Quality of Life and Migration Experiences among Russian Speaking Immigrants to the United States of America

Daria Parkhomenko

A Dissertation Submitted to the Faculty of

The Chicago School of Professional Psychology

In Partial Fulfillment of the Requirements

For the Degree of Doctor of Psychology

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2015

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Abstract

This study was an exploration of factors that impact the perceived quality of life among Russian-speaking immigrants in the United States. Specifically, the study was designed to investigate what type of relationship (if any) exists (direction and strength) between one's desire to immigrate, sense of having a choice, the accuracy of preimmigration expectations, and quality of life after immigration. This researcher sought to understand whether desire and choice to immigrate and accuracy of one's expectations about immigration as measured by a survey can significantly predict changes in quality of life as measured by Q-LES-Q-18 (in general and in its facets). This research question was examined using a series of multiple regressions. Post hoc studies included an examination of the relationship between quality of life as measured by participant responses to the Q-LES-Q-18 and subjective happiness, as measured by modified SHS. Posthoc analyses further explored relationships between demographic factors, language fluency, relationship status, and other variables with quality of life after immigration. Finally, open-ended questions were used to provide pertinent narrative to help explain the conclusions gathered from quantitative data. The perceived accuracy of expectations about immigration was found to be a major predictor of quality of life after immigration. It had unique, significant contributions to the prediction of physical heath, subjective feelings, leisure time, and general activities aspects of quality of life. Quality of life in all of its aspects was highly connected to ability to use the language (speak, understand, and communicate) of the dominant culture. Income strongly and positively correlated with participants' subjective feelings, general activity, and life satisfaction.

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Chapter 1: Introduction

Background

The U.S. Department of Homeland Security (2012) reported that in the last 10 years more than 10.5 million people obtained legal permanent resident status in the United States. This data does not include those living in the U.S. on nonresident status (students, employees, refugee applicants, etc.) and those living undocumented. The U.S. Census Bureau estimated the number of foreign-born people legally living in the U.S. to be almost 40 million in 2010, which comprises 13 % of the overall population (U.S. Bureau of Census, 2010). According to the U.S. Department of Homeland Security (2012), the majority of people immigrating to the U.S. are coming from Asia, North America, Africa, and Europe. The same report stated that the vast majority of immigrants (66%) come as family-supported, which means that new immigrants usually have family members who have already settled in the United States and who support their residency. Only 15% of a total number of legal residents applied for employment-based residency in 2012. This information is important to know as the number of foreign-born people in the U.S. increases every year. Nevertheless, certain needs of these immigrant communities (such as gainful employment, education, appropriate health care services) tend to be unaddressed as demonstrated by various social problems in immigrant communities and lack of resources created for specific communities. This problem partially can be explained by the lack of research focused on these particular cultural groups and their needs.

Reasons for Immigration

As each person is unique, each person's motivation to immigrate is individualized. Various factors may impact one's motivation to immigrate. Research showed that people have different expectations about migration that may affect their desire to move from or stay in their

country of origin (DeJong, 2000). These expectations are often associated with anticipated changes in their quality of life – both individual and family.

Change in Quality of Life

DeJong (2000) defined immigrants as individuals who willingly leave their home countries hoping to improve their quality of life in their countries of destination. The concept quality of life is multidimensional, and there are no specific generally accepted definitions of it (Bayram et al., 2007). In this research, the term quality of life will be used to describe a complex of different life domains that include physical and mental health, economic status, living and housing situation, work, relationships, and overall life satisfaction (Ritsner, 2005).

The immigrants' hopes for improvement in their quality of life might be in financial status, employment, general well-being, physical and mental health, level of social belonging, leisure or different activity levels (Nussbaum, 2007). The large body of migration literature leans more towards social and economic theories of immigration and suggests that common reasons for immigration include expected improvement in economic well-being, careers, and family reunification (International Organization for Migration, 2013).

Expectations About Immigration

In their attempts to describe the decision-making process related to moving to another country some theorists focused not on social and economic theories but rather the expectations for changes in life after immigration. DeJong (2000) suggested that one's expectations about immigration are actually one's evaluation of the chances for achieving valued goals in one's home country versus alternative locations. He argued that along with cultural and familial norms about immigration these goals are major predictors of both the decision to move and post-decision migration behavior. This value-expectancy approach presented motivation as central to

immigration decision-making. In this approach, migration expectations and intentions are based on one's desire to improve or maintain one's own or family's quality of life (Shabates-Wheeler, 2009). The Merriam-Webster dictionary (2013) defines a desire as a "conscious impulse toward something that promises enjoyment or satisfaction in its attainment." This definition ties together a person's desire to act with the positive expectations about that act. It is hard to desire something (immigration for instance) without having positive expectations about the object of that desire.

Choice and Desire to Immigrate

Another construct tied in with the desire to immigrate and expectations about the immigration is a sense of choice. Merriam-Webster dictionary (2013) defines a choice as an "act of picking or deciding between two or more possibilities". Based on this definition, one may choose to immigrate without truly desiring to move to another country, but acting from the motivation of escaping a particular stressor or stressors in the country of origin. One may also feel pressured to leave one's country due to political oppression or other circumstances, while having neither desire to leave nor choice to stay. Alternatively, one may desire to move and have positive expectations about immigration, but have no power or choice in this decision-making process. An example of this would be a child that moves with her/his parents or a dependent elderly person who moves with her/his children. With all this being said, the desire and choice to immigrate/emigrate, and the expectations about immigration dynamically interact in a complex way. It is this researcher's belief that these dynamics around the decision-making process may affect immigrants' experience and quality of life in a new country.

Immigration Adjustment

Research on the immigrant adjustment process found that expectations related to immigration may help in adjustment after immigration by decreasing uncertainty related to the decision to move and affecting the formation of new experiences in either a positive or negative way (Ward, Bochner, & Furnham 2001). Nonetheless, Mahonen (2013) noted that due to the theoretical inconsistency of the migration research, "optimal relationship between migrants' expectations and actual acculturation experiences for their adaptation remains unclear" (p.326).

Recent immigrants often face a mismatch between their hopes and expectations and the realities of life in their country of destination (Mahonen, 2013). This discrepancy leads to intense psychological dissatisfaction (Ward, Bochner, & Furnham, 2001). Tartakovsky (as cited in Mahonen, 2013), suggested that such disillusionment in the early stages of immigration, and the psychological issues related to it may lead to more serious mental health problems like immigration trauma (Foster, 2001). Indeed, immigrant trauma is a phenomenon characterized by common symptoms of Posttraumatic Stress Disorder (PTSD), which include intense sense of loss, dissociation, and flashbacks and nightmares (Beckerman & Corbett, 2008; Foster, 2001).

Research showed that many immigrant communities share a common experience – unusual stress levels that are associated with the necessity to adjust to a new environment. According to Beckerman and Corbett (2008), "the process of immigration includes an extraordinarily complex array of social and psychological challenges and adaptations that are both common and unique for each individual" (p. 63). These challenges, combined with high stress levels that appear in the process of resolution of differences among one's culture of origin and a new dominant culture, impact immigrants on many levels of their existence, such as life satisfaction and health, longevity, work, social and family relations (Diener & Ryan, 2009).

Quality of Life in Immigrant Communities

Quite often the quality of life among those in immigrant communities is impaired. Rennert, Tamir, and Pettersburg (2002) highlighted that for many immigrants adjustment to their new life frequently involves high stress, frustration, and feelings of alienation, which in-turn may lead to mental health problems. These problems often include anxiety, mood disorders, and relationship problems (Aroian & Norris, 2000; Beckerman & Corbett, 2008; Rennert, Tamir, & Pettersburg, 2002).

Hence, instead of an expected increase in their overall well-being and quality of life, new immigrants often face various stressors affecting their assimilation process. As a result, these stresses often lead to a decrease in immigrants' life satisfaction. Being unhappy with their new lives, some immigrants often experience concurrent mental health problems.

Impact on Mental Health

Research has identified various stress related problems that may influence mental health after immigration. According to Lashenykh-Mumbauer (2004), these problems typically include interpersonal conflicts (Hussain & Cochrane, 2002; Marino, Stuart & Minas, 2000), role conflicts (Arora, Inose, Yeh, Okubo, Li, & Greene, 2003; Fong, 2004; Hardwick, 1993), poor self-esteem (Hovey, 2000), loss of control, and social isolation (Kamya, 1997). Beckerman and Corbett (2008) highlighted that the most common mental health problems associated with high levels of acculturative stress include depression, anxiety, substance abuse, and behavior difficulties in children. Beckerman and Corbett (2008) also stated that "some immigrants may experience a profound or incapacitating sense of loss, disassociation, flashbacks or nightmares about separation from the homeland or family of origin that may be consistent with the

symptoms of Posttraumatic Stress Disorder (PTSD)" (p. 66). These symptoms are often associated with the construct of immigrant trauma (Foster, 2001).

Numerous studies have focused on understanding mental health needs in various cultural groups in the United States (Balatsky & Diener, 1993; Eisenman et al., 2003; Hoffmann, 2006; Hsu, 2004; Leipzig, 2006; Vega, Kolody & Valle, 1987). For example, Ghaffarian (1998) studied the acculturation process among people who emigrated from Iran to the United States. It was found that when these immigrants actively resisted and neglected the values of the host culture, their mental health tended to decrease. On the other hand, when immigrants incorporated the new culture and moved more towards a cultural shift, their mental health tended to be better. Several authors explored the experiences of Asian immigrants and international students in the United States (Arora, Inose, Yeh, Okubo, Li, & Greene, 2003; Marino, Stuart & Minas, 2000). When compared to the local students, Chinese, Japanese, Korean, and Vietnamese students in the United States were found to experience more isolation, loneliness, nervousness, and anxiety (Greenberger & Chen, 1996; Oh, Koeske, & Sales, 2002; Sue & Frank, 1973).

All of the factors mentioned above also create a social problem among immigrants living and working in the United States who have a low quality of life and struggle in their adjustment to a new environment. These immigrants tend to experience high levels of stress, which in turn often leads to or exacerbates psychological and health issues. These issues keep negatively affecting people's well-being and overall quality of life, which eventually may lead to their social marginalization, a decrease in their work productivity, an increase in criminal and addictive behaviors.

Immigration by Russian-Speaking Communities

According to Ginsburg (2002), the Russian-speaking population in the United States is one of the fastest growing cultural/ethnic minorities. The number of immigrants from countries of the former Soviet Union to the United States increases every year. According to the Hebrew Immigrant Aid Society (as cited in Lashenykh-Mumbauer, 2004), between 1972 and 1991 more than 250,000 people immigrated to the United States from the Soviet Union. Following the fall of the Soviet Union in 1991, about 70,000 Russian-speaking people relocated to the United States every year (Hoffman, 2006). Before the breakup of the Soviet Union, most immigrants to the United States were primarily Russian Jews who were trying to escape ethnic and religious persecution. After 1991, the population of immigrants from Russia shifted towards Christians of various ethnic groups seeking economic and occupational opportunities (Hoffman, 2006). Other common reasons for immigration among this community include family reunification and improved education and health care. Some people also chose immigration as a way to escape certain realities that caused discomfort to them or their families, such as an undesirable political situation, high crime, feelings of oppression, and a lack of opportunities.

Immigration-Related Stressors in Russian-Speaking Communities

Immigrants from the countries of the former Soviet Union have often been described as having specific difficulties with cultural adjustment in the United States (Aroian & Norris, 2000; Fitzpatrick & Freed, 2000; Flaherty, 1986; Hoffman et al., 2006). Much of the available research speaks about Russians exclusively, yet the population of Russian-speaking people is much larger than those who identify as ethnic Russians, given the former political entity of the Soviet Union. For the purposes of this work, two major terms will be used: "immigrants from the former Soviet Union" and "Russian-speaking immigrants and families"; as these two terms are, for the

most part, interchangeable. As well as cultural adjustments, the decision to immigrate for the recent Russian-speaking immigrants was also related to searching for improved economic advantages, and the change in social and financial statuses has been a stress as well (Mirsky, Barash, & Goldberg, 1992).

There were three major "waves" of emigration from Russia and Russian-speaking countries in the twentieth century. In all these, the U.S. held one of the leading places in sheltering these immigrants. The first one took place during the 1920s (the period of the Russian Civil War), and consisted of "white [pro Czarist] émigrés" – typically highly educated officers and families of anti-communist forces. The second wave occurred loosely throughout the 1970s, and was constituted primarily of Russian-speaking Jews who tried to escape religious and ethnic procession. The third wave started in 1990s when the borders of the Soviet Union were opened, and people moved in hopes to achieve social and economic benefits. Unlike those in the first waves of immigration, recent Russian-speaking immigrants have not had the benefits of government and non-governmental agencies or supports from religious communities (Shasha & Shron, 2002). With this lack of governmental and community support, recent immigrants often found themselves isolated, alienated, and lost in their struggle to survive in a new country (Shasha & Shron, 2002).

