the: (a) participants, (b) audience, and (c) researcher. The following illustration is a modified guide proposed by Patton (2002, p. 66).

Table 1: Reflexive Questions of Triangulated Inquiry

Participants	How do they know what they know? What shapes and has shaped their worldview? How do they perceive me? Why? How do I know? How do I perceive them?
Audience	How do they make sense of what I give them? What perspectives do they bring to the findings I offer? How do they perceive me? How do I perceive them?
Researcher	What do I know? What shapes and has shaped my perspective? With what voice do I share my perspective? What do I do with what I have found?

This study's trustworthiness was maintained using a three-pronged process (i.e., through reflexive journaling, member checking, and critical friends) to minimize bias and improve the study's integrity.

Reflective Journaling

Anyone who chooses to embark on a study carries a set of assumptions or biases about their population. Reflective journaling has been strongly encouraged in qualitative research and helps researchers maintain what is known as an “audit trail” (Merriam, 2009b, p. 229). More particularly, “narrative inquirers cannot bracket themselves out of the inquiry but need to find ways to inquire into participants’ experiences, their own experiences as well as the co-constructed experiences” (Clandinin, 2006, p. 47). Those who chose to research have had direct or indirect contact with their study investigation. I am, therefore, no stranger to this process and need to consciously acknowledge my values rather than control them through method” (Ortlipp, 2008, p. 695) and “attend genuinely and actively to the participants’ views” (Finlay, 1998, p. 454). That said, my interest in this study arose from my internal battle with religion despite being raised in a religious household. I also acknowledge that I have sometimes struggled to pray to God, the universe (whom I today reference as my God), or seek support from my psychotherapist when in doubt or distress. I must also admit to cringing during earlier banter about my research study with family and friends with religious ideologies. I come with “baggage” (Ortlipp, 2008, p. 698) and would need a safe space to document these thoughts and reactions earnestly.

My critical reflections also helped me refine my research question. During earlier conversations, my methodologist recommended that I process the following 3Ws: What do I want to know? Why do I want to know it? Why is it significant? Richardson (1994) describes a process as “writing as a method of inquiry” (p. 516). My first impression was resistant. I had engaged in similar processes in several earlier courses. Why now? Why again? Despite my earlier chagrin, the process was successful and encouraging. Therefore, I saw a strong need to remain engaged in this process, particularly through the data collection phase, as it was

impossible to remain a “neutral participant or objective information gathering tool” (Ortlipp, 2008, p. 698). Thus, maintaining this reflective space helped me interrogate my thoughts and feelings and “talk back” (hooks, 1989) to myself while engaging with the participants.

Member Checking

A second process involved in establishing trustworthiness and validity is through member checking, returning an interview or analyzed data to be reviewed by the participant (Doyle, 2007) and establishing key informants. Marshall (1996) posits that key informants are essential in qualitative research, are selected from the group of participants, and generally meet five criteria: (a) familiarity with the subject matter based on their position, (b) demonstrate a depth of knowledge about the topic, (c) indicates a desire to participate in this capacity, (d) communicate their thoughts and ideas clearly, and (e) demonstrate the ability to maintain an unbiased perspective. Member checking will occur throughout and at the end of the second interview process. Through member checking, participants expanded on their narratives and corrected any misperceptions or analyses that were not true to their experience. Feedback was also integrated into the final revision.

Critical Friends

As a third goal of maintaining trustworthiness and validity, critical friends were sought through the doctoral program to provide “audience validation” (Loh, 2013, p. 7). Using Costa and Kallick’s definition (1993), a critical friend is “A trusted person who asks provocative questions, provides data to be examined through another lens, and offers critiques of a person’s work as a friend...” (p. 50). Critical friends or circles are strongly encouraged in qualitative research as they help improve academic rigor and incite intellectual curiosity and inquiry. This circle of support agreed (a) to serve as a critical friend, (b) be available for check-ins, and (c)

committed to research timelines. Those supports helped me make sense of the data, challenged my critical skills, and ensured I was not projecting my experiences onto the participants. They also helped me remain accountable and accurately reflect “my participants’ voice while sharing my insights as a researcher” (Langer & Furman, 2004, p.10). I also worked with my methodologist and dissertation chair to help me process and interpret my data. I shared relevant themes, I-poems, and reflexive processes to ensure that my lived experiences and knowledge of the subject matter did not impact my findings.

Researcher Positionality

I grew up on the island of Saint Lucia and migrated to the United States in 2008 to complete my undergraduate studies. I was born and raised by a single woman, Magdelene Pamphile, who passed away in 2004. I was raised with five siblings in Castries, Saint Lucia, including three sisters and two brothers. I remember religion being a salient part of my childhood identity growing up in the Caribbean region. I recall being ushered to Saturday night or Sunday masses at the Roman Catholic Church, where I listened to the gospel, sang holy hymns, and read scriptures from the Bible. I made my First Holy Communion during elementary school and Confirmation during high school. At home, I recalled gospel music being played and sung by my mother and was encouraged to read the Bible and pray to God at night before going to bed and mornings when I woke up. I was taught that it was important to pray to God and seek his grace to comfort me during times of distress.

To this day, I hold onto my aunt’s favorite maxim, “The Lord will provide.” My aunt Christina, a staunch Catholic herself, religiously called to God during times of hardship. If she needed a penny, money to pay rent, or was in emotional pain, her usual response would be, “The Lord will provide.” I recalled struggling with these early teachings. I often squirmed whenever

my aunt recited this maxim. I sometimes felt that my aunt was lazy, that she did not value hard work, that she was ignorant, and how she could be certain that the Lord would provide. I must admit struggling with my religiosity at an early age and often resented the idea of prayer, church, or anything to do with God. I could not see him, and therefore, I did not believe in his existence. I struggled back and forth with my faith. I sometimes believed in prayer and would seek God when I felt alone, needed to pass a test, or felt anxious and depressed as a teen.

Then there was Stan, a young, homeless man who struggled with schizophrenia. Back then, I had no name for it. Stan was described as “crazy” by members of the community. I recalled being chased by Stan on afternoons as I returned home from school. He frightened me, laughed at me, and made odd facial expressions and remarks as he approached me. Additionally, Veronica, a young female, was described as possessed by the clergy, and these demonic possessions were exorcised in front of a small congregation. Both Stan and Veronica's experiences were described as demonic possessions when clearly, they struggled with mental health symptomology. I share these stories because they have influenced my decision to explore the role of faith and faith practices on mental health-seeking behaviors.

My identity as an Afro-Caribbean woman, a spiritual atheist, a professional helper, and a future counselor educator informs this research. Thus, I acknowledge my multiple positions within this study and remain conscious of how my ethnicity, religion, education, and professional training will inform my perspective on the research (Herr & Anderson, 2005).

As an Afro-Caribbean woman, I am an insider to the research. Therefore, my insider positionality will help with trust-building and establishing genuine and authentic interactions with my interviewees. As I am studying my community, I am aware that this privileged status might be considered problematic or deemed “irrelevant to the knowledge base” (Generett &

Jeffries, 2003, p. 7). However, I argue that I am aware of the nuances yet to be told about this community's unique lives because of my insider status. I also hold a unique position as an outsider to the research due to my religious orientation, advanced education, and experiences as a mental health provider and receiver of mental health services. Thus, using critical friends, reflexive journaling, and member checking will help challenge my assumptions or biases while holding me accountable to capture the essence of Afro-Caribbean immigrants fully.

Limitations of Qualitative Design

Jacob and Furgerson (2012) argue that qualitative research seeks to explore the "human part of a story" (p. 1). Researchers using this method often seek to explore more detailed information on a personal interest topic. Maxwell (2013) posited that while this may help drive the researcher's motivation, it poses some threats to the investigation under study. Opponents of this method have argued that it is a "scientific two-edged sword" (Patton, 2002, p. 433), leaving the study open to strong bias (Creswell, 2013; Janesick, 2011; Miles et al., 2014).

Qualitative research has several threats to validity, reliability, and objectivity. Patton (2002) argues that researchers who engage in qualitative research must concern themselves with validity and reliability issues when designing a study, analyzing data, and overall work quality. Attention to these processes helps meet the criterion of a good or quality study, as stressed in the following question: "How can an inquirer persuade his or her audiences that the research findings of an inquiry are worth paying attention to?" (Lincoln & Guba, 1985, p. 290). Researchers Healy and Perry (2000) contend that this question's answer lies in paradigm terms. For qualitative paradigms, quality is judged based on credibility, neutrality or confirmability, consistency or dependability, and applicability or transferability (Lincoln & Guba, 1985). Another concern related to qualitative research is that of rigor. Davies and Dodd (2002) argue

that rigor in qualitative research should differ from quantitative research. By “accepting that there is a quantitative bias in the concept of rigor, we now move on to develop our reconception of rigor by exploring subjectivity, reflexivity, and the social interaction of interviewing” (p. 281).

Lastly, one of the qualitative research's major and strongest criticisms is sample size (Hamel, Dufour, & Fortin, 1993; Yin, 1994) and generalizability (Polit & Hungler, 1991). Polit and Hungler (1991) define generalizability as “the degree to which the findings can be generalized from the study sample to the entire population” (p. 645). Though legitimate concerns, Meyers (2000) argues that “problems related to sampling and generalizations may have little relevance to the goals of the study and the reality of the situation” (p. 5). While a given phenomenon warrants a small sample size to draw in-depth perspectives, selecting a larger sample size than needed can be insignificant (Meyers, 2000). That said, the sample size of ten continues to hold for this study, given its desire for richness in data, desire to learn more about how Afro-Caribbean immigrants negotiate their religious ideologies during times of distress, and the contribution of this knowledge to the AC population and counseling community.

Chapter Summary

This chapter discussed the proposed methodological approach that was used for this study. Included herein are the rationale for the chosen methodology, the research design, the study's context, and participant selection procedures. The data collection methods, data analysis plans, goals for achieving credibility and trustworthiness within the research process, ethical considerations in this study, and positionality of the researcher as an instrument were also discussed.

CHAPTER FOUR: FINDINGS

This study aimed to understand how Afro-Caribbean immigrants negotiate their faith and the decision to seek support with stress as they adjust to life in the United States. The literature purports that Afro-Caribbean immigrants seek spiritual support, connection, and help from the clergy or church members and underutilize traditional mental health systems during times of spiritual or health crisis and the stress of adapting to the U.S. There is also some evidence to support that A.C.s are open to seeking mental health support from mental health providers, but as a last resort or to supplement clergy support. These mixed findings hint at the complexity and psychological tensions around help-seeking for A.C. immigrants. The findings from this study helped unravel the complexity of seeking support with stress among Afro-Caribbean immigrants.

Ten participants participated in this study and engaged in two interviews for about 60-90 minutes. Eight of those returned for the second interview, which served as a way to member check and expand on the initial themes identified from the first round of interviews. During these interviews, I was reminded of how salient connections and relationships are to West Indians. Participants were more likely to participate after attempts were made to foster a sense of connection and trust. This entailed a series of email exchanges, phone calls, and credibility as a mental health provider. West Indian agencies were more likely to respond to my emails if I indicated that I was mental health provider, researcher and West Indian from the island of Saint Lucia. I also indicated my list of credentials and, in some cases, provided the direct link to my Psychology Today page. One agency wanted me to attend a community meeting in PA to build relationships. Something I later learned was a linchpin for the participants themselves. Those interactions reminded me about the importance of reciprocity, "*doing for your neighbors as you would do for yourself*," which is central to West Indian culture and quintessential to Biblical

teachings. As a result, recruitment efforts were sometimes challenging and required persistence and relationship building.

During those efforts, I also learned that participants were sometimes suspicious of my efforts to connect and would stop responding to outreach emails, phone calls, and text messages despite initially indicating their willingness to participate in the study. One participant expressed interest in participating in a Q&A only and wanted to be kept from being recorded.

Unfortunately, this request was declined as it needed to meet the qualities of the *Listening Guide*. Initially puzzled and frustrated, I conceptualized these experiences as shame and pride. As I listened more to participants' narratives, I realized that just because I am West Indian, a researcher, and a certified and verified mental health provider does not guarantee me access to participants' inner lives, much like the individuals who seek me for counseling services. Through these exchanges and listenings to participant narratives, I discovered two voices that informed the faith and multifaceted identities of Afro-Caribbean immigrants and how they came to the decision to seek support with the stress of adapting to the United States: *The Voice of Caution and the Voice of Discernment*.

Additionally, each voice is accompanied by subthemes to help bolster the analysis of participants' experiences. Using Gilligan's Listening Guide as an interpretative framework for the study and subsequent presentation of the findings, the following account provides a narrative concerning the post-migration experiences of participants. Interwoven in these narratives are the voices of *caution* and *discernment*, which reflect the expectations, aspirations, and subsequent feelings of disillusionment and cultural shock upon arrival to the U.S. Journeyed are participants' first-hand experiences with discrimination and racism, how they navigated and derived meaning from these experiences. At the cornerstone of their coping is the centrality of their faith, which

guides and directs the proactive measures they take toward addressing the psychological effects of adjusting to life in the United States.

About the Participants

Ten participants volunteered to participate in the study following successful recruitment efforts and screening. Of the ten participants, eight were female, and two were male. Participants migrated to the U.S. from the following Caribbean islands: Trinidad and Tobago, St. Vincent and the Grenadines, Saint Lucia, Dominica, Jamaica, and Haiti. All participants described themselves as Afro-Caribbean, as a person of faith and participated in both formal religious and non-formal religious groups. Participants identified as Baptist, Roman Catholic, Lucumi, and Christian. One participant noted no religious affiliation but described themselves as spiritual. It should also be pointed out that this participant reported being raised by a Catholic mother and a Hindu father. Outside of demographic data, these factors played a key role in the negotiation of faith among participants and will be discussed later. One participant was born and raised in Saint Thomas, U.S. Virgin Islands and was included in this study as they identified as Afro-Caribbean, migrated to the U.S., identified as a person of faith and met the remaining criteria for the study.

On average, participants resided in the United States for twenty-two years and lived in major metropolitan areas in the U.S., including New York and New Jersey, Texas, and Pennsylvania. Several of them reported migrating to other states since their initial arrival, which meant that they had to adjust to a new state in addition to migration to the U.S. Participant's education ranged from bachelor's and master's degrees, and one participant had a Ph.D.

Stories of Post-Migration Stressors

The researcher's first task in using the Listening Guide is identifying the plot. I was immediately attuned to stories of survival and how participants began navigating the foreign

lands which had become their new home. The interviews exposed the acute strain, frustration, overwhelm, and sadness among participants. A common thread about their experiences post-migration was that “The stressors hit right away.” They ranged from adjusting to colder temperatures and communication patterns to more extreme concerns about the possible threat of deportation, unemployment, and the inability to survive. Many reported being surprised by the stressors and, in some cases, did not anticipate the adjustment process to be this stressful. They left hoping to begin the transition into advancing their careers, creating opportunities for economic and social advancement, and a few noted medical reasons for their arrival. Fontabelle, a now single mother of a teenage girl following the recent death of her husband shortly three years ago, reported leaving her home country in July 2013 due to “Little money and very little idea what we would do, how anything would look, but we decided that was the best decision for us as a family, for opportunities, for the baby, and school, and so we made the decision.”

A few participants indicated no desire to reside in the U.S. and decided to do so because of health concerns, due to political warfare, and because they had been targeted for sex work. These initial dreams had become challenging for those desiring personal advancement, leaving them to make sense of their new realities. And those questioning whether they had made the right decision to leave their home country continue to experience regret and have dreams about returning home.

Pointedly, Fontabelle noted her surprise after discovering that she could not continue her teaching career as she had done in her home country of Saint Vincent and the Grenadines. She reported deciding to leave as her husband had been ill, and as a permanent resident of the U.S., he would have been able to receive better medical treatment. Not eager to leave for the U.S., she hoped to pursue a doctorate in Sociology, “I had a plan in my head for my life, whereby 30 I’d

have completed most of my education. I wanted to be on the path to being a sociology, psychology, or Caribbean studies professor. So, moving to the U.S. was like putting all that behind.”

