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## **Identity Orientation and Depressive Symptoms Amongst Adult Third Culture Kids At UAEU: An Exploratory study**

Hiba Habeeb

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United Arab Emirates University

College of Humanities and Social Sciences

Department of Psychology and Counseling

IDENTITY ORIENTATION AND DEPRESSIVE SYMPTOMS  
AMONGST ADULT THIRD CULTURE KIDS AT UAEU: AN  
EXPLORATORY STUDY

Hiba Habeeb

This thesis is submitted in partial fulfillment of the requirements for the degree of Master  
of Science in Clinical Psychology

Under the Supervision of Dr. Abdalla Hamid

June 2019

### Declaration of Original Work

I, Hiba Habeeb, the undersigned, a graduate student at the United Arab Emirates University (UAEU), and the author of this thesis entitled "*Identity Orientation and Depressive Symptoms Amongst Adult Third Culture Kids at UAEU: An Exploratory Study*", hereby, solemnly declare that this thesis is my own original research work that has been done and prepared by me under the supervision of Dr. Abdalla Hamid, in the College of Humanities and Social Sciences at UAEU. This work has not previously been presented or published, or formed the basis for the award of any academic degree, diploma or a similar title at this or any other university. Any materials borrowed from other sources (whether published or unpublished) and relied upon or included in my thesis have been properly cited and acknowledged in accordance with appropriate academic conventions. I further declare that there is no potential conflict of interest with respect to the research, data collection, authorship, presentation and/or publication of this thesis.

Student's Signature:  \_\_\_\_\_ Date: 04/07/2019

## Approval of the Master Thesis

This Master Thesis is approved by the following Examining Committee Members:

- 1) Advisor (Committee Chair): Dr. Abdalla Hamid

Title: Associate Professor

Department of Psychology and Counseling

College of Humanities and Social Sciences

Signature 

Date 20/06/2019

- 2) Co-advisor: Dr. Mohammed Elhammoumi

Title: Associate Professor

Department of Psychology and Counseling

College of Humanities and Social Sciences

Signature 

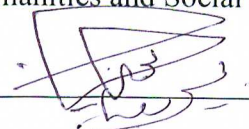
Date 20/06/2019

- 3) Member: Dr. Yahya Nassar

Title: Associate Professor

Department of Psychology and Counseling

College of Humanities and Social Sciences

Signature 

Date 20/06/2019

- 4) Member (External Examiner): Dr. Saif Ali Musa

Title: Associate Professor

Department of Sociology and Social Work

Institution: Sultan Qaboos University, Oman

Signature 

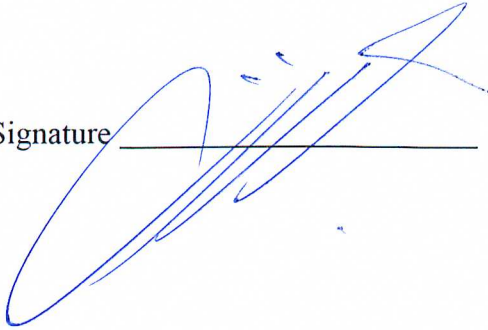
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This Master Thesis is accepted by:

Dean of the College of Humanities and Social Sciences: Professor Hassan

Alnaboodah

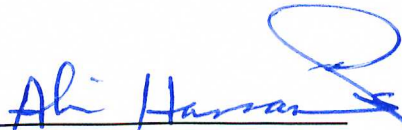
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Date 04/07/2019

Acting Dean of the College of Graduate Studies: Professor Ali Al-Marzouqi

Signature



Date 4/7/2019

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## Abstract

Adult Third Culture Kids (ATCKs) make up a large number of the population of U.A.E but very few studies explore the possible psychological distresses faced by this population within the country. Some of the extensively studied difficulties faced by ATCKs include high mobility, unresolved grief, relationship struggles and identity development. The present study aimed to explore the prevalent identity orientation and depressive symptoms, as well as to identify whether identity orientations predicted depression amongst Adult Third Culture Kids at United Arab Emirates University. A sample of about 250 Immigrant Undergraduate males and females, who have spent a major period of their developmental years outside their country of origin, were selected. Analysis of data was obtained through descriptive and inferential statistical procedures. Results indicated that 64% of the sample reported mild mood disturbance to extreme depression. Findings revealed that the depressive symptoms, above normal levels were: Guilty Feelings (48.8%), Changes in Sleeping Pattern (42.4%) and Tiredness or Fatigue (40%). Amongst the different Identity Orientations PI ( $n=149$ ) and RI ( $n=112$ ) were most extremely important whereas SI ( $n=67$ ) and CI ( $n=58$ ) were least extremely important to the respondents. Stepwise multiple regression had also been used and the findings suggest that SI has a positive correlational effect on depression. The correlational effect of the other variables PI, RI and CI on depression is not statistically significant. The findings of this study lay the groundwork for future studies to come while also urging the need for appropriate treatment options.

**Keywords:** ATCK, Identity Orientation, Depressive Symptoms, PI, RI, SI, CI.

## Title and Abstract (in Arabic)

### اتجاه الهوية والأعراض الاكتئابية وسط البالغين من أبناء الثقافة الثالثة بجامعة الإمارات العربية المتحدة: دراسة استكشافية

#### الملخص

يشكل أبناء الثقافة الثالثة البالغين نسبة كبيرة من سكان الإمارات العربية المتحدة، غير ان الدراسات التي اهتمت باستكشاف الضغوط والاضطرابات النفسية وسط هذه الفئة في دولة الامارات تعد قليلة جدا. بعض الصعوبات التي يواجهها أبناء الثقافة الثالثة والتي تمت دراستها على نطاق واسع في دول اخري تشمل كثرة التنقل من مكان لآخر، الحزن الذي لم يتم معالجته او التخلص منه، المعاناة في تكوين العلاقات ومشكلات تكوين الهوية. تهدف هذه الدراسة إلى استكشاف اتجاه الهوية السائدة والأعراض الاكتئابية، وتحديد ما إذا كانت اتجاهات الهوية تتنبأ بالاكتئاب وسط أبناء الثقافة الثالثة البالغين بجامعة الإمارات العربية المتحدة. تم اختيار عينة تتكون من 250 طالبا وطالبة من طلبة جامه الامارات العربية المتحدة الذين قضاوا معظم فترة نموهم خارج بلدهم الأصلي. تم استخدام الإحصاء التحليلية والاستنتاجية لتحليل بيانات الدراسة. أظهرت النتائج أن 64٪ من افراد العينة يعانون من مشكلات تراوحت بين اضطراب المزاج الخفيف وللاكتئاب الشديد. كما أوضحت النتائج أن الأعراض الاكتئابية التي كانت أعلى من المستويات العادية قد تمثلت في الشعور بالذنب (48.8٪)، والتغيرات في نمط النوم (42.4٪) والفتور أو التعب (40٪). من بين اتجاهات الهوية المختلفة، كان اتجاه الهوية الشخصي (n=149) واتجاه الهوية العلائقي (n=112) هما الأكثر أهمية، في حين كان اتجاه الهوية الاجتماعي (n=67) واتجاه الهوية الجماعي. (n=58) ما الأقل أهمية بالنسبة إلى المشاركين. وقد أظهرت نتائج معامل الانحدار المتعدد أن اتجاه الهوية الشخصي له تأثير ارتباطي إيجابي على الاكتئاب. بينما لم يكن لاتجاه الهوية الشخصي واتجاه الهوية العلائقي واتجاه الهوية الجماعي أي تأثير ارتباطي على الاكتئاب. تكمن أهمية نتائج هذه الدراسة في أنها تضع الأساس للدراسات المستقبلية وسط هذه الفئة في دولة الامارات العربية المتحدة كما انها تلفت الانتباه الي الحاجة إلى خيارات العلاج المناسبة.

**مفاهيم البحث الرئيسية:** أبناء الثقافة الثالثة البالغين، أعراض الاكتئاب، اتجاه الهوية الشخصي، اتجاه الهوية العلائقي، اتجاه الهوية الاجتماعي، اتجاه الهوية الجماعي.



## Acknowledgements

The Third Culture Kid phenomenon is still something, which, is not completely understood. Being an Adult Third Culture Kid myself I am mostly aware of all the significant troubles that we as a collective group endure and at most times others are unable to understand. This thesis was facilitated by the efforts of many Adult Third Culture Kids whose curiosity and excitement inspired me each day to go through with it more fervently. One such ATCK whose help I am ever grateful for is Assalimah Eddib, her continuous help and motivation was a blessing throughout the entire research.

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My immigrant parents who have always sought the best for me in terms of everything in my life deserve my utmost gratitude and thanking. They facilitated a rich TCK experience for me and supported me through all the highs and lows.

## **Dedication**

*To my beloved parents and the TCK community*

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### **List of Abbreviations**

AIQ-IV	Aspects of Identity Questionnaire IV
ATCK	Adult Third Culture Kid
BDI-II	Beck Depression Inventory II
CH	Cultural Homelessness
CI	Collective Identity Orientation
PE-EFT	Process-experiential emotion-focused therapy
PI	Personal Identity Orientation
RCT	Relational-Cultural Therapy
RI	Relational Identity Orientation
SI	Social Identity Orientation
TCK	Third Culture Kid

## **Chapter 1: Introduction**

### **1.1 Overview**

Third Culture Kids (TCKs) are individuals who have spent a significant part of their developmental years in a culture other than their parent's culture and thereby they develop a sense of relationship to all of the cultures while not having full ownership in any (Pollock, 1988). Elements from each culture are incorporated into the life experience, but they have a sense of belonging to others of similar experiences (Pollock, 1988). The adult counterparts of third culture kids are called Adult Third Culture Kids (ATCKs). Some of the other terminologies are Global Nomads and Transcultural. Existing research suggests that Third Culture Kids are more likely to experience unresolved grief and identity confusion as a result of them being constantly on the move. TCKs globally present a lack of cultural identification and form a sense of multiculturalism that interrupts their early age development (Keck, 2018).

Research further suggests that repetitively changing environments can lead to cultural confusion, cultural marginality, unstable cognition, sense of loss, rootlessness, alienation, adjustment problems, anger, grief and trouble developing intimate relationships (Wojtecka, 2018). Psychiatric illness was originally believed to be a phenomenon that transcends culture (Mukherji, 1995), thus it is vital to investigate the presence and prevalence of psychiatric illness' amongst TCKs as they exist within multiple cultures namely the host culture and the home culture.