Another common stressor for Russian-speaking immigrants is their difficulty in establishing and maintaining desired social interactions. The former Soviet Union may be characterized as a fairly collectivistic society (Manevich, 2010), in which high value was placed on family and friends, and where those family and friends were prioritized over one's individual and personal benefits. At the same time, however, Russian-speaking communities are often characterized by general suspiciousness to other people in and outside their community, which is

often believed to be a product of the totalitarian rule that took place in the countries of the former Soviet Union (Mamali, 1996). This almost automatic suspiciousness used to have an adaptive capacity, yet after immigration it lost its function and became ineffective. This residual suspiciousness impacts peoples' willingness to seek out social interactions and self-disclose (Manevich, 2010). Hence, Russian-speaking immigrants face a dilemma of valuing social connections, yet possessing an inability to establish them with a desired and comfortable level of trust and closeness. This emotional tension decreases the quality of life in Russian-speaking immigrant communities and contributes to the rise of problems associated with a decreased quality of life.

Russian-speaking immigrants were found to experience significant psychological distress in their adjustment to the culture of the United States (Althausen 1993; Aroian & Norris, 2000; Balatsky & Diener, 1993; Fitzpatrick & Freed, 2000; Flaherty, 1986; Hoffman, 2006). This distress was associated with increased rates of various mental health problems widespread in Russian-speaking communities. For instance, depression and anxiety were found to be very common among immigrants from the countries of the former Soviet Union (Hoeper et al., 1979; Hoffman, 2006). Yet, despite the many mental health problems in this community, it has also been found that Russian-speaking immigrants often abstain from seeking support from mental health professionals due to negative attitudes towards mental health services (Goldstein, 1979; Gutkovich et al., 1999).

As Russian-speaking immigrants tend to avoid seeking mental health services, the field of psychology largely lacks professional experience in working with the Russian-speaking community. In order to develop culturally appropriate interventions that would address the

existing problem in Russian-speaking communities, more research of the cultural specificities of this community is needed.

Justification of this Study

The literature in sociology, psychology, and migration studies has included minimal research exploring the impact of one's desire and choice to immigrate on the quality of life within immigrant communities. These constructs, however, may have a strong determinative effect on the immigrant experience. Moreover, the dynamic between choice and desire to immigrate may have its own meaning. For instance, one may have no desire to immigrate, but feel pressured to leave the country of origin for some reason. In such a situation, a person may feel that she/he has no choice, and is obliged or forced to move, even if she/he would have preferred to stay otherwise. A similar dynamic may occur for a person who has little ability to choose (due to familial and/or cultural factors) whether to migrate or not, but truly wants to move to a new country. These two examples may have a very different impact on person's experience of immigration. This dynamic may also be changed later based on the accuracy of one's original expectations about life after immigration.

Also, the importance of the accuracy of expectations (whether preimmigration expectations have been met) about immigration has been highlighted by several researchers (Arthur, 1991; Carling, 2004; DeJong, 2000; Mahonen, 2013; Shabates-Wheeler, 2009). However, few studies focused on specific expectations of Russian-speaking immigrants to the United States. As accuracy of expectations and attributions was found to be an important factor contributing to the quality of life after immigration, understanding what these expectations actually are would be valuable knowledge for mental health professionals. With this knowledge, mental health professionals may better figure out the potential causes of a Russian-speaking

immigrant's distress. This knowledge may also contribute to the development of appropriate mental health intervention strategies on both individual, familial and community levels.

It is the belief of this researcher that the choice and the desire to immigrate as well as the expectations about immigration have an effect on the quality of life of Russian-speaking immigrants in the United States. When it comes to Russian-speaking communities, there is a clear lack of effective clinical services created for this particular population, partially due to a lack of understanding the unique experience of the Russian-speaking immigrant. Without a clear understanding of the relationship among these variables, psychologists lack proper intervention strategies for those in the immigrant communities from the former Soviet Union. In addition, due to the fact these immigrants rarely seek clinical services on their own, psychologists do not get exposure to this population and the problems unique to these people. Therefore, a lot of mental health needs stay unaddressed. These unmet emotional and psychological needs might exacerbate separation and marginalization of the people in these communities, lead to decreases in their work productivity, and increases of deviant and unhealthy behaviors, such as those associated with crimes and addictive behaviors within these communities.

By investigating factors that have a significant impact on the quality of life in Russian-speaking immigrants, this research will contribute to the profession's understanding of the common needs in these communities. A more explicit understanding of the factors that contribute to immigration and their impact on postimmigration quality of life could open an opportunity for the tailoring and/or creation of resources for early interventions, which eventually may lead to a healthier integration of these communities in the United States.

In addition, a better understanding of the potential relationship of the immigration dynamics of desire, choice and expectations of immigration with the quality of life after

immigration, will help to develop proper psychoeducational materials for those who are struggling with postimmigration life as well as those who are yet in a process of making a decision about leaving their country of origin. Better-informed psychoeducation may help Russian-speaking individuals and families to create a more accurate picture of what to expect, how to prepare for the major transitions related to immigration and develop solid strategies for adjustment after the step is made.

Specifically, the goal of this research is to explore factors that impact the perceived quality of life among Russian speaking immigrants in the United States. More specifically, the study wants to investigate what type of relationship (if any) exists (direction and strength) between one's desire to immigrate, sense of having a choice, the accuracy of preimmigration expectations and quality of life after immigration.

Chapter 2: Literature Review

Introduction to the Experience of Immigration

The Merriam-Webster dictionary (2013) described the process of immigration as "to enter and usually become established." The International Organization for Migration (2013) defined it as "a process by which non-nationals move into a country for the purpose of settlement." According to Hernandez (2009), the term immigration refers to a wide range of human behaviors and experiences in the context of a new environment in situations when individuals choose to relocate for both personal and social reasons. DeJong (2000) defined immigrants as individuals who willingly leave their home countries in order to improve their quality of life in countries of destination. The International Organization for Migration (2006) estimated the number of foreign immigrants worldwide to be over 200 million. The World Migration Report (WMR, 2013) draws upon the findings of the Gallup World Poll, using data collected in 2009–2011 from 25,000 first-generation migrants and over 440,000 native-born individuals in over 150 countries, to assess, for the first time, the well-being of migrants worldwide. According to its data, the largest number of immigrants have settled in Europe followed by North America and Asia.

Since the end of the Second World War, the United States has had a consistent increase of its immigrant population related to several changes in immigration policies that made this process easier (Lynn, 2002). As discussed in the previous chapter, according to the U.S. Department of Homeland Security (2012), more than 10.5 million people obtained legal permanent resident status in the United States in the last ten years. In 2012 almost 1.9 million people resided in the U.S. in following statuses: refugees (87,663), permanent residents (1,031,631), and naturalized citizens (757,434).

These immigrants in the United States also represent a broader range of nationalities than in previous decades (Lashenykh-Mumbauer, 2004). People are moving to the United States from all over the world. The most recent World Migration Report (International Organization for Migration, 2013) showed that during the last years there was an increase of immigration from Europe and North America. Lashenykh-Mumbauer (2004) highlighted that since the late 1990's, there was a huge rise of other immigrant groups, some of whose populations have now achieved significant size, and are relevant for research on a national level. Russian-speaking immigrants from the countries of the former Soviet Union (often referred to as Russian Americans) are one of these groups.

Lashenykh-Mumbauer (2004) noticed that the U.S. Census reported that approximately 330,000 foreign-born residents from the former Soviet Union resided in the U.S. in 1990. According to the Statistical Yearbook of the Immigration and Naturalization Service (INS), during the third big wave of Russian-speaking migration that started in 1991 when the borders of the Soviet Union were opened, nearly 450,000 people moved to the U.S. (Gutlin & Ebenkamp, 2001). By 2002, the Russian speaking population in the United States was one of the fastest growing immigrant groups (Ginsburg, 2002).

Research showed that while some immigrants experience immigration as relatively easy and do not report problems with adjusting to the cultural norms and values of their new country (Manevich, 2010), for many immigrants adjustment to their new life involves high stress, frustration, and feelings of alienation that may lead to various mental health problems (Rennert, Tamir, & Petersburg, 2002). As the number of immigrants all over the world, and in the United States in particular, increases every year, there is currently a growing need for an in-depth

understanding of the migration experience (Vanoudenhoven, Ward, & Masgoret, 2006) and for

creation of resources to help recent immigrants in their adjustment to their new country.

<center>**Research on the Migration Experience**</center>

Migration is a complicated process that typically does not occur as a single-day event.

The experience of immigration can be considered as consisting of a preimmigration phase, when

a person starts to consider the possibility of changing a country of residency; the act of

immigration; and the postimmigration experiences that characterize one's life in a new country

and that may extend over generations.

The Preimmigration Decision-Making Process

The process of immigration is usually prefaced with a decision-making process. The

decision-making process is described as the cognitive and emotional arranging and rearranging

of information into the choice of action (Gelatt, 1989). The act of immigration is by its very

nature a decision-making process. Research has shown that just a presence of intention to

immigrate should not be considered as a valid predictor of migration behavior (Gardner et al,

1986; DeJong, 1981). One way to consider pre-migration behavior is as a series of decisions,

although in research literature there is no leading theory regarding the way to consider the

migration decision-making process. The most prominent theories are listed in the next few

subsections of this work.

Push and pull factors. Research often considers migration in terms of certain push and

pull factors. Some theories on push and pull factors analyze peoples' motivation to leave their

country of origin (push) or to move into a country of destination (pull). In other words, the term

"push factor" is used to describe things that cause discomfort for a person in their country of

origin, and the term "pull factor" is used for the real or expected attractive things in a country of destination (Lee, 1966).

Different researchers offered various lists of push and pull factors specific to particular countries (both of origin and destination), such as type of profession, gender, age, health status, and other demographic characteristics (De Haas & Fokkema, 2010; Hare, 1999; Mahonen, 2013; Shabates-Wheeler, 2009). However, some push and pull factors are similar among different countries. For instance, common push factors include (while not limited to) a lack of opportunities in the country of one's origin, high unemployment rates, poor medical care, fears of political persecution, racism, oppression, lack of political or religious freedom, wars, natural disasters, famine or drought, and other threats to life and factors reducing one's quality of life. Common pull factors are often direct opposites of the push factors and include better educational and job opportunities, increase in quality of living conditions, access to better medical care, political and religious freedoms, security, family reunifications, climate changes, and many other factors (Hare, 1999).

Based on the many concurrent dynamics of push and pull factors, a prospective emigrant starts to develop certain expectations about migration (Mahonen, 2013). By having positive expectations about life after immigration, or having negative expectations about staying in the country of origin, the migrant creates cognitive-emotional responses towards the idea of immigration (DeJong, 2000, Hare, 1999; Mahonen, 2013; Shabates-Wheeler, 2009). Push and pull factors, when powerful enough in an individual or family's life, start a decision-making process regarding migration which includes the building of certain expectations, and a growing desire to immigrate. This process may be followed by specific behavioral responses, and one of those responses could well be the choice to act on this desire by moving to another country.

Economic models of decision-making. In addition to push and pull theories, there are microeconomic models of migration. In this approach, it is assumed that an individual makes a decision to immigrate due to a positive expectation of being better off elsewhere. According to DeVanzo (1980) this approach implies that individuals make decisions in regard to migration exclusively by themselves and completely independently.

De Haas and Fokkema (2010) conducted a series of interviews about labor migration with emigrants from the Todgha Valley (Morocco) to Europe, who were prompted to immigrate by economic motivation. De Haas and Fokkema (2010) cited one of the interviewees, who explained his decision-making process in a following way:

Why I did leave? Do you think that life here was comfortable? If there was no sea between Morocco and Europe, the cows would not stay either. It was the misery that pushed us to Europe, like birds leaving their children in the bird's nest in search for food. It was difficult to go to Europe and leave the family behind but we had no choice, we had no money, I had to support the family. Before leaving, I was working for 7 dirham per day. Do you think I could have built this house if I stayed here? (p. 545)

According to Chi and Voss (2005), another side of the debate refers to the family as the decision-making unit. Research in support of this argument referred to the fact that members of a family often move together or move for the purpose of family reunification. For instance, Chi and Voss (2005) referenced Tunali (2000), who argued that the best way to study income influences on migration experience is to consider total household income.

Conflict decision-making theories. According to Zeleny (1981), Festinger's theory of cognitive dissonance and conflict resolution created a base for current approaches to decision-making theories. Beer (1975) contributed to decision-making theories by considering decision-making as a dynamic process of reevaluation with constant feedback.

One of the most well-known descriptive decision-making theories was introduced by Janis and Mann (1968). Their conflict theory of decision-making posited that a person makes a decision based on his or her confidence in the decision, the coping strategies used to handle the internal conflict of that decision, and data collected in order to come to the best solution (Leykin & DeRubeis, 2010). Janis and Mann (1969) suggested that choice-related dilemmas occur when the options for making a careful decision are equally valid, and there is no clear preference for one alternative or another. When facing this dilemma, a conflicted individual may either utilize an unbiased appraisal of the alternatives, or lapse into biased subjective thinking when a choice has to be made and there is not enough information on which to make a rational decision.

Kalter (as cited in Elrick, 2005, p. 9) suggested that migration decision-making consists of three phases: thinking about migrating, planning to immigrate and the behavioral act of immigration. Elrick (2005), however, found an alternative non-decision-theoretical point of view offered by Tilly (1990): "It is not very useful to classify migrants by intentions to stay or to return home, because intentions and possibilities are always more complex than that – and the migrants themselves often cannot see the possibilities that are shaped by their networks" (p. 9).