Realizing that her career trajectory had been intercepted, “I thought though that at least, uh, I’m a teacher, I’m a trained teacher, at least I could find a teaching job. But then going through the research, after the fact, um, I realized that I would have to do everything all over again practically.” Fontabelle noted that “it couldn’t settle with me, you’re saying to me all these years of study, and focus meant nothing. I couldn’t break myself to do that.” Fontabelle’s declaration to not break oneself is the emergence of an agenic voice in which she begins to speak about what she will and not do and what she will accept. Her declaration prompted me to read the lyrics of Jamaican artist Beres Hammond’s song, *Putting Up Resistance*,

Never can I understand it
 The way the system plan
 There’s no hope, no chance, no loophole
 No escape for a suffering man
 Cause every time I lift my head above water
 And try to save myself from drown
 There’s an overnight scheme all worked out
 Designed to keep ah me down
 Still I’m
 Putting up a resistant
 I’m ah gonna work it out

They both, although not going into detail, speak out against exploitation and oppression meant to create barriers that obstruct advancement. Fontabelle noted a refusal to,

“Kill that whole dream I had, this whole path that I took is like, and you’re telling me that’s zero. I refused to embrace that that path was valid. I felt if I had to do it over, it would be saying all of that meant nothing. So, I, I just couldn’t.”

Speaking more forcefully about the discrimination against migrants' ability to utilize their foreign education and training, she stressed,

If an American were doing the same thing in America as I did, they would be a principal somewhere by now, you know, at that time. Um, and so I just could, I just, it was disrespect to me, in my mind, it was, uh, almost, uh, what's the word? It's almost saying to me that there's no good here: what we have, what we've learned, and what we've done, even though we're a Caribbean island. And if you want to fit in here, you must do it. Don't tell me what I have to do; don't tell me I have to do something completely over that I've done already.

In speaking about his dreams for America, Vincent noted how difficult it was to find employment. He reported being more advanced in his career in London and his home country of Saint Lucia before coming to the U.S. He noted that he was financially and career ahead of his older siblings. The constraints of his legal status made lower-paid and lower-skilled roles the only viable option, leaving him with access to no savings and the inability to own a bank account, "I didn't have that; I had nothing. I wasn't making enough to save or anything." Hinting at the psychological toll, he reported, "If you're not strong, and if you didn't have fundamental values that, you know, you could easily do many things, maybe suicide." Noting the sadness in Vincent's voice as he shared this with me, I asked him, "*How do you feel towards the part of you that experienced this?*" He responded,

A dream. I felt like; I felt like I didn't deserve to go through this because my intentions were good. I came here with good intentions. I didn't think I deserved to be suppressed in that way. If I gave you a day's work on Friday that I was scheduled to be paid, I was supposed to be paid. If somebody was producing eight hours of work a day, why should I

do it? Why should I do 16 hours' worth of work in a day when we are equal and on the same job?

While Vincent begins to speak with some authority regarding his circumstances, the voice of this knowledge appears shaky: "I felt like; I didn't think." Although Vincent knew that acts of violence had been committed against him by his employer, he struggled to understand how immigration policies have been structured to undermine immigrants and reinforce systemic inequalities such that his employer can get away without paying him or paying him on time because he knows that Vincent will not retaliate for fear of deportation. This lacuna is demonstrated as Vincent states, "So I felt I didn't deserve to struggle that much, but I realized that everything is a process. And then there's a saying that nothing good comes easy. And if you want something, you have to work hard for it." In asking for further clarity, Vincent noted, "There are set laws and rules and things that you have to abide by. But again, it doesn't take away the fact that you have to struggle. You have to go for the struggle to get there. You understand?" Vincent's emphasis on "having to struggle" is the branded process that immigrants have been sold to justify their lack of humanity in the United States. It is also the message that almost all of the participants in the study had internalized about their circumstances in the U.S.

Once an unauthorized immigrant, Charles noted that his frustrations about his status were often met with further encouragement about "trusting the process" from family members who encountered similar experiences: "We've all gone through this. It will all work out." The traumatizing pathways to citizenship had been normalized. It was considered a normal part of their experience, which they "had to tough out, it's just in your mind, and get it outta your mind."

As participants reflected on their post-migration experiences, some often referred to themselves as modern slaves as they reflected on the long hours and the odd jobs they pursued to

help sustain themselves and their families back home. They expressed concerns about their human rights and were outraged by the poor treatment from their employers and the immigration system. Vincent, who spent several years as an unauthorized immigrant, noted,

They have rights
I didn't have rights
I wasn't documented
I was already breaking the law by working illegally
I didn't have that privilege
I didn't have it
I had to endure it
I did everything
I had to do, to maintain my independence

Maintaining a sense of independence was crucial to survival for fear of deportation. It also meant remaining silent when violently treated and oppressed, as speaking out would risk employment or the social relationships they depended on for survival. This threat was always at the crossroads of negotiation, particularly for Vincent, Charles and Jolie, who were all once unauthorized immigrants before the study.

Those with permanent residency and citizenship, while not fearing their immigration status, had firsthand experiences with racism, discrimination, and poor treatment because of their minority status. Catherine's proclamation eloquently describes the quandary around survival as she asserts, "I've been tempted to be very vociferous and act out how I feel in particular environments. I've had to tune it out for survival's sake." Survival meant not wanting to be "perceived as insubordinate, not wanting to appear as a weakling." Clarifying further, she noted,

I wanted to avoid appearing to be somebody who would accept anything, whether it was covert or not. So there have been times when I have just moved, moved away and keep on moving and just put my head down and do what I needed to do so that I could pay my

car note and, you know, pay my water bill and <laugh>, I feel the par. This is reality. You know, reality.

Given the emphasis on survival, Catherine's protectionism about being further stereotyped as difficult and out of control- a common perception of Blacks in America, particularly Black Americans, she chooses social isolation and quietness, putting her head down and looking the other way. However, in her most private spheres and in the presence of a trusted different such as myself, who has had similar experiences, she feels comfortable acknowledging and calling out the violent practices meant to subjugate immigrants. Her decision to move away is indicative of a quiet rebel. Catherine often alluded to smiling when confronted with situations like this. "And I smiled at him. I smiled and said, okay, in my mind." However, her outward displays of rebellion, exercised as " um, my accent is deliberately raw because I need you to know where I'm from. I don't have to pretend to be anybody. If this is the land of the free and brave, I don't see why I should subsume myself into speaking like you...."

Having spent thirty years in the United States and evaluating her early experiences, Paula expressed, "I've got old; I realize you didn't. I didn't have to do that." She recalled *splitting herself* in attempts to adapt to the U.S. culture. Paula recalled being fired by a company following reports about her manager, who was discriminatory toward her. She reports being denied promotions as she was "too outspoken" and had been deemed aggressive. Internalizing this image of an angry Black woman, she states,

It is what I have been told. Um, and I, I've evaluated, I think, I am aggressive. I think it comes from my cultural background. I am not a soft-spoken person, and I don't know how to put cotton over things, too, you know, per se. If I have to tell you something, I tell you.

The idea of being outspoken and aggressive- labels Catherine and Vincent fear of being stereotyped, given the U.S. emphasis on assertive Black women as *angry and aggressive* and Black men as *dangerous*. Her assertion of knowing who she is, Paula notes, “I know who I am. I’m not giving up my culture, not giving up where I came from and not putting that in the back of me. Even though that’s not my citizenship, I will always be a Trinidadian, but that’s my birthright.” Paula noted that today, she could courageously acknowledge this given her ability to occupy two spaces if she wanted to “I have someplace else to go. I like that feeling. I could return to Trinidad and say, “Hey, I’m home even after 30 years.”

Catherine had no qualms in describing how she felt about the U.S., often describing it as a place “lacking in reality or superficial.” As a Trinidadian herself, there was no exercise of “putting cotton over things.” I noticed that Vincent, before describing his experience, would indicate, “You know what I’m talking about. You’ve been there too.” Although I did not share my experiences with participants, Vincent’s ability to state this without knowing showed his comfort and ability, to be honest.

Since participants had already committed themselves to the prospect of advancement and struggled to “walk away and start fresh...leaving uncertainty to go into uncertainty,” they devoted themselves to “making something happen... and looked forward to making it better.” This was best expressed by Fontabelle, who was committed to doing things her way by starting from scratch. Rather than committing to going back to college to pursue a B.A. and M.A., degrees she had already attained in her home country, Fontabelle chose to work as a waitress at a local restaurant earning \$6 an hour when she first arrived, “I’ll struggle with something else. I will start from the bottom and work my way up another way than you discredit me and all I’ve done.” She laughed as she said this, noting that she “had rebelled against the system.” As they

continued to come to terms with the myths about the American Dream, there was more awareness about,

What kind of dream you have
 Where you are positioned
 Where you live
 Where you go to school
 The kind of teachers
 You're exposed to
 Students you are exposed to
 Everything is compressed

A realization that Catherine came to terms with through direct experience, observation, and learning. The onset of stressors triggered heightened sensitivities among participants. Their stories reflected difficulties in trusting others and showed up in the themes of caution and discernment.

The Voice of Caution

It became clear early on that participants were cautious about sharing their stories. It was important for them to know that whoever was listening to their story had some connection to their experiences because of the fear of being stereotyped and the perceptions of others about their choices. At one point in their journeys here, those with histories of unauthorized status were concerned about misusing their information or being outed. As a result, they took extreme caution with me as the researcher and with anyone else who could not relate to the migration experience. I noticed that participants were cautious in other ways when their status was not a concern. They expressed difficulty relating to non-West Indians, shared very little about themselves, did not give free access to their homes, reported few relationships outside their immediate families, and struggled with the adjustment to the U.S. on their own. Two subthemes that conceptually form The Voice of Caution will address A.C.s protectiveness of themselves: (1) *"We just want to handle things in privacy,"* and (2) *Faith as a Trusted Other*.

“We just want to handle things in privacy.”

One of my assumptions going into the study was that I would hear stories about the support of the church, clergy, and enclaves. I became concerned about my ability to answer my research question as most, if not all, of the literature stressed how paramount they were to the accumulative stress of adaption to the United States. To my surprise, participants in the study did not tell others about their immigration status, did not talk about their experiences as an immigrant and were keen on protecting themselves. One participant, Jolie, noted, “I did not necessarily tell my entire story because, as an immigrant, you don’t want anyone to know you carry that baggage.” Jolie noted her preference for superficial banter despite her struggles as an undocumented immigrant, “I prefer not to, um, talk about certain distresses, um, especially not knowing the people.” To help connect us closer to this, Jolie shared a story about an encounter with the pastor of her church regarding the employment search:

I wanted to give them just a little, So I would, for instance, when I, um, just arrived, I said, hey, I came from New York, and it's just hard. I, I told the pastor I came from New York, I had to relocate. It's just hard to, um, find a job, especially during the pandemic. Would you mind sharing my resume with members, um, members from the congregation, and, you know, hopefully, you know, I probably get a call, you know, so I gave him a little nugget. I told him a little background about me, but it didn't necessarily have to be, Oh, I'm an immigrant, and I don't have the necessary, you know, um, documentation that would qualify me for legal employment; you know, that kind of stuff. So, I was like, oh, anything. If you have anything, let me know. I babysit, <laugh>, stuff like that, you know, um, that will get me out there without exposing me, you know?

Here, Jolie shares just enough about herself to help stir concern and a desire for support within her pastor. She is a single mother who recently relocated from New York and is searching for employment. The information Jolie shares here is public knowledge and places little to no threat to the expense of the self and Jolie's immigration status. Sharing one's immigration status, although with an attempt to help, poses a level of vulnerability and uncertainty with an untrusted other that A.C.s are unwilling to risk. These interactions are instead managed craftily with "a little nugget and a little background," which are all part of survival and agenic strategies for A.C. immigrants. Part of their survival strategies also meant control of their narratives. Charle's I-Poem illustrates this:

I didn't find it was necessary...reach out to people from the church
 I didn't know them like that
 they are strangers to me
 I'm not legal
 I'm not straight yet
 I'm not sure what conversation might happen
 they might...good intentions, but... wrong hands
 I kept things on the wrap
 I was sensitive about it

And so, sharing occurred only with a trusted other. A trusted other was "an immigrant, West Indian, was undocumented, or could relate to the experience, experienced the stress of migration, and was non-judgmental." Finding a trusted other meant that participants experienced difficulty fitting in, struggled to connect with their church community, and experienced loneliness. These experiences comprise subthemes: "*We just want to handle things in private.*"

Difficulty fitting in. Overwhelmed by the newness of the American landscape, participants reported trouble adjusting. The everyday surroundings and routines of their home countries had been disrupted. They were also cautious about navigating the American environment and culture. Fontabelle noted that her husband often reminded her, "America can

change you if you are not careful.” For Fontabelle, this meant losing her connection to her homeland and “forgetting where you come from to fit in.” Thus cooking, listening to West Indian music, and spending time with extended family helped them maintain these traditions and connectedness to their cultural selves. Not losing oneself also meant purposefully not letting go of “one’s thick Caribbean accent.” While a brave decision, Fontabelle noted economic and social advancement costs for her family. She recounted an interview in which her husband was told, “You still have your accent. And you said you’ve been here since. People who hold down to their accents like that, you know, you’re not trying to fit in.” Frustratedly, recounting this story, she responded, “What the hell are we supposed to do? Split yourself wide open and say, take your piece.” Fontabelle’s suggestion of a splitting self is part of the expectation of migrants who choose to reside in the U.S. It is parceled with the package of adjustment where migrants are forced to let go of their customs to succeed in a new environment. The external push for splitting by the host country gives rise to anxiety, thus resulting in a pushing-away response or internal splitting.

As I heard more about the experiences and stress of change, I noticed how heightened A.C.s sympathetic nervous systems were activated due to the stress of adapting. Jolie and Amanda-Lilly reported increased hypervigilance, so much so that they had become suspicious of others and had difficulty forming connections. The “burden of being an immigrant is like carrying a secret, and you become suspicious of everyone. You think everyone is out to get you.” Fontabelle described being “maxed out” and struggling with the space to take on more, “I had what I had to offer, I didn’t have space for all of that.” Amanda Lilly’s response below captures the difficulty of fitting in:

I really don’t know.
I maybe

I don't need people
 I'm trying
 I went to brunch a few weeks ago
 I'm like, oh, it was nice
 We need to do it again
 I need time
 I feel like people here are very micro relationship
 I have to be honest, some people have tried to be friends with me
 I'm like
 I can't do that
 I'm not, um
 I slowly put myself out of the equation

It is quite clear that Amanda-Lilly is struggling here. There are many discrepancies around leaning into connection. She appears torn and conflicted. At first, she seems unsure. She doesn't quite know if she needs the support of others yet. She thinks maybe they might be helpful. As she says, "maybe," a more independent voice emerges, followed by a voice that is more open to connection and desires more of it; it "needs it." Becoming more open poses a threat, thus stirring the longing for more time. Her protectiveness deepens as she believes that relationships in the U.S. appear superficial. An honest voice emerges as she shares that others have attempted to befriend her. However, she remains protective. Her anxious voice gives rise to that protection pulling away from what is needed. Gilligan (2015) describes this as contrapuntal voices or counterpoints in a participant's narrative. I am noticing a crisis around connection for many participants, whether by choice or force and with what is needed and wanted. This connection is not limited to relationships with others but also to space and location. Veronica's description of feeling untethered chronicles the crisis around the relation to space and place:

I never really had a designated space
 I slept in my grandmother's bed
 I had some, maybe a few drawers
 I still had the suitcase
 I traveled with
 I would keep things in there

I didn't have my own place, um in the house
 I also really never felt at home here in New York
 You feel very untethered
 I call it...unanchored

Veronica's untethered feeling demonstrated by the sharing, a lack of defined space and Fontabelle's indication of "splitting oneself into pieces" indicates an emerging fragmentation for A.C. immigrants, which suggests how they navigate, adapt, and negotiate space. Participants who arrived here with families and a closeness to their families noted a sense of belonging. Those who arrived alone and joined their extended families here reported feeling left out, and the others who came alone and were alone in the U.S. reported feeling lonely. Through narrating their experiences, some realized they were alone, and for others, being alone became further cemented.

