



NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
GENERAL PSYCHOLOGY
MASTER'S PROGRAMME

MASTER'S THESIS

ETHNIC IDENTITY FORMATION, SELF-ESTEEM AND PSYCHOLOGICAL
SYMPTOMS AMONG THIRD CULTURE INDIVIDUALS.

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ÖZET

Bu araştırmanın amacı Üçüncü Kültür Bireylerin (ÜKB) etnik kimlik olumu, benlik saygısı ve psikolojik sağlık durumlarının kendi ülkesinde yaşayan tek-kültüre sahip bireylerle karşılaştırılmasıdır. Bu araştırma kapsamında ayrıca Afrika ülkelerinde yaşayan ÜKB'ler ile Afrika'daki ülkelere yerleşenler karşılaştırılmıştır. Bu araştırma internet tabanlı kesitsel araştırma olarak gerçekleştirilmiştir. 88 katılımcının %51.1'i kadın, % 48.9'u erkekti. Kartopu örnekleme yöntemi kullanılmıştır. Katılımcıların %30.4'ü Zimbabve'de yaşamaktadır, %40.5 Güney Afrika'da ve %29.1'i Birleşik Krallık'ta yaşayan ÜKB Zimbabvelilerdi. ÜKB'ler ve tek-kültüre sahip bireyler arasında tek fark daha düşük duygusal etnik kimliğe sahip olmaları olarak bulunurken, diğer Afrika ülkelerinde yaşayan ÜKB'lerin diğer iki gruptan daha fazla psikolojik belirtiler yaşadıkları ve etnik kimlik puanlarının diğer iki gruptan daha düşük olduğu bulunmuştur. Araştırma katılımcıların yaşı ve etnik kimlik arasında ilişki göstermekle beraber, yaş ve benlik saygısı veya psikolojik belirtiler arasında ilişki bulunmamıştır. Araştırma sonuçları Afrika ülkelerinde yaşayan yabancı göçmenin üzerinde olumsuz etkileri olduğunu düşündürmektedir. Kendi etnik kimliğini korkmadan ifade etme fırsatı sahip ÜKB'lerde etnik kimlik olumu daha iyi olmakta ve daha az psikolojik belirtiler görülmektedir.

Anahtar kelimeler: üçüncü kültür bireyler, etnik kimlik olumu, benlik saygısı.

Ethnic identity formation, self-esteem and psychological symptoms among third culture individuals.

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ABSTRACT

The goal of this study was to investigate the ethnic identity formation, self-esteem and psychological health of Third Culture Individuals (TCI) in comparison with their mono-cultural peers living in their home country. It was also within the scope of this study to investigate the differences between TCIs living within Africa and TCIs who migrated to countries outside Africa. This study was conducted as an internet based cross sectional research. The study had 88 participants, 51.1% female and 48.9% male. Snowball sampling was employed in this study. 30.4% of the participants resided in Zimbabwe, 40.5% were Zimbabwean TCIs living in South Africa and 29.1% in the United Kingdom. While the only difference between TCIs and mono-cultural participants was that TCIs had lower affective ethnic identity, TCIs living in other African countries were found to suffer more from psychological symptoms and had lower ethnic identity score than the other two groups. The study also revealed correlation between the participant's age and ethnic identity but not self-esteem or psychological symptoms. The results of this study suggest that the xenophobia in African countries has negative consequences on the immigrants. The TCIs who have chance to express their ethnical identity without fear experience better ethnic identity formation and less psychological symptoms.

Key words: third culture individuals, ethnic identity formation, self-esteem.

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*And I said to the Lord, 'you are my God and apart from you, i have no good thing.' Psalm 16.2.
To the Lord who has brought me this far.*

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ABREVIATIONS

TCI: third culture individuals

SCL-90: Symptom Checklist

RSES: Rosenberg self-esteem scale

MEIM: Multi-group Ethnic Identity Measure

UN: United Nations

SA: South Africa

UK: United Kingdom

1. INTRODUCTION

Third culture individuals (TCI) have been in existence for thousands of years but the patterns of behavior associated with TCIs population was only noticed over the last 50 years. The accidental discovery of these unique characteristics by Dr John and Ruth Hills led to the coining of the term third culture individuals (Pollock & Van Reken, 2001, p 20). Individuals who spent a significant part of their formative years in a culture different to their native culture presented similar profiles and characteristics despite their differing cultural backgrounds (Johansson 1993 :83).

TCIs are individuals that were raised in a culture considered foreign to their parents resulting in the integration of two cultures. The term first culture refers to the individual's native country or passport country while the second culture is the country of current residence or host culture. The third culture is a global trans-cultural phenomenon characterized by an interstitial culture. This is an intricate experience for children in families that regularly relocate internationally for living and working (Pollock & Van Reken, 2009 in Lijadi and van Schalkwyk, 2014, p1). Unlike the first and second cultures that are tangible, concrete social structures, the third culture is more complex, transient and intangible in nature. The third culture changes continuously with trans-cultural experiences. It is this third culture, rather than the first or second culture that gives them a sense of belonging and being understood among others with similar experiences.

1.1 Immigration

This research focused on Zimbabwean third culture individuals raised in South Africa and Britain. The recent rise in the TCI population is as a result of globalization which makes it easier for people to travel across borders and migrate easily and legally with their families. Zimbabwean population in the United Kingdom is increasingly on the rise because of the job opportunities offered by NHS to nurses and doctors, coupled with the political as well as economic upheaval experienced in Zimbabwe. In 2001 statistics had it that 49 000 Zimbabweans were settled in Britain and according to national census the population had risen to an estimated 200,000 in 2008 (Pasura 2008, 86). Zimbabwean nationals were registered in UK's top ten asylum receiving nationalities since 2000. Research has attributed these finds to the unprecedented economic decline and political upheaval being experienced in Zimbabwe. UK does not simply receive the most asylum applications from Zimbabweans but it is also the top destination for Zimbabweans, second only to South Africa

(UNHCR: 2009). The Zimbabwean population in the UK comprises of naturalised citizens, refugees, asylum seekers, reunited families, undocumented workers, over-stayers, students, work permit holders and those whose nationality is disputed (Wintour:2009). Studies revealed Zimbabwean had the highest level of education, previous work experience and levels of literacy and English language among surveyed the immigrant population. 57% had previously worked as professionals, managers or in professional and technical occupations (Kirk: 2004). Furthermore research on 500 Zimbabweans revealed that 97% of Zimbabweans in the UK had a formal qualification and an above average level of education compared to the British population and other exile groups (Bloch: 2005 in Humphris, 2010, p2).

According to Akokpari (2000, pp 72), immigration within Africa is mostly informal and undocumented despite the established trading blocs which make it easier for people to travel within Africa and almost costless to migration within regional borders. This is largely because most African states are closing their borders to immigrants for a diverse reasons ranging from the fear of foreigners limiting employment for the natives or foreigners causing a spike in criminal activities. Statistics on Africans migrating within Africa are accurate because of the large number of illegal immigrants. This effectively renders borders irrelevant. The four leading reasons for immigration are political oppression, economic crisis, environmental factors and conflicts.