Rational choice approaches to decision-making. Rational choice theories of immigration were developed under the influence of both an economic approach and behavioral design theory in social psychology (Haug, 2012). In these rational choice theories, it is believed that any decision-making process is underlined by a cost-to-benefit analysis. According to Elrick

(2005), the core of all rational choice theories is a subjective utility model, which assumes that immigration is a rational action aimed to maximize an individual's net benefits. These benefits and costs are believed to be both monetary and non-monetary, and include the probability of finding a job and the expected socio-economic status at the place of destination as well as family reunifications and attractiveness of a particular climate zone (Haug, 2012).

Haug (2000) used a rational choice model in order to explain decision-making processes in regard to migration. She assumed that people in their decision-making process have a limited access to information, and seek to rationally analyze what information they have access to. Elrick (2005) noticed that those who consider an option of immigration, hope to minimize potential costs of this decision (e.g., economic, educational, cultural and social resources) and maximize the benefits. It is also assumed that prospective immigrants do cost-to-benefit analyses in regard to both their country of origin and potential country of destination (Elrick, 2005).

DeJong and Fawcett (1981) offered a value-expectancy approach to consider decision-making processes around immigration. In this value-expectancy approach, the strength of a tendency to act in a certain way depends on the expectancy that the act will be followed by a desired outcome and the value of that outcome to the individual (DeJong et al., 1983). As applied to immigration, this approach "calls for a specification of the individually valued goals that might be met by moving (or staying) and the perceived linkage, in terms of expectancy, between migration behavior and the attainment of these goals in alternative locations including the current place of residence" (DeJong et al., 1983, p. 473). In DeJong's theory (2000) expectations are considered as a dynamic concept in the decision-making process that capture the process of evaluating future outcomes of alternative decisions.

DeJong and Fawcett (1981) described the intention to immigrate as the sum of expected utilities, which were categorized according to the dimensions of wealth, status, comfort, suggestion, autonomy, affiliation and morality (Haug, 2012). There are things, however, that impact the decision-making process indirectly by influencing values or expectations. According to Haug (2012), these things include individual features, features of the household, demographic or socio-economic variables, social and cultural norms, personality factors such as a readiness to take risks or adaptability, and the availability of opportunities.

In the value expectancy approach, migration is considered as a rational, instrumental behavior, and decision-making is based on a cognitive estimate of costs in relation to benefits that involves a subjective, anticipatory weighting of the factors important to reaching certain outcomes.

Other approaches to decision-making. The decision-making process is not always conceived of as rational. Leykin and DeRubeis (2010) stated that affect, stress, and other "non-rational" internal processes often impact people's decisions. Research showed that negative emotions (Chuang, 2007; Raghunathan & Pham, 1999) impact the decision-making process in both experimental and everyday situations. Leykin and DeRubeis (2010) found that different psychopathological conditions, especially mood disorders, change decision-making processes in a way leading to less productive decisions.

Expectations about immigration and their outcomes. Different areas of psychology investigated the relationship between expectations and their fulfillment (Mahonen, 2013). One of the early theories regarding expectations came from the discipline of organizational psychology, where Porter and Steers (1973) posited that the fulfillment of expectations formed prior to changing a job was associated with increased job satisfaction afterwards. A more recent approach by Brown, Venkatesh, Kuruzovich, and Massey (2008) offered three models of expectation confirmation: the disconfirmation model, the ideal point model, and the importance of experiences only. In the first model it is believed that, regardless of the direction, the degree of difference between expectations and real outcomes leads to the degree of dissatisfaction (Mahonen, 2013). The second model suggested that outcomes exceeding expectations are associated with stress reduction and positive attribution, while negative disconfirmation leads to increased stress and disappointment. Finally, the third model assumed that expectations do not impact immigrant's satisfaction or dissatisfaction that are considered as the matter of pure experience (Mahonen, 2013).

Existing research has highlighted the importance of expectations for the adaptation of immigrants (Mahonen, 2013). Black (1992) suggested that the existence of any expectations about one's future decreases anxiety-provoking uncertainty in relation to the decision-making process. Decrease in stress levels associated with the presence of expectations is believed to help in the post-migration adjustment (Burgelt, Morgan, & Pernice, 2008). Several researchers discovered that positive and accurate expectations were associated with better postimmigration adaptation outcomes (Caligiuri, Phillips, Lazarova, Tarique, & Burgi, 2001; Ward, Bochner, & Furnham, 2001).

Many immigrants, however, face a mismatch between their hopes and expectations and the realities of life in their country of destination (Mahonen, 2013), which may lead to intense psychological dissatisfaction (Ward, Bochner, & Furnham, 2001). Such incongruence between one's imagined and factual outcomes may cause serious psychological issues such as anxiety, depression, and trauma related symptoms (Foster, 2001). Mahonen (2013) illustrated this mismatch between expectations and reality in the example of Russian immigrants to Finland, where unemployment rates among these immigrant communities were significantly larger than among the general population. Immigrants were also found to be largely discriminated against in Finland. Mahonen (2013) referred to Jasinskaja-Lahti, Liebkind, & Perhoniemi's (2006) study, which showed that, when recent immigrants did not expect negative and unexpected experiences, their anticipated adaptation outcomes were diminished.

Desire and choice to immigrate. As discussed earlier, various cognitive and emotional processes participate in the formation and development of migration decision-making process. Shabates-Wheeler (2009) believed that migration intentions are based on one's desire to improve or maintain the individual's or family's quality of life. In this research, a desire to emigrate/immigrate was defined as a conscious impulse towards a change in one's current living environment. This change may be based on either a positive or negative emotional base. For instance, a desire to immigrate may be based on various pull factors and consist of an impulse towards something that promises enjoyment or satisfaction in its attainment. Arthur (1991) talked about the "bright lights of the city" and "wanderlust and adventure" as a way to explain expectation factors in migration (as cited in Shabates-Wheeler, 2009). Another example may be a desire to emigrate, which is based primarily on the negative push factors. Thus, ethnic or

religious prosecution may be a core of one's desire to leave the country of origin and escape the stressors of life in there.

The construct of choice in the current research will be defined as an act of deciding between two or more possibilities in a way of compliance with one's primary desire whether to stay in the country of origin or immigrate somewhere else. As described earlier, the desire and choice to immigrate/emigrate and expectations about immigration dynamically interact in a complex decision-making process. This process may resolve into the behavioral act of immigration. It is this researcher's belief that dynamics around the decision-making process affect postimmigration experience and impact immigrants' quality of life in a new country.

Postimmigration Experience

There are many different ways to examine postimmigration experiences. Some of the most well-known theories of migration experiences include: theories of acculturation and acculturative stress, cultural learning, attachment, and social identity theories of immigration.

Acculturation theories of immigration. Regardless of desire, choice, and expectations around immigration, upon arrival in a new country, immigrants begin the process of adaptation to a new society, with its unique way of life, cultural norms and values (Lashenykh-Mumbauer, 2004). One of the ways to look at and examine this process of adjusting to a new culture is through the prism of acculturation theory. One of the first definitions of acculturation was suggested by Redfield, Linton, and Herskovits (1936), who wrote: "acculturation comprehends those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original culture patterns of either or both groups" (p. 149). In other words, acculturation can be defined as the process of assimilating new ideas into one's existing culture. Practically, however, acculturation tends to impact non-

dominant groups more than dominant ones. It is thought, that to a certain degree, acculturation towards that of the host country/culture is inevitable for most immigrants (Espin, 1999). It is this researcher's belief that Espin's assertion may be changing with time, as host countries tend to become more and more multicultural. Computer technologies also are contributing to a creation of a more universal culture, impacting acculturation process of the new immigrants.

Vanoudenhoven, Ward, and Masgoret (2006) suggested considering acculturation as a unidimensional, bidimensional, or a multidimensional process. When following a unidimensional approach, an individual adopts a cultural identity of a new country, while rejecting an original cultural identity. In the bi-dimensional approach, the individual can find a balance in accepting a new culture without losing his or her identification with the original culture (Vanoudenhoven, Ward, & Masgoret, 2006). According to Vanoudenhoven, Ward, and Masgoret (2006), a multidimensional approach to acculturation suggests that an individual adjust the original cultural values to the new values of the host society.

According to Lashenykh-Mumbauer (2004), the majority of modern researchers agree that acculturation is a multidimensional process. One of the most widely used theories was developed by Berry (1997), who offered a comprehensive way to consider acculturation through the lens of acculturation strategies.

Berry (1997), argued that by definition, acculturation is a neutral term, meaning that change may happen in both or either cultural groups. He proposed an acculturation theory based on two principles: cultural maintenance and contact participation. The first principle relates to the extent individuals hold to their original cultural values and maintain their cultural identity. The second principle applies to the extent people are interested in other values outside of their culture of origin, seek contact outside their cultural group, and participate in the life of the larger

society. Based on this theory, Berry (1989) came up with four major acculturation strategies: assimilation, separation, integration, and marginalization. These theoretical concepts focus on the individual differences among immigrants as they explore the way of balancing their cultural heritage in a new country. Berry (2001) explained these acculturation stages the following way:

> From the point of view of non-dominant groups, when individuals do not wish to maintain their cultural identity and seek daily interaction with other cultures, the assimilation strategy is defined. In contrast, when individuals place a value on holding on to their original culture, and at the same time wish to avoid interaction with others, then the separation alternative is defined. When there is an interest in both maintaining one's original culture, while in daily interactions with other groups, integration is the option; here, there is some degree of cultural integrity maintained, while at the same time seeking to participate as an integral part of the larger social network. Finally, when there is little possibility or interest in cultural maintenance (often for reasons of enforced cultural loss), and little interest in having relations with others (often for reasons of exclusion or discrimination) then marginalization is defined. (p. 619)

Hernandez (2009) highlighted that all theories of acculturation have an important meaning for the field of psychology as they help in increasing understanding of immigrant well-being, and that acculturation outcomes and their connections to well-being are of primary interest within the field of psychology.

Acculturative stress theory. In Berry's theory, the psychological impact of the acculturation process is viewed through the lens of his idea of acculturative stress. The acculturation stress idea implies that identity, attitudes, and behavior changes associated with migration may be very stressful and lead to psychological disturbances, especially to anxiety and depression. The management of acculturative stress includes problem-focused coping and emotion-focused coping. Hernandez (2009) summarized factors that may contribute to an increase or reduction of acculturation stress. These factors include the mode of acculturation, acculturation attitudes, phase of acculturation, cultural pluralism in the host society, and characteristics of the individual. Social support also seems to provide a buffer against acculturative stress.

Cultural learning theory of immigration. The process of acculturation not only includes acculturative stress but also incorporates cultural learning (Hernandez, 2009). Cultural learning theory (Masgoret & Ward, 2006) combined psychological and sociocultural approaches to immigration. According to Hernandez (2009), in this theory immigrant adaptation is assessed in regard to the knowledge and appropriate usage of communication skills, eagerness to learn the new language [and ability to do so] and acquirement of the social [and personality] skills necessary in integration to a new environment. Thus, for example, the presence of motivation to learn a new language by itself is associated with a positive impact on developing language competence and on increasing contact with the members of the host culture (Masgoret & Ward, 2006). Fluency in the language of the dominant culture is associated with a better sociocultural adjustment or adaptation to the new community (Clement, Noels, & Deneault, 2001).

Hernandez (2009) referred to Searle and Ward (1990) who suggested that friendships with the members of the dominant group help recent immigrants to explore social and cultural

norms of the new country and contribute to reduction of difficulties that immigrants may experience by positive interactions.

Previous experience with the culture of the country of destination such as previous visits, or familiarity with the culture may help recent immigrants to learn the skills necessary to adapt to the environment faster (Masgoret & Ward, 2006; Searle & Ward, 1990). Finally, Hernandez (2009) referred to the length of stay in the new country that is also associated with better sociocultural adjustment.

Attachment theory. Attachment theory is another way to explain some of the facets of the experiences of immigrants, which focuses on separation and loss (Hernandez, 2009). Classic attachment theory was based on observations of mother-child bonding experiences (Bowlby, 1969).

This theory was later applied to the psychology of immigration, acculturation strategies and acculturative stress in particular (Vanoudenhoven, 2006). Attachment theory in relation to the immigrant experience pointed to the ways in which different individual attachment styles influence the immigrant's selection of acculturation strategies (Vanoudenhoven & Hofstra, 2006). For instance, immigrants with secure attachments often had an integrative acculturation strategy. People with preoccupied attachment styles were found to be prone to experience more postimmigration distress and struggle with negative psychological adjustment (Vanoudenhoven, 2006). According to Vanoudenhoven (2006), people with dismissive attachments tended to demonstrate less distress as they were accustomed to autonomy and distant relationships while denying feelings of discomfort. Overall, secure attachment was found to be associated with better psychological adjustment (Vanoudenhoven, 2006).