Loneliness. The loneliness of the participants moved me. I was most moved by Amanda Lilly's share of being alone in the U.S. This is an excerpt from her I-poem about loneliness:

I didn't know
 I was lonely until my dad said last year
 I wanted to have a birthday party
 He said, who are you inviting
 I stopped
 I'm like, who am
 I inviting
 You're right
 I was like
 You didn't have to say that
 I was hurt
 I didn't know
 I was alone

During my second meeting with Amanda-Lilly, I captured a more persistent honest voice about her vulnerability of feeling lonely. I remembered her protectiveness about defining this experience for herself, "Maybe, I don't need anybody" during our first interview, to a more defined "I was alone" in our second interview. The initial struggle to accept the painful reality of

feeling lonely indicated that an internal splitting had occurred. Despite sharing this without hesitation, Amanda-Lilly appeared quite surprised by her admittance to this during member checking. She noted that somehow seeing it on paper made it seem more real despite it being known to her. I noticed that there appeared to be a sensitivity to others' knowledge of this vulnerability. As a vulnerable part of "I," loneliness longs to remain private. I arrived at this hidden counterpoint by tracking "I," "We," "You," and "He" in her excerpts above.

Amanda-Lilly uses first, second, and third-person viewpoints, highlighting various states of consciousness, fragmentation, and a fluid collection of voices. "I" is anxious, cautious, and vulnerable, "We" and "You" are trusting and aware of needs, and "He" belongs to the voice of her father. When Amanda-Lilly's more trusting part recommends, "We should do it again," her cautious part states, "I need more time." When her father says, "Whom are you inviting," her self-aware part responds, "You're right." However, it is then that the aware and vulnerable points of view become merged into a collection of a troubled yet familiar voice "You didn't have to say that." It responds, "I was hurt." Through an honest admission of "I was hurt, I was alone," Amanda-Lilly recognizes and accepts this part of her.

I realized that an honest, painful admission could be difficult to hear repeatedly. During member-checking, I wanted to learn more about this and posed the following question to Amanda-Lilly: "Something about this appears difficult to hear. What might this be about for you?" She reported being embarrassed by it. A part of her did not want it to be true. "But, it is true," she responded, stating that since our time together, she has brought it up to her counselor and has been exploring her loneliness in sessions. She reported making plans for the summer and stated that she has been saying yes more to invitations from others. "I realize I have to work on this."

Following the loss of her husband, Fontabelle noted experiencing increased feelings of loneliness. “I didn’t feel lonely before. It was me, him, and our daughter. We kept ourselves occupied, but now there is that sense of loneliness.” Fontabelle expressed how difficult it has been to make friends and reported having to navigate with a level of carefulness that she was unaccustomed to in creating and maintaining friendships in her home country. Despite recognizing her loneliness, Fontabelle noted it was “still up for debate because I don’t have the capacity yet. The other things are still overwhelming.” Through the narration of her experiences with friendships in her home country, Fontabelle highlighted that they had been built from ages five to ten and occurred naturally. She laughed as she described this and indicated that “It just feels so different to build a friendship from scratch” and attributed this to the responsibility of adulthood. I noticed that as I asked Fontabelle to describe her experiences with loneliness in the U.S., she shifted from a first-person point of view to a second-person point of view, “you know, you just grew and got solid...as you were growing up... as you’re older, maybe because we have...we didn’t have any responsibilities.” Fontabelle’s playful laughter hinted that she was on the edge of something more personal that she wanted to keep hidden, much like Amanda-Lilly. Since we had established some familiarity and this was our second time together, I asked her, “Tell me about the lonely part of you.” She reported,

I feel sad for her.
You know
I got married
I was with my husband for from the time
I was 29...my whole thirties with him
He was my best friend
I had my friends at home
I didn’t need them as
I do now as
I’m single

In an honest voice, Fontabelle admitted to romanticizing about a time when things felt simple. Now alone, she reports, “You carry all this weight on your own, and then no, you don’t even have like the solid friends around that you need that could help to ease some of that tension.”

Her honest voice became more aware as she stated,

You gotta adjust the mindset that it’s different and be able to work to understand where it’s different and what you need to do to it to work at this point. It’s going to take more for the friendships to work. It will take time, it will take energy, it will take vulnerability of myself and being able to hold some of their weight as they offload and as they are vulnerable.

Although an honest recognition of a need for companionship, I noticed how Fontabelle retracted her desire for connection, “It’s a whole process, and I think that is what kind of makes me a little hesitant, you know, . . . it’s going to be uphill,” laughing as she described this. Given its push towards vulnerability and time, there is a reticence about needing others, like Amanda-Lilly. Her emphasis on “a whole process, and too maxed out” suggests a series of processes within the adjustment process that all seem too much to endure, “You start building and then you realize some red flags are like, I can’t, there’s just some I don’t even wanna touch.” With more attention to attuning and focused listening, I discovered a shift in concern from connection to survival and a worry about experiencing relationships as one of exchange,

Life is hundred percent; 70% is the hardship, the work of your children, you are planning your future, 70% is that, let’s say, 30% is your capacity for friendship to help to support this 70% of stress. You realize that 70% is way bigger than the friendship <laugh> percent of friendship that you have. And in this 30% capacity you have, you can’t, and you can’t fill it up with dealing with somebody’s; most of it can’t be heavy either. So, you

have to choose wisely...I do not have 25% capacity for dealing with it, whereas I'm only getting 5%

Later in our interview, she described herself as becoming tougher since residing in the U.S. "I've developed a more harsh, tougher exterior where you don't always smile or be friendly to strangers." When asked what you might need, she responded, "If others were more upfront and direct about things, it would make fitting in so much better." Fontabelle's concern about truth and directness indicates a need for a safe environment that provides security and structure. Fully supported, they help avert the crisis around connection and survival.

Catherine, Jolie and Vincent all expressed similar concerns about loneliness and connection. Catherine indicated that "Every time you interact with people, of course, there's an agenda; there's a reason they may wish to be in your company. I, I have been here for 13 years. I have never had a friend from work visit my apartment. Never, never, never had anybody come where I live. Because I understand that." She described the environment in the U.S. as "very superficial; it lacks reality, the reality that I am used to. You've got to have barriers...you ensure that you protect yourself as much as possible." I heard others express similar sentiments about the structure of the U.S. Jolie's assertion about her caution connecting with others is described eloquently:

Being an immigrant accompanies loneliness, hopelessness, you know, distress, and all those feelings that are not healthy for any human being. You are skeptical about a lot of things. You're skeptical about making friends, and your business will just reach the wrong because everyone, as I said, becomes a suspect. I'm not sure for other people, but for me, I felt like I needed to, um, surround myself with people who are acquainted with the situation and not, you know, not mingle too much with outside company. And that is

a feeling that, yeah, that's a feeling. It's, it's, it's a choice, it could be really restrictive, like allow me to feel imprisoned, and it's something that I really fear, you know.

For Vincent, it was the felt sense of stigma “The mood changes, the whole attitude towards me changes when they learn that I am from Saint Lucia. They automatically think that you are backward because you come from there. You constantly have to prove yourself.” He reports experiencing several bouts of loneliness alone and with others “You could be in a house full of people and be lonely.” “Lord, did I make the right choice by coming here? What the hell am I doing here?”

Given the amalgamation of confusing environmental and neurobiological responses, participants struggle to author themselves into their vulnerable experiences. Complicated by the cultural background of “not learning to show emotion, not telling people how you feel, and always putting up a strong front,” according to Paula. A failure to show emotion, and survival as the most active and pertinent choice, impedes the emerging voice of vulnerability that encourages them to seek the support of others. However, given the dilemma of connection and survival, it is there that I discovered that participants' faith became the trusted other.

Faith as the Trusted Other

I assumed that participants would have shared stories about their involvement in church activities and attendance and would have had more active support from their church communities. There would have been more active faith practices, such as prayer and scripture reading, to help cope with the stress of adapting to the U.S. Instead, the data affirmed a more nuanced and novel story about the role of faith for Afro-Caribbean immigrants, summarized as 1) “*Faith is fundamental to my identity,*” and 2) “*Faith is like reassuring myself whatever comes next is more beautiful than this.*”

“Faith is fundamental to my identity.”

The practice of faith was a qualifier for participation in the study, so learning more about their experiences as a person of faith was paramount to the study. To help facilitate this understanding, I asked participants to describe what faith meant to them, to tell me about its use in their early lives, since they migrated, and how it comes into play during times of stress.

MaryJones described her experience as such,

I became a person of faith very early on
 I accepted the Lord when I was 13
 I was in high school
 I was already very secure in who
 I was with my faith
 I have a father in heaven
 I had that understanding very early on
 I go to God when there is a problem
 I recognize that God didn't cause the problem
 I looked to him for guidance
 I looked to him for direction

Like MaryJones, Amanda-Lilly stated,

I came with my faith. I really rely on God. I was like. I needed. I needed something to get me through it. I felt my relationship with God got stronger. I know he had a plan for me. I chose to trust him. I was really talking to God. I was praying every night, every morning. I would talk to myself.

Others, such as Jazmine, although not connected to a deity, described her experience as such: "I don't have a title for my faith other than connection to the universe; I feel like my guides and my spirits though I haven't seen them, make things happen." Much evidence supports the role of faith in the lives of participants. From an early age, it appears paramount that they have understood to turn to God or a guide when there is a problem. This construction of faith identity

is visibly apparent in Vincent's statement: "You encounter a problem, you call on your creator, you call on God, you call on a supreme being, you're not responsible for yourself, you did not create yourself, you seek guidance." Jolie explicitly acknowledges,

There is a God; he exists, and, you know, he's a good God. He's a good father. And if I ask for something, if it's a good and worthy thing, even though I do not receive it immediately, I know that I will receive it in time. And that's where faith comes in, hoping to, you know, to receive and, you know, and experience something that you don't have any signs of.

Participants have been encouraged to trust in God as they are not responsible for themselves. As a person with authority, God can understand and solve one's problem. Although not explicitly stated, there is the implication that God doesn't judge and that he is more trusting compared to others. How participants have come to develop this understanding of faith and problem-solving is reflected in Tillich's (1965) notion of faith as one of being in a state of ultimate concern. Faith is surrendering and trusting in one's ultimate situation, in which fulfillment of that foremost concern is achieved. Tying Kohlberg's (1976) moral development to this dilemma as evidenced by the schema of conventional morality, "if it's a good and worthy thing," participants turn to God to help fulfill this moral responsibility. Participants' construction of problems as one of morality for which they must turn to a higher being for support and guidance highlights a tension in their ability to move into actions of care and responsibility. It appears that participants are not only struggling with the dilemma of survival and connection but also one of morality as they attempt to adjust to the U.S. and seek help.

I noticed that there had been a developmental shift for some participants as I inquired more about their experiences as a person of faith and a newcomer to the U.S. Although

participants were essentially not newcomers to the U.S. at the time of the interview, there was a noticeable reevaluation of their faith and personal responsibility towards care. This illuminated that some confusion and tensions had been addressed and clarified over time. Bearing his responsibility and faith in mind, Charles indicated, “So, I would do as much as I can. And then I was like, I’ve done as much as I can humanly. So, your time now. I can’t go, I couldn’t go any further without God, then I was like, all right, this is where I need you.” In thinking about her responsibility, Mary Jones wondered, “How do I know when I need to stand still, and how do I know when I need to do something? Her laughter at the mention of this irradiated the presence of a conundrum in which one was tasked with the responsibility of negotiating. Reflectively, she recounted the instances in which scriptures “tells you to stand still and watch God do to the work.” In attempts to work through what appeared to be a moral obligation, she responded:

I thought, okay, I need to keep moving, but understand that ultimately there is nothing I can do because it's not on my part. God has to take care of it. So that's why I have to hand it over to him.

A transitional phase marked by a shift from survival to care in which participants attempt to answer: *How do I know when I need to do something?* It is the emergence of decision-making and the point where they begin scrutinizing their roles and choices. The emergence of this tension is reflected below when I asked Mary Jones to continue telling me about her role in faith during times of stress and the ability to seek support. She remarked:

I must always remember to rely on God and not cause myself to become worked up in this stressful state because I'm not in control at the end of the day. I must alleviate that stress by knowing that God is there for me. He's the one in control. If I just tell him my

concerns, he will take care of it. I've learned over the years that is how I should operate, that ultimately, I'm not the one in control.

Not quite clear to me at the time I asked, but *I want to learn more about your decision.*

Right. It comes back to this whole principle of understanding that if there's something, um, if there is something wrong, whether physically or psychologically, it is our responsibility to ensure that we are well. It doesn't mean that just because we have faith, not doing anything, and just letting God heal us is the answer. Um, it's a combination of both.

Further convoluted, it appears that the decision to address the dilemma resides in God and the participants. However, the ability to act can only be achieved if part of understanding the problem is that "something is wrong." Hence the resolution to the dilemma is still one of moral responsibility, but the admission of one's responsibility indicates that some maturing has occurred due to this retrospection. It appears that the answer to seeking support is not as straightforward.

"Reassuring myself that whatever comes next is more beautiful than this."

As part of their efforts to cope with the stress of adaption, I observed participants constructing narratives of coping. These narratives took the form of "Whatever comes next is more beautiful than this" and a strong faith in a supreme being, which provided them with the means to manage the challenges of adjusting to the U.S. culture. Despite recognizing their stressful situations, participants appeared to create a separation between themselves and the impact of the stressors. Jazmine quoted, "That's why I am easy breezy about life. Cause, I try not to stress about things that happen here because, I'm like, this can't be the end. My faith is like

reassuring myself that whatever comes next must be more beautiful than this.” As part of his coping efforts, Charles indicated that he became self-reliant due to the adjustment.

I accepted things because it was things that I had no control over. So whenever I don't have control over something, but I'm in that situation, I would be reluctant. I would accept instead of trying to fight it... I left it up to God, and I was okay and faith and optimism.

As he listened to himself recount his experience, Charles laughed and noted that he had learned from the experience today. He admitted that he could have benefited from other resources and could have reached out to others outside his immediate family.

It, it wasn't, it wasn't early enough. It was when I figured out that, hey, I, I couldn't do it; I didn't have it. I couldn't do it. You can only psych yourself up so much, and if you compartmentalize things long enough, it's like sweeping stuff under the carpet. It's like you sweep enough stuff, you hide it temporarily, but it keeps building. You're still a pile there.

Sometimes, “chalking it up to, okay, this wasn't the one, you know, God will give you, sometimes the answer is no,” was one of the ways Fontabelle would cope with the disappointment of not receiving a job offer. Participants also needed to focus on the future: “Every night, without fail, we would still pray for the good and future. Thanking for now for what we have and for the future.” Alternative storytelling or psyching oneself up, and compartmentalizing were how participants attempted to stay the course and remain motivated to achieve the realities they had set out for themselves and their families. There were also instances in which they had to remind themselves of what could happen if they decided to take any “drastic actions,” a reality that Vincent had to remind himself of when he was unpaid for services

he provided as an undocumented immigrant and other times anxious about the lack of work. He reports,

I had to tell myself, listen, I will get through this. If John doesn't call me for work this week, he'll call me next week. I'm hoping he'll call me next week. So you are holding onto that rather than trying to do anything drastic that would make a life-changing decision that would mess up your whole life that you leave to regret.