Despite the xenophobia in South Africa, the Zimbabweans population there is always on the rise. Although statistics on the exact number of Zimbabweans living in South Africa is scarce, statistic by the ministry of south African home affairs has it that Zimbabweans receive 36.8% of the permanent resident permits issued in South Africa (statistics South Africa 26 March 2013, p 15). Other Zimbabweans masquerade as South Africans and live illegally in South Africa; this is also useful against xenophobia. South Africa is the leading destination for Zimbabweans immigrants since 1990 however permanent emigration became a trend at the beginning of the twenty first century. According to Tevera and Zinyama (2002), statistics revealed that 25% of all Zimbabweans had worked in South Africa for a certain period of time during their life time.

In a country of thirteen million people, an estimated three to four million Zimbabweans live in the diaspora (Pasura 2008 in Humphris 2010, p3). Research revealed that 58% of Zimbabweans migrated for political reasons, 51 % for economic reasons while 31 % migrated for employment. Citizens of Zimbabwe have been subject to political beatings, torture, human and property rights

abuse for example in the operation murambatsvina and operation Guk:urahundi. While 45% of the immigrant population were found not to have any dependents residing with them in South Africa which suggests their families had been left behind in Zimbabwe, 43% have dependent living with them in South Africa. A study by Makina (2007) revealed that 66% of Zimbabweans living in South Africa intended retreat to their home country when the economy stabilizes. Studies by the South African home affairs revealed that 16.1% of permanent resident permits were issued to children under the age of 14, this percentage is second only to the 30-34 age group which is the working class (Statistics South Africa, 2012).

Often parents feel the need to migrate with their offspring because of the related cases of maltreatment among children of absent parents. Research revealed that the two leading causes of maltreatment of children were poverty and absence of parents. Poverty within the home was found to be positively correlated to abuse and maltreatment of children. Similar research also revealed absence of biological parents to be positively correlated to maltreatment as well as physical, verbal and other forms of abuse. It is against this background that most parents have opted despite the confusion and potential adaptation problem the child might face still migrate with their children. While father absence has been revealed to be a significant predictor of drug abuse, violence and anti-social behavior, migration with the children is not without its own consequences. According to Glynn (2011), children of absent fathers are 80.3% more likely to take part in ag~ocial behavior, 76.4% more likely to be involved in crime and 69.1% more likely to become drug abusers. Children with absent mothers typically display anger manifested in mood swings, physical aggression and difficulties interacting with peers. Delinquency and hyper activity were the other effects discovered in the research by Schreiner (2015). It is against this background that most parents have choosen to migrate with their children. Most Zimbabwean in the United Kingdom are absent from their families for years at a time while those in South Africa typically visit their families twice a year or have their families visit them irregularly.

1.2 TCis and psychopathology

TCI discussions by McCaig (1994, p 33), the founder of Global Nomads International revealed a vast range of emotions and reactions like the seeming naturalness of abrupt endings, the necessity for quick changes, the never-ending restlessness and the feeling that everything is temporary. It is difficult for TCis to form lasting relations and they experience heightened anxiety because they

feel insecure. However they are also open to change new experiences and adapt quickly to new environments and cultures. According to Glynn (2011) children seek a sense of purpose in families, school and community however for most third culture children, the three organizations hold different views of purpose and norms. Adaptation problems and difficulties among third culture children have in turn given rise to international schools which have curriculums specifically designed to assist these children assimilate the new environment. International schools have increased support for their transition and mobile students. It is important to a child's personal development and the construction of a positive self image. Childhood is a critical period and a pivot point to help TCI navigate their development in their intricate cultural environment. This promotes learning in ways that are positive, productive and healthy while supporting and fostering good mental health and general well-being.

Immigration and resettlement during the child's critical developmental years is often produces significant adaptive stressors expose the child to numerous risk factors and vulnerabilities for mental health problems. Children living as refugees experience stresses associated with their own traumatic experiences shared by their families. The majority of the immigrant and refugee population may encounter difficulties in accessing information about mental health issues and services due to language barriers or the fear of deportation for illegal immigrants.

For children the significant changes they have adapt to during acculturation include, in their family dynamics, parental expectations, education, peer and support structures. Development during the transition period is evidence of the child successfully negotiating their identity in a new culture whilst integrating it with their culture of origin. Adapting to a new culture can also mean negotiating multiple losses. The loss associated with immigration include the loss of family, culture, status in the family and the community as well as loss of culturally relevant support and resources in the new country.

Resettlement has implications on family dynamics and every family has to find a balance between the positive aspects of the surrounding culture and their native, valued traditions and practices. Acculturation often leads to significant changes in family dynamics, childrearing and disciplinary practices. These changes give rise to intergenerational issues and conflict within the family which can be another source of stress for the adapting family.

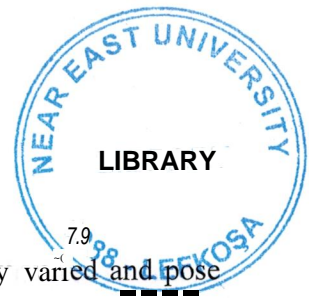
The stress associated with acculturation during the formative years predisposes TCIs to higher risks of developing psychological problems. The frustration common to acculturation and relearning culture often cause feelings of helplessness, isolation and low self-esteem. This can lead to a number of mental health problems including disruptive behaviour, depression, anxiety, anorexia and adjustment disorders. Hammer, Gudykunst and Wiseman (1978), allude that individuals who successfully intergrate two cultures are highly capable of living through psychological stress, communicate effectively and establish interpersonal relations. They are also less prone to depression and anxiety.

1.3 Self esteem

Birgitta Johansson explains that for a child immigration makes them feel like their identity is lost which results in dwindling self confidence. Therefore self-esteem is closely related to identity. Migration means that the knowledge and experiences they have acquired suddenly feel worthless and their previous efforts to learn useless and meaningless. They are not competent in the relevant interacts with their peers and this incompetence can even xtent to simple understanding of local language. The surrounding cultural behaviors may not be acceptable in their homes which confuses them because of the differing norms and cripples their interaction (Johansson 1993:73). Family relationships and warmth have been found to be significant predictors of self-esteem in the TCI population such that warm and supportive families are associated with higher self-esteem (Wickstom & Fleck, 1983).

According to Johansson a mother tongue is a pivotal milestone in child development, it enables one transfer gestures, faces, and body language that are connected to the mother language. To master all a child should learn the mother language very early. Regardless one being fluent in many languages, the mother tongue remains vital for expressing our feelings (Johansson 1993:62). Children often learn their first language in pre-school and day care however abroad they might have a foreign nanny teaching them another language (Johansson, 1993:63) and this is a common problem for TCIs. It is widely believed self-esteem is largely dependent one's ability to express themselves effectively.

According to Erikson's personality development theory between the age of 13 and 19 an individual is confronted with an identity crisis. They have to gather resources to resolve this crisis from



previous experiences. Unfortunately for TCIs these experiences are culturally varied and pose another crisis of decision. Therefore the ethnic identity of TCIs will be low because they are likely to be unsuccessful in resolution the preceding stages for example the initiative versus guilt stage where one of the tasks is to identify with parents and the society.

According to Maslow's hierarchy of needs belongingness should be accomplished before one can reach for esteem needs. Therefore since TCIs lack belonging they are likely to have low self-esteem.