Social identity theory. Social identity theory (Tajfel, 1974) developed on the base of social psychology and focused on exploration of the relationships between immigrants and members of the dominant culture. This theory specified three psychological processes that accompany the process of immigrant social identity development: social categorization, social comparison, and psychological work (Hernandez, 2009). Social categorization is based on various social categories and ethnic or physical characteristics that impact development of social identity. Social comparison refers to evaluation and reevaluation of oneself in relation to other's social characteristics such as socio-economic status. Psychological work in social identity theory includes the immigrant's feelings towards the group that he or she has been categorized in by the larger society (Hernandez, 2009).

As mentioned above, there are many different ways to consider postimmigration experiences. Multiple theories were offered to describe immigrants' experiences. Various researchers focused on cognitive and emotional processes accompanying the post-migration experience. Most of the researchers agree on the fact that migration is a complex experience, requiring certain cognitive, emotional, and behavioral adjustment processes in order to maintain or establish a desired quality of life.

Quality of life. The concept of quality of life is multidimensional, and there is no exclusive generally accepted definition that most researchers agree on (Bayram et al., 2007). When talking about general evaluations of life satisfaction, subjective well-being, or one's affective state at any given moment, psychologists often use the vague word happiness, which may not be the best choice for precise communication of this construct (Diener & Ryan, 2009). Subjective well-being is another widely used term used to describe the positive quality of life experience according to one's subjective evaluations of her/his own life at any given time. These

evaluations may include "judgments and feelings about life satisfaction, interest and engagement, affective reactions such as joy and sadness to life events, and satisfaction with work, relationships, health, recreation, meaning and purpose, and other important domains" (Diener & Ryan, 2009, p. 391).

The term well-being is often used in the research literature as a part or even synonymously with the concept of quality of life. A more detailed look at available research suggested that, for the most part, these two constructs are described as consisting of the same facets and qualities, which may be why they tend to be used interchangeably. For instance, The World Migration Report (WMR) 2013 highlighted the following facets of well-being: financial, career, physical, social, community, as well as overall subjective well-being (International Organization for Migration, 2013). At the same time, Campbell (2011) described quality of life as consisted of physical, psychological, social and environmental components. The International Organization for Migration (IOM) cited Rath and Harter (2010) in their definition of well-being as "the combination of our love for what we do each day, the quality of our relationships, the security of our finances, the vibrancy of our physical health, and the pride we take in what we have contributed to our communities." For the purposes of this research, the constructs of well-being and quality of life will be used interchangeably to describe such domains of one's life as physical and mental health, economic status, living and housing situation, work, relationships, and overall life satisfaction (Ritsner et al., 2005).

Early researchers of quality of life focused primarily of the potential causes of well-being (Diener, Ryan, 2009). However, little was found to describe objective constructs that had a significant positive correlation with reported quality of life. Recently, researchers started to focus on different facets of quality of life, and their potential impact on individuals and society in

general (Diener, Ryan, 2009). A growing body of research suggests that there is a positive

relationship between well-being/life satisfaction and health, longevity, work, income, social

relations, and societal benefits (Diener & Biswas-Diener, 2008; Lyubomirsky, King, & Diener,

2005).

Ilic, Milic, and Arandelovic (2010) defined some specific indicators of quality of life.

They combined these qualities into two groups: objective social indicators and subjective social

indicators. According to Ilic, Milic, and Arandelovic (2010), the first group (objective social

indicators) includes life expectancy, crime rates, employment versus unemployment rates,

poverty, and suicide rates. The second group (subjective social indicators) includes sense of

security, subjective feeling of happiness and general life satisfaction, perception of justice, job

satisfaction, and various social relationships.

Ilic, Milic, and Arandelovic's idea of looking at objective and subjective indicators of

well-being may have influenced a slight shift from considering world migration through the dry

lens of statistical data to a real understanding of human experience. The most recent World

Migration Report (WMR, 2013) for the first time focused on "perceptions of well-being as a way

to measure societal progress." As an introduction to this more experiential look at human

migration, the WMR cited Joseph Stiglitz, Amartya Sen and Jean-Paul Fitoussi (2010), who

wrote " …what we measure affects what we do...the time is ripe for our measurement system to

shift emphasis from measuring economic production to measuring people's well-being"

(International Organization for Migration, 2013). The same report cited the United Nations

General Assembly, saying that "the notion of well-being and sustainability at the core of the

reflections about the future shape of the global development framework beyond 2015" (UN

DESA, 2012).

Measuring quality of life. As mentioned above, quality of life is a complex multidimensional construct that consists of various facets such as physical and mental health, economic status, living and housing situation, work, relationships, and overall life satisfaction. Measuring complex constructs is, by its very nature, a lengthy and complicated process. In order to measure such complex constructs as quality of life, it is firstly important to agree on its definition. After defining the construct, it is possible to choose or establish a reliable measure, and validate its ability to measure the construct.

Subjective Happiness Scale. One way to deal with the problem of having a vague construct to measure is to develop a measure of subjective experiences (or, how the individual experiences the construct). Subjective Happiness Scale was developed by Lyubomirsky and Lepper (1997). This measure is very brief and consists of four seven-point Likert scales. Despite its brevity and composition of broadly stated items, this measure is described as having high internal consistency and stability over time and across 14 different samples with more than three thousand participants total (Lyubomirsky & Lepper, 1997). According to Lyubomirsky and Lepper (1999), in all samples the four items of the Subjective Happiness scale demonstrated good to excellent internal consistency (Cronbach's a 0.79 to 0.94). Five longitudinal studies on different samples have demonstrated measure's stability over time. Test retest reliability ranged from 0.55 to 0.90. Strong psychometrics were also obtained for convergent validity and discriminant validity (Lyubomirsky & Lepper, 1999).

The Subjective Happiness Scale has been translated and standardized on several languages with Russian being one of them. Psychometric properties of this measure in Russian have been shown similar to its English version (Lyubomirsky & Lepper, 1999).

In the current study, both English and Russian versions of Subjective Happiness Scale will be used with the study sample in post hoc analyses.

World Health Organization's Quality of Life scale (WHOQOL-100 & WHOQOL-BREF). Some researchers, however, attempted to develop better than preexisting disintegrated definitions of quality of life and create measures specific to these better definitions. Thus, the World Health Organization (1995) set up a unique collaborative project that resulted in the development of a more objective quality of life instrument. This instrument was created primarily for physicians in order to consider clients' self-reports during medical treatment. World Health Organization's Quality of Life-100 scale (WHOQOL-100) aimed to be a valid and reliable self-reported quality of life in relation to physical health. It is a generic instrument for use within and outside of clinical settings (Bayram, 2007). WHOQOL-100 consists of six main domains, which include physical and psychological health, levels of independence, social relationships, environmental factors, and spirituality and personal beliefs. These domains are divided into 25 facets. The measure does not have an overall score of quality of life. WHOQOL-100 has been translated to different languages and has been standardized on various samples. Overall, it has demonstrated good construct validity, concurrent validity, discriminant validity, internal consistency, and test-retest reliability (Bayram, 2007). Despite being characterized by a number of benefits, this measure has certain traits that make it less suitable for the purposes of the current research. Thus, the original version of WHOQOL-100 is quite lengthy and time consuming. The shorter version, WHOQOL-BREF, is not explicit in measuring the domains of quality of life, and focuses on health related quality of life, instead.

Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q). Another measure of quality of life was developed by Endicott and colleagues (1993). Quality of Life

Enjoyment and Satisfaction Questionnaire (Q-LES-Q) (Endicott et al., 1993) is a brief measure of self-reported life satisfaction in several domains of quality of life. In research it has been used often as a measure of health-related quality of life in order to measure life satisfaction in patients during pre and post treatment phases of various therapies (Schecter, Endicott, & Nee, 2005).

The full version of Q-LES-Q is a self- report instrument that consists of 93 items grouped into eight summary scales that access satisfaction with physical health, subjective feelings, work, household duties, school, leisure activities, social relationships, and general activities (Schecter, Endicott, & Nee, 2005). Each item is rated on a 5-point Likert scale and indicates the degree of enjoyment or satisfaction experienced during the past week (Schecter, Endicott, & Nee, 2005). High scores indicate greater satisfaction and higher perceived quality of life.

The most commonly used short form of this measure is the Q-LES-Q-SF. This form is often used with medical and psychiatric populations. It consists of the General Activities subscale of the larger instrument. It includes 14 items representing different facets of quality of life, and 2 items related to satisfaction with medication, and overall life satisfaction (Schecter, Endicott, & Nee, 2005).

Validity and reliability of this measure has been demonstrated for different psychiatric conditions, and it has been used as a measure of quality of life in more than 100 peer-reviewed publications (Mick et al., 2005). According to the review of the Q-LES-Q by Caruso (2012), several studies have reported that internal consistency reliability estimates for the five main scales and each estimate has exceeded .85, which indicates that the main scale scores are reliable. According to Schecter, Endicott, & Nee (2005), Q-LES-Q has good test–retest reliability, and its subscales have high levels of internal consistency. Q-LES-Q has been found to have good convergent validity. Levels of satisfaction, as measured by the eight composite scores from the

Q-LES-Q, have been found to be negatively correlated with the Clinical Global Impressions'

Severity of Illness scale, and changes in Q-LES-Q scores have been found to be negatively

related to changes in scores on the Hamilton Rating Scale for Depression (Caruso, 2012).

Q-LES-Q-18. Another short form of the Q-LES-Q was offered by Ritsner et al. (2005).

The study by Ritsner et al. (2005) identified a core subset of Q-LES-Q items, and evaluated the

psychometric properties of an abbreviated Q-LES-Q as compared to the basic Q-LES-Q. Factor

analysis for the model construction sample was done by Ritsner et al. (2005) to identify the main

factors of the abbreviated Q-LES-Q. Four factors of Q-LES-Q showed to have the highest

eigenvalues. These factors of Q-LES-Q-18 included social relationships, physical health,

subjective feelings, and leisure time and activities. According to Ritsner et al. (2005), these

factors correspondingly accounted for 31.4%, 26.3%, 22.7% and 19.5% of the total variance.

Based on the statistical analysis, 21 most predictive items of the original Q-LES-Q (R2 1⁄4 0.87–

0.93) were chosen in Q-LES-Q-18. Two additional items (Satisfaction with Medication and Life

Satisfaction) were added to Q-LES-Q-18 later, as they were not included in any domain of the

original Q-LES-Q (Ritsner et al., 2005). This four-factor structure of Q-LES-Q-18 was replicated

by Ritsner et al. (2005) on three validation samples. The measure has been found to discriminate

significantly between clinical and healthy control groups, when gender, marital status, age and

education were controlled in the three-way ANCOVA model. Significant negative correlations

were found between Q-LES-Q-18 results and severity of emotional distress, depressive

symptoms, and general psychopathology. Significant positive correlations were found between

Q-LES-Q-18 and self-efficacy, self-esteem and social support (Ritsner et al., 2005).

Q-LES-Q-18 has been translated into Russian by Rasskazova (2012). Rasskazova (2012)

has standardized the Russian version of the measure on a sample of 440 participants. The study

has demonstrated strong internal consistency (Cronbach's a 0.86-0.92) and good test-retest reliability.

Overall, despite the fact that Q-LES-Q has demonstrated good results when used on the samples with numerous psychiatric conditions, the measure would benefit from additional research in order to better understand how different referent groups of controls score on measures of quality of life (Schecter, Endicott, & Nee, 2005). For instance, the specific utility of this scale, however, has not been demonstrated in immigrant populations.
For the purposes of the current study, both English and Russian versions of Q-LES-Q-18 will be used on a sample of Russian-speaking immigrants to the United States.

Postimmigration experiences and quality of life. As mentioned in the first chapter, the quality of life among those in immigrant communities is often compromised in certain aspects. One of these aspects is the state of certain immigrants' mental health. Upon immigration, many people face extraordinary stressors, and social and psychological challenges associated with the adjustment to a new environment (Beckerman & Corbett, 2008). Belozersky (1990) mentioned that immigration itself "with its accompanying feelings of uprootedness, vulnerability and numerous losses, acts as a powerful stressor" (p. 124). These stressors of immigration may lead to various mental health problems. Research showed that these problems often include anxiety, mood disorders, and relationship problems (Aroian & Norris, 2000; Beckerman & Corbett, 2008; Rennert, Tamir, & Pettersburg, 2002). Difficulties in adjustment may be so extreme that some people experience various trauma-like symptoms such as intense sense of loss, dissociation, flashbacks and nightmares (Beckerman & Corbett, 2008; Foster, 2001).

Another aspect of quality of life, closely associated with high stress levels among those in immigrant communities is the state of their general physical health. Research shows that many

non-western immigrants tend to express their psychological distress as somatic complaints (Brod & Heurtin-Roberts, 1992; Kohn, Flaherty, and Levav, 1989). Changes in social and financial status also often contribute to the stresses of immigration (Mirsky, Barash, & Goldberg, 1992). The World Migration Report (2013) stated that many immigrants struggle to achieve a satisfactory level of well-being. Shasha and Shron (2002) noticed that with this lack of social and financial support, recent immigrants often find themselves isolated, alienated, and lost in their struggle to survive in a new country (Shasha & Shron, 2002).