Rather than trusting strangers unfamiliar with the experiences of immigrants who might have divulged their immigration status, participants decided to position their faith- trust in God or supreme being and themselves- as capable of providing reassurance. Faith and themselves, and sometimes their inner circles, had become the experts through which support was sought. Their self-protective decisions to become inner experts and authority figures of their experience explain why they struggled with loneliness and felt isolated. Although seeming a maladaptive strategy, this move cultivates the strength, courage, optimism, and self-value expressions of migrants.

Voice of Discernment

As participants gradually gained a deep understanding of the cultural landscape of the United States with time, I noticed that the voices that originally informed their knowledge appeared to take a backseat. With that emerged more profound connections with themselves in which they had sought meaning. Participants appeared to have taken careful observation and introspection of the experiences that had unfolded since residing in the U.S. They did so by looking back and listening to what had happened to them. They became adept at describing their experiences and used labels to describe the essence of their experiences. The ability to do so

appeared when things seemed off and felt different. They were also more likely to introspect if those closest to them noted changes in their behaviors which prompted understanding.

In this stage, the processes that led participants to help-seeking were more evident as they developed more intimate relationships with themselves. I heard participants describing their psychological states and coming to an understanding of how their post-migration experiences had impacted their psychological functioning and well-being. I was surprised to have heard them articulate their experiences so clearly and openly admit to feeling depressed, suicidal, stressed, overwhelmed and struggling to recognize themselves. The honesty with which they spoke moved me and sometimes brought me to tears after the interview. It was sometimes difficult to maintain a neutral face when participants' voices broke, indicating they were on the verge of tears. Those moments were painful for both participants and myself as the researcher listening. During these moments, I was grateful for my research journal, which I would take to finish processing my feelings about the stories I had heard. Participants shared stories about how they decided to seek help and negotiated with their cultural selves and faith. There were stories of bravery, acknowledgment of mental health issues, and a willingness to seek support with stress despite the stigma on mental health in the West Indian community. *The Voice of Discernment* is how I came to understand the collective experience of participants in the study, categorized into two subthemes: (1) *Struggling to Recognize Me* and (2) *Awakening to Help*.

Struggling to Recognize Me- “I didn’t know I was depressed.”

Almost all participants shared intimate stories about how they began struggling mentally due to the stress of adjusting. Some came to this decision independently, others needed support from a trusted other who could be honest with them, one relied on the internet, and a few others admitted to some stress and appeared distant from their experience. This connected knowing was

most apparent in Vincent, who was the first to use mental health constructs to describe how the stress of adjusting impacted him. In reflecting on how he learned something did not feel right, Vincent reports first learning about his behaviors from his partner, who suggested that he needed help, “I think I wasn’t strained in ways that I was leaning towards the bad...I was soul-searching. I was searching; I was just all over the place.” Having no formal knowledge of mental health issues, we notice Vincent’s difficulty recognizing mental health symptoms. He had defined indicators of poor mental health as “Um, on the street or the wayside or in a bow,” and mentioned that this wasn’t how he would categorize his experience, “I was just all over the place.” His perception of straining toward the bad, an indicator of mental health decline, was his interpretation of a need for support. In his case, he thought he wasn’t strained. Thus, given his indicators of poor mental health, it is likely that Vincent may not have sought support had it not been for his partner. After considering his girlfriend’s recommendation, Vincent shared,

...sometimes we go through things we are unaware of. And I was, I was a victim of that. I was depressed, and I didn’t even know I was depressed. I wasn’t even aware of it...It took a toll on me. It was a traumatic time in my life. It was very, and it still is, very painful. I went through a phase of suicidal thoughts. I went through a phase of giving up. I would mask it, but deep down, I was hurting.

Vincent notices that suicidal thoughts and giving up isn’t typical for him. There is both an acknowledgment that something is not okay and a label used to name the experience “depression.” What is most remarkable is Vincent’s admission to being depressed, given the stigma of mental health in the Caribbean. It is easy to bypass signs of decline in mental health functioning due to worries of stigmatization and a lack of knowledge of mental health. It is

possible to interpret that he acknowledges being a “victim of that.” In looking and listening carefully to herself, Jolie remarks,

I’ve struggled, um, the person that.
 I was, um, back then, um, even a couple of years, that person is no longer here.
 You know
 I look at myself
 I wonder what happened
 You know
 I’m not able to talk about it
 I want to
 I’m not able to express myself
 I need to become

Not fully accessible, Jolie started observing what was “hidden under the surface...and ferreting it out” (Belenky et al., 1968, p.94). She described herself as being more jovial, trusting of others, and indicated that she felt more “free and liberated” before coming to the United States. During our second time together, as we explored the struggle *to recognize oneself*, Jolie noted,

I sometimes, you know, confront myself with what it is. If I were to be that person again, how different would it be? And sometimes, I try to embrace it, but it does not come easily. It is not something that you wake up in the morning and say okay, you know it is over. I think it’s something that remains, you know, it changes, and it just remains.

Seeking more clarity about what remains, Jolie noted that her immigrant status had changed before our study. She was now legally authorized to work but was still awaiting her green card. “I’m present right now, I’m in legal status, the circumstances change...but the fear lingers, it’s not something that just disappears overnight...it’s something that becomes paddle for you, something that is just, it’s hard to let go.” Jolie’s indication of being *paddled* highlights the branded status (*alien, undocumented, legal, and illegal*) immigrants receive upon entry to the United States. Such labels make it difficult for immigrants to live public lives, as noted by Charles, who indicated that he often remained in his hotel room for fear of deportation while his

colleagues who were citizens or had secured paths via permanent residency were out exploring the local streets. Even upon securing pathways to permanent residence, participants continued to live with a sense of trepidation on a day-to-day basis, which today remains. This branded status imposes trauma and is pronounced by anxiety, depression, suicidality, and constraints on participants' ability to trust themselves and others.

In discussing how she came to know that something was wrong, Paula reports no formal knowledge about mental health issues. Not until,

I started experiencing certain things for myself...I'm like, you know, always being strong and not showing emotions...as you get older and life slows down a little bit or not, and you experience certain people and certain things and certain situations, you realize, well, you might have some issues too.

Unlike Jolie and Vincent, whose shift began by externalizing themselves, Paula started incorporating the voice of her daughter's Godfather, who functioned as a confidant before seeking help from a professional.

...I would tell him stuff...he would listen and advise me... cultural people, like people from the Caribbean, are strong in their position. You know what mom says, or dad says he goes, and you don't have an opinion, you know, in the Caribbean society. No matter how old you are, you can't go against what your parents say. As the years went along, I realized that I needed help...things were getting out of hand mentally.

Paula, in her quest to know, shifted from the received knowledge of her parents, which she was not allowed to contradict, to her subjective knowings, which were sometimes stubborn and righteous, doubtful and impenetrable to the ideas of others, and now more open and accepting of trusted others, in this case, her daughter's Godfather. She also learned, "From reading and

watching TV and looking at how people were living, and I heard people talking about, yeah, I go to a therapist.”

Amanda-Lilly and Catherine both learned that they were not okay following a series of medical visits to their primary physician. They reported experiencing physical manifestations of stress, which warranted medical attention. In visiting her primary physician, Amanda- Lilly noted, “What is happening? I know stress. I felt stressed. I felt stress in my body. I was having cramps every day for two or three months.” Amanda noted her difficulty in ferreting the causes of her stress. “What is stressing you out?” she reported asking herself, but she couldn’t find the answer since she had access to her basic needs,

...school is paid. You have a job. You have where you need to go. Um, like the matter, your things were, if you need money for something, you might not get it the day you need it. But you know that will work out because you know who to contact. You know who to check. It’s not like you’re by yourself in this thing.

Catherine stated similar psychosomatic concerns, “I started developing acid reflux, a very painful thing. I didn’t understand it at the time. And, of course, medication was prescribed because your ills bring about pills that pay bills...I said oh, you know, I got to take care of this.” Unlike Vincent, who expressed his difficulties using psychological language, we can hear the vague language used to describe how they struggled among others. Jolie might have captured the reason they struggle to do so, “I want to...I’m not able to express myself.”

As Catherine indicated, the symptoms of acid reflux and daily cramps might allude only to a medical issue that can be dismissed and treated with medication while neglecting the primary concern of stress, the most common word to indicate that something did not feel right among all participants.

For some, like Charles, stress had also been normalized and “was considered a normal part of life that you go through, and you just have to tough it out. It’s just in your mind.” Yet, in looking back at his signs of stress, Charles indicated that he was often “not the most agreeable person or sometimes acted out” due to the stressors of being undocumented. Alone in the U.S. while her family resided in Trinidad, Jazmine started paying attention to her conversations in the shower,

I started talking to myself when I found myself in the shower, I started journaling, and it made me anxious. It's like book after book after book like this. And it's sudden they're confusing in the middle of writing, and I'm doodling, and it's like I'm so, so scrambled and in my mind, like I'm picturing a therapist will unscramble it, and I'm healed.

Living alone, Catherine also reports recognizing that she was becoming “a total mess” and was at risk of losing employment. She worked two jobs, one at three, and would pick up another shift at four, finish at 10, and be home by 11. Acknowledging her need for rest due to extreme irritability and fatigue, she reports waking up one night and saying, “To myself, you can’t continue like this.”

In listening to their stories, it is discernible that participants are aware of the implications of post-migration stress and have directly and indirectly stated how they have been impacted. Their comments also suggest that their inability to recognize themselves was enough to warrant psychological attention. It also implies that without support, the weight of the stress can stir up suicidal ideations, psychosis, and a series of medical complications.

Awakening to Help

More than recognizing that something needed to be corrected was needed for participants. They all stressed wanting to do something about it by learning coping skills or

simply talking to someone who would listen. These triggers of self-reflection also highlighted that participants wanted to move past survival mode and live more sustainable lives. Jolie described it as a longing for peace, while Catherine “never considered anything else but living.” The constant bustle and worry became tiring, and participants longed for something more. Reflecting on their needs for a more peaceful life, participants began exploring opportunities for personal growth and expansion. Many of them stated that they lived alone or felt alone. I got the impression that those who were alone were becoming concerned for their psychological safety and wanted someone to help shoulder the burden they were carrying. During our interview, I observed the difficulties of maintaining the “baggage” alone- a word Jolie used to describe this heaviness. The fatigue was noticeable as participants sighed, paused, and took deep breaths. There was also laughter which I believed masked the burden of this weight. I informed participants that sharing their stories might evoke some painful memories. I encouraged them to care for themselves during the interview, even if it meant stopping me or deciding not to respond to a particular question. This might have been their way of protecting themselves during these interviews, so the nuances in these reactions made sense. Earlier in our time together, Catherine informed me, “We as cultural people like to laugh at ourselves.” This comment is also evidence that helps them shoulder the weight of difficult moments.

Through quiet reflections, consultation with loved ones and others, and talking to God, the need for help became more acute and required some soul-searching. The need for support was not immediately sought. The steps toward getting there were best defined by: (1) *Who Should Support with Stress*, (2) *Working Through Cultural Scripts*, and (3) *Alignment with Faith*.

Who Should Support with Stress

The participant's family physician was often the first line of contact for support with stress. When no medical diagnosis other than stress was the overall prognosis, participants were encouraged to seek help from a mental health professional. Amanda sought therapy to learn more about the origins of her stress. She reported that although speaking to someone helped, “We didn’t make connections about all of this.” Struggling to understand her experience, she noted that her family walked on eggshells around her and often worried about upsetting or stressing her out further. When I inquired about the stress, Amanda stated that she “takes on too many responsibilities and gives one hundred percent to everything.” In her ongoing efforts to make sense of this, she reported thinking about Covid-19 and haphazardly mentioned the earthquake in Haiti in 2010. She reported correcting her therapist, who stressed that they should talk about the effects of the earthquake in more detail during a session. Instead, Amanda notes emphasizing the trauma of Covid-19, not Haiti’s earthquake. “I’m like, no, no, no, I meant Covid. I didn’t mean the earthquake.” Reflectively, she reports, “I didn’t know that, I didn’t know, I didn’t know until I said. I’m becoming more aware of it....So now we’re talking about things like that. Talking about leaving Haiti from 20 16, 20 17. And I, I’m, I’m, I didn’t even know those were like such a big stressor, especially the earthquake. I didn’t know.”

As Amanda shared this, I began wondering whether she and her therapist had started considering the impact of migration. When I inquired, she reported that “the migration was crazy. I didn’t know. We’re talking about that too. We’re talking as like a big change that I didn’t process because I didn’t have time to process it.” Amanda and her therapist were processing the event as a “big change.” Jolie, too noted that her therapist would help her with problem-solving and encouraged her to “Go get herself a man” as she was a “Nice young lady.”

Jolie acknowledged that her therapist was a White male who had indicated that he knew little about the experiences of immigrants.

When I inquired what it was like to hear this, she responded, “He was trying to make me feel better with that option. It was funny at the moment.” I followed by asking Jolie if hearing that made her feel better. Her response was, “Not really, because I felt like, you know, I don’t want this to be something that I take lightly, you know? I guess it’s a big, um, it’s a big deal of, um, a serious, um, life decision, you know?” I noticed that Jolie laughed as she shared this with me, as her voice became softer, almost incomprehensible. I am positing that because migrants have internalized their branded statuses as an alien, foreigners, illegal, and legal aliens, there has been a disconnection and trivialization of migrant experiences as big changes and events. Trauma is a little more than an event or big changes and events. Trauma was not mentioned when describing or exploring the stress of adjusting; if it was, it was deemed a big event. Though these understandings were reflected during sessions with Amanda’s and Jolie’s therapists, they also consistently emerged as a recurring theme for the remaining participants, who understood their experiences as “normal and natural” for immigrants. Charles noted that this was something that he just had to go through, citing that other family members went through similar experiences and survived.

During our second interview, when I asked about experiences of loneliness. Amanda noted that she did not know she was lonely until her father highlighted that. She stressed her surprise and difficulty accepting that she was lonely and struggled with the knowledge of this during our member check, which was our third time meeting. This was further compounded when I asked Amanda if she could relate to the experiences of a shift that had occurred since residing in the U.S. I used the term “all messed up” and described it as an inability “to recognize

oneself,” the description used by participants. She responded, “Isn’t it, isn’t it supposed to be that way.”

Amanda laughed and replied, “I’m not blaming America for that. I refuse to blame America for that. What.” But before doing so, I noticed that Amanda reframed the expression, “That I’m being messed up.” She said inaudibly, “I’m not the same person I was. I already know that I’m not the same person. Like, but I feel like it came. It is for the better.” Amanda went on to share that she was not interested in pleasing others and was okay with not feeling comfortable and indicated that she was creating a little space for herself, “If it’s not working, it’s just not working. I don’t care who you are. It’s not working. So get out of my face.”

I was quite perplexed by this and struggled to understand it, as Amanda had labeled her experience of loneliness earlier in the interview. My thought at the time hinted that some cognitive dissonance was at play. I noticed a sense of tough-mindedness in Amanda. I struggled to understand what she was describing to me. Feeling like I had been jolted, I asked her to help me understand what she was describing. She reported being in a space where she wasn’t interested in pleasing anybody and that the ability to say no had been a big change for her.

...I feel like you don’t relate that much if you’re country anymore. Um, like with the thing that matters to you, that thing you think was that important, then I don’t think there are any more. And here, you are not feeling you. You’re not feeling. It’s like I, I will say that I’m in limbo <laugh>, but I’m, I’m getting comfortable being in limbo because I’m like, I’m not trying anymore. Trying is just like making you sad all the time. I’m creating my own little space since I’m not feeling anywhere.

As I listened, I noticed that Amanda had made some important decisions for herself as she refused to label her experience within the construct of *being messed up*,

...they're not putting themselves up there. They're expecting you to do it, but they're not doing it. So because they're not doing it, you shouldn't do it too. You don't know who to trust and the system itself, things that on paper don't happen in your life. Even Black Americans don't get the American dream. Do you expect you, the immigrant, to get the American dream?