Besides the host and the home culture TCKs have also been identified to build relationships with all the cultures they live in and thereby possess a truly multicultural heritage or a third culture that particularly pertains to them. The result of this experience was the integration of the norms and values from the host country and from



the child's native country into a third culture (Useem & Downie, 1976). Some of the negative factors that are commonly associated with TCKs are sense of loss, including loss of the family members or possessions (Moore, 2011), rootlessness, alienation, and trouble developing intimate and social relations (Harvey, 2009). Furthermore, previous researchers have found adjustment problems, anger and grief to be related to cross-cultural living (Bell-Villada, Sichel, Eidse, & Orr, 2011). All of the above mentioned psychological disturbances amongst such a large population could easily contribute to the presence of depressive symptoms and identity confusion amongst Adult Third Culture Kids.

University life is a life altering decision on its own and ATCKs may not be adequately equipped to deal with these stressors due to their increased mobility, unstable environment, sense of rootlessness, feelings of identity confusion and grief. U.A.E being a truly multicultural country has a vast population of immigrants. Kids of these immigrants attend various universities across the country making it vital to explore the mechanisms they use for identity development and possible depressive symptoms they face due to their perceived sense of rootlessness, cultural ambiguity, adjustment problems and grief.

This occurs when one's mono-cultural sense of identity and core relationships are confronted with a culture that is vastly different from one's own, thereby the individual tries to assimilate and accommodate an understanding of this new culture by using cultural contexts from their culture (Nadeau, 2003). However, this amalgamation of host and home culture; trying to give meaning to both, often results in a sense of confusion and disorientation.

Since it is commonly observed that TCKs move extensively during developmental periods, many young adults may experience increasing pressure to behave in culture typical ways, and those who are unable to do so may experience bouts of depression (Myers, 2001).

Erikson's fifth stage of psychosocial development covering the period of adolescence consists of the search of identity (Erikson, 1968). As a result of trying on various roles and facing the complications at arriving at a stable sense of self many TCKs are left with a sense of blurred self-image and feelings of hopelessness (Useem & Cottrell, 1996). Erikson's sixth psychosocial stage of development namely pertaining to Young Adults comprise of the achievement of intimacy and formation of intimate relationships; forming intimate relationships is another struggle that these adult third culture kids face as they grow up (Harvey, 2009). The lack of stability and constant mobility further restricts these individuals in building long-term relationships and some of these kids may fail to even make an attempt as they see it to be futile. One of the toughest things about being a TCK in a predominantly expat society is the pain of saying goodbye when friends move away, and the struggle of having to make new ones (Hill, 2016).

An article 'UAE's Third Culture Kids Reveal What Heritage Means to Them.' (Hill, 2016) discusses some of the themes that TCKs in the country experience and it gives us an insight into how this global phenomenon is observed in adult third culture kids throughout U.A.E as well. Some of the difficulties expressed in this article by TCKS and ATCKs are the loss of friends, depression, and the inability to build intimate and social relations.

The population of immigrants in U.A.E is estimated to be 8.7 million (UN, 2019). The majority of the population in the United Arab Emirates composes of expatriates whose kids again form a majority and the protective as well as the limiting factors contributing to their mental health are sparsely studied (PsychMed, APA, PsycInfo). Even though a lot of advancements are being made in the country regarding mental health the population of Adult Third Culture Kids are largely left out. This research study aims to contribute to the existing literature as well as to investigate identity orientation and depressive symptoms amongst ATCKs who are currently attending university at United Arab Emirates University. Another crucial reason for selecting an undergraduate population is because adolescence and young adulthood are periods of one's life history during which they experience reverse culture shocks due to which psychological illnesses arise (Keck, 2018). This study can be an important indicator of the gravity of the situation and will highlight the need for appropriate intervention and further studies so as to gravely study the population and all psychological disturbances pertaining to them.

## **1.2 Literature Review**

### **1.2.1 Definition and History of Third Culture Kids and Adult Third Culture Kids**

It all began when Useem and Hill were studying a group of Americans living in India who were working as foreign officers, missionaries, technical aid workers, businessmen, educators, and media representatives. Some of the peculiar observations they made included certain cultural traits among the children that were similar between them. They came to define three separate cultures in the lives of these children, namely known as the "home culture" or first culture, the "host" culture or second culture, and the "interstitial" or third culture (Pollock & Van Reken, 2001). They concluded from

their observations that when these American parents brought their children into a second culture that is very different from the first in terms of language, culture, and geographical location, the children of these families develop their own culture that is different from both the first and second culture. Their identity develops within this third culture, and they tend to form a common bond to others who have done the same thing, even if their third culture is based on two completely first and second cultures from their own. The commonality between the third cultures that these kids relate to is not the culture but their similar situation, which brought them, and their unique set of circumstances that they commonly identify with (Pollock & Van Reken, 2001).

Useem's original definition simply stated that Third Culture Kids (TCK's) were "children who accompanied their parent's into another society" (Useem & Cottrell, 1996). The most widely accepted definition of a TCK was later given by Pollock (1988) who stated that Third Culture Kids (TCKs) are individuals who have spent a significant part of their developmental years in a culture other than their parent's culture and thereby they develop a sense of relationship to all of the cultures while not having full ownership in any. Elements from each culture are incorporated into the life experience, but they have a sense of belonging with others of similar experiences (Pollock, 1988). McCaig (1992) is credited with proposing a new name and definition for the population. She coined the term Global Nomads and defined them as "a person of any age or nationality who has lived a significant part of his or her developmental years in one or more countries outside his or her passport country because of a parent's occupation" (Pollock & Van Reken, 2009). Other common names that are given for this particular population include transculturals or adult third culture kids. Throughout this paper the author will be using the terms Third Culture Kid (TCK) and Adult Third Culture Kid (ATCK).

Presently numerous studies are being conducted all over the world with the Adult Third Culture Kid population, however, Useem (1999), a sociologist from Michigan State University is considered to be the foundational researcher in the field of TCK studies and she coined the term “Third Culture Kid”. Useem, and Cottrell (1996) explored the impact of a third culture upbringing throughout the lifespan and ways in which TCKs used their experiences to make positive contributions as adults. The results of this research found that TCKs were four times more likely than their non-TCK peers to earn bachelor’s degrees and half of those would go on to earn graduate degrees however they weren’t able to relate with their non-TCK peers in their educational paths and patterns of maturity. TCKs were expressing the importance of retaining a connection to their international lives in adulthood. A vast majority of TCKs in this research study claimed that their international background positively influenced their adult lives by providing them with the ability to relate to a wide variety of people, resourcefulness in facing challenges, and feeling at home in many places. On the other hand, most of the participants reported that they did not identify with members of their ethnic group, and for some, a feeling of ‘rootlessness’ and ‘homelessness’ persisted throughout their lifetime. Useem’s study further revealed that TCK’s suffer from prolonged adolescence, with 90 percent feeling out of sync with their age group at settling down, getting married and having kids (Useem & Cottrell, 1996).

One of the most commonly known and celebrated ATCK is considered to be President Barack Obama. He was born in Hawaii to a Kenyan father and a white mother from Kansas, he grew up in the most culturally diverse state in the United States (Honolulu, Hawaii) and spent a part of his childhood in Indonesia, a

predominantly Muslim country. When elected as president, he drew attention from the ATCK community, not only for his worldviews and early international experiences, but also because he appointed a number of cabinet members, who like him, spent a part of their childhood living abroad (Van Reken, 2008). What has been striking about descriptions of President Obama is that they have consistently highlighted two sets of seemingly contradictory characteristics (Axelrod, 2015; Brooks, 2016; Fallows, 2012; Maraniss, 2013). On one hand, he has been praised for his remarkable ability to relate to people of diverse backgrounds and to consider issues from multiple perspectives. Yet, on the other hand, he has also been criticized for his aloofness and emotional detachment. From the previous literature we are able to clearly understand that these paradoxical sets of characteristics have long been considered to be essential traits of ATCKs (Bell-Villada et al., 2011; Pollock & Van Reken, 2009).

### **1.2.2 TCK Characteristics**

Extensive empirical research has been conducted with the TCK population and a lot of it has yielded a deeper understanding of the TCK profile. Although the existing qualitative research is greater in number when compared to the quantitative research, both have collectively enabled to support some of the concepts represented in the TCK profile.

**TCK Privilege.** Research has revealed that TCKs belong to families in which they have a privileged lifestyle in comparison to their peers from their home country and that they earn greater than the average salary that is expected in most of the third-world countries where many TCKs are originally located. Although they come from a family of definite privileges in comparison to their home country; TCKs usually belong to the middle class economy within their host culture and this disparity often

causes confusion and bewilderment on their part (Melles & Schwartz, 2013). Wealth provides access to better education, health and living conditions that Third Culture Kids are given access to. The reverse culture shock that TCKs often endure upon re-entry to their country of origin can also be attributed to the fact that the privileges they once enjoyed at the host culture are no longer present. This can further add on to their emotional turbulence and feelings of anxiety in returning to their home land which is more foreign to them than their host land (Keck, 2018).

High Mobility. One common challenge faced by most TCKs is that they are constantly on the move. Since parents of third culture kids are immigrants who have moved to other countries in search of better prospects they are likely to continue moving in a fast pace to accommodate their needs. Parents usually disregard that their children may not necessarily get accustomed to the constant change of environment. Research supports that constant transitions during childhood require some TCKs to spend a large amount of energy toward adjusting to new environments and this disrupts their ability to develop a stable sense of self (Walters & Auton-Cuff, 2009; Mace, 2017; Jung, 2016; Smith & Kearney, 2016)

Most TCK families are highly mobile and live in communities that are also mobile. With every move, the TCK not only has to adjust to a new physical location, but they often have to learn a new language and relearn the cultural norms of that given location (Pollock and Van Reken, 2001). Even when the families are not constantly moving they are still affected by the constant move other international communities make because the individuals within the community are in constant fluctuation and this comes with a feeling of grief as they are not sure the peers or adult figures in their lives will be around for a long period of time (Walters & Auton-Cuff, 2009). In both

cases, the TCK experiences a sense of loss accompanied by a season of grief at each departure. This in turn leads to the accumulation of unresolved grief, which is often buried until a moment of crisis (Rauwerda, 2012). More frequent repatriation transitions during the TCK's developmental years also increases the difficulty in establishing a secure and stable adult identity thereby causing difficulty with identity development as well (Plamondon, 2011).