1.4 Intercultural sensitivity

A life of frequent mobility and varied transitions according to Pollock & Van Reken (2009, 23-25) leaves the child with an expanded global view, highly evolved adaptation skills and effective social skills. TCIs are reported to have vast cross-cultural skills but less opportunities to utilize them in the professional setting. TCIs score high in openness to new experiences and adaptation skills which make them invaluable in the professional setting. Their professional productivity is scarcely affected by organizational or situational change in the workplace. According to Lambiri (2005, 3), openness to other cultures, cross-cultural sensitivity and comfort with diversity are traits that TCIs are well known for. Schaetti Barbara asserts that the more time and exposure one gets to multiple cultures the more TCIs are likely to be ethno relative especially if their culture of origin is not a globally dominant culture. This suggests that TCIs have elevated self-esteem and less anxiety in social situations. It is asserted that women TCIs are more adaptable and have a healthier overall psychological adjustment in different cultures than their male counterparts (Foley & Clawson, 1988, pg 78).

The TCIs exposure to different cultures at a young age enables them to develop elevated levels of intercultural sensitivity (Straffon, 2003), they possess the ability to judge and comprehend others using the individual's standards rather than one's own (Hayden & Thompson, 1995, p.331). Some TCIs become cultural chameleons (Pollock & Van Reken, 2001, p.92). Cultural chameleons quickly adapt to the prevailing cultures, languages, and mannerisms of the host country, they mimic these to blend in. They use their vast cultural knowledge accumulated in their multiple and fragmented identity (Ang, 2001; Hall, 1996 in Danua, 2008, p 4) to assist them to act in ways that are relevant to the dominant culture. This makes communication and interaction with members

of the dominant culture easier and enables TCIs to function within that society. In these situations, identity for the TCI is strategic and positional (Hall 1996 in Danau, 2008, p4)

TCIs score poorly on psychosocial development than their mono cultural peers (Wrobbel & Plueddemann, 1990pg 18), the tradition that contradicting the child has to integrate into their personal cultural values may predispose the child into confusion and hinder the development of a functional cultural identity. TCIs develop a unique cultural identity that cannot be accurately described to fit one cultural or ethnic group (Dana, 1998 pg 43). This has been term intercultural identity. Vivera & Jenkins (1999 p 6-26) allude that the straddling of two cultures by one person leads to cultural homelessness. However Hammer, Gudykunst and Wiseman (1978 pg 23) assert that individuals who succeed in merging two culture are usually possess the skills to handle psychological stress in the form of depression, anxiety or panic. They are also effective communicators and capable of establishing interpersonal relationships.

1.5 Contemporary culture

National identity is currently constantly underseige from global cultural assimilation (Bjarnson in Ake Dawn and Soren Janson, 1999, p135). It is alluded that smaller nations lack the resources required to control the emergent global culture to incorporate their view of culture which leads them into one-sided acculturation. One-sided acculturation is when the world culture with does not include aspects of one's cultural views while the global culture slowly replaces their individual national culture. Globalisation has sometimes been described as the reorganization of environment of production, expansion of financial borders and the defying of state borders. It is also seen as a socioeconomic process, resulting in the diffusion of cultures (McGrew, 1992, pg 354) as all countries become one global village with a common culture. However globalization is also political consisting of the West taking over the world and spreading Western ideologies (Ahmed, 1999, pg 143).UN, the global think tank defining for all nations women right, child rights and basic human rights thus undoing cultural differences and national differences. Culture is dynamic and the incorporation of Western ideals across the world creates concepts like urban culture which most migrant children would find easier to relate to.

A homogenous consumer culture that has spread world wide is an example of what some have call westernization of the world. It has changed the nature of acculturation for example individuals

world wide watch the same news on CNN, the same television programs and movies. They eat the same pizzas and burgers from the the fast food industry so times from the same international franchises like McDonalds, KFC or Burger King. These similarities make immigrants likely to be familiar with both their home and resident cultures. from the same Dogan (1994 in Dawn etal , 1990, p 13 5) asserts that nationalism can not accurately be predicted because of emotional and political baggage associated with it, it may be influenced by feelings of national pride, support of the national army and mistrust of neighbouring countries. National identity implies identification with a region within the country, an ethnic group which may go beyond states or geographical clusters of countries. Therefore national identity can not be separated from ethnic identity.

1.6 Typical Third Culture Identity

TCIs are described as chameleons, they observe morals and values of a given environment and seek to mimick them effectively becoming a new person with every migration (Taber, 1994, p46). Pollock and Van Reken (1999, 3) assert that TCIs are typically different people in different culture while some of them hold tightly to their personal convicts of who and what they are which is termed cross cultural identity. They identify with fellow multicultural individuals or those with a history of living in no single culture. Wrobbel and Plueddemann (1990, p 363-366) assert that TCIs score lower in psychosocial development than their regular counterparts. The contradictions in cultural values these children experience while maturing may lead to confusion and amfütfulence regarding the conflict between these two cultural identities and this might impede progress in the development of cultural identity. TCIs are known to develop a unique culture which does not fit neatly into any particicular cultural or ethnic group (Dana, 1998, pg 3). This is known as intercultural identity.

TCI can be grouped into four different identities, the foreigner, the hidden immigrant, ther adopted and mirror identity. Their chracteristics and the characteristics of the people around them strongly determine which identity they assume. They may live as hidden immigrants in situations where they externally resemble a dominant culture to which they do not necessarily relate (Miller, 2012, p2). TCIs are often the Foreigner who looks different and thinks different or the Hidden Immigrant who looks alike but thinks different or even the adopted person who looks different but thinks alike. Most TCIs long for The Mirror category that includes people who look alike and think alike. The third culture experience helps the individual get a larger cultural understanding and general

interpersonal skills. However the experience often creates the feeling of being divided and loneliness in that situation. Through interviews researcher discovered that TCIs expressed relief and joy to be able to belong to a group.

Figure 1. Four possible identities for TCIs

| | |
|--|--|
| Foreigner Look different, Think different | Hidden immigrant Look alike Think different |
| Adopted Look different Think alike | Mirror Look alike Think alike |

(Pollock & Van Reken, 2009, p 55)

According to Cottrell (2005 p 3), one of the greatest challenges for TCIs is settling back in their home countries especially if they were not regular interaction after their move. TCIs would not feel as part of the larger group that is their ethnic group since they were never part of it. They are expected to know the social customs and habits, but they are not familiar with them. They can be termed hidden immigrants because they do not fit in with their ethnic group.

Vivero and Jenkins (1999, p 6-26), the way they straddle two cultures leads to 'cultural homelessness'. According to Pollock and Van Reken (1999, 61), they assimilate elements of two or more cultures however they have no shared belonging to any of the cultures. The sense of belonging of TCIs is usually heightened around fellow third culture individuals. Typically people become TCIs because their parents were missionaries, military personnel, diplomatic corps, live overseas to do business or general immigrants. The reason for immigration are not as important as the severity of their immersion into the host country's culture.

The time spent in the other culture must be during the developmental years when culture is being internalized thus become part of the individual. This is usually in the first 13 years of life. Beyond the age of 13 it is unlikely that one would assimilate elements of a different culture. According to Erikson (in Fleming 2004, p 9), identity development is a crisis experienced from 13 years of age and should be resolved by 19. Therefore children between 13 and 19 years of age are most affected by identity problems as TCIs. On the one hand, TCIs have been identified as having a high level

of cross-cultural understanding and adaptability (Pollock & Van Reken, 2001; Straffon, 2003 pg 22). On the other hand, they often experience an acute sense of identity crisis.