Difficulties in mental and physical health, and in the social and financial environment, by definition decrease immigrants' quality of life. In turn, decreased quality of life keeps placing more and more stress on recent immigrants by contributing to subjective feelings of unhappiness. These subjective feelings of unhappiness and low life satisfaction negatively impact work productivity, social interactions, and health and longevity (Diener & Ryan, 2009). Therefore, a vicious circle occurs.

There is, however, research stating that immigration may be a relatively easy experience for some people, and that acculturation is not always a disruptive experience (Espin, 1999). The World Migration Report (2013) stated that overall, migration aims to improve people's well-being in different dimensions. In his theory, Berry (2006) proposed an idea that some acculturation strategies are associated with less acculturative stress and facilitate an easier adjustment to a new culture. Other researchers expressed a similar idea, stating that a healthy acculturation transforms into a healthy biculturalism (Fong, 2004; Malvasi, 2002; Szapocznik, Kurtines, & Fernandez, 1980). Nevertheless, the majority of studies focused on the negative outcomes of difficulties in acculturation process. These difficulties were found to create various social and psychological problems among immigrants living and working in the United States.

These immigrants often experience high levels of stress, leading to a massive increase in psychological and health issues. By impacting people's well-being and overall quality of life, these issues eventually may lead to social marginalization of immigrant communities, a decrease in work productivity, and an increase in criminal behaviors, which affect social costs of the problem as a result.

Postimmigration Experience in Russian-Speaking Communities

As discussed earlier, immigrants from the countries of the former Soviet Union constitute a significant part of the United States residents. Historically, the United States of America has been a country of interest for Russian-speaking immigrants. For instance, the majority of people of Jewish heritage emigrating from Russian-speaking countries during the second wave of emigration settled either in Israel or in the U.S. According to the International Organization for Migration (2013) up to date, these two countries harbor the vast majority of people emigrating from the former Soviet Union.

As previously mentioned, the majority of Russian-speaking immigrants to the United States tend to come to the country as a part of a larger family. One of the factors that contributes to difficulties in adaptation and acculturation of Russian speaking immigrants is the marked difference in family structures and dynamics in the former Soviet Union and the United States (Manevich, 2010). This tendency applies to various Russian-speaking communities, including Jewish immigrants from the former Soviet Union, who are often given the blanket label of "Russians" in the United States (Newhouse, 2005).

Russia and other countries of the former Soviet Union are often described in diversity literature as holding to collectivistic values. According to Sue (1982), collectivistic cultures generally focus more on the benefits of the entire family more than on the personal goals of an

individual. Collectivistic cultures may be characterized by certain interdependency, in which an individual depends on a family, and the family reputation depends on the individual's behavior (Nydell, 1987). According to Nydell (1987), social relationships in collectivistic societies value trustworthy relationships with family and friends over individual self-expression. Manevich (2010) suggested that due to these specificities of collectivistic cultures, an individual's self-disclosure outside of the family and trusted social group is often seen as inappropriate and even damaging to a family unit; while self-disclosure within the family may be deemed self-centered and inconsiderate.

The former Soviet Union countries, even though they share a collectivistic culture, have gone through unique cultural and historical experiences that determined a different approach to social interactions from the one typically attributed to most collectivistic cultures. Gilberg (1990) stated that people raised in the communist environment of the former Soviet Union often inherit "a legacy of fear…fuelled by a legacy of suspicion…not merely a fear of officialdom and authorities, but a fear of other people – neighbors, friends, work associates, and even relatives" (p. 272). Mamali (1996) and Markova (1997) attributed this tendency to the totalitarian rule that took place in the countries of the former Soviet Union, where the consequences of self-disclosure were unpredictable and could imply various threats to personal safety. This culturally appropriate suspiciousness often impacted peoples' willingness to seek out social interactions and self-disclose in them. A famous Russian proverb says, "A fly cannot enter a closed mouth," meaning that if one wants to protect oneself from unpleasant events, it is better to keep one's mouth shut.

In such conditions, the extended family became the ultimate system of trustworthy social interactions. It allowed people to fulfill the need for communication as well as help them to develop "resilience and survival skills" (Newhouse, 2005, p. 703). The struggles to establish

trustworthy connections make those connections more valuable. Once established, a bond is perceived as a forever-lasting mutual obligation (Searle-White, 1996).

The study by Manevich (2010) demonstrated that the overall self-disclosure patterns of Russians didn't change much after immigration. Klicperova, Feierabend and Hofstetter (1997) argued that even after the "breaking of the wall," people from the former Soviet Union did not lose their distrust and suspicion of the world and others. Even years after immigration, people are not willing to discuss aspects of their personal life outside of their most trusted circle. At the same time, Manevich (2010) assumed that the former Soviet Union may be characterized as a fairly collectivistic society, in which familial and societal structures were prioritized over individual and personal benefits. Nevertheless, extensive self-disclosure risked damaging an entire family or community.

The suspiciousness and "tight-lipped" demeanor typical of Russian-speaking immigrants developed as adaptive responses (and as a cultural value) to the threatening unpredictability of political regimes and to the reality of social and economic situations. However, after immigration, these values often lose their adaptive quality and become automatic, ineffective and even maladaptive in a new cultural situation. For instance, if Russian-speaking immigrants maintain hypervigilence and reluctance to self-disclose after they immigrate, it may be one of the factors contributing to choosing less adaptive acculturation strategies like social marginalization or separation.

These strategies do not tend to lead to extensive communication with people outside of a trusted circle. Hence, Russian-speaking immigrants face a dilemma of valuing social connections, yet, possessing an inability to establish them with a desired and comfortable level of

trust and closeness. The emotional tension appearing in this conflict may be one of the factors contributing to the decrease in quality of life in Russian-speaking immigrant communities.

Russian Immigrants and Mental Health

Depression and anxiety symptoms were found to be widespread among Russian-speaking communities in the United States (Hoeper et al., 1979; Hoffman, 2006). In addition, the research on mental health rates among the former Soviet Union immigrant communities found that it might be culturally difficult for immigrants from the former Soviet Union to seek psychological services. Immigrants from the former Soviet Union often hold negative attitudes towards mental health services (Fitzpatrick & Freed, 2000; Goldstein, 1979; Gutkovich et al., 1999), which include high distrust and suspicion of the field, lack of understanding of how the medical system works, and associations with psychiatry as punishing. Psychiatry was institutionalized in the way that was often used as a form of punishment during the period of the Soviet Union. Some of the common reasons that prompted psychiatric incarceration were: attempts or expressed desires to emigrate; ownership or distribution of prohibited literature; holding to particular religious views; and participation in any political movements different from the main course of the leading (Communist) party.

Research shows that, like many non-western immigrants, people from Russian-speaking communities tend to express their psychological distress as somatic complaints (Brod & Heurtin-Roberts, 1992; Kohn, Flaherty, and Levav, 1989). Gutkovich et al. (1999) compared to the general American population with immigrants from the former Soviet Union, and discovered that these immigrants tend to experience more health concerns of a psychosomatic nature than the general population. As previously mentioned, these health problems often include hypertension, heart disease, and gastroenterological issues (Gutkovich et at., 1999).

According to Brod and Heurin-Roberts (1992), medical health professionals describe expectations of Russian-speaking immigrants regarding the American medical system as "unrealistically high" (p. 334). However, as many of their concerns are of a psychosomatic nature, it is hard to address them with the help of a solely physiological/medical intervention. Rejecting psychological help for their concerns, Russian-speaking immigrants tend to hold on to their problems – unable to solve them or obtain proper services.

Even seeking medical help may be difficult for immigrants from Russian-speaking communities (Rennert, Luz, Tamir & Peterburg, 2002). This tendency of not seeking out a physician or hospital may be associated with a lack of understanding of how the medical system works, since in the countries of former Soviet Union, health services operate in a different model of delivery and are completely free of charge. Therefore, the stress of paying for healthcare services may add to preexisting financial strains (Manevich, 2010).

As Russian-speaking immigrants tend to abstain from seeking psychological and/or medical services, the proper interventions to address impaired quality of life for these communities may be unclear to medical and mental health professionals. Given the profession's lack of experience in working with the Russian-speaking community, psychologists tend not to be familiar with the common problems experienced by this particular cultural group. Therefore, in order to address the existing problem, more research is needed to better understand the cultural specificities of the group and to develop culturally appropriate interventions.

Research Gaps

Despite an overall large amount of research on the topic of immigration to the United States, it has not yet been discovered what factors are specific to quality of life among immigrants, especially in the Russian-speaking community. The impact of one's desire and

choice to immigrate on the quality of life within immigrant communities has not been largely explored in the scientific literature. Also, despite being acknowledged by several researches (Arthur, 1991; Carling, 2004; DeJong, 2000; Mahonen, 2013; Shabates-Wheeler, 2009), the importance of the accuracy of expectations about immigration has not been widely studied in the Russian-speaking communities in the United States.

It is this researcher's belief that dynamics around the choice and the desire to emigrate/immigrate, and the expectations about immigration impact postimmigration experiences of Russian-speaking immigrants in the United States. By investigating the factors that affect the quality of life in Russian-speaking immigrants, this research can contribute to the better understanding of the common needs in these communities.

Current Research

This dissertation will study Russian-speaking immigrants in the United States. Participants will be recruited from areas of relatively heavy immigration by Russian-speakers from the former Soviet Union in the Metropolitan Chicago (IL) area. The study will seek, through survey and interview data, to find the relationship (direction and strength) between the three hypothesized determinants: the choice to immigrate, the desire to immigrate, expectations about immigration, and quality of life.

The following variables will be examined to determine whether there are relationships of significant direction and power between them: quality of life, desire to emigrate/immigrate, sense of choice, and perceived accuracy of expectations and attributions. They will be measured by both surveys and objective instruments.

Chapter 3: Research Design and Methods

Participants

This study aimed to investigate factors associated with experienced quality of life after immigration in a sample of Russian-speaking immigrants to the United States. Participants were recruited from areas of relatively heavy immigration of former citizens of the countries of the former Soviet Union in the Metropolitan Chicago (IL) area.

There were two primary inclusion criteria for this study. The first inclusion criterion was that participants were currently adult Russian-speaking immigrants (ranging from 20 to 80 in age) currently residing in the United States for not less than a year, but not more than 30 years. The other primary inclusion criterion for participation was immigration to the U.S. as part of a family. "Immigration as a part of a family," means that a research participant moved to the U.S. with (or to) a spouse, a child, an elderly parent, a sibling, or any other relative (by blood, adoption, or marriage), who was considered as a family member by the participant. Children and adolescents were not included in the sample for this research. This inclusion criterion was added in order to include family dynamics as a variable of choice in the participant's decision-making process. In cases when a person has immigrated alone, it is more likely that this decision has been made individually, and the choice a priori becomes attributed to that individual. It is this researcher's belief that this family inclusion criterion will allow for a wider range of responses for the variable of "choice to immigrate."

Population and Recruitment

Participants were recruited through snowball recruiting. The snowball recruiting method was chosen, as it helped to gain access to "hidden populations" that might have been difficult for researchers to normally access using other sampling procedures. As discussed earlier, Russian-

speaking communities have a tendency to maintain a relatively secluded way of life and may be characterized by a common suspiciousness to mental health professionals (and researchers). Given these characteristics of the population, recruitment through trusted relationship networks has been chosen as an efficient and reliable way to get access to a sample of Russian-speaking immigrants in the United States.

This researcher initially sought out contacts within the Russian-speaking community, and asked these initial contacts to recommend others who might be interested in participation. Thus, existing participants helped to recruit future subjects from among their work/school/social networks in the Russian-speaking community. To recruit participants this researcher distributed a letter of recruitment (see Appendix M), which encouraged those interested in participation to contact the primary researcher. In order to protect confidentiality of potential participants, the recruitment letter recommended to dial *67 before the researcher's number. Potential participants also had an option to contact the researcher electronically via email, protected by the security encryption system of The Chicago School of Professional Psychology. Any electronic communication was deleted by the researcher after perusal.

The same script was offered to researcher's initial contacts in the community, so they could use it when recruiting other participants. Interested subjects contacted the researcher to obtain the research materials. The researcher then provided potential participants with the envelope containing the informed consent form and other research materials. These envelopes were distributed to participants in person by the researcher either individually or in specially arranged group meetings.

A participant could return the packet to the researcher in one of two ways. He/she could place the packet in the mail to an address where the researcher could easily pick it up. Or, the

participant could attend one of the group meetings in which interested participants filled in the research materials right away and returned them back to the researcher in person. Interested participants chose how to fill in and return the research materials: either they completed the study individually and mailed it to the provided address, or left completed packets with the researcher during the group meetings.

Sample Size

The statistical procedures of current study required a minimum sample of 30 participants in order for the sample to have sufficient statistical power. The current study sought to obtain 50 completed participant protocols. Seventy-five (75) people were offered to participate in the study. Sixty-eight (68) people initially agreed to participate in the study and received the research packets. Not everybody interested in participation chose to complete the study. The attrition rate was 26.47%, or eighteen (18) participants dropped out in the middle of the study. A total of 50 participants' files were examined. None of the participants, who fully completed the study, was excluded from the final sample.