**Relationship and Attachment Styles.** Research has consistently indicated that TCKs grow into ATCKs who have poor abilities in building and maintaining relationships. Despite possessing the ability to connect with a large variety of people from varying backgrounds they often struggle in forming intimate relationships and difficulties can arise when faced with the risk involved in committing to long-term relationships (Reyal, 2015; Choi & Luke, 2011; Lijadi, 2014). Studies suggest that TCKs develop unique relationship-building patterns and often experience difficulties with relationship (Reyal, 2015; Choi & Luke, 2011; Lijadi, 2014; Ozcan, 2017). Lijadi (2014) observed that TCKs in their early 20's struggle to build intimacy, companionship, and deep friendships. Their previous experiences of relationships as transient and short-lived due to mobility often produce fear of commitment and hesitancy to get close to others (Lijadi, 2014; Reyal, 2015). TCKs report a self-protective pattern of abandoning relationships, physically distancing, or remaining detached as a way of protecting themselves (Reyal, 2015; Choi & Luke, 2011). This pattern of relationship building can be attributed to their previous losses and grief as a result of constantly losing peers and beloved ones because of either their or the other persons high mobility. Findings also indicate that TCKs have high relational mobility, which is the general degree to which individuals in a society form new relationships



and terminate old ones (Schug et al., 2010). The theory hypothesizes that in cultural environments where one has more freedom to make choices to begin and end relationships, they are more likely to engage in accelerated self-disclosures and share intimate information (Schug et al., 2010). Hence due to this phenomenon TCKs are commonly found to bypass the initial stages of communication in new relationships and rather move quickly to share highly intimate information about them. This can again be explained by their third culture identity. As they are more likely to form and lose new bonds within their multi-cultural settings they, engage in more intimate self-disclosures early in the relationship. This is the pattern of relationship building they grew up with however when building relationships with non-TCK peers they may be taken aback by their fast track approach and misunderstandings may occur (Pollock & Van Reken, 1999; Schug et al., 2010; Ozcan, 2017). TCKs frequently interpret lower degrees of personal sharing in relationships to be a lack of interest in the friendship or a lack of personal depth (Pollock & Van Reken, 1999).

The attachment theory postulated by Bowlby (1988) holds that children initially form strong attachment bonds with their caregivers during the first few years of their lives and the nature of this relationship forms an internal working model that they then use with all relationships throughout their life. Ainsworth and Bell (1970) identified three specific attachment styles found in infants and young children: (a) secure, when the child views the caregiver as a source of comfort to regulate feelings of anxiety or distress; (b) Anxious-Avoidant, when the distressed child does not view the caregiver as a source of comfort to regulate anxiety or distress but withdraws instead; and (c) Anxious-Ambivalent, when the child makes inconsistent or ambivalent use of the caregiver for comfort and becomes distressed by both separation

and contact with the caregiver. The high levels of relational loss experienced by TCKs throughout their lives raise concerns for secure attachment (Schaetti, 2002; Mortimer, 2010). This mainly indicates that even if third culture kids grew up with a healthy secure attachment style the extensive loss of relationships, places, cultures, and homes throughout their lives is likely to injure their trust; 83% of the TCKs reported insecure attachment on the Experiences in Close Relationship Scale (Little, 2015).

Unresolved Grief. TCKs are subjected to tumultuous living conditions, unstable intimate bonds and constant fear of letting go and moving. With letting go and moving on comes grief and the significance with third culture kids are that they are regularly exposed to this pattern of having to let go and move on, hence, they are stuck in this unending process of uncertainty and grief (Keck, 2018). Living in countries where one does not have citizenship constantly brings a temporary reality to every aspect of life. Families or family members will uproot and disappear overnight due to situations such as denied visas, change of assignment, political upheaval, family problems, medical needs, to care for elderly parents, educational needs, or a drop in financial support. The readily visible losses that result from frequent transitions include such things as friends, familiar and beloved places, pets, homes, and belongings (Gilbert & Gilbert, 2011). Disenfranchised grief first proposed by Kenneth Doka (1989), is a kind of complicated grief, which is experienced when someone incurs a loss that is not witnessed (St. Clair, 2013). Grief becomes disenfranchised when someone seeks to tell his or her story of loss to others in an attempt to find acceptance, understanding, and support, but those around them do not acknowledge or recognize the person's right to grieve (Doka, 1989; Corr, 1998; Attig, 2004; St. Clair, 2013). It involves both a misunderstanding and failure to appreciate what the mourners

are experiencing and a destructive interference in the efforts of grieving (Attig, 2004). This further causes the griever not to disclose his or her grief and push it aside, which piles up and in turn becomes unresolved.

Cultural Homelessness (CH). This concept in the Third Culture Kid profile encompasses feelings of a lack of cultural or ethnic group membership, emotional detachment from any cultural group, and a need for a cultural home (Vivero & Jenkins, 1999). Individuals who experience multiple cultural frameworks before age 14 may be at risk for developing cultural homelessness (Navarrete, 1999); hence this definitely includes third culture kids as they coexist within multiple cultures and it is one of their main attributes. CH individuals live in a framework that may include experiences, feelings, and thoughts that do not belong to any specific cultural reference group (Vivero & Jenkins, 1999). CH is associated with both positive and negative aspects of this uniqueness. The positive experiences associated with CH are positive feelings about differences, being multilingual, and self-reported cross-cultural competence. The negative aspects are those associated with not belonging to any group, feeling alone in one's differences, and feeling disoriented by the unlabeled experiences attendant on frequent code switching (Navarrete, 1999). Because CH individuals lack an ethnic enclave or a community with which to identify, they lack a cultural home. They may experience a strong yearning to "go home," but home is no one place (Vivero & Jenkins, 1999). A study examined where TCKs felt most at home, one third to one half of all respondents cited more than one country (Gleason, 1970). Some TCKs report that they are at home everywhere and nowhere (Pollock & Van Reken, 1999; Useem, 1984; Wertsch, 1991), that means they are rootless (Bushong, 1988; Loewen, 1993; Pollock & Van Reken, 1999). In analysis of 530 questionnaires,

Sharp's (1987) found that 27 percent said it is better to be a citizen of the world than of a particular country. Fail (1995) asked respondents to rate their sense of belonging to a country, place, and community, or in terms of a relationship on a Likert scale. She found that people's sense of belonging was three times stronger to relationships than to a particular country (Fail, 1995). This merely suggests that TCKs build their home anywhere and everywhere as their sense of home keeps changing, further, TCKs find home in people who hail from circumstances similar to theirs.

### **1.2.3 TCKs and Identity Development**

Various theories have been formulated on identity formation and development. What is commonly accepted is that identity is the highlight of adolescence during which phase the individuals are concerned with the task of concept formation. During this period, they are also able to engage in abstract thinking which further facilitates the process (Vygotsky, 1980; Chen, 2014). Some researchers theorized that identity development is embedded in one's culture. Vygotsky (1980), in his sociocultural approach to human development, believed that an individual's development could not be understood without firstly understanding their culture of origin. He postulated that mental processes, such as memory, attention and perception have their origin in social interactions. He also argued that children develop their attention and memory through the interaction with their parents or care givers. Another important factor that plays an important role in this process is language. He was of the opinion that that language is acquired and developed through a child's early social interaction with caregivers when the child learns to carry a meaning using first sounds and then symbols. According to Vygotsky the mastery of one's language gave rise to a verbal thought that in turn leads to the development of mental processes, such as attention and memory (Vygotsky

1980; Mahn, 2013). Vygotsky argued that the ability to function mentally stems from one's level of mastery and internalization of social processes early in life (Wertsch & Tulviste, 1992; Mahn, 2013).

Chen had a different take on identity development. According to Chen (2014) cultural identity is associated with one's "identification with, or sense of belonging to a particular group on various cultural categories, including nationality, ethnicity, race, gender, and religion." He believed that people form and maintain their cultural identity by sharing their traditions, norms, and customs. His postulation was that the process of identity formation is "constantly enacted, negotiated, maintained, and challenged" and it depends on the contextual, temporal and spatial factors (Chen, 2014).

With regard to Vygotsky's Socio-cultural approach and Chen's cultural identity an individual's identity is developed within his social interactions and cultural environment. This further indicates that for a TCK, his or her identity formation is either formulated by their home culture or host culture, whichever of the cultures is predominantly practiced and identified with. The problem arises wherein TCKs have no definite culture that they follow and when they are encapsulated within a sense of confusion regarding their culture thereby also leading to cultural homelessness, which, contributes to identity confusion.

Phinney, Romero, Nava and Huang (2001) found that when parents actively promoted the home culture, by, instilling pride of one's ethnicity, discussing ethnic history, talking about the meaning of one's ethnicity, promoting learning about traditions, and practicing cultural traditions, this, had a positive effect on ethnic identity formation and on the ethnic language proficiency. Other factors that may also contribute to the development of the identity of one's origin include social interactions

with individuals of one's ethnic group as well as ethnic language proficiency (Phinney et al., 2001).

In relation to cultural homelessness and self-esteem, Hoersting and Jenkins (2011) found that individuals who experienced cultural homelessness, but who identified themselves with any of the ethnic label or identity, showed a higher self-esteem. Whereas people who claimed to have experienced cultural homelessness and who did not commit to a specific identity showed a lower self-esteem (Hoersting & Jenkins, 2011).

The question of identity confusion in Third Culture Kids is one that has been widely asked and researched. TCKs' experience of living in many cultures results in confusion and may lead to the development of a weakly integrated identity (Vivero & Jenkins, 1999). A Third Culture individual who is exposed to many cultural influences may have difficulty integrating cultural values from all backgrounds at once. This may lead a person to feel that he or she does not belong to any particular culture. The aspects of verbal communication, such as frequently switching from one language to another may also be another factor that contributes to one's sense of confusion (Vivero & Jenkins, 1999). Vivero and Jenkins (1999) found that frequent changes from one language to another maybe problematic and may lead to emotional and social confusion. TCK research has also yielded that these individuals are usually credited with early maturity or delayed adolescence both of which is attributed to their culturally mobile lifestyle; this also plays a role in their identity development (Pollock & Van Reken, 2009). Other factors found to be associated with identity confusion among TCKs were patriotism, politics and values (Wotjecka, 2017). TCKs have a hard time to find a balance in resolving dilemmas between host and home culture and this

can also add to their internal conflict while deeming them to be unpatriotic and arrogant to their citizen friends (Pollock & Van Reken, 2009).

#### **1.2.4 TCKs and Depression**

Depression is a psychological disorder that includes a range of experiences from low mood to suicide. It ranges from mild to severe and each range has its characteristic list of symptoms. Depression is no longer assumed to be a mild psychological disorder that affects the individual but rather is finally coming to be understood as a seriously debilitating disorder that causes acute and chronic distress to the sufferer (Devens, 2005).