Hall (1993, p. 362) alludes that identity is open, complex, incomplete, it is constantly under reconstruction particularly for children constantly in transit. According to Erikson multicultural children require more years to find their identity which has been termed delayed adolescence (Pollock & Van Reken, 2001, p150). Their identity crisis extends into their early 20s (Phinney, 2008, p48). TCIs who are incapable of reconciling their multiple fragmented identity experience feelings of loss and exhibit negative identity (Erikson 2008, p. 236). Negative identity is where a person identifies themselves as simply being different which creates an arrogant perception to the world (Pollock & Van Reken, 2001). As a result of failure to fit into the dominant culture these TCIs become more aware of who they are not rather than who they are (Walters, 2006, p. 79). An individual's personality and identity is influenced by various factors among which are external factors including cultural tradition, custom, environment, atmosphere, location, or climate. Internal factors though less realized or tangible also contribute that is characteristics like being an introvert or extrovert (Seelye & Wasilewski, 1996, p. 69). However, TCIs have successfully integrated their culture and foreign cultures while facing relationship losses and the other challenges of migration develop a positive sense of identity (Wu & Koolash, 2011, p1).

1.7 National identity

A nation is a historical construct characterized by a stable community of people, formed on the basis of a common language, territory, economic life and psychological build manifested in a common culture. It is comprised of national autonomy, national unity and national identity, all of which are not shared by the TCIs (Smith 2001:9). The discourse nationalism and national identity is very confusing for the TCI. According to discourse analysis national identity is different from ethnic identity further asserting that TCIs can develop ethnic identity without residing in their country of origin. Furthermore nationalism can exist without a nation, with the advent of globalization borders have been made limitless for example one can obtain a degree for another country without as much as setting foot in that country thus online education. TCIs can interact with their home culture through the internet, enjoying urban culture for example music from their home countries online. Communication with relatives in the countries they left behind is also easy through video calls and instant messaging. These lapses in technology while they cannot substitute

face to face contact put TCIs in a better position to develop ethnic identity and understand as well as come to love their culture.

Creating a national identity has been crucial in the foundation of the nation, which in turn is the center of the idea of nationalism. While nationalism is not synonymous to ethnicity these two cannot be separated. Nationalism is linked to ethnicity, the present traditions, memories, symbols, myths and values carried down from their ancestors or early community (Smith 1991 :20). Language is important to one's identity because it provides a platform of expression of one's experiences, memories and socialization. Giddens (1991 :23) postulates that all human experience is influenced by socializing and the development of language. Memory and language is essentially connected, both tradition and the spoken word are so inevitably closely related to one another. It is alluded that whether the TCI speaks their home language is a factor that strongly determines the strength of their ethnic identity and their feelings towards their home culture.

1.8 Ethnic identity

Ethnic identity development is an individual's conscious identification with their own cultural values, beliefs and traditions. Ethnic identity is a frame according to which individuals identify consciously or unconsciously with other individuals because of similar traditions, behaviors, values and beliefs (Otto, 1989 in Winter, 1999, p 41-42). Chavez (1993;39) postulated that ethnic identity along with racial identity are considered to be crucial facets of the overall framework of individual and collective identity. Waters (1990 in Winters, 1999, p 40) considers ethnic identity a social construct created when one internalizes concepts of their society and begins to relate to members of that society on the basis of shared customs and values. Therefore, exposure to one's own culture is key to the development of the ethnic identity, alluding that TCIs would have a poor sense of ethnic identity dependent on the amount of interaction they had with their home culture. Identity confusion among most TCIs are apparent even as they transition into adulthood, planning is particularly difficult for TCIs as well as finding stability. Interaction International an advocacy group for TCIs and international families attempts to help them make transition smoother and less stressful. This helps to bring back the child's sense of stability.

According to Nilsson (1996; 13), language, power, economy and politics are institutions that are important for providing people meaning, a pattern of norms and behavior patterns which are

face to face contact put TCIs in a better position to develop ethnic identity and understand as well as come to love their culture.

Creating a national identity has been crucial in the foundation of the nation, which in turn is the center of the idea of nationalism. While nationalism is not synonymous to ethnicity these two cannot be separated. Nationalism is linked to ethnicity, the present traditions, memories, symbols, myths and values carried down from their ancestors or early community (Smith 1991:20). Language is important to one's identity because it provides a platform of expression of one's experiences, memories and socialization. Giddens (1991:23) postulates that all human experience is influenced by socializing and the development of language. Memory and language is essentially connected, both tradition and the spoken word are so inevitably closely related to one another. It is alluded that whether the TCI speaks their home language is a factor that strongly determines the strength of their ethnic identity and their feelings towards their home culture.

1.8 Ethnic identity

Ethnic identity development is an individual's conscious identification with their own cultural values, beliefs and traditions. Ethnic identity is a frame according to which individuals identify consciously or unconsciously with other individuals because of similar traditions, behaviors, values and beliefs (Otto, 1989 in Winter, 1999, p 41-42). Chavez (1993:39) postulated that ethnic identity along with racial identity are considered to be crucial facets of the overall framework of individual and collective identity. Waters (1990 in Winters, 1999, p 40) considers ethnic identity a social construct created when one internalizes concepts of their society and begins to relate to members of that society on the basis of shared customs and values. Therefore, exposure to one's own culture is key to the development of the ethnic identity, alluding that TCIs would have a poor sense of ethnic identity dependent on the amount of interaction they had with their home culture. Identity confusion among most TCIs are apparent even as they transition into adulthood, planning is particularly difficult for TCIs as well as finding stability. Interaction International an advocacy group for TCIs and international families attempts to help them make transition smoother and less stressful. This helps to bring back the child's sense of stability.

According to Nilsson (1996; 13), language, power, economy and politics are institutions that are important for providing people meaning, a pattern of norms and behavior patterns which are

individualized and internalized to ultimately become a person's identity. The connection between identity and performance implies that projecting an identity is regarded as acting and speaking in certain ways in concrete social encounters or communicative situations. Therefore ethnic identity is formed through social interaction with member of one's ethnic group. In light of this the ethnic identity of third culture individuals is largely dependent on the age at which they left their home country as well as the interaction they have had with their home culture after migration.

2. METHODOLOGY

2.1 Purpose of the study and problem statements.

The goal of this study is to investigate the ethnic identity among TCIs and compare their ethnic identity formation, self-esteem and psychological symptoms with their peer living in their home country.

- 1) People who stay in their home countries have significantly stronger ethnic identity.
- 2) People who stay in their home countries suffer less from psychopathology.
- 3) People who stay in their home countries have higher self-esteem
- 4) The younger the TCI is upon departure from their country the poorer their ethnic identity formation, self-esteem and they will report more psychological symptoms
- 5) Ethnic identity, self-esteem and psychological symptoms of TCIs living in European countries reveal better profiles than the ones who migrated into other African countries.

2.2 Limitations

- The data was collected through an online survey which suffered from low response rate.
- Some members of the target population did not have access to the internet and could not participate in the study.
- The sample size was too small for the results to be generalized to the entire population.

2.3 Research Design

This study is a cross sectional design. The data is collected from three groups, TCIs who migrated to countries in Africa, TCIs who migrated to countries outside Africa and the third group comprising of participants based in Zimbabwe.

2.4 Sample

Snowball sampling was used to select the sample. Snowball sampling is used when the population is hard to reach or locate. It is a non-probabilistic sampling where the researcher uses the initial subject to help identify other individuals with the trait of interest. In turn the nominee also refers the researcher to other members of the population. This research method works like a chain referral.