Sample Characteristics

Table 1 shows that out of 50 participants, 22 (44%) people chose to complete the study in English and 28 (56%) completed the study in Russian. In the final sample, 19 (38%) participants were male and 31 (62%) participants were female. Participants ranged in age from 20 to 70 years old, and were relatively equally distributed across lifespan. The largest age group was between 20 and 30 years old, and 20 (40%) participants fell into this group; 8 subjects (16%) fell in the age group between 30 and 40 years old; 11 participants (22%) fell in the age group between 40 and 50 years old; 7 participants (14%) fell in the age group between 50 and 60 years old; and 4 participants (8%) fell in the oldest age group between 60 and 74 years old.

When asked about estimated family income, 21.7% answered that their estimated yearly income was less than $25,000; 26.1% answered between $26,000 - $45,000; 13% answered $46,000 - $60,000; 8.7% answered $61,000 - $80,000; 6.5% answered $81,000 - $100,000; and 23.9% answered that their income was more $100,000. Out of 50 participants, 4 opted out of answering this question. Also, at the stage of data collection, there were 8 interested subjects, who completely refused to participate in the study, because of this question.

As for the marital status among participants, 16% reported being single, 64% of respondents reported being currently married, 10% reported being in a relationship, and 10% reported being divorced. On relational status at the time of emigration from their countries of origin, 52% of participants were single, 40% were married, 4% were in a relationship, and 4% were divorced.

In assessing the inclusion criterion of family members who immigrated with research subjects, the most common answer included the whole family (the definition varied among participants, but always included more than one of the following categories) – 52%; 26% answered "other," which most commonly was explained as "spouse" and "fiancé"; 10% immigrated with parents; 6% listed children; and 6% of the subjects immigrated with siblings.

The participants of this study constituted a highly educated sample, with only few people stopping their education at a high school level. Over a half (52.5%) of study participants came to the U.S. with Bachelor's degree, and 30% of participants obtained a graduate degree prior to immigration. Many of the study participants continued their education after immigration. 38.7% of study participants obtained a graduate degree after immigration to the United States.

Table 1

Sample Characteristics

Characteristic	*n*	Valid %
Language of Participation		
English	22	44
Russian	28	56
Gender		
Male	19	38
Female	31	62
Age		
20 – 30	20	40
30 – 40	8	16
40 – 50	11	22
50 – 60	7	14
60 and older	4	8
Income		
Less than $25,000	10	21.7
$26,000 - $45,000	12	26.1
$46,000 - $60,000	6	13
$61,000 - $80,000	4	8.7
$80,000 - $100,000	3	6.5
More than $100,000	11	23.9
Marital Status Prior to Immigration		
Single	26	52
Married	20	40
In a relationship	2	4
Divorced	2	4
Marital Status After Immigration		
Single	8	16
Married	32	64
In a relationship	5	10
Divorced	5	10
Family Members that Immigrated		
Parents	5	10
Siblings	3	6
Children	3	6
Whole family	26	52
Other	13	26
Education Prior to		

Immigration		
High school	7	17.5
Bachelor	21	52.5
Master	9	22.5
Doctorate	3	7.5
Education After Immigration		
High school	4	12.9
Bachelor	15	48.4
Master	5	16.1
Doctorate	7	22.6
Had to Validate Education		
Yes	18	38.3
No	29	61.7

Measurements

Participants were asked to fill out three measures. The first one was the short form of the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q-18) authored by Ritsner et al. (2005). As described in Chapter 2, this questionnaire aimed to assess individuals' quality of life in different aspects, such as general and emotional health, life satisfaction, social relationships, and leisure time. Q-LES-Q-18 was validated by Ritsner et al. (2005) on three samples. This measure was found to discriminate significantly between clinical and healthy control groups. Q-LES-Q-18 demonstrated significant negative correlations with emotional distress, depressive symptoms, and general psychopathology. Significant positive correlations were found between the Q-LES-Q-18 and self-efficacy, self-esteem and social support (Ritsner et al., 2005). Rasskazova (2012) translated the Q-LES-Q-18 into Russian. She also has standardized the Russian version of the measure on a sample of 440 participants. The study has demonstrated strong internal consistency (Cronbach's alpha: 0.86-0.92) and good test-retest reliability (Rasskazova, 2012). Both English and Russian versions of the Q-LES-Q-18 were used on a sample of Russian-speaking immigrants to the United States.

The second measure was the modified Subjective Happiness Scale (SHS), which aimed to assess to what degree immigrants feel happy about their new lives after immigration. The Subjective Happiness Scale was developed by Lyubomirsky and Lepper (1997). The original measure is very brief and consists of four seven-point Likert scales. This simple measure is characterized by a high internal consistency and stability over time and across 14 different samples, with more than three thousand participants total. (Lyubomirsky & Lepper, 1997). According to Lyubomirsky and Lepper (1999), in all samples the four items of the SHS demonstrated internal consistency (Cronbach's alpha 0.79 to 0.94). The measure was characterized by strong psychometrics for convergent validity, discriminant validity, and test retest reliability (Lyubomirsky & Lepper, 1999). The Subjective Happiness Scale has been translated and standardized on several languages, with Russian being one of them. Psychometric properties of this measure in Russian have been shown to be similar to its English version (Lyubomirsky & Lepper, 1999). The modified version consisted of four five-point Likert scales with questions identical to the original measure. This modification was applied in order to make the individual questions of the measure comparable to the individual questions of Q-LES-Q-18 and the survey. Both English and Russian versions of the modified SHS were used on a sample of Russian-speaking immigrants to the United States in the current study.

The third questionnaire was a survey created specifically for the purpose of this research in order to assess one's desire to immigrate, perceived choice for immigration, perceived accuracy of expectations, and certain demographic questions, such as age, gender, level of education, and support groups (See Appendix C). This questionnaire consisted of several multiple-choice questions. It also included several open questions, where participants were asked to write down a more detailed, subjective answer.

Several minor typos were discovered in these measures in the process of the study. The appendices provide corrected versions of both the English and Russian versions of the measures, consents, and recruitment scripts.

Procedure

Participants were asked to complete a packet of the research materials described in the prior section. Given the potential differences in English fluency among the study participants, they were offered to choose materials in either the English or Russian language. A professional translator reviewed the materials for idiomatic correctness (see Appendix N), and guaranteed the accuracy of translation of both the survey and the consent form.

Each packet of materials was placed in an envelope with a stamp and the researcher's address as both destination and return addresses. In order to protect researcher's privacy, the address on the envelope was a temporary mailbox address, rented specifically for the purposes of this research. Interested participants were able to fill out the research materials and send them back to the researcher, without disclosing their identity.

In the participant packet, there was also a consent form with an extra envelope. If individuals chose to participate, they were asked to seal their signed consent form in the envelope. To ensure participants' confidentiality, the informed consents were never directly observed by the researcher. Informed consents were stored separately from other research materials, and there was no connection between identifiable information and actual response data. For more information, please, see Informed consent and Data coding and storage sections.

As mentioned in the Population and recruitment section above, interested subjects were offered an option on how to complete their participation in the research. Some people preferred to complete their forms at a particular time or setting and chose to take their envelopes and mail

them to the researcher after completion. Others, however, chose to complete the forms right away and give the packet back to the researcher in person.

Analysis of Variables

Design

This study utilized a retrospective correlational design to determine the relationships between the different facets of participants' quality of life (as measured by the Quality of Life Enjoyment and Satisfaction Questionnaire [Q-LES-Q-18]), their reported desire to immigrate, their reported choice to immigrate, and the perceived accuracy of their expectations, as measured by a survey designed for an immigrant Russian-speaking sample.

Posthoc studies included: examination of the relationship between quality of life as measured by participant responses to the Q-LES-Q-18 and subjective happiness, as measured by Subjective Happiness Scale. The relationship between the retrospective quality of expectations about immigration and reported quality of life after immigration was also investigated in the posthoc analyses. Finally, the impact of demographic factors, language fluency, relationship status, and number of years in the United States was explored in order to determine their relationships with quality of life after immigration (for more information see Posthoc analyses section below).

Research Question and Hypotheses

Using correlational and multiple regression analysis, this study sought to understand the strength and direction of the relationship of the variables desire to immigrate, choice to immigrate, and perceived accuracy of expectations and quality of life. The study also sought to determine whether the variables desire to immigrate, choice to immigrate, and perceived accuracy of expectations could significantly predict changes in the variable of quality of life.

Research Question: Can the variables desire to immigrate, choice to immigrate, and perceived accuracy of expectations significantly predict changes in the variable of quality of life?

This study hypothesized that the desire to immigrate as measured by responses to Question 22 of the survey ("To what extent did you desired (wanted; experienced a conscious impulse to change your original living environment) to immigrate?") significantly predicted quality of life, as measured by a quality of life questionnaire, Q-LES-Q-18 (see Appendix E and Appendix F).

This study also hypothesized that the choice to immigrate as measured by responses to Question 23 of the survey ("To what extent did you feel like you had a choice to immigrate versus to stay in your country of origin?") significantly predicts the quality of life after immigration as measured by responses to the quality of life questionnaire (Q-LES-Q-18, General QOL index).

Finally, this study hypothesized that accuracy of expectations as measured by Question 25 of the survey ("To what extent do you feel your expectations were accurate?") significantly predicts the quality of life after immigration as measured by responses to the quality of life questionnaire (Q-LES-Q-18, General QOL index).

Posthoc Analyses

Posthoc analyses consisted of Pearson correlations to further explore: 1) the relationship (direction and strength) between subjects' subjective happiness as measured by Subjective Happiness Scale (see Appendix I, Appendix J) and quality of life as measured by Q-LES-Q-18 (see Appendix E, Appendix F); 2) the relationship (direction and strength) between the quality of expectations about immigration and reported quality of life after immigration; 3) the impact of demographic factors such as language fluency, educational and socio-economic status,

relationship status and support groups, age, and number of years in the United States on the quality of life after immigration.

Ethical Considerations

Informed Consent

In the packet with research documents, participants received a copy of the informed consent document. This informed consent had a section with the researcher's contact information. Participants were encouraged to contact the researcher or the researcher's supervisor via phone or email to address any questions or concerns about participation before signing the consent form. In order to maintain their confidentiality participant were recommended to dial *67 before the researcher's number, so that their phone number could not be identified by the researcher. None of the participants contacted the researcher or researcher's supervisor.

Participants were informed that participation in the research was absolutely voluntary, and that they could choose to stop their participation at any point without any consequences for withdrawal. Participants were also informed about their rights to confidentiality. The informed consent document also described procedures that participants were to follow should they choose to participate in the study. They were also informed about any benefits and risks they may experience as a result of their participation.

In the packet, participants were given an extra envelope and asked to seal their signed consent form in it, should they choose to participate. A research assistant examined these envelopes later in order to check if they were signed. After that, the research assistant sealed the informed consents again, so the primary researcher did not directly observe the protected information. The informed consents were stored separately from other research materials, and

there is no way to link the identifiable information with an actual response data (for more information see Data coding and storage below).

Risks

Potential risks and discomforts of this study were no more than minimal. However, it was possible that one could find it upsetting, arousing, and/or anxiety provoking to talk about their immigration experience. Participants were informed in writing that they could stop the study at any time without any consequences. Participants were also given contact information of mental health hotlines and Russian-speaking therapists in the area to refer to get assistance with any psychological discomfort incurred as a result of participation in the study (see Appendix B).

Data Coding and Storage

Research participants were randomly assigned a unique identification number (ID) that was listed on each form associated with their participation, except for the informed consent forms that were kept separately. There is no way to link back these ID numbers with participants' identities, since none of the forms have any identifying information. ID numbers were entered into a SPSS database, along with information from the measurement instruments and surveys.

Participant consent forms were kept in the envelopes that they arrived in and continue to be stored in a locked location for up to 5 years after the duration of study. After 5 years, these consent forms will be destroyed by a professional document shredding company. Neither researcher, nor additional investigators will have access to the identifying information in the participant consent forms.

Chapter 4: Results

The following chapter goes over any descriptive, qualitative, and quantitative data obtained as a result of statistical and qualitative analyses of the information provided by the participants of the current study. Major characteristics of the quality of life of the study sample and comparative norms are described in the Descriptive Statistics section. The Research Question and General Hypotheses section looks at the results of the multiple regression analyses and investigate the predictive power of primary research variables, desire and choice to immigrate and accuracy of expectations about immigration. Posthoc analyses look into correlations between quality of life aspects, subjective happiness and demographic variables. Finally, Qualitative Data goes over narratives provided by the study participants about their immigration experience.

Descriptive Statistics

Descriptive statistics shown in Table 2 demonstrate the distribution of quality of life scores in all its aspects (physical health, subjective feelings, leisure time activities, social relationships, general activities, and life satisfaction) obtained among the participants in the current study. Comparative norms of Russian and American populations are also given in Table 2 (Rasskazova, 2012; Ritsner, 2005).

The distribution of gender was similar among Russian-speaking participants of the current study (62% females and 38% males), to the nonclinical sample of Russian residents in Rasskazova's (2012) study (67.7% females and 32.3% males), and among the healthy control group of Americans in Ritsner's (2005) study. Also, all three samples were highly educated.