The statistics regarding depression are alarmingly high and it has hit the whole planet as an epidemic that needs to be immediately tackled. It is estimated that nearly 121 million people worldwide experience depression each year (World Health Organization, 2004). Depression is the most common complaint of individuals seeking mental health care (Hatherhill, 2003) there is also evidence that depression may be a continuous phenomenon that waxes and wanes (Preskorn, 1999). After one episode of depression, the likelihood of another one is 50%; after two episodes, 70%; and after three episodes, 90% (Lewinsohn, Rohde, Klein & Seeley, 1999). Some of the core characteristics seen among people with depression include depressed mood, feelings of sadness, dejection and excessive and prolonged mourning. Feelings of worthlessness and of having lost the joy of living are also common (Whitfield, 2003).

Although there are no clear statistics regarding the prevalence of depression in the United Arab Emirates, it is well established that depression is not an unknown phenomenon in the region and that there are a lot of individuals suffering from depression in U.A.E. In this region, two of the top three causes of ill health are anxiety

and depression. Figures suggest that as much as 4 per cent of the population could be clinically depressed, while mild depression may be affecting up to 15 percent of the country (Adams, 2016). These numbers cannot be compared with the global prevalence rate as their accuracy is in question. One main reason for this discrepancy can be due to the stigmatization that surrounds mental health care because of which many cases go undiagnosed as some individuals do not come forward fearing harsh judgment from friends, family and colleagues.

Some of the previously mentioned TCK characteristics can be causal factors for the development of depression and grief in this population. Identification with one's culture gives us a sense of belongingness. For third culture kids who do not identify themselves with any one culture and who are highly mobile, this sense of belongingness may be stripped away (Devens, 2005). Psychologists differ in how they view the importance of culture (Arnett, 2000). Caspi (1998) is of the opinion that the cultural settings in which a child grows up in plays a major role in governing their development. Constant moves and the inability to be rooted to one culture often results in a sense of disorientation and confusion. TCKs move back and forth before critical developmental tasks are complete (Pollock & Van Reken, 2009). Their inability to see through a mono-cultural lens and to complete their developmental tasks can all act as factors that cause depressed mood (Devens, 2005).

Separation is another feature that is very common to TCKs. Frequent separations from friends and family establish a sense of mistrust and the inability to engage in secure attachment styles. This inhibits the building of future intimate relationships. Other contributing factors include cultural homelessness, identity development and relationship patterns. All of the above differ for TCKs and non-



TCKs. While non-TCKs have the opportunity to grow up in a stable environment with a sense of cultural belongingness, TCKs are often deprived this experience as they fit and adapt into all cultures without the need to root themselves down to a singular culture. Although this allows them to be highly adaptive, it can also cause a sense of confusion and rootlessness. The same differences are also observed with regard to identity development. While non-TCK peers complete their developmental tasks sequentially TCKs are hindered by delayed adolescence or early maturity (Devens, 2005).

### **1.3 Research Questions, Aims and Hypothesis**

The aim of the present study is to investigate the aspects of identity orientation ATCKs belong to as well as to identify depressive symptoms amongst Adult Third Culture Kids (ATCKs) at United Arab Emirates University. Furthermore, the current study also aimed to explore whether different identity orientations have a positive correlational effect on depressive symptoms in this population.

The following exploratory research questions were investigated:

- Which is the most prevalent identity orientation amongst Adult Third Culture Kids at UAEU?
- Which depressive symptoms are the most prevalent amongst Adult Third Culture Kids at UAEU?
- Do identity orientations predict depressive symptoms amongst Adult Third Culture Kids at UAEU?

This study tested the following hypothesis:

H<sub>1</sub>. There will be a statistically significant correlation between Personal Identity orientation and depression at the 0.05 level of significance.

H<sub>2</sub>. There will be a statistically significant correlation between Relational Identity orientation and depression at the 0.05 level of significance.

H<sub>3</sub>. There will be a statistically significant correlation between Social Identity orientation and depression at the 0.05 level of significance.

H<sub>4</sub>. There will be a statistically significant correlation between Collective Identity orientation and depression at the 0.05 level of significance.

## Chapter 2: Methods

### 2.1 Participants

The present study recruited young Immigrant Undergraduate males and females (N=250) from United Arab Emirates University. A sample of about 250 undergraduates who have spent a major period of their developmental years outside their country of origin were selected from a range of undergraduate classes within the University. Purposive convenience sampling was employed for recruiting candidates. A majority of 73.2% of the respondents were females ( $n=183$ ) whereas the rest of the 26.8% were males ( $n=67$ ). The respondents belonged to 35 different nationalities amongst them a majority of 14% hailed from Jordan ( $n=35$ ). The rest of the participants hailed from other nationalities. Most of the respondents belonged to the age group 21-23 years ( $n=127$ ), however 42% belonged to the age group 18-20 years ( $n=105$ ), 6.4% belonged to the age group 24-26 years ( $n=16$ ) and the least number of respondents ( $n=2$ ) belonged to the age group 27-29 years.

### 2.2 Materials

Each participant in the study was required to fill the following questionnaires:

- a. Demographics. The initial demographic questions administered requested information regarding participants' age, gender, country of previous residence (0-13 years of age), country of current residence, Emirate of residence, languages spoken at home and the program that they are enrolled in. These questions have been formulated to ensure that the participants fit into the Adult Third Culture Kid criterion.
- b. Aspects of Identity Questionnaire- IV (45 items): The items of this questionnaire measure four different aspects of Identity namely: Personal

Identity Orientation, Relational Identity Orientation, Social Identity Orientation and Collective Identity Orientation (Cheek & Briggs, 2013). Participants indicated how each item applies to them using a 5-point Likert scale ranging from 1 (not important to my sense of who I am) to 5 (extremely important to my sense of who I am). The AIQ-IV has demonstrated robust psychometric properties. However psychometric analyses indicated that certain items originally scored in the social identity category (e.g., "Being a part of the many generations of my family") tended to cluster on a third factor representing communal or collective identity, however now it has been expanded. The Cronbachs Alpha reliabilities were 0.90 ( $M=37.97$ ,  $S.D=8.02$ ) for PI, 0.89 ( $M=35.88$ ,  $S.D=7.90$ ) for RI, 0.82 ( $M=21.72$ ,  $S.D=5.71$ ) for SI and 0.79 ( $M=25.10$ ,  $S.D=6.52$ ) for CI respectively.

- c. Beck's Depression Inventory (Beck, Steer & Brown, 1996): It is a 21-item multiple-choice self-report inventory, one of the most widely used psychometric tests for measuring the severity of depression. It is composed of items relating to symptoms of depression such as hopelessness and irritability, cognitions such as guilt or feelings of being punished, as well as physical symptoms such as fatigue, weight loss, and lack of interest in sex. Each item is rated on a scale ranging from 0 (normal) to 3 (most severe). The total score can range between 0 and 63. Adequate content and factorial validity have been demonstrated, and diagnostic discrimination has also been established (Beck, Steer, & Brown, 1996). The Alpha reliability for the total score of this scale was 0.92 ( $M=15.48$ ,  $S.D=11.24$ ).

### 2.3 Procedure

This study received ethical approval from the Social Sciences Research Ethics Committee in the Faculty of Humanities and Social Sciences (Reference number: ERS\_2019\_5879). For the collection of data, participants were initially recruited from the university dormitories for international students. Purposive convenience sampling was employed. Participants were also recruited via in-class announcements in psychology undergraduate classes taught by the student's primary supervisor during the spring semester, 2019. The list of international students attending University at United Arab Emirates University was requested from the administrative department, procurement of this list required a time phase of one month. Prior to procuring the list, international undergraduate students at the dormitories were approached, participants were briefed about the study in-person, its purpose and informed of their rights and the researcher's responsibilities if they elected to participate (i.e. confidentiality, right to withdraw consent and discontinue, data safe-keeping). Those who agreed to participate were provided with the set of questionnaires including the informed consent, demographic form, BDI-II and the AIQ-IV. After the procurement of the list of international students, an email requesting their participation was sent out. This email also directed them to a website link of an online survey administered via 'Survey Monkey'. Participants first completed an informed consent form that was displayed on the screen. Clicking the 'Agree' button on the screen was taken as the provision of informed consent. The researchers contact details were provided to all the participants for further queries. The queries that came forth from the student participants were then resolved in detail.

## **2.4 Data Analysis**

In order to analyze the results, all data was entered into the IBM SPSS Statistics and a number of analyses were conducted. Descriptive statistics was used to describe the sample profile of the study. Frequencies were obtained to indicate the prevalence of depression, depressive symptoms and Identity Orientations within the sample. A stepwise Multiple Regression Analysis was conducted to understand the predictive ability of the Independent variables PI, RI, SI and CI on the Dependent Variable depression.

## Chapter 3: Results

The current study sought to investigate the prevalent identity orientations and depressive symptoms amongst Adult Third Culture Kids (ATCKs) at United Arab Emirates University. Furthermore, the current study also aimed to explore whether belonging to any particular identity orientation predicts depression. The following chapter reports results of analyses designed to test the research questions presented in Chapter 1.

### 3.1 Profile and Statistics of Respondents

The majority of the respondents were females ( $n=183$ ) whereas the rest of the sample were males ( $n=67$ ). This huge gender variation with regard to the respondents can be explained by the fact that the female population at UAEU is overwhelmingly greater than the male population. Majority of the respondents belonged to the age group 21-23 years ( $n=127$ ), about 42% belonged to the age group 18-20 years ( $n=105$ ), 6.4% belonged to the age group 24-26 years ( $n=16$ ) and the least number of respondents ( $n=2$ ) belonged to the age group 27-29 years.

The nationality of the respondents is a very important variable to ensure that they fit into the ATCK sample accurately. The respondents in this particular study were highly variant and diverse. The respondents totally belonged to 35 different nationalities amongst them the majority of the sample hailed from Jordan ( $n=35$ ), 8.8% of the sample hailed from both Palestine ( $n=22$ ) and Egypt ( $n=22$ ). 7.2% of the respondents hailed from Morocco ( $n=18$ ), 6.4% hailed from both Syria ( $n=16$ ) and Oman ( $n=16$ ). A sample of 6% hailed from Yemen ( $n=15$ ) and 4.8% from Eritrea ( $n=12$ ). About 4% of the sample hailed from both Somalia ( $n=10$ ) and Sudan ( $n=10$ ).

The rest of the participants hailed from other nationalities. See appendix D for a pie chart representation of gender, age and nationality.

The participants also had to report which country they were residing in during their developmental years (0-13 years of age). A percentage of 93.2 ( $n=233$ ) of the participants reported that they resided in U.A.E. during their developmental years, 4% ( $n=10$ ) of the participants resided in Saudi Arabia during their developmental years, 1.2% ( $n=3$ ) reported that they resided in U.S.A during their developmental years.