A total of 88 participants took part in the study. 32 of these were from countries within Africa, 24 resided in Zimbabwe and 23 were TCIs from outside Africa. However 9 participants did not specify their current location. The sample who resided in Zimbabwe was used as the control group. The sample was comprised of individuals between the ages of 18 and 34. All participants were nationals of Zimbabwe and the questionnaire was administered online.

2.5 Measures

2.5.1 Socio-demographic variables

The socio demographic variables included age, marital status, gender, level of education, age at departure, countries one once resided in for more than a year and current location.

2.5.2 Multigroup ethnic identity measure (MEIM)

The reliability and validity of the (MEIM) investigated with a sample of 275 academically talented adolescents attending a summer enrichment program. The two-factor solution initially discovered by Phinney was replicated using exploratory factor analysis. Ethnic Identity scores had a reliability coefficient of 0.89 while other group orientation scores had a reliability coefficient of 0.76. Multiple-groups confirmatory factor analyses revealed measurement invariance that is equal and correlated two-factor structure. The two factors are the ethnic identity search which encompasses the developmental and cognitive component and the affective component which includes affirmation, belonging and commitment of the individual. It also showed equal factor loadings and equal item intercepts across racial and ethnic groups. However ethnic identity is more prevalent among black people. Preliminary evidence of measurement invariance suggests that the MEIM can be used to measure and compare ethnic identity across multiple racial and ethnic groups.

2.5.3 Rosenberg Self-Esteem (RSES)

The RSES presented high ratings in reliability areas internal consistency was 0.77, minimum Coefficient of Reproducibility was at least 0.90. Test-retest reliability for the 2-week interval was calculated at 0.85, the 7-month interval was calculated at 0.63 (Silber & Tippet, 1965, Shorkey & Whiteman, 1978).

2.5.4 Symptom checklist 90- revised (SCL-90-R)

This scale comprises of 90 items representing ten subscales, these subscales are self report inventories of common symptoms psychiatric disturbances. These subscales include somatization, obsessive-compulsive, depression, anxiety, phobic anxiety, hostility, paranoid ideation, interpersonal sensitivity, psychoticism and general symptoms. The items are scored on a Likert scale

type of measurement of distress, it ranges from not at all (0) to quite a bit (4). According to Buckelew et al (1988, 67) the scale has a sound internal consistency, with Cronbach's coefficient α ranging between 0.77 and 0.90. test-retest reliability of the scale ranged between 0.80 to 0.90 at one week intervals. It has stable discriminant validity between each of the subscales. The t-test showed a highly significant difference between the mean scores of the samples on all subscales. On the matter of construct validity, a high level of interdependence was observed between the subscales of the SCL-90 in most samples.

2.6 Data Collection and Analysis Procedure

An internet based survey will be conducted using software known as survey monkey. The analysis will be done using spss.

2.6.1 Survey monkey

- Survey monkey is an online survey development cloud based company. This research will use survey monkey's free customizable survey service onto which a researcher uploads a survey questionnaire and it is distributed online to the target population and the data sent back by email to the researcher. Survey Monkey also provides data collection, data analysis, brand management, and consumer marketing to its paying clients.

2.6.2 SPSS 20.

Spss will be software used to analyze the collected data. Pearson was used to establish the relationship between the sub-scales of SCL-90, MEIM and RSES, t-test was employed to compare the difference between the sample living in Zimbabwe and those who migrated to foreign countries while ANOVA was used to compare the sample residing in Zimbabwe, TCIs residing in other African countries and TCIs raised outside Africa.

3. RESULTS

Table 1. Distribution of gender of participants

| | n | 0% |
|--------|----|--------|
| Male | 43 | 48.9 |
| Female | 45 | 51.1 = |
| Total | 88 | 100 |

There were 43 men (48.9%) and 45 women (51.1%) out of a sample of 88 participants.

TABLE 2. The comparison of mean scores of SCL-90 subscales, MEIM subscales and RSES between participants from Zimbabwe and TCIs.

| | Home | Other | t df p |
|---------------------------|----------------------|-----------------------|--------------------------|
| Somatisation | 14.71±4.05 (n=14) | 14.95±3.94 (n=61) | -0.202 73 0.841 |
| Obsessive compulsive | 13.47±3.76 (n=15) | 14.25±5.56 (n=63) | -0.519 76 0.605 |
| Interpersonal sensitivity | 13.07±5.24 (n=15) | 13.06±4.04 (n=64) | 0.003 18.095 0.998 |
| Depression | 16.27±3.85 (n=15) | 17.35±4.83 (n=58) | -0.801 71 0.426 |
| Anxiety | 12.79±4.12 (n=14) | 12.46±4.22 (n=63) | 0.262 75 0.794 |
| Hostility | 7.2±1.21 (n=15) | 7.83±2.57 (n=64) | -0.921 77 0.360 |
| Phobia | 8.73±2.94 (n=15) | 8.82±2.95 (n=65) | -0.097 78 0.923 |
| Paranoia | 11.33±2.87 (n=15) | 11.2±3.23 (n=65) | 0.147 78 0.884 |
| Psychotic | 11.6±3.07 (n=15) | 122.68±3.53 (n=63) | -1.092 76 0.278 |
| Additional information | 9.60±3.50 (n=15) | 9.44±3.16 (n=64) | 0.176 77 0.861 |
| General symptoms | 1.33±0.35 (n=14) | 1.30±0.30 (n=50) | 0.264 62 0.793 |
| Cognitive identity | 16.06±2.54 (n=16) | 14.75±2.80 (n=71) | 1.835 23.95 0.79 |
| Affective identity | 25.56±4.12 (n=16) | 22.10±3.90 (n=70) | 3.174 84 0.002* |
| Rosenberg total | 16.33±1.76 (n=15) | 16.84±2.05 (n=70) | -0.895 83 0.074 |

*p<0.05 **p<0.001

When the main scores of SCL-90 subscales, RSE scale and MEIM subscales are compared between the participants who continue to live in their home country and TCIs who migrated to another country with t-test analysis, the only significant difference was found for affective identity subscales of MEIM. The participants who live in their home country had significant stronger affective identity. "

TABLE 3. Comparison of mean scores of the subscales of SCL-90, MEIM and RSES scales between participants in Zimbabwe, other African countries and countries outside Africa.

| | Home | Africa | Outside of Africa | Df F p |
|---------------------------|----------------------|----------------------|----------------------|-----------------------|
| Somatization | 14.25±2.43 (n=20) | 16.00±5.13 (n=26) | 14.05±2.61 (n=19) | 2 1.86 0.164 |
| Obsessive compulsive | 13.52±4.78 (n=21) | 15.59±6.59 (n=27) | 12.16±2.06 (n=19) | 2 2.650 0.078 |
| Interpersonal sensitivity | 11.91±2.90 (n=21) | 15.37±5.58 (n=27) | 10.90±1.80 (n=20) | 2 8.284 0.001** |
| depression | 15.85±2.93 (n=20) | 19.17±6.59 (n=23) | 15.47±2.37 (n=19) | 2 4.342 0.017* |
| Anxiety | 11.15±1.23 (n=20) | 14.70±5.99 (n=27) | 11.00±1.63 (n=19) | 2 6.551 0.003* |
| Hostility | 6.76±0.63 (n=21) | 8.59±3.47 (n=27) | 7.75±1.86 (n=20) | 2 3.34 0.042* |
| Phobia | 8.19±2.02 (n=21) | 10.04±4.11 (n=28) | 7.65±0.99 (n=20) | 2 4.56 0.014* |
| Paranoia | 10.57±2.66 (n=21) | 12.29±3.76 (n=28) | 10.50±2.65 (n=20) | 2 2.56 0.85 |
| Psychotic | 11.57±2.42 (n=21) | 13.96±4.78 (n=28) | 11.11±0.90 (n=18) | 2 4.82 0.011* |
| Additional information | 8.91±2.43 (n=21) | 10.30±4.07 (n=27) | 8.60±1.64 (n=20) | 2 2.15 0.125 |
| General symptoms | 1.23±0.17 (n=19) | 1.47±0.45 | 1.18±0.09 (n=16) | 2 5.15 0.009* |
| Cognitive identity | 15.70±3.08 (n=23) | 13.61±2.69 (n=31) | 15.68±2.38 (n=22) | 2 5.30 0.007* |