Table 2

The Distribution of Quality of Life (QOL) Scores in Russian-Speaking Immigrants to the U.S.,

Russian Sample, and American Sample

Q-LES-Q Domains	Study Subjects		Russian Norms				American Norms			
	Russian-Speaking Immigrants to the U.S. (N=50)		Women (*N*=298)		Men (*N*=142)		Healthy Subjects (*N*=175)		Psychiatric Patients (*N*=379)	
	Mean	*SD*	Mean	*SD*	Mean	SD	Mean	*SD*	Mean	*SD*
General QOL index	3.95	.62	3.83	.55	3.84	2.16	4.1	0.4	3.4	0.8
Physical Health	3.88	.85	3.55	.77	3.72	.73	4.1	0.7	3.3	1.1
Subjective Feelings	4.21	.64	4.03	.67	4.02	.63	4.4	0.5	3.5	1.0
Leisure Time Activities	3.59	.88	3.55	.80	3.72	.72	4.0	0.6	3.3	1.1
Social Rx	3.96	.72	4.02	.70	3.84	.66	4.1	0.5	3.5	1.0
General Activities	3.73	.79	*	*	*	*	*	*	*	*
Life Satisfaction	3.78	.95	*	*	*	*	*	*	*	*
Subjective Happiness Scale	3.66	.72	*	*	*	*	*	*	*	*

*The missing data was unavailable in the comparative norms obtained in the studies of Rasskazova, 2012 and Ritsner, 2005.

It appeared that in the current study sample participants report quality of life generally

higher than quality of life reported by Russian participants of Rasskazova's study (2012), but

lower than healthy American participants of Ritsner's study (2005). Both study participants and

the Russian sample scored higher than American psychiatric patients from Ritsner's study

(2005).

Research Question and General Hypotheses

The primary research question of the study aimed to investigate whether the variables desire to immigrate, choice to immigrate, and perceived accuracy of expectations can significantly predict changes in the variable of quality of life (in all its aspects). This study hypothesized that the desire to immigrate as measured by responses to Question 22 of the survey ("To what extent did you desire (wanted; experienced a conscious impulse to change your original living environment) to immigrate?") significantly predicts quality of life, as measured by Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q-18). This study also hypothesized that the choice to immigrate as measured by responses to Question 23 of the survey ("To what extent did you feel like you had a choice to immigrate versus to stay in your country of origin?") significantly predicts the quality of life after immigration as measured by responses to the quality of life questionnaire (Q-LES-Q-18, General QOL index). Finally, this study hypothesized that accuracy of expectations as measured by Question 25 of the survey ("To what extent do you feel your expectations were accurate?") significantly predicts the quality of life after immigration as measured by responses to the quality of life questionnaire (Q-LES-Q-18, General QOL index).

A simultaneous multiple regression was conducted with Quality of Life scores, as measured by a General QOL index and subscales scores of Q-LES-Q-18 as the dependent variables, and Desire to Immigrate, Choice to Immigrate, and Accuracy of Expectations about Immigration as independent variables. Analysis of residuals found no residual outliers. The distribution of data is symmetric and close to normal. The data has linear relationships between the variables, and the variance is similar. Statistical assumptions of normality, linearity and homoscedasticity were deemed satisfactory.

Table 3 presents the intercorrelations of the primary variables in the study. These variables include independent variables (desire to immigrate, choice to immigrate, and accuracy of expectations about the immigration) and dependent variable (quality of life). Desire to immigrate and choice to immigrate correlated highly and positively with each other. This means that the more participants wanted to move, the more choice subjects felt regarding the decision to immigrate. The General Quality of Life (QOL) index correlated highly and positively with accuracy of expectations. Those who had underestimated benefits of life after immigration and whose expectations were accurate reported to have higher quality of life after immigration as measured by the General QOL index.

Table 3

Means, Standard Deviations, and Correlation Matrix of the Primary Research Variables

Variables	*M*	*SD*	Desire to Immigrate	Choice to Immigrate	Accuracy of Expectations
General QOL index	3.95	.62	.179	-.096	.427**
Desire to Immigrate	3.52	1.46		.607**	.060
Choice to Immigrate	3.58	1.65			.040
Accuracy of Expectations	3.02	1.07			

*p<.05, **p<.01

Table 4 presents the summary of regression analyses. The regression analysis for the General QOL index found that the three predictors combined explained a sizable proportion of variance, the multiple R for regression was statistically significant, $F_{(3,45)}=6.17$, $p<.001$, R square = .291; thus, approximately 29.1% of the differences in the General QOL index could be

explained by the model, which consisted of desire to immigrate, choice to immigrate, and accuracy of expectations. Two of the predictors, desire to immigrate and accuracy of expectations contributed significantly to the prediction of the General QOL index. Accuracy of expectations contributed significantly to a prediction of the General QOL index, t=3.298, p<.005. Accuracy of expectations uniquely explained 17.14% of the change in the General QOL index. Desire to immigrate contributed significantly to the prediction of the General QOL index, t=2.58, p<.05. Desire to immigrate uniquely explained 10.5% of the change in the general QOL index.

Table 4

Regression Summary Table

	General QOL			Physical Health			Subjective Feelings			Leisure Time			General Activities			Life Satisfaction		
	β	t	r^2	β	t	r^2	β	t	r^2	β	t	r^2	β	t	r^2	β	t	r^2
Desire	.4 *	2.583 *	.105 *	.291	1.798	.056	.292	1.824	.056	.391 *	2.396 *	.100 *	.246	1.462	.04	.245	1.605	.039
Choice	-.297	-1.92	.058	-.251	-1.555	.042	-.207	-1.29	.028	-.129	-.792	.011	-.251	-1.491	.042	-.29	-1.902	.056
Accuracy	.415 **	3.298 **	.171 **	.398	3.034 **	.158 **	.417 **	3.205 **	.174 **	.303 *	2.287 *	.091 *	.326 *	2.386 *	.106 *	.495 ***	3.99 ***	.244 ***
R^2		.291			.227			.240			.213			.161			.309	
F		6.17***			4.403**			4.73**			4.068*			2.879*			6.723***	

*p<.05, **p<.01, ***p<.0001

The regression analysis for the physical health aspect of Quality of Life found that the multiple *R* for regression was statistically significant, $F(3,45)=4.403$, p<.01 *R* square =.227. Approximately 22.7% of differences in the physical health aspect of Quality of Life could be explained by the model, which consisted of desire to immigrate, choice to immigrate, and accuracy of expectations. Accuracy of expectations contributed significantly to the prediction of the physical health aspect of Quality of Life, t=3.03, p<.01. Accuracy of expectations uniquely explained 15.84% of the change in the physical health aspect of Quality of Life. Neither of the other two independent variables predicted physical health aspect of quality of life.

The regression analysis for the subjective feelings aspect of Quality of Life found that the multiple R for regression was statistically significant, $F(3,45)=4.73$, p<.01, *R* Square = .240.

Approximately 24% of differences in the subjective feelings aspect of Quality of Life could be explained by the model, which consisted of desire to immigrate, choice to immigrate, and accuracy of expectations. Accuracy of expectations contributed significantly to the prediction of the subjective feelings aspect of Quality of Life, $t=3.205$, $p<.01$. Accuracy of expectations uniquely explained 17.39% of the change in the subjective feelings aspect of Quality of Life. Neither of the other two independent variables predicted subjective feelings aspect of quality of life.

The regression analysis for the leisure time aspect of Quality of Life found that the multiple R for regression was statistically significant, $F(3,45)=4.068$, $p<.05$, R Square = .213. Approximately 21.3% of differences in the leisure time aspect of Quality of Life could be explained by the model, which consisted of desire to immigrate, choice to immigrate, and accuracy of expectations. Two predictors, desire to immigrate and accuracy of expectations contributed significantly to the prediction of the leisure time aspect of Quality of Life. Desire to immigrate contributed significantly to the prediction of the leisure time aspect of Quality of Life, $t=2.396$, $p<.05$. The desire to immigrate uniquely explained 10.05% of the change in the leisure time aspect of Quality of Life. Accuracy of expectations contributed significantly to the prediction of the leisure time aspect of Quality of Life, $t=2.287$, $p<.05$. Accuracy of expectations uniquely explained 9.12% of the change in the leisure time aspect of Quality of Life. The choice to immigrate did not contribute significantly towards prediction of leisure time aspect of quality of life.

The regression analysis for the general activities aspect of Quality of Life found that the multiple R for regression was statistically significant, $F(3,45)=2.879$, $p<.05$, R Square = .161. Approximately 16.1% of differences in the general activities aspect of Quality of Life could be

explained by the model, which consisted of desire to immigrate, choice to immigrate, and accuracy of expectations. Accuracy of expectations contributed significantly to the prediction of the general activities aspect of Quality of Life, t=2.386, p<.05. Accuracy of expectations uniquely explained 10.63% of the change in the general activities aspect of Quality of Life. Neither of the other two independent variables predicted general activities aspect of quality of life.

The regression analysis for the life satisfaction aspect of Quality of Life found that the multiple R for regression was statistically significant, $F(3,45)$=6.723, p<.001, R Square = .309. Approximately 30.9% of differences in the life satisfaction aspect of Quality of Life could be explained by the model, which consisted of desire to immigrate, choice to immigrate, and accuracy of expectations. Accuracy of expectations contributed significantly to the prediction of the life satisfaction aspect of Quality of Life, t=3.99, p<.001. Accuracy of expectations uniquely explained 24.4% of the change in the life satisfaction aspect of Quality of Life. Neither of the other two independent variables predicted life satisfaction aspect of quality of life.

In sum, it occurred that the most powerful or effective predictor of quality of life after immigration is accuracy of preimmigration expectations. The desire to immigrate contributed significantly towards prediction of general quality of life index and leisure time aspect of quality of life. Choice to immigrate had no unique significant contributions towards prediction of postimmigration quality of life aspects.

Posthoc Analyses

Table 5 presents the intercorrelations between the Subjective Happiness Scale (SHS) scores and the subscales of Quality of Life measure (Q-Les-Q-18). SHS correlated highly and positively with all Q-Les-Q-18 subscales and the total score (General QOL). The higher subjects

scored on physical health, subjective feelings, leisure time activities, social relationships, general

activities, and life satisfaction, the higher their reported subjective happiness was.

Table 5

Correlations Between SHS and Q-LES-Q-18

	General QOL	Life Satisfaction	Physical Health	Subjective Feelings	Leisure Time	Social Rx	General Activities
SHS	.626**	.588**	.446**	.534**	.517**	.561**	.511**
General QOL		.775**	.827**	.868**	.729**	.841**	.842**
Life Satisfaction			.657**	.715**	.451**	.683**	.782**
Physical Health				.728**	.467**	.491**	.716**
Subjective Feelings					.435**	.649**	.757**
Leisure Time						.572**	.492**
Social Rx							.759**

*p<.05, **p<.01

Table 6 presents the correlations between the different aspects of Quality of Life,

subjective happiness, and the demographic variables. The general QOL index correlated highly

and positively with reported ability to understand and communicate in English. The participants

who reported understanding and communicating in English with ease scored higher on the

general QOL index in Q-Les-Q-18. The subjective feelings aspect of Quality of Life correlated

highly and positively with one's income and reported ability to understand English. The

participants with higher income and those who reported understanding English with ease scored

higher on the subjective feelings subscale of O-Les-Q-18. The social relationships aspect of

Quality of Life correlated highly and positively with income and reported abilities to understand,

speak, and communicate in English. The participants with higher income and those, who

reported understanding, speaking, and communicating in English with ease, scored higher on the

social relationships subscale of O-Les-Q-18. The general activity aspect of Quality of Life

correlated highly and positively with income and reported abilities to understand and

communicate in English. The participants with higher income and those, who reported

understanding and communicating in English with ease, scored higher on the general activities

subscale of O-Les-Q-18. The life satisfaction aspect of Quality of Life correlated highly and

positively with income. The participants with higher income scored higher on the life satisfaction

subscale of O-Les-Q-18. The Subjective Happiness Scale score correlated highly and positively

with reported abilities to communicate in English. The participants, who reported

communicating in English with ease scored higher on Subjective Happiness Scale.

Table 6

Correlations Between Quality of Life Aspects, Subjective Happiness and Demographic Variables

	Income	Speak English	Understand English	Communicate English	Immigration Age	Current Age
General QOL	.269	.263	.280*	.304*	-.197	-.208
Subjective Feelings	.348*	.254	.318*	.268	-.137	-.164
Social Relationships	.226	.333*	.371**	.305*	-.327*	-.275
General Activity	.330*	.264	.317*	.339*	-.279	-.286*
Life Satisfaction	.331*	.226	.182	.265	-.068	-.060
SHS	.108	.253	.194	.308*	.011	-.039

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

Overall, it appears that among Russian-speaking immigrants who participated in the study quality of life in all of its aspects was highly connected to ability to use the language (speak, understand, and communicate) of the dominant culture. One's ability to communicate in English was also the only variable that significantly correlated with subjective happiness. Another variable that was highly correlated with different aspects of quality of life among Russian-speaking immigrants who participated in the study was family income. Income strongly and positively correlated with participants' subjective feelings, general activity, and life satisfaction. However, income had no significant correlation with social relationships and general quality of life index.