About 0.4% of the sample reported that they previously resided in Iran ( $n=1$ ), Uzbekistan ( $n=1$ ), Papua New Guinea ( $n=1$ ) and U.K ( $n=1$ ) during their developmental years. All of the respondents ( $n=250$ ) further reported that they are all currently residing in the United Arab Emirates. See appendix D for a pie chart representation of country of previous residence.

Since the data was collected from undergraduate students in different colleges of the University the respondents belonged to various Colleges. About 31.6% were from the College of Science ( $n=79$ ), 22.8% of the respondents were from the College of Humanities ( $n=57$ ), 16% were from the College of Engineering ( $n=40$ ) and 14.4% were from the College of Business and Economics. The rest of the respondents were attending different colleges in the University. (See appendix D for graphical representation of colleges).



Prevalence of Depression, Depressive Symptoms and frequencies of the different aspects of identity amongst the Respondents:

For the purpose of obtaining the frequencies and prevalence of Depression and Depressive symptoms amongst ATCKs the Beck Depression Inventory II was used. The following scoring criteria was used for the BDI-II: 0-10= normal, 11-16= mild mood disturbance, 17-20= borderline clinical depression, 21-30= moderate depression, 31-40= severe depression and, 40 and above= extreme depression. It is warranted to seek treatment for a persistent score of 17 and above. With consideration to the former scoring criteria the following frequencies were obtained.

About 64% of the total respondents reported mild mood disturbance to extreme depression. Only 36% ( $n=90$ ) reported normal mood functioning with ups and downs that are considered normal. A percentage of 23.6% ( $n=59$ ) of the sample reported mild mood disturbance, 15.6% ( $n=39$ ) reported borderline clinical depression, 10.8% ( $n=27$ ) reported moderate depression, 12% ( $n=30$ ) reported severe depression and 2% ( $n=5$ ) reported extreme depression (Table 1).

Table 1: Frequency and percentages of scores from the Beck Depression Inventory II

Rating	Beck Depression Inventory	
	Frequency	%
Normal	90	36%
Mild mood disturbance	59	23.6%
Borderline Clinical Depression	39	15.6%
Moderate Depression	27	10.8%
Severe Depression	30	12%
Extreme Depression	5	2%

As shown in Table 2, the frequencies of the depressive symptoms namely: Sadness, Pessimism, Past Failure, Loss of Pleasure, Guilty Feelings, Punishment Feelings, Self-Dislike, Self-Criticalness, Suicidal Thoughts or Wishes, Crying, Agitation, Loss of Interest, Indecisiveness, Worthlessness, Loss of Energy, Changes in Sleeping Pattern, Changes in Appetite, Concentration Difficulty, Tiredness or Fatigue and Loss of Interest in Sex are mentioned below.

Table 2: Frequency and percentages of depressive symptoms on the Beck Depression Inventory II

Symptoms	Rating 0 Percentage	Rating 1 Percentage	Rating 2 Percentage	Rating 3 Percentage
Sadness	49.6%	44.8%	2.4%	3.2%
Pessimism	52%	37.2%	7.2%	3.6%
Past Failure	60.4%	22.8%	13.6%	3.2%
Loss of Pleasure	57.6%	33.2%	5.6%	3.6%
Guilty Feelings	34.8%	48.8%	10.8%	5.6%
Punishment Feelings	55.2%	28.8%	7.2%	8.8%
Self-Dislike	56.8%	25.2%	10.8%	7.2%
Self-Criticalness	45.6%	30%	17.6%	6.8%
Suicidal Thoughts or Wishes	81.2%	14.4%	2%	2.4%
Crying	51.2%	23.2%	11.6%	13.6%
Agitation	48.8%	34%	8.4%	8.8%
Loss of Interest	38%	38%	15.2%	8.4%
Indecisiveness	47.2%	35.6%	7.2%	10%
Worthlessness	62.4%	20%	10.8%	6.8%
Loss of Energy	30.4%	46.8%	14.4%	8.4%
Changes in Sleeping Pattern	24%	42.4%	21.25%	12.4%
Irritability	54%	34%	8.4%	3.6%
Changes in Appetite	44.8%	37.2%	10.8%	7.2%
Concentration Difficulty	39.2%	34.8%	22.4%	3.6%
Tiredness or Fatigue	37.6%	40%	14.8%	7.6%
Loss of Interest in Sex	80.8%	10.8%	4.0%	4.4%

Figure 1 illustrates the percentages of respondents who have reported above normal ratings for depressive symptoms. Guilty Feelings (48.8%), Changes in Sleep Pattern (42.4%) and Tiredness or Fatigue (40%) were the only depressive symptoms that had above normal ratings. About 38% of respondents reported feeling less interested in other people or things, which was the same as the percentage of respondents who reported that they have not lost interest in other people or things (38%).

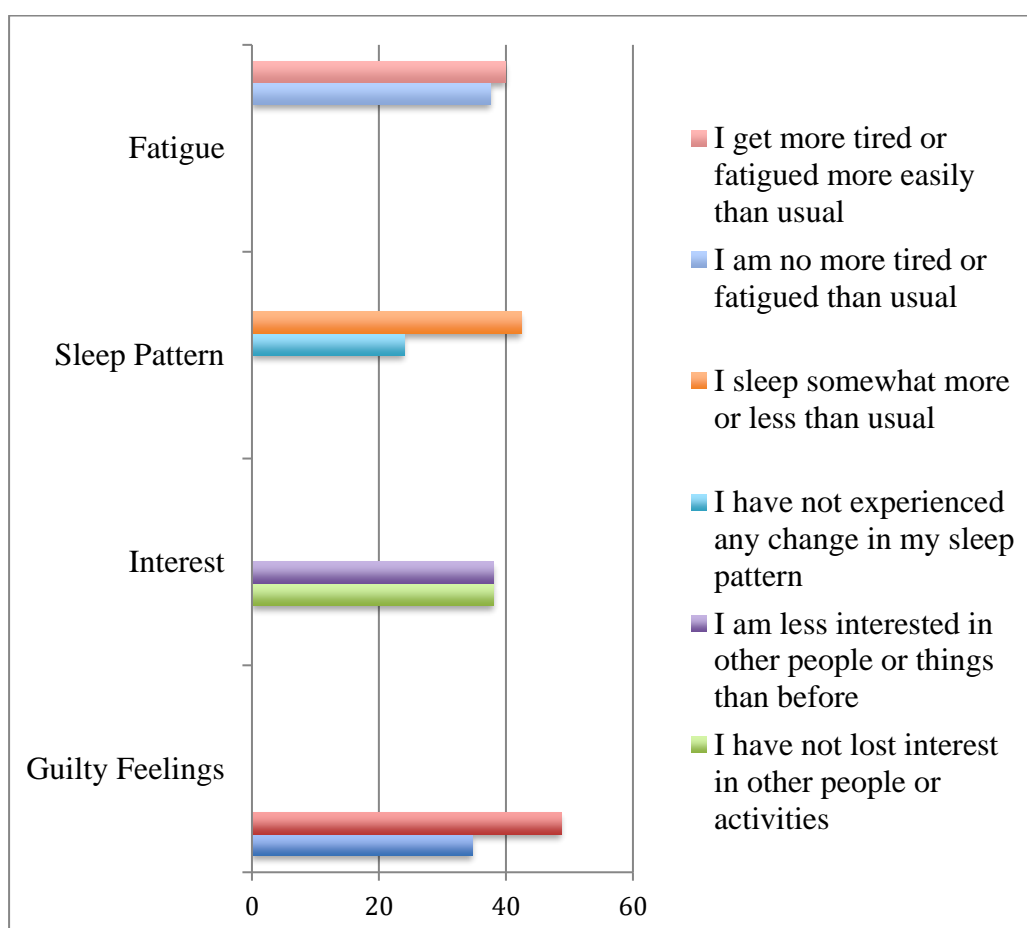


Figure 1: Percentage of respondents at two different levels of depression

The AIQ-IV consists of four Identity Orientations respondents identify with, namely: Personal, Relational, Social and Collective Identity Orientations. About 4.8% ( $n=12$ ), 5.6% ( $n=14$ ), 17.6% ( $n=44$ ) and 12.0% ( $n=30$ ) of the participants reported that

their PI, RI, SI and CI were not important to their sense of who they are, respectively. About 35.6% ( $n=89$ ), 49.6% ( $n=124$ ), 55.6% ( $n=139$ ) and 64.8% ( $n=162$ ) of the participants reported that their PI, RI, SI and CI were somewhat important to their sense of who they are, respectively. About 59.6% ( $n=149$ ), 44.8% ( $n=112$ ), 26.8% ( $n=67$ ) and 23.2% ( $n=58$ ) reported that their PI, RI, SI and CI were extremely important to their sense of who they are, respectively (Table 3).

Table 3: Frequency and percentages of the Identity Orientations on the AIQ-IV

Identity Orientations	Frequency	%
<b>Personal Identity Orientation PI</b>		
Not important to my sense of who I am	12	4.8%
Somewhat important to my sense of who I am	89	35.6%
Extremely important to my sense of who I am	149	59.6%
<b>Relational Identity Orientation RI</b>		
Not important to my sense of who I am	14	5.6%
Somewhat important to my sense of who I am	124	49.6%
Extremely important to my sense of who I am	112	44.8%
<b>Social Identity Orientation SI</b>		
Not important to my sense of who I am	44	17.6%
Somewhat important to my sense of who I am	139	55.6%
Extremely important to my sense of who I am	67	26.8%
<b>Collective Identity Orientation CI</b>		
Not important to my sense of who I am	30	12.0%
Somewhat important to my sense of who I am	162	64.8%
Extremely important to my sense of who I am	58	23.2%

Figure 2 illustrates the percentages of respondents within each identity orientation. About 59.6% of the respondents reported that their personal identity orientation is extremely important to their sense of who they are, 44.8% reported that their relational identity orientation is extremely important to their sense of who they are, 26.8% of the respondents reported that their social identity orientation is extremely important to their sense of who they are and 23.2% of the respondents reported that their collective identity orientation is extremely important to their sense of who they are. The frequencies of the Personal and Relational Identities as being extremely important are greater than the frequencies for the Social and Collective Identities.