| | | | | |
|--------------------|----------------------|----------------------|----------------------|-----------------------|
| Affective identity | 25.05±3.77 (n=22) | 20.39±3.93 (n=31) | 23.14±3.92 (n=22) | 2 9.609 0.000** |
| Rosenberg total | 17.10±1.70 (n=21) | 16.78±1.74 (n=32) | 17.18±1.97 (n=22) | 2 0.377 0.687 |

*p:0.05 **p:0.001

When mean scores of SCL-90, MEIM and RSE subscales are compared for participants who stay in their home countries, those staying in another African country and participants in countries outside Africa by variance analysis a significant difference was found between the 3 groups in the areas of interpersonal sensitivity, depression, anxiety, hostility, phobia, psychotism, general symptoms, cognitive identity and affective identity.

When further analysis with Tukey is carried out, it was found that TCIs who migrated into countries within Africa had significantly lower cognitive ethnic identity scores ($p=0.019$) than participants based in Zimbabwe. TCIs residing within Africa also had significantly lower cognitive ethnic identity scores than those who migrated into countries outside Africa ($p=0.022$).

Analysis with Tukey revealed that participants residing in other Africa countries had significantly lower affective ethnic identity than participants living in Zimbabwe ($p=0.000$). Participants based in other African countries also have significantly lower affective ethnic identity than TCIs based in countries outside Africa ($p=0.035$).

According to analysis by Tukey, respondents who moved to live in other African countries reported significantly higher general symptoms than participants living in Zimbabwe ($p=0.042$) or those living outside Africa ($p=0.012$).

Participants living other countries within Africa were found to have significantly more psychotic symptoms than respondents from outside Africa ($p=0.0020$). Participants living in other African countries also have significantly higher psychotic scores than those living in Zimbabwe ($p=0.047$).

Further analysis with Tukey showed that respondents from other African countries had significantly more phobia than TCIs living outside Africa ($p=0.018$).

Hostility was significantly higher in Zimbabwean TCIs living in other Africa countries than participants residing in Zimbabwe ($p=0.032$).

On the scale of anxiety TCIs living in other Africa countries scored significantly higher than those based outside Africa ($p=0.008$) or participants living in Zimbabwe ($p=0.010$).

Participants who migrated within Africa experienced significantly higher depression than participants living in Zimbabwe ($p= 0.051$). TCIs in other African countries also had significantly higher scores than TCIs living outside Africa ($p= 0.029$).

TCIs who migrated within Africa were revealed to have significantly higher interpersonal sensitivity than both those from outside Africa ($p=0.001$), they also scored higher than participants from Zimbabwe ($p=0.011$).

Table 1. Correlation of mean scores of 12 items of the 12-item Zung Depression Index

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|-----------------------|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 1. Depression | — | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 |
| 2. Hostility | — | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 |
| 3. Affective identity | — | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 |
| 4. Cognitive identity | — | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 |
| 5. General symptoms | — | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 |
| 6. Irritability | — | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 |
| 7. Nervousness | — | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 |
| 8. Paranoid | — | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 |
| 9. Phobia | — | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 |
| 10. Tendency | — | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 |
| 11. Anxiety | — | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 |
| 12. Depression | — | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 |
| 13. Irritability | — | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 |
| 14. Irritability | — | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 |
| 15. Irritability | — | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 | 0.901 0.901 |

When the age of participants and mean scores of the subscales of SCL-90, MEI and RSES are investigated with Pearson correlation analysis, only significant difference was found for cognitive and affective ethnic identity. It was found that there is a positive correlation between age and both cognitive and affective ethnic identity. There is a significant correlation between age and affective ethnic identity ($r = 0.239$ $p = 0.027$) such that as age increases so does affective identity. There is a significant correlation between age and cognitive identity ($r = 0.264$ $p = 0.014$) therefore as age increases cognitive identity also increases and vice versa.

Upon analysis with Pearson measure of correlation no significant relationship was found between age at departure and any of the subscales of SCL-90 or self-esteem. This means that the changes in the age of the participants does not affect any subscales of the SCL-90 or RSES.

There is a significant negative correlation between self-esteem and general symptoms ($r = -0.259$ $p = 0.044$), interpersonal sensitivity ($r = -0.233$ $p = 0.042$) and additional information ($r = -0.342$ $p = 0.002$). Therefore, when one increases the other decreases.

There is a significant correlation between affective identity and cognitive identity such that as affective identity increased, cognitive identity also increased. ($r = 0.71$ $p = 0.00$)

There is a negative correlation between affective identity, additional information ($r = -0.229$ $p = 0.045$) and general symptoms ($r = -0.25$ $p = 0.048$), psychotic ($r = -0.31$ $p = 0.006$), hostility ($r = -0.296$ $p = 0.009$) and depression ($r = -0.277$ $p = 0.019$). This implies that when one increases the other decreases.

There is a significant correlation that is negative between cognitive ethnic identity and general symptoms ($r = -0.383$ $p = 0.002$), additional information. ($r = -0.319$ $p = 0.004$), psychotic symptoms ($r = -0.462$ $p = 0.000$), anxiety ($r = -0.308$ $p = 0.007$), depression ($r = -0.468$ $p = 0.000$), hostility ($r = -0.271$ $p = 0.016$) and obsessive compulsive behavior ($r = -0.354$ $p = 0.002$). This means that when one variable increases the other decreases.

All the subscales of SCL-90 were found to have positive correlation to each other ($p < 0.001$).

4.DISCUSSION

The present research examines the effects of growing up in a foreign country on the developing child. It measures and compares ethnic identity, self-esteem and the degree of psychopathology between participants raised in Zimbabwe and Zimbabweans raised outside the country. The group of TCis is further divided into participants who migrated into other African countries and those who moved to countries outside Africa.

The study revealed no significant difference between resident Zimbabweans and TCis in psychopathology. These findings are against the common belief that individuals capable of integrating two cultures are more equipped to deal with most psychological stressors like anxiety, depression or phobias than regular individuals (Hammer, Gudykunst and Wiseman, 1978, pg 56). This reveals that any psychological problems faced by TCis is not a result of them being raised outside their home culture or country.