In her response, Amanda contextualizes her experience within the wider American society, despite not wanting to blame it. A similar pattern is noted following her inability to recognize and acknowledge that the earthquake in Haiti had impacted her. The weight of these experiences makes it difficult for Amanda to accept them, causing her to minimize them. She is still processing the importance of it all, and you can hear the conflict in her words. On the one hand, she is aware of the stress but still struggles to understand its etiology and is still in the process of discovering that for herself. Likewise, while the change in Vincent, Jolie and Paula had been identified as something that did not feel right, for Amanda, her change felt right and “for the better.” Unlike Vincent, who described himself as falling victim to the system, Amanda struggled to acknowledge and label herself as such. For Amanda, “for the better” reflects her courage to speak up and say no. I am not sure that Amanda knows yet, what experiences might have been responsible for developing that voice.

Two important distinctions about help-seeking had been made for those whose first point of contact was not their primary physician. For example, Mary-Jones marked that it was important to discern “that just because we have faith, not doing anything and letting God heal us is not the answer. It's a combination of both.” Mary Jones reports deciding to go to counseling because “I needed to know how to handle things. I needed to understand why I was experiencing or felt like I did.” Opting not to compartmentalize or minimize their situations, participants

became keenly interested in making meaning of their experiences. Although there is no indication of the chronicity of their experiences, I believe that they may have been persistent enough to have warranted them to seek support with stress.

The other determinant was whether the issue was a psychological or a spiritual dilemma. Participants had determined that a matter relating to the spirit was a spiritual dilemma, and therefore support should be sought from their pastor for spiritual counseling. Even with issues relating to the spirit, participants noted, "I don't think I've ever officially approached a pastor to say, okay, these are my problems. Help me through it." Asking for help in that way meant that the issue was a psychological dilemma. A psychological problem meant "uncovering things that subconsciously I might have been feeling but wasn't aware of that was the root cause of things," according to Mary Jones. Jolie sought clarification about the need for support by determining whether she needed assistance with "The science of the mind, to let go of certain baggage, and to process difficult emotions." Seeking support from a mental health professional also meant that a transgression had not been made. Jolie reports that had she committed adultery, a transgression according to the law of God, support from her pastor would have been more appropriate. Since her need for help was due to immigration stressors, a situation she described as being more sensitive, she decided that seeking support from a mental health professional was a better choice.

Fontabelle, who identifies as more spiritual, indicated that she was not seeking "forgiveness in therapy," nor was she looking for a therapist who would offer a Christian perspective. She also desired to be "free to explain things" and was the only participant with criteria for a therapist.

Before discussing plans for counseling with his girlfriend, Vincent reported seeking help from the clergy and was the only participant who identified seeking support from the church. A

surprising decision, given that he had no affinity with a religious community. He noted that the decision had been made on the spur of the moment while walking near a local church in Brooklyn. “I thought seeking help from a mental health professional would be more cumbersome.” In meeting with a clergy member, Vincent learned that an appointment was needed to meet with the pastor and that a screening to determine the relevancy of his request had to be assessed before an appointment could be given. He was asked to return. Deterred by the lengthy process, he decided to follow through with the recommendations of his girlfriend regarding finding a counselor.

The need for privacy was also a concern for participants again. Jolie likened her preference for support from a mental health professional to a “desire not to mix the two.” She expressed her desire to maintain her grace and confidence when walking into church and not to feel exposed and judged. Therefore, seeing a counselor meant that her concerns would remain private. Jazmine, the only participant with experience with counseling both as a child and an adult, shared a story about her first encounter at age 10. She reports remembering the cold presence of her therapist, “who barely listened and didn’t care,” and was “just doing her job” during her parents’ divorce. Jazmine notes that the memory of her first therapist remains forever part of her explicit memory. The relational image of Jazmine’s therapist at age 10 suggests that participants anticipate a warm and friendly presence from mental health professionals.

The ethical responsibility of counselors to maintain privacy and a judgment-free environment was more comforting and preferable for participants when determining whom to seek for support with stress. Participants’ responses suggest some familiarity with mental health issues and the role of counseling. It also implies that they are seeking relationships where a sense of mutuality and trust are foundational elements. It leads me to believe that A.C. migrants are

open to help-seeking permitted there are signs of trust, genuine care, and privacy. More importantly, being understood and not judged for their decisions and actions are germane to the therapeutic relationship and setting.

Working Through Cultural Scripts

Part of seeking support with stress also meant debunking myths about mental health. Participants appeared to be working through internalized messaging about mental health, i.e., scripts and cultural teaching regarding outward displays of emotions, vulnerability, and strength. I noticed evidence of those scripts when I asked: *Tell me about what happened.* Participants felt inclined to say they were not “crazy or that nothing crazy was going on.” Paula’s story about her cultural teachings reflected such,

You grow up not learning to show emotion
 You don’t show emotions
 That stays in the house
 You don’t tell people how
 You feel and let them know
 You gotta always put up...this strong front

Seeking counseling and discussing problems was also not a norm, another cultural norm participants had to work through. Paula reports that “seeing a voodoo man” instead of speaking to a professional or a pastor was more accepting. “They have confessions, but you don’t hear people say that; that stuff stays quiet under the cover,” she added. Paula also indicated that her knowledge of mental health had been informed by watching television shows like *Law and Order*. She learned about detox programs, mental health facilities and psychotropic medication as treatment for mental health issues. She also learned about extreme measures where: “They put you in straight jackets type of stuff,” and that some struggle with mental health issues and “need to talk stuff out.” Based on this criterion from her learning via television, she identified herself as belonging to the latter category.

Stereotypical images about people who seek therapy were other myths participants had to demystify. A person seeking or needing help was either crazy, needed to be placed in straight jackets and required stabilization through medication. Paula noted her surprise after learning that her daughter's Godfather had sought help from a therapist. The inner workings of a *mad person* were at the forefront as she shared, "If you look at him, you wouldn't think nothing is wrong," she noted, "Society shows us that so many people walking around looking like everything is okay and they're not. So if I, I could be okay and not simultaneously." It is evident that Paula is beginning to reframe her perception of people who seek therapy, "I guess there's nothing wrong with going to see a therapist," echoing back the words that had been said to her by her daughter's Godfather. One of the first steps towards seeking support for mental health- is recognition.

The ability to work through cultural scripts also meant examining why mental health support was not encouraged during their formative years. Jazmine remembers speaking to a social worker after a visit to the hospital with migraines as a child in her home country of Trinidad. However, this support was only briefly available to her during her parents' custody battle. There was no support in the aftermath. She reports wishing that parents and teachers would spend more time observing children. She notes, "I could have used it then," given the choice to live with one parent over the other. Jazmine also contradicted herself in that same breath by stating, "If somebody were to tell me that, I would be like, years ago, I would feel so offended. I would feel like you want me to go to therapy because you think I'm mad."

The ability to tolerate the discomfort of vulnerability was another cultural norm that required working through. Paula recounted how fearful she was about seeking counseling, "...I just knew that I was scared. My first fear, and still is my fear, is talking about self." Growing up, she learned that "you don't talk about how you feel." Even in the face of a tragedy such as the

death of a loved one. She had been taught, “They’re in a better place,” as a means of coping. Paula expressed her concern for this teaching by sharing, “They’re dying inside. You're dying inside, but you're taught to be okay with it. And, it's not okay to be not okay.” Paula’s reference centers on a very important cultural script that West Indians are taught: “Whatever happens inside, stays inside.” It borders on keeping things within the confines of not only one’s home but within themselves.

Participants' decision to seek therapy was an act towards developing a connection with themselves by stepping into vulnerability and contradicting the scripts they had been taught. A loving and more anchoring choice permitted them to be: *okay with not being okay*. A mantra several clung to during the Covid-19 pandemic, which made mental health seeking more acceptable. Participants indicated that hearing this mantra and the increased vulnerability of the pandemic encouraged them to make the first call. Others had sought counseling pre-pandemic, but the culmination of stress over several years brought them to therapy. Paula’s I-poem reflects that transformation in vulnerability,

I told my aunt.
 I take medications because she takes medication
 I felt comfortable letting her know, well...
 I take such and such, but she doesn’t know
 I’m in therapy...my brother doesn’t know
 I’m in therapy...it’s not that
 I’m ashamed... it’s like, what
 They are going to say about it, but as
 I talked to my aunts
 I realized
 They’ve been taking medication for a long time,
 But nobody knew
 I am, oh yeah
 I do
 I take such and such, but we don’t share it with family

In learning more about her transformation process, Paula noted a refusal to “make my body sick. I don’t want to be sickly,” a decision she had made following the death of several friends who passed away in their early 40s and 50s. She alluded to stress and mental health issues as contributing factors. Sharing an early history of self-harm, she noted that going to therapy had given her the ability to “share a trickle, or a river, ” and to not keep everything on the inside. Since her transformation, she has helped many other Afro-Caribbean friends with the courage to express themselves when they are not okay. She hopes that more education and resources are made available to help others “Be their true selves and live their full potential.” Catherine noted that some islands within the Caribbean region have started campaigning about the need for mental health support following the Covid-19 pandemic. Still, the stigma attached to mental health remains a work in progress.

Navigating feelings of shame and embarrassment are also instrumental to this transformation process. Several participants shared that their families are unaware they are in therapy or had been previously. Paula’s decision to share her use of psychotropic medication only indicates this. Catherine shared that telling someone about her mental health support would mean she was crazy, “Oh, I thought she had it all together.” Thus, communicating with someone unfamiliar with the process stirs up feelings of shame, worries of negative self-perception, and the label of *being crazy*. Sharing the use of psychotropics and talk therapy heightens those negative perceptions.

Lastly, therapy as an unfamiliar space was also a concern for some. Jazmine described it as an “interesting space.” When I inquired what she meant by this, her concern was more for the therapist, “How can they put all their effort into each client? I could never do that job. I would drop dead...I absorb everything.” What about you? I asked. She noted, “It takes much strength to

admit that you need help...more strength to stick with it...I can admit. I don't have the strength to stick with it right now."

Alignment with Faith

There was evidence of faith in all aspects of participants' lives, even when deciding to seek therapy. Participants noted speaking to God as a means of ushering them into their decision. Despite having no belief in a physical God, Jazmine recounts calling: "Oh God, help me," before bringing herself to contact a therapist. She reports learning that the word God meant government. She believed this sign symbolized a need for management in her personal life. Mary Jones reports talking to God about what she learned in therapy, "This is what I learned about how you made me." She would also ask him to help her decide what to do next and how to make the changes her therapist recommended, "I didn't want to do it alone." Mary Jones's comments signify the need for alignment with faith as part of that decision-making.

Taken together, the voice of discernment prompts a forward movement. Awakening to this forward movement requires an honest examination of what may be wrong, a re-examination of cultural wirings about vulnerability and strength, and recognition that faith and mental health do not thwart each other but rather align.

Chapter Summary

This study aimed to understand how Afro-Caribbean immigrants negotiate their faith regarding the decision to seek support with the stress of adjusting to the United States. Using Gilligan's Listening Guide to analyze the interviews of participants, I understood that Afro-Caribbean migrants negotiate the decision to seek mental health support through, *The Voice of Caution* and *The Voice of Discernment*. *The Voice of Caution* highlighted the carefulness and boundaries Afro-Caribbean migrants exercise when deciding whom to seek support with stress.

These boundaries are practiced regardless of the level of support needed (i.e., formal or informal support). A.C. migrants seek relational mutuality built on understanding, trust, and honesty. *The Voice of Discernment* described the relationship that participants developed with themselves due to their post-migration experiences. This included naming and recognizing their needs and the ability to entrust themselves with a trusted other alongside their faith. Their stories depicted the psychological cost of advancement for migrants who left their families, friends, and communities for “better opportunities.” The cost lingers. It “remains,” as one participant described, “It stays with you.” Although culturally unfavorable, their decision to seek therapy is one of how participants attempted to undo their aloneness as they worked through the psychological cost of migration.

CHAPTER FIVE: DISCUSSION

This study aimed to understand the role of faith and its impact on the decision to seek support with stress among Afro-Caribbean immigrants post-migration. Specifically, I wanted to learn about their experiences with the stress of adapting to life in the United States and how they utilized their faith as part of the adjustment and the decision to see a mental health professional. With the support of Bronfenbrenner's Ecological Systems Theory and The Transactional Theory of Stress and Coping and using Gilligan's Listening Guide as a relational and methodical tool, I learned that A.C. immigrants are cautious, pray for guidance, examine their options, ask themselves questions and proceed to action. Even when they do act, they never stop relying on their faith and still communicate with their higher powers about what they learned and whether it may be a good option for them. Thus, trust and relational mutuality are quintessential to the relationships they build with others.

Doing more than story-telling, I heard participants describe their experiences within the context of an American immigration system meant to subjugate them, giving them few survival options. The United States, for them, held the dream of advancement and opportunities they had imagined for themselves and their families. They realized the psychological toll of surviving as they arrived at different meanings and languages for their experiences. Part of that understanding was recognizing that a place they had been led to believe provided advancement for all was only available to some groups, primarily an elite group of people in the U.S. While they wanted to cushion themselves from the harshness of discrimination and racism through their faith and religious communities, standing alone, it was not enough to help shoulder them. Experiencing a decline in health due to stress, unexplained changes in mood, and behavioral and thought patterns, participants noted needing more guidance outside of their faith. Through an honest and

more connected decision by listening to their cautious and discerning voices, seeking help became an active choice in coping with the stress of migration.

The Voices of Afro-Caribbean Faith-Based Immigrants

Acculturation Stressors

Acculturation refers to the process through which individuals adopt a host country's cultural characteristics and practices following sustained contact with that culture (Berry 1997, 2003). It carries a host of internal and external stressors for new immigrants during their post-migration period (Berry, 2017). Due to acculturative stress, immigrants experience psychological, emotional, and social challenges when navigating their new destination country. It results from several barriers, including language, loss of social contacts, loneliness, homesickness, lack of belonging, unfamiliar social norms, racism, discrimination, employment, and feeling lost in the new culture. When not properly dealt with, these cultural conflicts and differences (Berry, 2006; Torres, 2010) become compounded, altering the behaviors, mood, thinking and coping abilities of migrants.

The study's findings align with the existing research (Berry, 2017; Torres, 2010) on acculturative stress among Afro-Caribbean immigrants, demonstrating that acculturation is a complex and challenging adjustment period for migrants. Participants in the study reported difficulty adjusting, and some described the environment as superficial and lacking in a quality that they had been used to. Only one participant noted language barriers and reported taking ESL classes to learn the language. Many participants had left their close friends and families back home and stated difficulty finding a friendship group and community where they could belong. Loneliness was a common theme among participants in the study. Participants who were in the U.S. without existing support struggled with loneliness the most.

In contrast, those with existing supports reported feeling less alone. Variations in reports of loneliness were based not only on the presence of others but by who was specifically present. Consistent with the literature, participants were less likely to feel alone in the comfort of others who had shared histories, social norms and cultural values and stated feeling disconnected from the American Black community (Logan, 2007). Some expressed fears of intimacy with other ethnic and racial groups due to worries about losing their ethnic identity. Hence, remaining close to their ethnic and cultural values helped preserve their identities and protected them from American culture's harshness. A few participants noted maintaining their West Indian accent to protect themselves from the over-identification of American Blacks, which would place them at risk of discrimination.