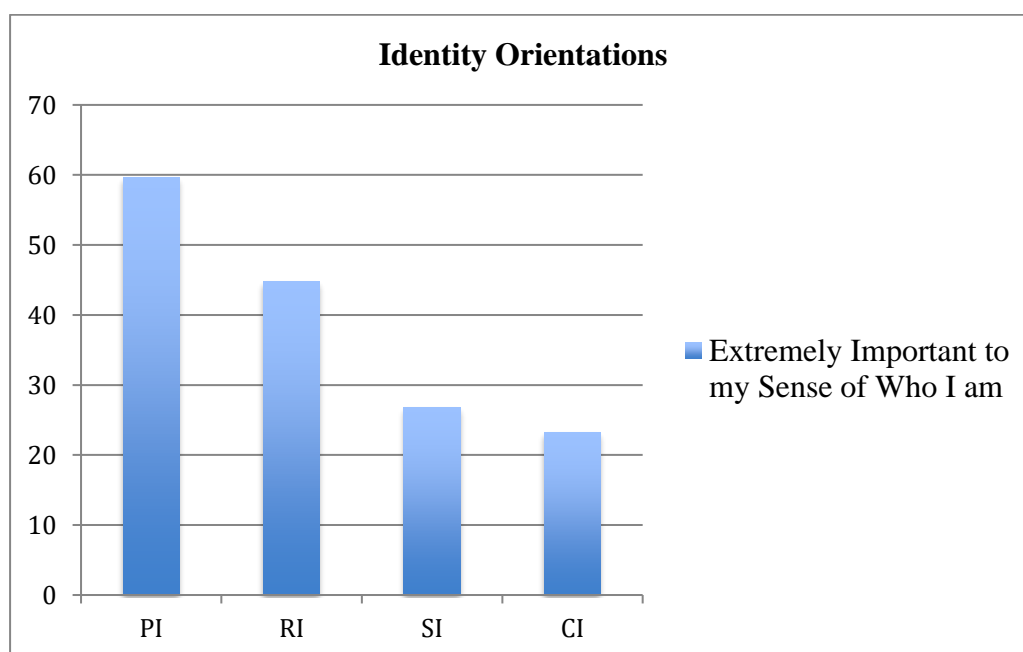


Figure 2: Percentage of respondents at different identity orientations

### 3.2 Multiple Regression Analysis

A stepwise Multiple Regression Analysis was conducted to understand the predictive ability of the Independent variables PI, RI, SI and CI on the Dependent

Variable depression. It was also used to rank the set of predictors according to their importance.

Data presented in Table 4 presents the correlations between Personal Identity ( $r=0.075$ ), Relational Identity ( $r=0.055$ ), Social Identity ( $r=0.152$ ), Collective Identity ( $r=0.040$ ) Orientations and depression. The correlation between Social Identity Orientation and depression is strong and significant. The correlations between the different identity orientations PI, RI, SI and CI are all significant.

Table 4: Correlations between study variable

		BDI-II Total	PI Total	RI Total	SI Total	CI Total
Pearson Correlation	BDI-II Total	-	0.075	0.055	**0.152	0.040
	PI Total	0.075	-	**0.701	**0.514	**0.508
	RI Total	0.055	**0.701	-	**0.584	**0.609
	SI Total	**0.152	**0.514	**0.584	-	**0.614
	CI Total	0.040	**0.508	**0.609	**0.614	-
Sig. (1 tailed)	BDI-II Total	-	0.12	0.19	0.008	0.27
	PI Total	0.12	-	0.00	0.00	0.00
	RI Total	0.19	0.00	-	0.00	0.00
	SI Total	0.008	0.00	0.00	-	0.00
	CI Total	0.27	0.00	0.00	0.00	-

Note: BDI-II Total is the dependent variable. PI, RI, SI and CI are predictors  
 \*\*Correlation is significant at the 0.05 level

Data presented in Table 5 contains the values of  $R$  and  $R$  Square, these values indicate that there is a correlation of 0.152 between the predictor Social Identity and depression. The predictor SI accounts for 2.3% of variance of the dependent variable.

Table 5: Model summary

Model	R	R Square
1	0.152 <sup>a</sup>	0.023

a. Predictors: SI total

Data from Table 6 indicates that we can derive the significance level, which is 0.016, ( $0.016 < 0.05$ ). Therefore, the model has a statistically significant predictive ability. The results suggest that the predictor (SI) entered in the last model produce significant outcomes; hence social identity can be considered as significant predictor of depression.

Table 6: Summary of analysis of variance

ANOVA

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	726.470	1	726.470	7.401	.016 <sup>a</sup>
Residual	30881.246	248	124.521		
Total	31607.716	249			

a. Predictor: SI total

Data from Table 7 implies that the predictor Social Identity Orientation has a value  $T = 2.42$ , which is statistically significant at 0.01 level, thereby indicating that Social Identity Orientation is positively correlated with depression, which, therefore indicates that having a Social Identity predicts depression amongst ATCK's at United Arab Emirates University. SI has a Standardized Coefficient Betas = 0.152.

The regression equation extracted from Table 7 is as follows:

Depression = 9.06+ 0.30 (Social Identity).

Table 7: Coefficients of the predictors and the independent variable

Model		Unstandardized B	Standardized Coefficient Beta	T	Sig.
1	(Constant)	9.06		3.26	0.01
	SI Total	0.30	0.152	2.42	0.016



## Chapter 4: Discussion

The aim of this exploratory study was to study the most prevalent identity orientation and depressive symptoms amongst the Adult Third Culture Kids at United Arab Emirates University. There have been no previous studies that investigated these variables within this sample at U.A.E. However the majority of the U.A.E.'s population consists of immigrants and their kids who are attending Universities all over the Emirates. Literature suggests that depression and anxiety are on the rise within the country hence it was deemed necessary to carry out a study of this nature (Adams, 2016). This study will further help Mental Health Professionals all over the country understand the definition of an Adult Third Culture Kid and what are the psychological disturbances they are faced with. In the literature it was consistently mentioned that TCKs firmly believed that others do not understand their peculiar circumstances and troubles hence they do not seek help (Doka, 1989; Corr, 1998; Attig, 2004; St. Clair, 2013).

With regard to the prevalence of depression and depressive symptoms, the findings of the current study indicate that the majority of the (64%) respondents reported mild mood disturbance to extreme depression. Only 36% reported normal mood functioning with ups and downs that are considered normal. This was consistent with previous literature that had identified unresolved grief (Keck, 2018) and depression (Devens, 2005) in the ATCK and TCK population respectively. Some of reasons and causes for depression amongst the TCK population that was mentioned in previous literature included frequent separation from family members, identity confusion, and homelessness. Literature also discussed how all of these distressing factors contributed to unresolved grief. The accumulation of this grief is another reason

for depression. With regard to the sample of ATCKs at UAEU some of the above mentioned causes could contribute to depression (separation, identity confusion, homelessness and unresolved grief) but it cannot be completely attributed to the former. The Majority of the sample hail from Eastern societies and therefore they have different cultural experiences when compared to the western societies. These cultural experiences and differences need to be explored before determining the cause for depression.

The current study also identified the most prevalent depressive symptoms amongst this sample so that they can be tackled in future treatment approaches. Respondents reported above normal ratings for the depressive symptoms, namely, Guilty Feelings, Changes in Sleep Pattern and Tiredness or Fatigue respectively. The percentage of respondents who reported a Loss of Interest (38%) was equivalent to the percentage of respondents who did not report a Loss of Interest. About 48.8% of the respondents reported feelings of guilt, while 38% of respondents reported feeling less interested in other people or things. Further 42.4% of the respondents reported sleeping less or more than usual and 40% of the respondents reported feeling fatigued more easily than usual. Previous studies have not specifically mentioned the prevalent depressive symptoms but rather explained the prevalence of grief and depression (Devens, 2005; Keck, 2018). The present research study differs with regard to identifying not only the prevalence of depression but also the most prevalent depressive symptoms. However, the above average ratings with these symptoms could be a result of high stress due to academic load and burnout in this sample, further investigation will help us understand why these particular groups of symptoms were above average when others were not. These frequencies answered the second Research Question about the prevalent depressive symptoms (Guilty Feelings, Changes in Sleep

Pattern and Fatigue). The fact that the sample consisted of Undergraduate students whose semester examinations were approaching might be a factor in the high ratings of the symptom changes in sleep pattern and tiredness or fatigue. Future studies can explore the possibility of the influence of academic stress and overload on depression.

Another variable whose prevalence was studied within this research was the Identity Orientations. ATCKs struggle with Identity Development due to their multicultural upbringing. They usually identify with various cultures, countries and languages and thereby do not root themselves to any particular culture (Vivero & Jenkins, 1999). The current study identified Personal Identity and Relational Identity Orientations as most extremely important for the sample, and their Social and Collective Identity as least extremely important. This is consistent with the previous literature which stated that ATCKs do not identify to any one particular culture, they experience cultural homelessness and their sense of home is with their family members, friends and people of similar situations, namely other ATCKs (Vivero & Jenkins, 1999; Pollock & Van Reken, 1999). Literature also mentions that ATCKs are usually highly educated, career oriented and place more importance on themselves rather than the collective community (Fail, 1995). Hence the results in this research are congruent with the previous findings and, thereby, emphasize the importance of the personal and relational identity orientations in comparison to the importance of the social and collective orientations.

The hypotheses of this study were that there will be a statistically significant correlation between the different Identity Orientations and depression at the 0.05 level of significance. Findings of the current study suggest that Social Identity Orientation was identified to have a positive correlational effect on depression, this may imply that

an increase in Social Identity accounts for an increase in depression or vice versa. People who have a greater belongingness to a Social Identity Orientation cater to the needs and demands of the society. They are likely to behave according to the whims of the society. They need to always appear, behave and act according to societal demands and this can be mentally exhausting which could be the cause for the positive relationship between Social Identity and depression. With regard to Vygotsky's Socio-cultural approach (1980) and Chen's cultural identity (2014) an individual's identity is developed within his social interactions and cultural environment, thereby, the results obtained in this study signify the importance of socio-cultural interactions in relation to depression and depressive symptoms. The presence of an over indulgent social identity has been identified as a predictor of depression in this sample.

#### **4.1 Limitations of the research**

The limitations of this study could provide suggestions for further studies. The present study was not able to study all of the TCK characteristics that were mentioned in the literature due to time constraints. Some of the TCK characteristics that could be studied in future studies include; unresolved grief, relationship styles as well, adjustment skills and multicultural identity.

The data was collected through mixed methods consisting of paper pencil administration as well as through an online survey. The use of the online survey might have led to some inconsistencies if the participants had not answered the questions accurately and also because they had incomplete responses due to which a much of data had to be withdrawn. Future studies can focus on collecting data through interviews, which will ensure more accurate responses.

Most of the previous studies conducted in this particular population used a qualitative study format and some of the limitations these studies mentioned were the inability to produce quantifiable data. The present study used a quantitative study format; however, it was observed that using a mixed methods approach of both quantitative and qualitative methods would be ideal in acquiring meaningful data and reproducing quantifiable values that can be measured.