However the TCis residing in South Africa have significantly higher scores on the subscales of depression, anxiety, hostility, phobia, psychotic symptoms and general symptoms. Black people face racism and discrimination in predominantly white populated countries for example July 31 2015, the Toronto Star reported the Blacks Lives Matter protest in Canada after police shot two black people. Blacks are also prone to discrimination and hate crimes inflicted by other black people. Against the history of tribalism in Africa for example the Hotsi and Tutsi of B~di and xenophobia in South Africa, it is no surprise that TCis who migrate into other African countries score higher in psychopathology especially because South Africa is the leading destination for Zimbabwean immigrants (Tevera & Zinyama 2002). April 15 2015, Channel 4 news reported 5 people including a child burnt to death in the streets of Durban in South Africa and a few others stoned to death. Xenophobic violence is a common feature in post Apartheid South Africa with the most intense period being in 2008 where foreigners were attacked in 138 sites resulting in the death of 62 people, over one hundred thousand displaced and millions in land lost to damaged or stolen property (Polzer, 2010, 2). Since 2008 every month there is at least 1 attack on groups of foreign nationals. Immigrant organisations report frequent threats of widespread attacks. Xenophobic violence in South Africa is not typically motivated by hatred but political or economic gain. For example according to Aljazeera news (03 May 2015), attacks in Durban started after Goodwill Zwelithini, King of the Zulus made a speech saying foreigners should leave which made him very popular to his home population. These attacks are also effective in

eradicating competition. It is against this background that anxiety and hostility scores are elevated for the fear of losing one's life or source of livelihood. Foreigners are also reported to be the victims of both ordinary and hate crimes in South Africa. This unrest TCIs are faced with everyday leads to unhealthy psychological development according to Maslow's hierarchy of needs. Their psychological development is hindered because the two formative steps of the hierarchy are disturbed by their circumstances, these are the need to belong and the need for security. Both their livelihood and their very lives are constantly under threat and this is a unhealthy environment for the developing child hence the psychopathologies registered in the results. In support of these results Miller (2012, p2) asserts that immigrants may score high in psychopathology because of post traumatic stress related to the political antecedents in their environment.

The results revealed no significant difference between TCIs and participants living in Zimbabwe in their interpersonal sensitivity scores. This is against research by Lambiri (2005) who asserts that openness to other cultures, cross-cultural sensitivity and comfort with diversity traits that TCIs are well known for. Schaetti Barbara asserts that the more time and exposure one get to multiple cultures the more TCIs are likely to be ethno relative especially if their culture is not a globally dominant culture. However TCIs living in South Africa were revealed to have significantly higher interpersonal sensitivity than TCIs in the United Kingdom or participants from Zimbabwe which is a representation of the delicate relationship they have with the South Africans. B'etause of xenophobia. Their interpersonal interactions may be characterized by constant fear and anxiety resulting in high interpersonal sensitivity scores.

The results showed no significant difference between the self esteem of mono-cultural individuals and TCIs. This is against the assertion by Johansson (1993, 73) that TCIs would have lower self-esteem because of their identity crisis. Although TCIs living in South Africa scored low in ethnic identity their self-esteem are not significantly different from any of the two other groups, this is against the contention that identity is closely related to self esteem (Miller 2012, pg 63). TCIs living in South Africa might not suffer from low self esteem because they have assumed the mirror identity. Such that they have assimilated the culture in South Africa therefore their ethnic identity is lower for the Zimbabwean culture their self esteem is not affected because they identify with the surrounding culture.

The results show no significant difference between TCIs and native Zimbabweans in cognitive ethnic identity although there is a significant difference between their affective ethnic identity scores. The affective ethnic identity of resident Zimbabweans is higher than that of TCI which reasserts the iceberg theory of culture. This theory alludes that while technology and the internet make vast information about their home culture available to TCIs and enable interaction with the people they left behind it has its limits in bridging the gap created by immigration. While one can mimic actions and behavior, it is the motivations and values associated with these actions and behaviors that can not simply be mimicked (Hall 1976, p 2), which might account for the lower affective ethnic identity scores in TCIs. However the data gathered does support the hypothesis that because resident Zimbabweans have more interaction with their culture therefore they would have more positive feels, understanding and appreciation of the existing culture.

TCIs raised in other Africa countries score lower in both affective and cognitive ethnic identity than TCIs living in countries outside Africa. TCIs in other African countries are not free to display their cultural diversity for example in South Africa where xenophobic attacks are predominant. Their language diversity may make them a target for xenophobic attacks and this forces foreign nationals to speak the local language and mirror local culture. This discrimination necessitates that they hide their true identity and in the process immerse themselves in another culture while risking losing their own native cultural attributes. The results produced showed that the TCIs living in other African countries adopted the mirror identity, this means they both look alike and also think alike which is suggested by their low ethnic identity scores. The findings are against research by Pollock & Van Reken (2009, p55) which asserts that in situations where immigrants physically resemble a dominant population to which they may not necessarily relate to, they live as hidden immigrants that is looking alike but thinking differently.

The results also support the hypothesis that as age of the participant increases so does their score for both cognitive and affective ethnic identity. Since the research was carried out among young adults, the results prompt the assumption that do not resolve their identity crisis during adolescence but in fact continue to struggle with identity in their early adulthood. This represents the contention that individuals growing up in recent years mature later as a result of the increase demand of higher education and changing societal norms for example most individuals get married later in life

nowadays (Arnet, 2000, p 1). Erikson (2008, p 236) also found this as a characteristic of TCIs which a delayed adolescents, this is when an individual struggles with identity well into their 20s when it should have been resolved in adolescences. The study also revealed no significant relationship between age of TCIs on departure and ethnic identity scores. This suggests that although interaction with one's culture is key for ethnic identity formation, this interaction can be after migration. Through frequent visitations and modern technology which makes communication easier.

The study revealed no significant relationship between gender and self-esteem, ethnic identity or any other the sub-scales of the SCL-90. This implies that the way TCIs form and negotiate their gender identities in the face of multiple cultures which espouse multiple expectations regarding gender roles does not affect their self-esteem or ethnic identity or predict trends of psychopathology. This is against the assertion by Josselson (1987) suggests that relationships are more important for identity formation in a woman than in a man, this would mean the third culture experience affect TCIs differently depending on their gender. These results also go against the contention that women TCIs are more adaptable and have a healthier overall psychological adjustment in different cultures than their male counterparts (Foley & Clawson, 1988).

5. CONCLUSION

The results indicate that TCIs in Europe had similar values with the participants living in Zimbabwe. These two groups had similar ethnic identity, self-esteem and psychological health scores but TCIs living in other African countries had lower ethnic identity and suffered more from psychological symptoms. Self esteem score had no significant difference in th three groups. These findings suggest that the living conditions of the host country determine the nature of adaptation of the immigrants. Where there is less hostility, no xenophobia the TCIs have freedom to express their cultural identity, speak their mother language and have stronger ethnic identity scores and suffer less from psychopathology. This study suggests that the living conditions in the host country have a strong impact on ethnic identity formation and psychopathology symptoms in TCIs.

Further research should be designed to investigate the effects of personal variables like education level, presence of psychopathology before migration and the effects of the living conditions the host country offers like income level, security, acceptance on the the well-being and ethnic identity of TCIs.

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Dear Participant

The questionnaire below has been prepared as part of a research on **Ethnic identity formation, self-esteem and psychological symptoms among Third Culture Individuals**. Please choose the appropriate answer for each question. The information submitted will only be used for academic purposes and kept confidential.

Your assistance is sincerely appreciated.

DEMOGRAPHIC DATA

1. Age of participant

2. Nationality

Tick the box with the correct answer.