These threats, compounded by feelings of insecurity and justification by Afro-Caribbeans, result from the acculturation process. Wilson (2009) reports that migrants often have strong feelings about attaining American citizenship as they perceive it as a betrayal of their country. One participant felt she had betrayed her country after encountering long working hours, brutal winters, and declining economic and social status as a newcomer in the U.S. Another shared a refusal to give up her Trinidadian status and noted that she was a "Trini to de bone." Four of the ten participants expressed frustration about being forced into an African American identity, with one naming an outright refusal to label herself as African American on a census form. For these participants, the length of stay in the U.S. did not change their impressions. Of the four participants, one has resided in the U.S. for thirty-one years. She noted belonging to both cultures and stated that in returning home, she would be considered Trinidadian and in any other Caribbean island. The resistance of participants in adopting an African American ethnic identity in the study, as indicated by the literature, has significant

implications for A.C. immigrants and research. For immigrants, assimilating into the wider Black population in the United States erodes their ethnic status and cultural background (Hall & Carter, 2006), giving little consideration to their unique cultural differences (Thomas et al., 2009).

The stress of acculturation also poses several threats to the physical well-being of immigrants. Several authors have noted a decline in health for migrants over time, despite research on immigrants touting the *healthy immigrant effect* (Fuller-Thomson et al., 2011). The argument for the healthy immigrant effect has suggested that migrants must have been in good health to migrate (Halliday & Kimmitt, 2008). It has been shown that when migrants come to the U.S., they have higher or equal health rates than U.S.-born Whites (Bowe, 2017). This effect has been attributed to healthier diets and low substance use (Cho et al., 2012). However, these findings are concerning, given that migrants live in disadvantaged neighborhoods (Cunningham et al., 2008; Markides & Gerst, 2011; Rogers-Sirin et al., 2014), experience changes in socioeconomic status in their destination country, and have less access to care. Fuller-Thomson and colleagues (2011) argued that both migrants and the host society share the responsibility of this adjustment process. However, migrants are often left to shoulder this responsibility alone (Berry, 2006), while overlooked in research and the receiving society. Thus, migrants are tasked with making meaning of their experiences while simultaneously negotiating and re-shaping their fragmented identities due to the stress of adjusting (Dixon & Arthur, 2019).

In addition to a decline in physical health, acculturative stress over time has been linked to depression, suicidality and anxiety among A.C. immigrants. Participants in the study noted a decline in psychological functioning which they sometimes described as an “inability to recognize oneself.” Only one participant actively used the word depressed and suicidal to

describe the decline in his mental health. In contrast, others noted psychosomatic symptoms such as tension, chronic stomach pain, and overall stress.

Additionally, research indicates that it takes, on average, 5 to 10 years for migrants to assimilate into a new country (Markovizky & Samid, 2008; Salami et al., 2017). Participants in the study identified closely with the findings above, as all of them reported experiencing varying stress levels upon arrival and throughout their lifespan in the U.S. Notably, those with existing support systems like Charles, Mary Jones and Veronica reported low to moderate levels of stress as pre-existing microsystems (e.g., family, peers, and church) helped ease some of the pressures. Conversely, those without support systems or reported disconnection with their existing support systems, such as Jolie, Vincent, Jazmine, Amanda-Lilly and Catherine, reported moderate to high-stress levels and experienced behavioral changes, mood changes, and decreased physical health. However, the recounts of these experiences were sometimes mixed, suggesting that participants are likely to minimize the impact of stress even when existing support systems are in place. Additionally, participants in the study, on average, have resided in the United States for twenty-two years. Hence the accounts of these experiences might have changed over time.

Faith Identity and Coping

The literature on religion and religious coping among Afro-Caribbean immigrants has consistently stressed the role of faith in coping, particularly with racial discrimination (Hayward & Krause, 2015; Levine et al., 2015). Outside of racial discrimination, Afro-Caribbean immigrants use prayer, look to God for guidance when experiencing hardships (Chatters et al., 2008), and endorse reliance on religious resources more than their White counterparts. Concomitant to the literature, participants in the study noted connecting to the divine through prayer and scripture reading to cope with the challenges of migration. Participants who ascribed

a more spiritual approach, such as a subjective connection to a higher power, reported turning to relevant sources to find comfort and solace. As per the definition by Rose et al. (2008), religion is a set of beliefs and worship practices belonging to an institution (Rose et al., 2008).

In contrast, spirituality is a belief based on a relationship with a higher power or being (Richards et al., 2009; Rose et al., 2009). While some have asserted differences between religion and spirituality (Burke et al., 2005), Afro-Caribbean immigrants consider these concepts interrelated (Dixon, 2016) and, as such, rely on them to feel connected to the sacred during challenging times.

The church's role in supporting the stress of A.C. migrants with adjusting has also been explored in the literature. Studies have shown that churches and religious organizations play a significant role in providing social support, community integration, and resources for newcomers to the U.S. A study by Hayward and Krause (2015) revealed that social support received from churches resulted in increased use of passive coping, while negative church-based interactions resulted in higher reports of self-blame regarding experiences of racial discrimination.

Although examining experiences of perceived discrimination was not the goal of this study, participants reported similar use of passive coping when faced with the stress of their legal status, employment difficulties, family, and educational challenges. A surprising finding among participants in the study was initial reports of dismissal, resignation and withdrawal from problems, sometimes leaving it to God to address one's ultimate concerns. Unlike the participants in Hayward and Krause's study, who resorted to self-blame, participants did not resort to self-blame despite limited engagement with a faith-based group in the U.S. This finding suggests that participants employed alternative coping strategies to deal with the stress. Many

participants in the study had knowledge of systemic racism, discrimination, and institutional barriers against immigrants, which suggests that this knowledge protected them from self-blame.

The change in these factors might be due to the increased awareness of institutional racism in the U.S., which affect Black, Indigenous, and People of Color (BIPOC) at alarming rates. One participant reported learning more about those issues following the death of George Floyd. Many could describe their experiences when they were not considered for promotions due to their racial status or had been unfairly terminated. Still, participants did not rely solely on their faith and instead, after experiencing ongoing acculturative stressors, decided to seek support from a mental health professional for stress. It can be argued that the increased length of stay in the U.S., the increased visibility of mental health support on social media and increased emotional vulnerability due to Covid-19 triggered support utilization. Participants could differentiate the level of support needed by determining whether it was spiritual, psychological, or general health. A need for spiritual support meant that spiritual guidance should be sought, psychological support was best supported by a mental health provider and general health concerns needed to be addressed by a physician or primary care doctor. A psychological problem meant “Uncovering things that subconsciously I might have been feeling but wasn’t aware of that was the root cause of things.” In contrast, a spiritual issue meant that guidance was needed because a transgression or spiritual dilemma was at the root of one’s issue.

As such, findings from the study infer that participation in a religious group or a belief in the sacred or higher power does not hinder individuals from seeking support for mental health. Instead, evidence suggests that A.C. immigrants integrate their faith identities as part of the decision-making to seek support with stress.

Mental Health Support and Utilization

Reviews of mental health utilization reflect an under usage of services by Afro-Caribbean immigrants. Poor utilization has been attributed to a preference for support from religious and spiritual leaders (Taylor & Chatters, 2010). A review of the statistics on service utilization has shown that A.C.s are less likely to use mental health treatment than Black Americans. These records show that A.C.s utilize 22% of services compared to African Americans, who report 48% usage (Neighbors et al., 2007; Wood et al., 2008).

Negative perceptions about treatment also account for low utilization rates. Gillespie (2017) argued that Caribbean migrants perceive mental health care through a fatalistic lens and perceive that any disruption in mood, behaviors, and thought patterns might be due to the Devil. There has also been evidence to suggest that such beliefs increase over age due to religious beliefs (Bengston et al., 2015). Stigmatization regarding the need for services remains an ongoing issue due to misinformation about mental illness in Caribbean countries (Lacey et al., 2016).

More recent studies on the lived experiences of Older Black Caribbean adults' access to care (Robin, 2021) revealed that stigma, faith, and self-reliant attitudes remain barriers to care despite the passage of time. Participants in the study, despite accessing care, had judgments about what mental health services looked like and who they believed would benefit from them. A common belief among participants was that mental health support is for crazy people who need help. A category that participants in the study did not believe they fell into. Older Black Caribbean adults in the study noted prioritizing self-reliance given how others may perceive their need for care. As a result, they held onto the impression that they could rely on themselves in the same ways a professional might have offered support. Findings from the study also indicated that

participants had a strong reliance on faith, creating barriers to seeking care. Growing up on a small island where “*Everyone knows everyone’s business*” was some of the worries regarding access to care. The need for privacy, shame, and the perception of low resilience also impacted access to care among Older Caribbean Blacks.

The findings from this study partially aligned with the work of Robin (2021). Participants from the study made sure to inform me that their reasons for seeking support with mental health were not because they were crazy. They shared cultural scripts regarding negative perceptions of mental health and emotional vulnerability among Afro-Caribbeans. One participant shared that her perceptions about persons with mental illness had changed after learning that her friend, who is also a pastor, had sought help from a professional. She noted being pleasantly surprised and indicated that seeing this permitted her to seek support. Another reported overhearing a young Black man’s conversation about his therapist and noted that she, too, gave herself permission to seek help, “Ah, you not chugging it down like I have been taught how to.” Both women identified themselves as self-reliant and strong. However, they had revised their cultural scripts about strength and instead asserted that part of one’s strength is loving and authentic care of oneself. Compared to the existing literature, findings from this study suggest that over time, with the support of a trusted other, and positive impressions about mental health, Afro-Caribbean immigrants are willing to utilize mental health services. Factors such as increased awareness through education, the openness of other Blacks sharing their experiences with therapy, and increased visibility regarding the therapy process, these perceptions are likely to change.

Theoretical Approaches in Relation to Findings

Ecological Systems Theory and Transactional Theory of Stress and Coping supported this study. Developed by Urie Bronfenbrenner (1979, 1986), EST emphasizes the impact of

environmental systems on human development and behavior. It posits that multiple systems interact (micro, meso, exosystem, macrosystem, and chronosystem) and impact the developing person throughout their lifespan. This framework supported the experiences of Afro-Caribbean immigrants as they navigated the cultural context of their new destination country. At the individual level, A.C. immigrants reported struggling with language barriers, conflicts with their cultural values, and socioeconomic disadvantages. Having once extended families and communities they could rely on for support, they reported disruption to these systems due to migrating. Those with existing support systems reported finding comfort from family and friends and experiencing low to moderate stress due to adjusting.

Conversely, those who left behind their family and friend reported loneliness and continue to shoulder this responsibility today. Participants also questioned their faith as they struggled to connect with church-based organizations in the U.S. Resettling in a new country meant they had to “start from scratch” in all their relationships, including their faith. The affinities they once had with their congregations in their home country were no longer there, and as a result, making new connections threatened their already heightened sensitive selves, which made trusting difficult. At the community level, participants reported experiencing discrimination due to their racial and ethnic identity in the U.S. due to having little knowledge of these experiences (lived experience). Unlike in the United States, participants were not racialized in their home countries and did not come with the same understanding. As a result, their coping strategies did not mirror American Blacks who have been taught to navigate racial tensions in the U.S. The expectations for a more advanced life had been violated and disrupted, especially for those who became unauthorized due to overstaying their visitor visa. The institutional and policy levels in the U.S. also compounded these expectations, particularly for those whose immigration

status could be threatened at any time by deportation. Even when participants had received legal status through permanent residency, they continued to concern themselves with *doing the right thing* to avoid getting into trouble with the law. Conversely, those with U.S. citizenship who had been citizens for several years were less occupied with perceived threats of being returned to their countries of origin. Thus being Black, unauthorized, and an immigrant poses several challenges to participants' racial and ethnic identity.

The findings from the study reflect the dynamic nature of stress with the adjustment to the United States at each social-ecological level. Initial arrival to the U.S. is the most stressful for A.C. immigrants. However, with time and increased exposure to positive resources, the stress of adjusting can lessen. However, this depends on the support received at each level of the interrelating systems.

The Transactional Theory of Stress and Coping by Lazarus (1999) and Lazarus and Folkman (1984) proposes that stress is a transactional process between individuals and their environment. It stresses the cognitive appraisal of stressors and the coping mechanisms which can be implemented to manage the stress. Within the study's context, there was evidence to support the use of TTSC by Afro-Caribbean immigrants. Participants in the study employed various coping strategies based on the acuties of threat, harm, and the need for adaptation (Benight & Bandura, 2004) due to acculturative stress. For example, at the primary level of evaluation, which encourages reflection on: What is the significance of this event?

Moreover, how is it impacting my well-being? Participants determined that finding employment, social support, concerns about their legal status, finances, faith communities, and threats to their ethnic identity were stressful events. Their secondary evaluation of the problem prompted the support of personal coping resources such as prayer, scripture reading, personal

strength, and socio-ecological support, including support from their churches, families, the internet and friends who experienced acculturative stress. Participants used a combination of problem-focused strategies and emotion-focused strategies, including turning to God, compartmentalization, and wishful thinking. However, having employed those efforts while continuing to experience ongoing symptoms such as headaches, depression, suicidality, stomach issues, and an “inability to recognize themselves,” they began re-evaluating their coping strategies. The re-evaluation results for some encouraged them to see their primary physicians for care, and for others, they were prompted to seek the support of a mental professional. Participants who sought care from their physicians were eventually referred to a mental health professional to address their needs better. Both frameworks work well in understanding the interplay of the environment on the individual, helping to understand better the intricacies regarding access to mental health seeking in this population.

Further reviewing the findings, I found that Dialogical Self Theory provided valuable support for the study's design, conceptual framework, and analysis. Applying the Dialogical Self to narrative research supports the need to address the polyphony present in interview studies (Josselson, 1995). Based on the work of Mikhail Bakhtin (1927, 1973), a Russian literary scholar who explored the concept of the Self as dialogic within the context of polyphonic novels. For Bakhtin, this meant that The Self as a polyphonic novel was akin to a collection of storytellers, each bringing different viewpoints and perspectives to the narrative. The conceptual notion of the Self, as per the work of Bakhtin, means that it houses a host of inner voices or Self positions, each with differing viewpoints and narratives (Hermans & Kempen, 1993). Accordingly, the Self is a complex system comprised of various self-positions that engage in ongoing dialogues with each other. These conversations take on various voices from the cultural environment within an

individual's mind (Hermans, 2012, 2014). The theory argues that the self is never static but is fluid as it responds to an ever-changing environment. The myriad voices unite as a beautiful mosaic as they confront each other based on the social and cultural influences they appropriate. Wetherell (1995) argues that the "melding and meeting point of discourses" (p. 135) based on the social and cultural world around us constructs identity. Consequently, because the Self is an amalgamation of voices, Wetherell argues that fragmentation, contradiction, and ambivalence within one's sense of self inevitably ensue because of the ongoing construction of selves within diverse narratives and contexts. According to Josselson (1995), "...dialogic moments...as personal keys to meaning-making...are at the heartbeat of psychological organization" (p.37).

An interpretation of the findings revealed that Afro-Caribbeans engaged in internal dialogues before committing to help-seeking. This transformation was most notable in Paula, whose I-position as a strong Trinidadian Black Woman conflicted with the I-position of the self who experienced chronic stress due to overworking in the U.S., and I-position as a person of faith who at times struggled to seek guidance from God when plagued with doubt. Paula's I-position as an Afro-Caribbean woman has taught her that asking for help means that she is weak and does not live up to the expectations of women in the Caribbean. Likewise, the I-position of her faith criticized her for not looking to God for guidance. However, over time this I-position shifted due to the interactions with her friend, another West Indian who had sought therapy for stress and was also a church pastor. Because of their fluidity, these voices are more integrated as the self can now withstand being an Afro-Caribbean strong woman of faith who sought therapy.

Then there was Amanda-Lilly, a native of Haiti who came to the United States due to political strife in her home country, seeking physical and psychological safety. Amanda's story revolved around the difficulty of fitting into the culture of the United States as an immigrant and

Christian. She noted difficulties establishing connections within a church community she became part of and with her extended family, who resided in the United States for several years. Her previous experiences in her home country involved deeper connections because she was a deacon's daughter and was actively involved in her congregation. Her religious values and upbringing within a religious household underscore the importance of relationships for Amanda-Lilly.