It was noticed that during the initial data collection participants had mentioned and showed disapproval towards the Loss of Interest in Sex group of statements in the BDI-II Scale. Making sure that the Instruments used are culturally appropriate with the majority population, which, in this case is the Arab population, is crucial to ensure that the data collected is meaningful.

#### **4.2 Treatment Modalities**

Studies relating to the TCK and the ATCK population all understand the need for developing appropriate therapeutic approaches for this particular population as they are often misunderstood as suffering from minor mood fluctuations rather than undergoing unresolved grief, depression, anxiety, so on so forth. As of 1999, the number of TCKs worldwide was estimated at four million (Eakin, 1999) and TCKs are increasing due to ever-expanding globalization. Globalization through technology, media and foreign trade indicates that the younger populations are no longer just exposed to their home culture but in fact are exposed to all cultures worldwide. Despite their growing numbers TCKs have received little attention in the scholarly literature, particularly in the field of psychology (Mortimer 2010).

Researchers have found that the TCKs experience symptoms of depression (Schubert & Powell, 1987). This calls for immediate intervention and mere counseling

might not be sufficient to tackle the disturbances of all Third Culture Kids. One study reported the inefficiency of counseling for ATCK issues; out of the 42% of ATCKs who had sought counseling, 46% reported a negative experience because the counselor did not understand TCK issues (Mortimer, 2010).

Some of the therapeutic approaches that have been proven to be impactful include Relational-Cultural Therapy and Process-Experiential emotion-focused Therapy. Relational-cultural therapy (RCT) is built on the assumption that meaningful, mutually impactful connection with others leads to the development of a healthy “felt sense of self” (Jordan, 1997). RCT can have beneficial effects for the population of TCKs through the process of meaningful interactions with parents, educators, friends and family about the TCK profile. It can pave the way for the immigrant parent and TCK child to foster mutual empathy, mutual connection and authenticity. The RCT framework is based on the theoretical assumption that growth-fostering relationships enhance the energy, action, clarity and sense of worth of the individual. This can be beneficial to the ATCK population within this particular study to overcome their guilty feelings and loss of interest.

Process-experiential emotion-focused therapy (PE-EFT) is an empirically supported therapeutic approach that integrates empathy-based relating and active experiential techniques guided by current models of attachment and social affective neuroscience (Elliott & Greenberg, 2007). This therapy develops emotional intelligence and offers restructuring. The TCK and ATCK profile repetitively mention that they are stuck in a limbo of unresolved grief, which accumulates over time and presents as bouts of depression (Myers, 2001). Developing emotional intelligence and restructuring cognitions can help ATCKs give meaning to their despair and acquire a

sense of belongingness. The Process-experiential emotion-focused therapy can be recommended for the ATCK sample in this study so as to develop a better understanding of their identity orientations. Literature regarding these therapeutic approaches is sparse but these approaches are currently some of the promising approaches towards dealing with the ATCK disturbances.

## **Chapter 5: Conclusion**

From the present study we are able to conclude that; about 64% the ATCK sample at UAEU reported mild mood disturbance to extreme depression. The depressive symptoms guilty feelings, changes in sleep pattern and tiredness or fatigue are the most prevalent depressive symptoms within this sample. Participants further rated Personal and Relational Identity orientations more extremely important to them over Social and Collective Identity orientations. Findings also showed that SI positively correlated with depression. The sample in this study predominantly consisted of Eastern societies. These societies place a lot of importance on the societal and cultural norms leading to unwarranted pressure on the individuals of the society.

### **5.1 Future Studies and Implications**

Previous literature has repetitively mentioned how ATCK issues not only lead to short-term troubles but, often lead to long-term psychological disturbances. The inability to trust anyone with their troubles, because of past experiences, and therapist's failure to understand their issues further hinder them from seeking help. Moreover, in the U.A.E culture where mental health is hugely stigmatized and where we do not have the actual numbers regarding the prevalence of psychological disorders, we are at a drawback that needs to be dealt with immediately. These limitations have to be overcome if we have to ensure the healthy functioning of the immigrant population.

Employers, Teachers, peers and family members need to be educated on the ATCK profile as people are still unaware of how grave the situation is and how it not only impacts the ATCK in the present but also disturbs his or her future relations, working ability and feelings of belongingness. Treatment approaches have to be



practiced within the country and its efficacy needs to be studied so that better approaches can be formulated if the current western approaches prove to be futile.

Making an active effort to understand the ATCK while not disregarding his or her grief as mere sadness is the first step family members and friends can take. Since literature has also pointed out that ATCKs best identify with other ATCKs support groups could be a great mode of treatment that future studies can investigate and report findings for.

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## Appendix A

### Demographic Form

Instructions: Read the items below and indicate the answer that best describes you or fill in the blank with an appropriate response where applicable.

1. Gender:
  - a. Male
  - b. Female
2. How old are you?
  - a. 18-20 years
  - b. 21-23 years
  - c. 24-26 years
  - d. 27-29 years
  - e. 30+ years
3. Nationality: \_\_\_\_\_
4. Country of previous residence (Throughout childhood, 0-13 years):  
\_\_\_\_\_
5. Country of current residence: \_\_\_\_\_
6. Emirate of residence: \_\_\_\_\_
7. What languages are spoken at home: \_\_\_\_\_
8. College: \_\_\_\_\_
9. Major: \_\_\_\_\_

## Appendix B

### Beck Depression Inventory- II

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.		Sadness
	0	I do not feel sad
	1	I feel sad much of the time
	2	I am sad all the time
	3	I am so sad and unhappy that I can't stand it
2.		Pessimism
	0	I am not discouraged about the future
	1	I feel more discouraged about the future than I used to be
	2	I do not expect things to work out for me
	3	I feel my future is hopeless and will only get worse
3.		Past Failure
	0	I do not feel like a failure
	1	I have failed more than I should have
	2	As I look back, I can see a lot of failures
	3	I feel I am a total failure as a person
4.		Loss of Pleasure
	0	I get as much pleasure as I ever did from the things I enjoy

	1	I don't enjoy things as much as I used to
	2	I get very little pleasure from the things I used to enjoy
	3	I can't get any pleasure from the things I used to enjoy
5.		Guilty Feelings
	0	I don't feel particularly guilty
	1	I feel guilty over many things I have done or should have done
	2	I feel quite guilty most of the time
	3	I feel guilty all of the time
6.		Punishment Feelings
	0	I don't feel I am being punished
	1	I feel I may be punished
	2	I expect to be punished
	3	I feel I am being punished
7.		Self-Dislike
	0	I feel the same about myself as ever
	1	I have lost confidence in myself
	2	I am disappointed in myself
	3	I dislike myself
8.		Self-Criticalness
	0	I don't criticize or blame myself more than usual
	1	I am more critical of myself than I used to be
	2	I criticize myself for all of my faults

	3	I blame myself for everything bad that happens
9.		Suicidal Thoughts or Wishes
	0	I don't have any thoughts of killing myself
	1	I have thoughts of killing myself, but I would not carry them out
	2	I would like to kill myself
	3	I would kill myself if I had the chance
10.		Crying
	0	I don't cry any more than usual
	1	I cry more than I used to
	2	I cry over every little thing
	3	I feel like crying, but I can't
11.		Agitation
	0	I am no more restless or wound up than usual
	1	I feel more restless or wound up than usual
	2	I am so restless or agitated that it's hard to stay still
	3	I am so restless or agitated that I have to keep moving or doing something
12.		Loss of Interest
	0	I have not lost interest in other people or activities
	1	I am less interested in other people or things than before
	2	I have lost most of my interest in other people or things
	3	It's hard to get interested in anything

13.		Indecisiveness
	0	I make decisions as well as ever
	1	I find it more difficult to make decisions than usual
	2	I have much greater difficulty in making decisions than I used to
	3	I have trouble making any decisions
14.		Worthlessness
	0	I do not feel I am worthless
	1	I don't consider myself as worthwhile and useful as I used to
	2	I feel more worthless as compared to other people
	3	I feel utterly worthless
15.		Loss of Energy
	0	I have as much energy as ever
	1	I have less energy than I used to have
	2	I don't have energy to do very much
	3	I don't have energy to do anything
16.		Changes in Sleeping Pattern
	0	I have not experienced any change in my sleep pattern
	1a	I sleep somewhat more than usual
	1b	I sleep somewhat less than usual
	2a	I sleep a lot more than usual
	2b	I sleep a lot less than usual
	3a	I sleep most of the day



	3b	I wake up 1-2 hours early and can't get back to sleep
17.		Irritability
	0	I am no more irritable than usual
	1	I am more irritable than usual
	2	I am much more irritable than usual
	3	I am irritable all the time
18.	0	Changes in Appetite
	0	I have not experienced any changes in my appetite
	1a	My appetite is somewhat less than usual
	1b	My appetite is somewhat greater than usual
	2a	My appetite is much less than before
	2b	My appetite is much greater than usual
	3a	I have no appetite at all
	3b	I crave food all the time
19.		Concentration Difficulty
	0	I can concentrate as well as ever
	1	I can't concentrate as well as usual
	2	It's hard to keep my mind on anything for very long
	3	I find I can't concentrate on anything
20.		Tiredness or Fatigue
	0	I am no more tired or fatigued than usual
	1	I get more tired or fatigued more easily than usual

	2	I am too tired or fatigued to do a lot of the things I used to do
	3	I am too tired or fatigued to do most of the things I used to do
21.		Loss of Interest in Sex
	0	I have not noticed any recent change in my interest in sex
	1	I am less interested in sex than I used to be
	2	I have almost no interest in sex
	3	I have lost interest in sex completely

## Appendix C

### Aspects of Identity Questionnaire-IV

#### AIQ - IV

**INSTRUCTIONS:** These items describe different aspects of identity. Please read each item carefully and consider how it applies to you. Fill in the blank next to each item by choosing a number from the scale below:

1 = Not important to my sense of who I am

2 = Slightly important to my sense of who I am

3 = Somewhat important to my sense of who I am

4 = Very important to my sense of who I am

5 = Extremely important to my sense of who I am

1. The things I own, my possessions
2. My personal values and moral standards
3. My popularity with other people
4. Being a part of the many generations of my family
5. My dreams and imagination
6. The ways in which other people react to what I say and do
7. My race or ethnic background
8. My personal goals and hopes for the future
9. My physical appearance: my height, my weight, and the shape of my body
10. My religion
11. My emotions and feelings
12. My reputation, what others think of me