3. Religion

Christianity

☒

Muslim

☐

Buddhism

☐

Other

☐

1. Sex

female

☐

Male

☐

2. Educational status

primary

☐

Secondary school

☐

High school

☐

3. Employment status

Tertiary

unemployed

Employed

4. Marital status

single

Married

Divorced

5. At what age did you leave Zimbabwe

6. How many different countries have you settled in for more than a year?

7. Countries of previous residence 1.

| Country | Age at entry | Age at departure |
|---------|--------------|------------------|
| | | |
| | | |
| | | |

8. Country of current residence

9. Reason for immigration

| |
|--|
| |
| |
| |

MULTI-GROUP ETHNIC IDENTITY MEASURE

Please fill in: In terms of ethnic group, I consider myself to be _____

Use the numbers below to indicate how much you agree or disagree with each statement.

(4) Strongly agree (3) Agree (2) Disagree (1) Strongly disagree

- 1- I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.
- 2- I am active in organizations or social groups that include mostly members of my own ethnic group.
- 3- I have a clear sense of my ethnic background and what it means for me.
- 4- I think a lot about how my life will be affected by my ethnic group membership.
- 5- I am happy that I am a member of the group I belong to.
- 6- I have a strong sense of belonging to my own ethnic group.
- 7- I understand pretty well what my ethnic group membership means to me.
- 8- In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.
- 9- I have a lot of pride in my ethnic group.
- 10- I participate in cultural practices of my own group, such as special food, music, or customs.
- 11- I feel a strong attachment towards my own ethnic group.
- 12- I feel good about my cultural or ethnic background.

13- My ethnicity is

- (1) Asian or Asian American, including Chinese, Japanese, and others
- (2) Black or African American
- (3) Hispanic or Latino, including Mexican American, Central American, and others
- (4) White, Caucasian, Anglo, European American; not Hispanic

(5) American Indian/Native American

(6) Mixed; Parents are from two different groups

(7) Other (write in): _____

14- My father's ethnicity is (use numbers above)

15- My mother's ethnicity is (use numbers above)

Scale: ROSENBERG SELF-ESTEEM SCALE

Instructions Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1. On the whole, I am satisfied with myself.

Strongly Agree Agree Disagree Strongly Disagree

2. At times I think I am no good at all.

Strongly Agree Agree Disagree Strongly Disagree

3. I feel that I have a number of good qualities.

Strongly Agree Agree Disagree Strongly Disagree

4. I am able to do things as well as most other people.

Strongly Agree Agree Disagree Strongly Disagree

5. I feel I do not have much to be proud of.

Strongly Agree Agree Disagree Strongly Disagree

6. I certainly feel useless at times.

Strongly Agree Agree Disagree Strongly Disagree

7. I feel that I'm a person of worth, at least on an equal plane with others.

Strongly Agree Agree Disagree Strongly Disagree

8. I wish I could have more respect for myself.

Strongly Agree Agree Disagree Strongly Disagree

9. All in all, I am inclined to feel that I am a failure.

Strongly Agree Agree Disagree Strongly Disagree

10. I take a positive attitude toward myself.

Strongly Agree Agree Disagree Strongly Disagree

SCALE : Symptom Checklist 90-R

Below is a list of problems and complaints that people sometimes have. Please read each one carefully and enter the number that best describes how much you were bothered by that problem during the past week.

Please enter only ONE.

FOR THE PAST WEEK, HOW MUCH WERE YOU BOTHERED BY:

1. Headaches
O.NotAt All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely
2. Nervousness or shakiness inside
O.NotAt All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely
3. Unwanted thoughts, words, or ideas that won't leave your mind
O.NotAt All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely
4. Faintness or dizziness
O.NotAt All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely
5. Loss of sexual interest or pleasure
O.NotAt All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely
6. Feeling critical of others
O.NotAt All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely
7. The idea that someone else can control your thoughts
O.NotAt All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely
8. Feeling others are to blame for most of your troubles
O.NotAt All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely
9. Trouble remembering things
O.NotAt All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely
10. Worried about sloppiness or carelessness
O.NotAt All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely
11. Feeling easily annoyed or irritated
O.NotAt All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely
12. Pains in heart or chest
O.NotAt All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely
13. Feeling afraid in open spaces or on the streets

| | | | | |
|--|-----------------|--------------|---------------|--------------|
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 14. Feeling low in energy or slowed down | | | | |
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 15. Thoughts of ending your life | | | | |
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 16. Hearing words that others do not hear | | | | |
| O.NotAt All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 17. Trembling | | | | |
| O.NotAt All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 18. Feeling that most people cannot be trusted | | | | |
| O.NotAt All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 19. Poor appetite | | | | |
| O.NotAt All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 20. Crying easily | | | | |
| O.NotAt All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 21. Feeling shy or uneasy with the opposite sex | | | | |
| O.NotAt All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 22. Feeling of being trapped or caught | | | | |
| O.NotAt All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 23. Suddenly scared for no reason | | | | |
| O.NotAt All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 24. Temper outbursts that you could not control | | | | |
| O.NotAt All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 25. Feeling afraid to go out of your house alone | | | | |
| O.NotAt All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 26. Blaming yourself for things | | | | |
| O.NotAt All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 27. Pains in lower back | | | | |
| O.NotAt All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 28. Feeling blocked in getting things done | | | | |
| O.NotAt All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |

29. Feeling lonely

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

30. Feeling blue

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

31. Worrying too much about things

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

32. Feeling no interest in things

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

33. Feeling fearful

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

34. Your feelings being easily hurt

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

35. Other people being aware of your private thoughts

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

36. Feeling others do not understand you or are unsympathetic

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

37. Feeling that people are unfriendly or dislike you

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

38. Having to do things very slowly to insure correctness

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

39. Heart pounding or racing

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

40. Nausea or upset stomach

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

41. Feeling inferior to others

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

42. Soreness of your muscles

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

43. Feeling that you are watched or talked about by others

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

44. Trouble falling asleep

| | | | | |
|---|-----------------|--------------|---------------|--------------|
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 45. Having to check and double-check what you do | | | | |
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 46. Difficulty making decisions | | | | |
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 47. Feeling afraid to travel on buses, subways, or trains | | | | |
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 48. Trouble getting your breath | | | | |
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 49. Hot or cold spells | | | | |
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 50. Having to avoid certain things, places, or activities because they frighten you | | | | |
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 51. Your mind going blank | | | | |
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 52. Numbness or tingling in parts of your body | | | | |
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 53. A lump in your throat | | | | |
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 54. Feeling hopeless about the future | | | | |
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 55. Trouble concentrating | | | | |
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 56. Feeling weak in parts of your body | | | | |
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 57. Feeling tense or keyed up | | | | |
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 58. Heavy feelings in your arms or legs | | | | |
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |
| 59. Thoughts of death or dying | | | | |
| O.Not At All | 1. A Little Bit | 2.Moderately | 3.Quite A Bit | 4. Extremely |

60. Overeating

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

61. Feeling uneasy when people are watching or talking about you

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

62. Having thoughts that are not your own

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

63. Having urges to beat, injure, or harm someone

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

64. Awakening in the early morning

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

65. Having to repeat the same actions such as touching, counting, washing

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

66. Sleep that is restless or disturbed

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

67. Having urges to break or smash things

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

68. Having ideas or beliefs that others do not share

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

69. Feeling very self-conscious with others

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

70. Feeling uneasy in crowds, such as shopping or at a movie

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

71. Feeling everything is an effort

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

72. Spells of terror or panic

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

73. Feeling uncomfortable about eating or drinking in public

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

74. Getting into frequent arguments

O.Not At All 1. A Little Bit 2.Moderately 3.Quite A Bit 4. Extremely

75. Feeling nervous when you are left alone