Frustrated by her efforts at connection, both due to the newness of her environment and her own volition as others have attempted to include her, Amanda experiences loneliness at its height. As a result, she is constantly in dialogue with herself and the environment around her. She learns about how isolated she is from her father, examines the impact of physical stress due to migration, and learns about previous traumatic experiences that might have shaped her.

A reflection of Amanda's narratives portrays a collection of complex and messy selves moving between positions as she makes meaning and acts toward addressing her psychological health hampered by the stress of migration. Overall, the decision to apply Dialogical Self Theory has implications for research and practice as it illuminates the multi-layered cultural traits and identity of Afro-Caribbean immigrants, thus permitting a more complex understanding of their transnational experiences.

Implications

Few studies have examined the role of faith in help-seeking among Afro-Caribbean immigrants using a qualitative approach. The narratives shared provided useful information about how A.C.s negotiate their faith when seeking support with the stress of adjusting to the U.S. The findings from this study can help inform the work of those in various helping

professions, particularly counseling. Counselors, educators, clergy and community-based organizations can leverage the insights and contributions of the 10 participants in this study.

Counseling Practitioners

Counselors and other mental health practitioners can benefit from the findings of this study, given its focus on mental health and mental health utilization among Afro-Caribbean immigrants. This study confirmed the need for support with the stress of adjusting to a new destination country. While migrants may benefit from improved socioeconomic statuses and other short-term and long-term goals (Zotova et al., 2021), the impacts of settling in a new country due to its disruptive effects affect the psychological well-being and health of migrants (Zotova et al., 2021). Scholars who have examined migrant populations have noted the interplay of structural and social factors on migrants' health by host countries which include negative attitudes and discrimination, migration policies, lack of social support and isolation, and inadequate working and living conditions (Bermejo et al., 2010; Bursztein et al., 2012; Castaneda et al., 2015). Its direct impact has increased rates of psychosis, depression, anxiety, and post-traumatic stress disorder among those who have migrated (Harper, 2016; Mendall, 2012; Rousseau & Frounfelker, 2019). Counselors are to note that these stressors typically present as trauma-based presenting problems in the form of interpersonal conflicts, feelings of distrust of authorities and institutions, perpetual feelings about being perceived as a foreigner, and migration trauma, to name a few (APA, 2013) Clinically sound treatments should therefore include the cultural contexts of immigrant clients as it shapes how they describe psychological distress and coping. Due to the lack of culturally appropriate diagnostic tools when working with indigenous cultures, counselors and other mental health professionals have relied on Westernized models that reflect White and middle-class values without considering indigenous clients'

historical and cultural backgrounds (APA, 2013). Adopting a more culturally informed approach shifts the emphasis in therapy from an individual lens to a broader focus on systemic issues that impact individuals. This paradigm shift moves away from asking clients, 'What is wrong with you?' and instead prompts them to reflect on, 'What happened to you?' (Harris & Falot, 2001; SAMHSA, 2014).

With cultural competency at the forefront of care, counselors working with immigrant populations can greatly benefit from employing a trauma-informed socioecological framework in their assessment and treatment planning. This approach will allow counselors to contextualize the intricate and diverse psychological well-being factors at the various levels of individual-environmental interactions (Zotova et al., 2021) (i.e., the individual, interpersonal, and community levels). Counselors can assess the host countries' environment's physical, social, and cultural characteristics and their impact on migrants at the micro, meso, and macro levels. At the micro level, participants in the study reported feeling isolated and disconnected as many of their family and friends were back in their home countries. Despite spending, on average, ten years in the U.S., many found it challenging to maintain friendships and long-standing connections. At the meso level, participants struggled to feel included in the workplace due to discrimination and xenophobic beliefs held by their colleagues and employers. They also faced the burden of working long hours, low pay, and multiple jobs to sustain themselves and their families back home. At the macro-level socio-economic, immigration policies and cultural norms encourage negative perceptions and promote inequalities among migrants (Zotova et al., 2021). Study participants highlighted barriers to economic opportunities because of their immigration status. Those with histories of unauthorized status reported constant hypervigilance and fears of deportation, resulting in chronic stress.

Clinicians working with migrants may find it beneficial to broaden their definitions of trauma as the impacts of migration are readily dismissed and not viewed as traumatic experiences. It would behoove clinicians to conceptualize trauma as a dynamic process involving interactions between a specific event or a series of events and the individual's vulnerability, resiliency, and protective factors (Kimberg, 2016).

It would also be helpful for counselors to integrate dimensions of faith (Dixon, 2015) in their therapeutic interventions, which will enhance the effectiveness of treatment, client satisfaction and outcomes. Encompassing faith perspectives can help clients address concerns related to purpose, values and unexpected crises due to migration. Several participants in the study, having experienced acculturative stressors, reported asking themselves- *What am I supposed to do here? Why am I here? And God, what am I doing here?* as they attempted to make meaning of their new cultural landscape. Questions of this kind are not unnatural for individuals experiencing cultural tensions and transitions. They provide cues about coping during times of uncertainty and can help the transition to a new cultural context. Hence, by addressing these questions, counselors can help support the decision-making of A.C. immigrants.

Counselor Education

Counselor Education programs can benefit from the findings of this study. Several participants preferred a Black counselor with a West Indian background or knowledge of West Indian culture, given the salience of their West Indian identity. Participants noted difficulty finding a provider who met this criterion and, because of their need for support, stated settling for a Caucasian provider unfamiliar with their immigration experiences and cultural background. This finding stresses the need for adequate preparation among counselors in training to work with clients from marginalized backgrounds. It would be important for counselor educators to

help students in training recognize the ethnic and cultural differences within the Black population in the U.S. and not treat it as a monolithic group. Counselor educators can address this by intentionally embedding materials on marginalized groups as part of the assigned readings, assignments and course requirements. These should be prioritized in core foundational courses focused on helping relationships, social and cultural diversity, and religion and spirituality in counseling. Counselor educators can achieve this goal by designing more inclusive case studies that reflect the experiences of Afro-Caribbean immigrants. With the support of the course instructor, students can identify specific interventions which may be applicable based on the client's length of stay in the U.S., degree of acculturation, faith, cultural background, and migration challenges. This exercise can apply to the courses identified above and be modified for other core counseling courses. Speaking engagements with local community providers experienced with this population can serve as guest lectures and share their experiences and challenges when working with this population.

Counselor preparation programs may also support this population's growing mental health needs by enrolling international students with various cultural backgrounds, including Afro-Caribbeans. Diversifying the student body in doctoral programs in counseling can also support indigenous research, which can help provide counseling theories and interventions specific to this population. This initiative will help counselors avoid using traditional counseling models with cultural groups that do not benefit similarly. It will also promote richer understandings and layers of understanding by researchers who are more familiar with these cultural frameworks, given their lived and professional experiences.

Clergy

Some evidence suggests that clergy are first in line for support with stress among Afro-Caribbean immigrants. Explanations regarding this line of contact have posited that clergy is generally sought because of their long-term relationships with their congregation members (Payne 2009, 2014). The centrality of religion and the preference for spiritual dimensions as part of their services are also factors for the support of clergy (Pew Research Center, 2014). Other explanation note that the role of mental health stigma and distrust from providers due to historical abuse by the healthcare system (Payne, 2009, 2014; Brown & McCreary, 2014) are also reasons for the support of the clergy.

Contrary to the existing research, participants in this study reported difficulty trusting the support of clergy and did not seek help from clergy due to migration stressors. Of the ten participants, only one reported seeking support from clergy with the stress of adapting and noted being discouraged as support was not readily available. Another stated seeking help from clergy about employment opportunities but did not share her immigration status, and others indicated that they did not require spiritual forgiveness. Therefore support from the clergy was not necessary. Overall, support from clergy was not sought due to concerns about privacy and negative perceptions about immigrants, but overall a shared judgment among participants that clergy was not an appropriate source of mental health support. Unlike previous studies, participants did not have long-standing connections or shared cultural histories with their pastor and congregation and therefore did not utilize support with stress from the clergy.

The literature has also suggested fewer worries about the stigma associated with seeking mental health support from clergy than traditional mental health support (Payne, 2009, 2014). However, participants in this study were not concerned about stigma from clergy about mental

health but about stereotypes regarding immigrants. Therefore, immigration status and survival needs supersede mental health threats among A.C. immigrants. I am not suggesting that participants are not concerned with mental health stigma. The findings from the research imply that they are. However, because they do not perceive clergy as qualified to provide mental health services, there is less preoccupation with the threat of stigma from clergy.

Addressing this gap is twofold. First, emphasis must be placed on building connections with Afro-Caribbean immigrants in places of worship. This can be accomplished through support groups for immigrants by creating safe spaces where they can share and receive support with the stress of adjusting to the U.S. Migrants can also benefit from resources geared towards help with immigration, health, education, and mental health.

It would also be helpful for clergy to *laissez* with mental health providers who can provide adequate support through training on immigration stressors and their impact on mental health and spiritual well-being. Clergy and mental health providers can collaborate to raise awareness about mental health stigma and mental health challenges. This can be achieved through psychoeducational groups and workshops within community-based organizations and churches. Rifts, referred to as *turf sharing* between clergy and mental health professionals regarding who has the right to provide mental health, have been a barrier to utilization. Therefore, it would behoove churches and mental health providers to form relationships with each other based on respect and mutuality. Gottlieb (2020) argued that adopting an approach grounded in cultural humility can help bridge the gap with clergy.

Community-Based Organizations

As part of their adjustment processes, A.C. migrants typically seek cultural enclaves to sustain ties to their cultural backgrounds. Typically family, friends, and church-based

communities help migrants maintain those connections. Community-based organizations are sought outside family and friends and church-based organizations, especially if one has no connections in the new host country. They are known to provide support in education, business, health, culture, and advocacy for newcomers throughout their lifespan in the United States. Nevertheless, more importantly, it helps to preserve their West Indian identity and cultural heritage. Programs typically focus on cultural festivities, healthcare literacy, support with small businesses, and immigration and law. These agencies are also few and are located mainly in Hartford, Connecticut, Brooklyn, NY, Pennsylvania, and Maryland. While helping to serve the cultural identity of Afro-Caribbeans, information on immigration is lacking, and there is little to no support for mental health and stress.

Participants in this study reported a preference for support from their families with the stress of adapting, particularly those who had existing relationships before migrating. Participants with low support in the U.S. reported using the Internet for information and would be part of forums they described as *Internet Friends*. They also noted the usefulness of YouTube channels as a means of education. Participants longed for intimacy, connection, and understanding outside these spaces. No participants in the study reported reaching out to community-based organizations, nor were they aware of them. Jolie noted that her church typically prefers members to receive all services within their faith community or affiliate organizations that can provide faith-based support. Although having access to housing, food programs, and financial support via her church community, Jolie opted for her privacy. She also noted that outside of financial aid, the services offered did not address her needs. Charles reported a similar experience and indicated that his church offered support with health services and not mental health.

A search of the existing West Indian organizations in the U.S. revealed that one community-based agency in Pennsylvania offers support with cancer screenings, Covid-19, drug addiction, and sexual health. A licensed social worker who is also the VP of Operations and Resident Therapist provides support with grief and racial trauma. This evidence suggests that services in mental health are lacking. The overarching focus on health, exclusive of mental health services, demonstrates stigmatization and an ongoing need for education on mental health issues in the Caribbean diaspora.

Given the counseling profession's emphasis on dual relationships and boundary-crossing (Lansker et al., 2019), it can be challenging for counseling professionals to effectively minimize the risk of entering into dual relationships, given the shortage of Caribbean Black providers and the demand for services in this population. The small percentage of Caribbean Blacks currently in and entering the profession provides limited options for clients to access culturally sound care that infuses their cultural background. As a result, we can anticipate a higher client-to-provider ratio, increasing the likelihood of dual relationships and boundary crossing. Counselors must then rely on the ethical principles outlined in the ACA Code of Ethics (ACA, 2014) to help mitigate risk and psychological harm to an already vulnerable population. Ethical guidelines may also be lacking in cultural nuances, and therefore counselors should consider issues at the systemic level and their impact on the delivery of care. Counselors should be mindful of doing so independently and therefore receive support from clinical supervision, consultation, and professional development on an ongoing basis. Counseling professionals should also collaborate with other professionals and Caribbean Black colleagues by creating a referral system to minimize the risk of dual relationships.

While the shortage of providers and the growing population of Afro-Caribbean immigrants in the U.S. poses significant challenges, striving for culturally sound and socially just care should remain the goal of counselors. With the support of community-based agencies working together, counselors can continue to make a significant impact in ensuring that marginalized communities get the care and assistance they deserve.

Reflective Appraisal of the Research Process: The Researcher's Story

When I initially embarked on this study, I was apprehensive about the emotions it would evoke concerning my own experiences with faith. Astonishingly, I discovered that Yalom's (2008) assertion regarding the enduring influence on others resonated deeply with me: "Often without conscious intent or knowledge- concentric circles of influence may affect others for years, even for generations" (p. 7). This proved to be true as I wrestled with the intricacies of this project. Like participants, I turned to prayer, recalled hymns from Sunday mass, and frequently reflected on my mother, who inspired this work. Like Jazmine, who unexpectedly wailed out to "God, please help me" as she searched for solace during her lonely moments. I, too, wailed, "Please help me," when I needed help sorting out my massive data. I was inspired by Jazmine and Jolie's spirit regarding the spirit and beauty of what awaited them following the storm's aftermath. In my case, the storm was the highs and lows of the research process, which sometimes felt agonizing. These responses were unexpected and moving, especially since I had not sung a hymn or engaged in traditional prayer for years. Particularly moving was my inclination to seek comfort in prayer during the stressful periods of writing and data analysis and as my recollections regarding my post-migration experiences had been triggered. I had expected to hear participants report church attendance and outreach to their faith communities as part of

their adjustment. Instead, their narratives were constructed around themes of faith serving as a trusted other, especially during tension and high stress.

As a counselor, I consider therapy to be a spiritual undertaking. In fact, I frequently refer to it as a “sacred process” to anyone contemplating this journey, given its ability to foster transcendence and meaningful transformation. Most importantly, central to this process is the individual, whom I believe has the inherent capacity to author their stories about how they aspire to live in the world and derive meaning from their circumstances. My clinical approach is grounded in relational psychotherapy, somatic processing, and liberation therapy, emphasizing the significance of relationships, voice and lived experiences. My counseling skills and relationship perspective facilitated a profound exploration of participant experiences. Yet at times, managing a clear researcher stance sometimes presented difficulties. My dissertation chair and methodologist frequently advised me to let the data and participants naturally emerge. A recommendation that Hart & Crawford-Wright (1999) have drawn attention to due to the parallels between in-depth research interviews and a therapeutic session that leaves participants in a state of vulnerability for which the interviewer is ethically responsible.

Being an Afro-Caribbean immigrant, I inherently possessed a certain level of trust rooted in my shared experience with participants. This background contributed to participants' openness and depth of reflection, so I was careful not to exploit that, a concern based on the history of migration discourse oversimplifying the experiences of immigrants. My team yet again reminded me that in my endeavors to achieve this, I may run the risk of interpreting these experiences based on my personal and academic backgrounds.

While the goal of story-telling is to convey the perspectives of lived experiences, that said, the task of analysis and interpretation has the power to reshape these narratives, raising the

question: Whose narrative does this become, the participant or researcher? This is where the guidance of my critical friends, dissertation chair, methodologist and own reflexive process proved helpful. Most importantly, the participants themselves played a pivotal role in helping to ensure that I had accurately interpreted the stories of their post-migration experiences. My experiences shed light on the intricate nature of narrative research as a researcher and practitioner.