13. Places where I live or where I was raised
14. My thoughts and ideas
15. My attractiveness to other people
16. My age, belonging to my age group or being part of my generation
17. My gestures and mannerisms, the impression I make on others
18. The ways I deal with my fears and anxieties
19. My sex, being a male or a female
20. My social behavior, such as the way I act when meeting people
21. My feeling of being a unique person, being distinct from others
22. My relationships with the people I feel close to
23. My social class, the economic group I belong to whether lower, middle, or upper class
24. My feeling of belonging to my community
25. . Knowing that I continue to be essentially the same inside even though life involves many external changes
26. Being a good friend to those I really care about
27. My self-knowledge, my ideas about what kind of person I really am
28. My commitment to being a concerned relationship partner
29. My feeling of pride in my country, being proud to be a citizen
30. My physical abilities, being coordinated and good at athletic activities
31. Sharing significant experiences with my close friends
32. My personal self-evaluation, the private opinion I have of myself
33. Being a sports fan, identifying with a sports team
34. Having mutually satisfying personal relationships
35. Connecting on an intimate level with another person

36. My occupational choice and career plans
37. Developing caring relationships with others
38. My commitments on political issues or my political activities
39. My desire to understand the true thoughts and feelings of my best friend or romantic partner
40. My academic ability and performance, such as the grades I earn and comments I get from teachers
41. Having close bonds with other people
42. My language, such as my regional accent or dialect or a second language that I know
43. My feeling of connectedness with those I am close to
44. My role of being a student in college
45. My sexual orientation, whether heterosexual, homosexual, or bisexual

### Appendix D

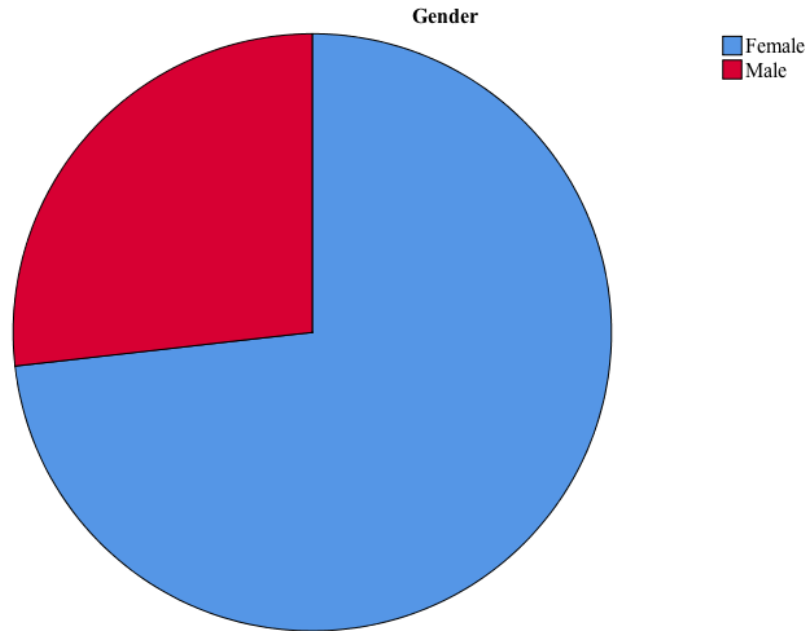


Figure 3: Gender of the participants

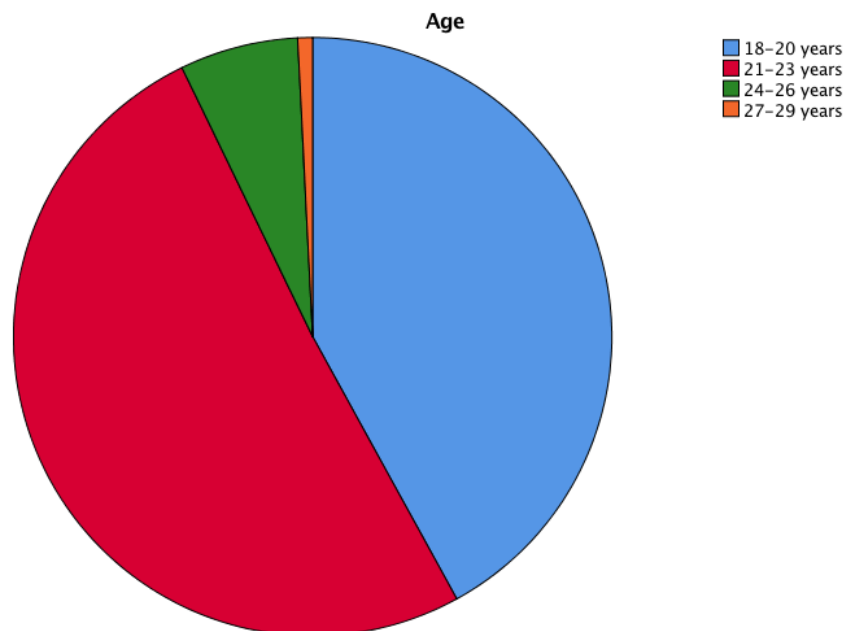


Figure 4: Age of the participants

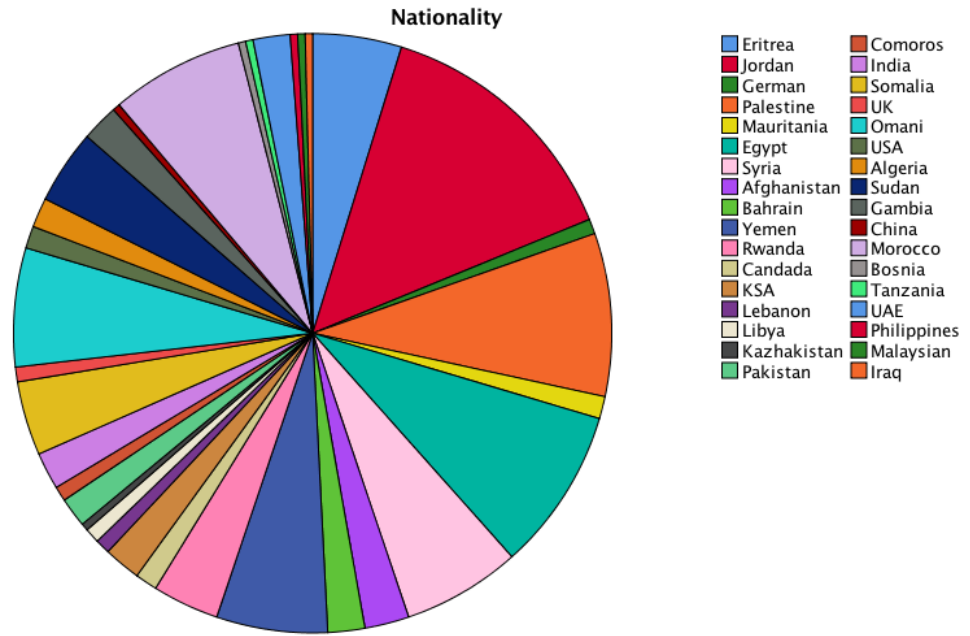


Figure 5: Nationalities of the participants

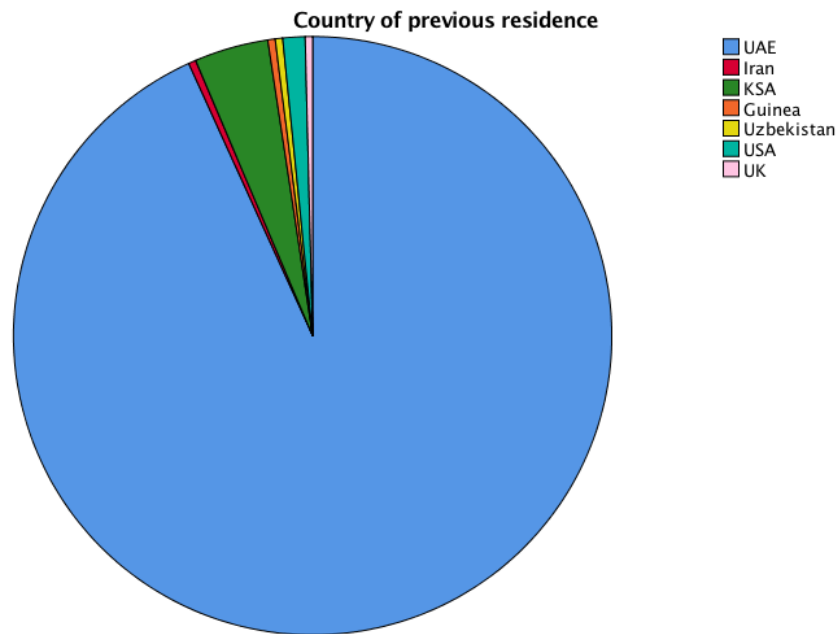


Figure 6: Participants' Country of previous residence

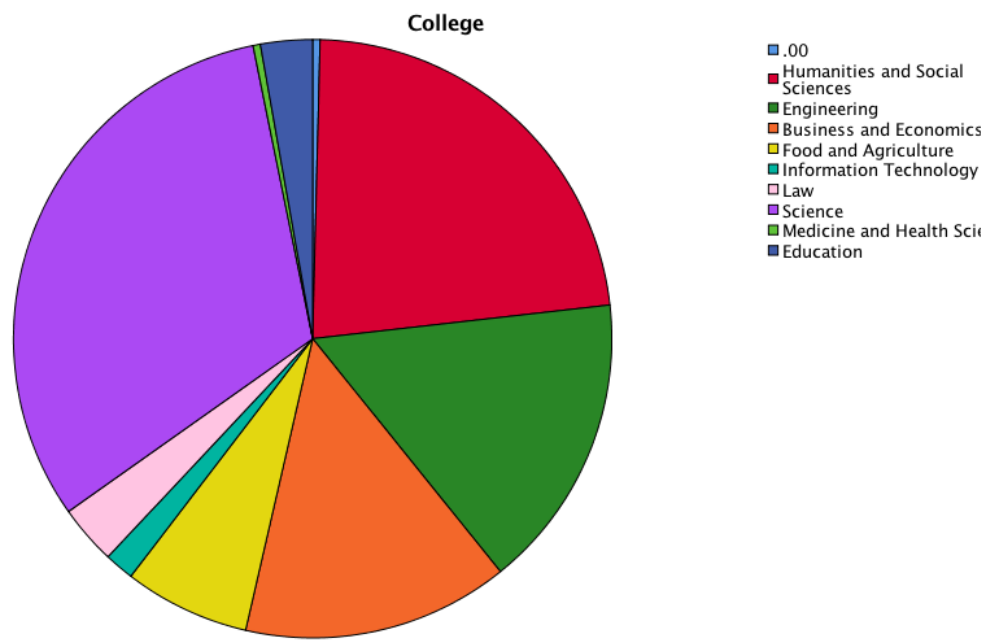


Figure 7: Colleges at the University attended by the participants.