Strengths and Limitations of the Study

Since the literature on religion and spirituality among Afro-Caribbean immigrants still needs to be readied, using a qualitative design for this study felt appropriate. This study explored the narratives of 10 Afro-Caribbean immigrants, although offering some insight into their processes with help-seeking means that the results from the study cannot be generalized. Although there is much to be drawn from which can support future work on this population, the targeted population for this study was people of faith. A more diverse sample reflecting the voices of persons not of faith might have yielded different relational voices than those noted in this study.

The voices in this study were primarily female-centered. Only two men participated. It took much work to recruit men for this study. Of the two men who had expressed interest in this study, one did not respond to outreach attempts about scheduling, and the other wanted to be kept from being recorded. It should also be noted that it was men who had referred these men to the study. We can infer that there is a need for more privacy in this subset of the population. Gender socialization plays a critical role in this phenomenon, particularly in men's behavior. Men are often taught to shield themselves from showing emotional expression for fear of being demasculinized. Societal messages have taught men to be physically tough, exert emotional

control and self-reliance (Real, 1997). Thus a study inviting exploration of one's post-migration experiences and the stress of adjusting is likely to clash with notions of toughness and emotional control.

Many of the participants in this study had sought higher education in several respected disciplines, so the population reflected the experiences of A.C. migrants who noted successful migration outcomes. Outside of educational pursuits, all of the participants in the study were either citizens or permanent residents of the U.S. However, not the goal of the study, the voices of a subset of the A.C. population who remain unauthorized should be included. However, the pathways to citizenship or legal status in the U.S. impacts the ability to seek support with mental health, given the cost and fears of deportation for migrants. As someone with insider knowledge as an Afro-Caribbean immigrant and mental health professional, participants might have responded to interview questions differently had the researcher not been a member of both groups. The shared language and its implications on the meanings derived from the work are noteworthy.

Interviews were conducted using Zoom, which gave me a limited range of participants' body language that could otherwise not have been visible through the screen. Interviews were conducted via video as they afforded participants flexibility and allowed the researcher to arrive at a wider pool of participants throughout the United States. There might have been room to ask participants to elaborate had there been an opportunity to explore non-verbal language.

Despite the challenges mentioned above, the rigor of qualitative research and Carol Gilligan's Listening Guide as an analytical, psychological and relational tool provided valuable knowledge on the experiences of Afro-Caribbean migrants who are generally lumped into the wider Black population in research. Its themes, therefore, can provide support to counselors,

other mental health professionals, clergy and those in other helping fields more adequately meet the needs of Afro-Caribbean immigrants who struggle with the stress of adjusting to the United States.

Recommendations for Future Research

The findings from this study suggest several needs for future research on faith and mental health seeking among Afro-Caribbean immigrants. While there is some work to suggest that Afro-Caribbean immigrants are open to seeking support with mental health, the results are mixed and provide little hope. The findings from this research deduced that Afro-Caribbean immigrants are cautious and discerning regarding their decision to seek support with stress, especially in circumstances where faith governs their life. Future research can confirm the discernment processes as part of help-seeking and may advance faith-based counseling and models when working with this population.

This study focused primarily on persons of faith. Future research may examine participants whose lives are not governed by faith to determine other pathways to help-seeking among this population. A qualitative study on this topic could indicate several factors that need to be analyzed in this study. It may determine barriers to help-seeking, supports outside of faith that A.C. migrants can rely on, and whether those may or not intercept support with mental health. The information gained can help inform professionals who are typically the first line of contact for A.C. immigrants, which include physicians and sometimes clergy. Cultural support centers, which many Afro-Caribbean immigrants typically seek solace in, may also benefit from this work by connecting them to the relevant resources to provide support with stress. The knowledge earned from these studies can provide more education by dispelling and demystifying

mental health, thereby reducing the stigma and shaming of those who would greatly benefit from the support of mental health professionals.

Moreover, a quantitative study with a larger sample size would provide generalizability and more variation within and across the subgroups in this study influenced by age, gender, ethnicity, religion and spirituality. Lastly, since this study aimed not to explore the experiences of those who sought counseling but rather the role of their faith in help-seeking, a study focused on the counseling experiences or outcomes for A.C. migrants would be advantageous to the counseling field and literature. Altogether, the research from these future studies can help guide and eradicate some of the misconceptions of Afro-Caribbean immigrants. Likewise, the growing body of research we can anticipate from future studies can help inform more culturally appropriate and decolonized perspectives of a once invisible group that will continue to grow in the decades to come.

Conclusion

The study explored the negotiation of faith and the decision to seek support with stress among ten Afro-Caribbean immigrants, including eight women and two men. This study drew from the frameworks of Socio-ecological Systems Theory and Transactional Theory of Stress and Coping to explore the impact of stress among A.C. immigrants post-migration. Further review of the findings found that Dialogical Self Theory provided a more complex layer of understanding regarding the experiences of immigrants. Through *The Voice of Caution* and *The Voice of Discernment*, participants in the study took appropriate steps toward receiving the care they lovingly and longingly deserved. The implications of this study will help enhance the work of counselors, clergy, the faith-based community, and community agencies currently supporting the growing needs of Afro-Caribbean immigrants.

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*Appendix A***Afro-Caribbean Immigrants Research Participants Needed**

I am seeking Afro-Caribbean immigrants who migrated to the United States to participate in a research study. This study explores how Afro-Caribbean immigrants negotiate their faith and the decision to seek support with stress as they adapt to life in the United States. I hope my study will help improve services that can help other immigrants settle into their new lives in America.

Please consider participating in this study if you identify as follows:

- Identify as male, female, or non-binary.
- English speaking
- Was born and raised in the West Indies and migrated to the U.S. at 12 or older.
- Lived in the United States for more than a year and less than fifty years.
- In the age range of 18 to 65 years old.
- Identify as a person whose faith governs their life.
- Experienced a significant source of stress since migration and sought support stress from a mental health professional, clergy or another professional.

If selected, you will participate in two interviews ranging from 60-90 minutes each.

Contact information

Shanta Pamphile

Pamphiles1@montclair.edu

(347)208-3313

This study has been approved by the Montclair State University Institutional Review Board, MSU IRB FY21-22-2610.



Appendix B

Demographic Questionnaire

Please complete the form below before the interview. You are not required to provide your name on this form. Please feel free to omit any question you do not feel comfortable disclosing. Please note that all information will be kept confidential.

- Age: _____

- Gender: Male _____ Female _____ Non-Binary _____

- What is your country of origin? _____

- Marital Status (X in the appropriate space):
Single: _____
Married _____
Divorced _____

- Income Status (X in the appropriate space):
Upper class _____
Middle class _____
Lower class _____

- Highest Level of Education Completed (X in the appropriate space):
PhD _____
Masters _____
Bachelors _____
Associate Degree _____
High School Diploma _____
GED _____
< High school _____ (state grade level completed)

- Length of stay in the United States _____

- Do you consider yourself spiritual, religious, or a person of faith?

Yes _____
No _____

- Please note any other information you feel is important for me to know:

Appendix C

Interview Guide #1

As you know, I'm researching how Afro-Caribbean immigrants make sense of their faith, faith-based practices and their decision to seek mental health during times of stress.

I have some questions for you, but first, I want to know a little about your migration to the United States?

- Describe for me coming to the United States.

Follow-ups

- How old were you?
- Whose decision was it?

- Do you recall anything happening at that time which helped this decision? Tell me a little about what happened.
- You mentioned experiencing stressors since living here in the US. Describe those for me.

Follow-up

- Tell me about how you dealt with that situation?

In agreeing to participate in this study, you identified yourself as a person of faith. Describe to me what that means to you.

- At what age did you become a person of faith.
- Tell me more about your use of faith in your early life.
- What about now, since living here in the U.S.?

Follow-up

- How has your faith come into play during times of stress?

Faith Practices

- What about your faith practices? Tell me more about how you practice your faith?
- Are there any practices you rely on when things become stressful? Describe those for me?

I also want to know about your church's role during times of stress.

- Tell me a little about the church you attend.

Follow-ups

- How long have you been attending?
- What about your relationship with your church? Can you describe to me what it is like?
- Does your church/clergy talk about how to deal with stress? If so, what have you learned?
- Have you or anyone you know been encouraged to get support outside the church or your faith-based organization when dealing with stress? Can you remember anything in particular from that conversation?

What about support outside of your church. Tell me a little about that.

- Is there anyone, in particular you speak to during times of stress?

Follow-ups

- Tell me about what that is like for you. How have they supported you?
- Were you ever encouraged to get help outside of them? If so, tell me more about that conversation.

Another part of this study is understanding the role of mental health and help-seeking behaviors.

- You indicated seeking mental health support. Tell me about what happened?

Follow-ups

- How did you decide to seek mental health support?
- Can you tell me more about what that journey/ process was like for you?
- Was your faith part of this process? Tell me what that was like for you.

As you reflect on what you shared with me, if you could recommend help for Afro-Caribbean immigrants, what would that be, and whom should it come from?**Is there anything else you would want me to know?**

Appendix D

Interview Guide #2

Thank you again for your time. The second part of this interview is to learn more about your experiences with the stress of adapting to the U.S. and your decision to seek support with stress.

I want to share a few things I learned while listening to participant narratives and to check in with you about it.

1. I often heard about the ‘stressors hitting right away’ and “the need to survive and make hard choices” Does this resonate with you regarding your own experience? If so, describe it to me. If not, explain that to me too.
2. Many participants stated “feeling like a slave” since being here. They described sometimes having to work odd jobs, long hours, multiple jobs, and overworking in ways they did not have to do in their home country. Can you speak to this experience? If so, please tell me about it.
3. I learned the importance of achieving The American Dream through hard work, sacrificing, and ‘doing the right thing’ and the concern that things weren’t becoming smoother. What is your reaction to this?
4. One of the things that stood out to me was “the struggle to fit in the U.S.” Does this resonate with you regarding your own experience? If so, describe that to me. If not, tell me about that too.
5. “Loneliness” was another theme that accompanied the experience of “struggling to fit in.” Have you experienced the feeling of being alone or all on your own and not fitting in? Does this describe your experience? If so, tell me about that.

Follow up:

- How has that impacted your experience of being in the U.S.?
 - How has it affected you personally?
 - How do you feel towards the part of you that experienced both the struggle to fit in and the loneliness that accompanied it? Or toward other West Indians who had to go through this.
6. I noticed the **struggle to connect with** others, with one’s church community, and even with faith. Some participants who identified very strongly with their faith communities in their home country struggled to connect with a faith community in the U.S.

Follow-up:

- Does this resonate with you? Tell me about your experience with this.
 - Do you struggle to connect with others, and if so, what is that like for you?
 - If so, how did it impact your identity as a person of faith or a newcomer to the U.S.?
7. I heard participants say, ‘that they’re all messed up’ due to living here. How does this land for you? Are you able to see yourself in this experience here?
- So how does that reflect how you live your life now?
 - Do you see yourself as different now than in your home country? If so, how do you think you have changed?
8. Lastly, despite how challenging it has been, I heard stories of resiliency and strength among participants. Do you have any story/stories of your own? If so, tell me more about that. If not, tell me about that too.

Follow- up

- How have your sources of resiliency and strength impacted you today?

Appendix E

Consent Form

Dear _____

You are invited to participate in a study on the role of faith and faith-based practices of Afro-Caribbean immigrants, the coping strategies they use during times of distress, and the negotiation of their faith on help-seeking behaviors. I hope my study will help improve services that can help Afro-Caribbean immigrants settle into their new lives in America.

You were selected for this study because you identified as (a) male, female, or non-binary, (b) English speaking, (c) identify as Afro-Caribbean, (d) was born and raised in the West Indies/Caribbean and migrated to the U.S. at the age of 12 or older, (e) lived in the U.S. for more than a year and less than fifty years, (f) in the age range of 18 to 65 years old, (g) identify as a person whose faith is central to your life, and (h) experienced stress and received help from a mental health professional, member of your clergy, or another professional.

There will be a total of two interviews lasting 60 to 90 minutes. You will be asked to answer questions about stress and stressful situations you experienced since coming to the United States and how you coped with them.

You may not directly benefit from this research. However, we hope this research will improve the health and wellness services available to Afro-Caribbean immigrants in the United States. There are no known risks to participating. You agree to audio recording during the interviews by agreeing to participate. Your personal information will be kept confidential throughout the study.

You may experience discomfort when discussing your experiences since residing in the United States. Should this occur, you are free to skip questions you do not want to answer. Please note that you can decide to drop out of the study at any point. You are a volunteer and do not have to be in the study. You will also receive a list of resources at the end of the study should you experience any stress during the interviews.

Please feel free to ask questions regarding this study. You may contact me or my Faculty Advisor, Dr. Leslie Kooyman if you have additional questions at pamphiles1@montclair.edu or (347)-208-3313 (Shanta Pamphile) or kooymanl@mail.montclair.edu.

Any questions about your rights may be directed to Dr. Dana Levitt, Chair of the Institutional Review Board at Montclair State University, at reviewboard@mail.montclair.edu or 973-655-5189.

Thank you for your time.

Sincerely,
Shanta K. Pamphile, MA, LPC, LMHC, CCMHC, NCC, ACS
Doctoral Candidate
Department of Counseling

Montclair State University.

I confirm that I have read this form and will participate in the project described by putting a tick below. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can discontinue participation at any time. My consent also indicates that I am 18 years of age.

[Please feel free to print a copy of this consent.]

I agree to participate

I decline to participate.

The study has been approved by the Montclair State University Institutional Review Board.

Appendix F

Acknowledgment and Confirmation Email

Dear Ms./Mr. Last Name,

Thank you for agreeing to devote your valuable time to participate in my study. Let me again describe the purpose of this study. I am exploring the role of faith and faith-based practices of Afro-Caribbean immigrants, their coping strategies during times of distress, and the negotiation of faith and faith-based ideologies and practices on help-seeking behaviors.

As discussed on the phone, our interview date and time have been confirmed for ... (date).....and(time).....Please find attached an interview protocol and two consent forms. Please sign the consent forms, one for your records and the other for me.

Thank you again for your cooperation. If you have any questions or concerns before our interview, you may contact me anytime at pamphiles1@montclair.edu or (347) 208-3313.

Sincerely,
Shanta Pamphile, MA, LPC, LMHC, CCMHC, NCC, ACS
Doctoral Candidate
Department of Counseling
Montclair State University
pamphiles1@montclair.edu
(347)208-3313

Appendix G

Screening Form

Name _____

Age: _____

Gender Identity: _____

Religious/Spiritual Affiliation _____

Ethnicity: _____

Best email address or number to contact you? _____

Total number of years living in the United States? _____

Have you experienced any of the following since living in the United States?
(check all that apply)

- Stress or worry because you missed your family and friends back in your home country.
- Stress or worry because you find it hard to advance in the U.S.
- Stress or worry about your immigrant status or losing your status.
- Stress or worry when thinking of your life back in your home country.
- Stress or worry about finances and taking care of your life in the U.S. and your home country.
- Stress or worry because you felt discriminated against and treated differently.
- Stress or worry because of the cultural differences between your home country and the U.S.

Do any of the following describe you?
(check all that apply)

- Guided by the spirit in your daily life and in difficult times
- Guided by your faith in your daily life and in difficult times
- Attend church
- Read scriptures
- Pray
- Meditate
- Participate in the church choir, prayer groups, and Bible study
- Someone whose faith guides their decisions
- Someone whose spirit guides their decisions
- Other _____

Have you experienced any of the following? (check all that apply)

- Talked with clergy due to any of the above stressors.
- Spoke with a professional such as a counselor, psychiatrist, or another professional because of stress.

Appendix H

Resources List

- Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline, 1-800-662-HELP (4357)
- National Alliance on Mental Health(NAMI) 1-800-950-NAMI (6264) or helpline@nami.org
- National Institute of Mental Health (NIMH): (866) 615-6464
- Mental Health America Hotline: Text MHA to 741741
- Crisis Text Line: Text CONNECT to 741741