Qualitative Data

Reasons for Emigration

As a part of the study participants were asked to describe their reasons for emigration and immigration. Approximately 10% of the participants chose not to answer these open-ended questions. The most common reasons for emigration consolidated around the economic pull factors and included lack of education and career opportunities in one's country of origin. Seventeen (17) participants (37.8%) included economic factors in their answer about emigration reasons. Some of the answers included: "Career issues"; "It was hard to find a job in my field of studies"; "Economic instability in Ukraine, lack of opportunities for my children in Ukraine."

The second common pull factor included family reasons for immigration. Fourteen (14) participants (31.1%) included familial factors in their answer about emigration reasons. Some of the answers included: "Followed my husband"; "Came with a family as a child hoping for a better life"; "I didn't emigrate on my own, I came to U.S. with my mother to visit our friends, and she decided that it would be better for us to stay in the States".

Socio-political push factors followed familial reasons for immigration with six (6) participants (13.3%) reporting oppression, discrimination, and dissatisfaction with current political climate of the country as their primary reason for emigration. Some of the answers included: "Anti-Semitism"; "Religious and political persecution"; "After the collapse of the Soviet Union, being a Jewish family we felt that there were greater opportunities elsewhere. While my parents reached high levels of education and became a doctor and an engineer, Azerbaijan was very limiting for career advancement, not to mention, anti-Semitism was, even at that time, very prevalent."

Similarly to socio-political push factors, personal curiosity and personal development was another commonly reported reason for emigration. Six (6) participants (13.3%) included curiosity and personal development in their answer about emigration reasons. Some of the answers included: "Improve language skills, education and new experiences, new opportunities"; "It was a perfect time to travel for a bit"; "I wanted to be free, to see other countries, get better."

Finally, four (4) participants (8.9%) reported environmental factors as impacting their decision about emigration. Some of the answers included: "Chernobyl accident"; "I worried for life safety and health of my children after Chernobyl"; "We won diversity visa lottery."

Reasons for Immigration

When asked to describe their reasons for immigration to the United States most participants answered "same as to emigration." Thus, the general distribution of pull factors was similar to the push factors described above. However, some people explained why they specifically chose the United States over other countries. Some of the answers included: "Because USA was my dream since childhood"; "Lack of countries where we could immigrate. We saw an option to move to USA and so we took it"; "In U.S. I expected environment to be

more tolerant to foreigners than in Europe or Asia. There also seemed to be good schooling and job opportunities. I also thought that I understand the path of immigration (required paperwork, etc.) in U.S. better than in Europe or Asia"; "I had a couple of friends here and it is probably the only moment in my life when I could temporary (for couple years only) go to US. I am staying in US for almost 4 years"; "I came here as a teenager as a tourist. It was a very turbulent time in USSR (at that time), so my parents thought it would be best for me to stay in U.S. and live and study."

If you could go back in time, would you have immigrated again? Why or why not? As a final question of the study participants were asked to evaluate their decision about immigration. The vast majority of participants (70.08%) answered that they would have immigrated again. To illustrate their responses participants offered the following explanations: "Yes! If you work hard you can achieve so much here; the possibilities are endless; and no fear that tomorrow it will all disappear because the laws have changed, or somebody simply decided to take it away from you. And believe me, I had nothing in Russia, nothing that can be taken, only dreams"; "YES! YES! YES! Especially now, when I observe what's going on in Ukraine."

Some participants (12.5%) answered that they regret this immigration, and wouldn't have gone to the United States, if they were given another chance. Some of the answers included: "No. As for me, I always knew that without my family, without childhood friends, without Minsk, without my country I could never be happy (which life proved to be true). As for the kids, for whom I made this move, I was questioning myself 'was it a huge mistake that I made?' Chernobyl brought a lot of pain and grief, but luckily those relatives who stayed are quite healthy now. Unlike my children, who seem to be even sicker than their peers, who didn't immigrate. It is painful to think that maybe if we stayed my kids wouldn't have gone through so much stress

that life here brings, that they would have been healthier and happier (as I was at their age).
Nonetheless, they say that their home is here and that they wouldn't want to live elsewhere. I
understand them, because they grew up here since very early childhood"; "NO! Like Lenin said,
work! Work! WORK! This is how it is in America."

A few participants (10.42%) answered that they were not sure: "That is a very tricky
question! As I look back at my life, I can honestly say that I am very happy with my life now,
but I really wanted to go back home to USSR few months after I came here."

Overall, the qualitative analysis brought some light on the major push and pull factors
that contributed to participants' motivation and their decision-making process regarding
immigration. The most common reasons for emigration and immigration included lack of
education and career opportunities in one's country of origin, and, therefore, the search for these
opportunities in the country of destination.

Familial reasons for emigration/immigration comprised the second largest group of push
and pull factors. Many people reported socio-political factors that included oppression,
discrimination, and dissatisfaction with current political climate of the country as impacting their
decision about immigration.

Personal curiosity and personal development was another commonly reported reason for
emigration. Finally, some participants reported environmental factors as impacting their decision
about moving to another country. Many participants chose the United States over other countries
for immigration and had specific expectations about the upcoming move. The majority of study
participants reported being happy with their decision to immigrate and their postimmigration
experiences. Fewer participants stated that they regret this move. Finally, some participants were
unsure whether they would have immigrated, if given an opportunity to reevaluate their choice.

Chapter 5: Discussion and Conclusions

Research Question and Hypotheses

As discussed in the previous chapters, this study proposed that the desire to immigrate, sense of having a choice to immigrate, and expectations about immigration dynamically interact in a complex decision-making process, resolving into the behavioral act of immigration. The dynamics around the decision-making process were believed to affect the postimmigration experience and impact immigrants' quality of life in a new country. The primary research question of the study aimed to investigate whether desire to immigrate, choice to immigrate, and perceived accuracy of expectations could significantly predict changes in various aspects of quality of life. The results section demonstrated that the three predictors explained a sizable proportion of variance; approximately 29.1% of the differences in the quality of life index could be explained by the model, which consisted of desire to immigrate, choice to immigrate, and accuracy of expectations. However, only two out of three primary variables (desire to immigrate and perceived accuracy of expectations about immigration) were found to significantly contribute towards the prediction of quality of life.

As hypothesized, accuracy of expectations significantly predicted the quality of life after immigration. The perceived accuracy of expectations was found to be the most significant predictor of the quality of life after immigration. It uniquely explained 17.14% of the change in the general quality of life index, as well as 24.4% of the change in the life satisfaction aspect of quality of life. Accuracy of expectations also contributed significantly to the prediction of physical heath, subjective feelings, leisure time, and general activities aspects of quality of life. Similarly to accuracy of expectations, desire to immigrate was found to significantly predict quality of life. It uniquely explained 10.05% of the change in the leisure time aspect of quality of

life. The perceived sense of having a choice to immigrate, however, was not found to significantly contribute to the prediction of any aspects of quality of life after the immigration. With everything being said, the results of the study in part supported the initial hypotheses and in part they did not.

It is possible that choice and desire to immigrate didn't contribute significantly to the prediction of quality of life after immigration due to the specific characteristics of the sample of the current study. Among the three primary research variables, only accuracy of expectations was normally distributed. Both desire and choice to immigrate had somewhat negatively skewed bimodal distributions, meaning that the majority of study participants reported a strong desire and sense of having a choice regarding their decision to immigrate. The qualitative data obtained in this study demonstrates that there were fewer participants who reported that they had little to no control regarding the decision to immigrate. These participants immigrated during their childhood years, and thus, the decision to immigrate was made by their family members. However, these participants often had an easier time to assimilate in a new country due to the other factors that were found to impact quality of life. For instance, those who immigrated earlier in life had developmental advantages in regards to learning a new language and thus, socializing with the members of the dominant culture, getting an education and building a career in a new country. Therefore, it is likely that these other factors affected their quality more than a perceived absence of having a voice in a decision-making process regarding immigration. It is also possible that the construct of choice may have different meaning and dynamic for children versus adults. Finally, it is possible that due to the fact that there was a moderate positive correlation between desire and choice to immigrate, once desire was added into the multiple regression, there was little left statistically for choice to contribute to the variance.

Motivation to Immigrate as a Complex Phenomenon

As each person is unique, each person's motivation to immigrate is individualized. One of the popular approaches to describing the decision-making process related to moving to another country is a value-expectancy approach. It presented motivation as central to immigration decision-making. Expectations for changes in life after immigration have been a focus for many theorists trying to explain the motivation and the decision-making process related to moving to another country (Mahonen, 2013).

Expectations About Immigration and Decision-Making Process

According to Black (1992), the existence of any expectations about one's future decreases anxiety-provoking uncertainty in relation to the decision-making process. Decrease in stress levels associated with the presence of expectations is believed to help in the post-migration adjustment (Burgelt, Morgan, & Pernice, 2008). Several researchers discovered that positive and accurate expectations were associated with better postimmigration adaptation outcomes (Caligiuri, Phillips, Lazarova, Tarique, & Burgi, 2001; Ward, Bochner, & Furnham, 2001).

As described in the literature review of this study, value-expectancy approaches presented motivation as central to immigration decision-making. In these approaches, migration expectations and intentions are based on one's desire to improve or maintain one's own or family's quality of life (Shabates-Wheeler, 2009). DeJong (2000) stated that expectations about immigration are core to evaluation of the chances for achieving valued goals in one's home country versus alternative location. Along with cultural and familial norms about immigration these goals are seen as major predictors of both the decision to move and post-decision migration behavior (DeJong, 2000).

The results of the current study support this value-expectancy approach. The perceived accuracy of expectations about immigration was found to be a major predictor of quality of life after immigration. It had unique significant contributions to the prediction of physical heath, subjective feelings, leisure time, and general activities aspects of quality of life.

Individual Motivation and Push and Pull Factors

Peoples' motivations to leave their country of origin and to move into a country of destination are often described in terms of push and pull factors. The term "push factor" is used to describe things that cause discomfort for a person in their country of origin, and the term "pull factor" is used for the real or expected attractive things in a country of destination (Lee, 1966). Push and pull factors can be specific to particular countries, or universal, regardless of one's country of origin and destination (De Haas & Fokkema, 2010; Hare, 1999; Mahonen, 2013; Shabates-Wheeler, 2009). Common push factors often include a lack of opportunities in the country of one's origin, high unemployment rates, poor medical care, fears of political persecution, racism, oppression, lack of political or religious freedom, wars, natural disasters, famine or drought, and other threats to life and factors reducing one's quality of life. Common pull factors are often direct opposites of the push factors and include better educational and job opportunities, increase in quality of living conditions, access to better medical care, political and religious freedoms, security, family reunifications, climate changes, and many other factors (Hare, 1999).

Expectations about migration are usually based on the many concurrent dynamics of push and pull factors (Mahonen, 2013). By having positive expectations about life after immigration, or having negative expectations about staying in the country of origin, the migrant creates cognitive-emotional responses towards the idea of immigration (DeJong, 2000, Hare, 1999;

Mahonen, 2013; Shabates-Wheeler, 2009). Push and pull factors, when powerful enough in an individual or family's life, start a decision-making process regarding migration which includes the building of certain expectations, and a growing desire to immigrate. This process may be followed by specific behavioral responses, and one of those responses could well be the choice to act on this desire by moving to another country.

The qualitative data received in the current study supports this approach. In the majority of their answers, participants described various push and pull factors, areas for an expected improvement that contributed to their decision to emigrate/immigrate. The most common reasons for emigration consolidated around the economic push and pull factors and included an active move towards better education and career opportunities. The following responses illustrate people's motivation for leaving their home countries in search for economic opportunities: "Obtaining [a] Ph.D. degree, continuing [a] career in science"; "You cannot live well in Russia, if you chose to be a scientist. I moved to search for a better quality of life and higher salary." Almost 40% of this study's participants moved here expecting a certain level of economic improvement. It is important to remember that the sample of this study was conducted with highly educated individuals. These immigrants were able to apply their skills and education for professional development and meet their initial expectations. The distribution of scores demonstrated that these expectations were reasonable. Quality of life after immigration reportedly improved in every aspect when compared to the responses collected among Russian residents. The results also demonstrated that quality of life was highly correlated with income, meaning that improvement in the first is associated with improvement in the latter.

The second common pull factor included family reasons for immigration. Similar to expectations about economic improvement, expectations to reunite with the family are not

unrealistic. A little over 30% of study participants reported that they have immigrated to "join the family", "follow my husband", "follow a man I loved." These expectations can be easily met upon immigration. And as discussed earlier, fulfilled expectations positively impact quality of life after immigration.

Socio-political and environmental push factors for immigration were mentioned by 22% of study participants. An expectation to escape oppression, discrimination, and dissatisfaction with the situation in one's country of origin has been met by the act of immigration for the majority of the study participants. Nonetheless, when motivation to immigrate is dictated by a desire to escape an unpleasant situation in one's country of origin rather than to achieve something positive in the country of destination, it is harder to build a foundation of expectations to be met in other aspects of quality of life. Not having a realistic foundation of expectations, immigrants may get disappointed in their new lives after immigration.

Inaccurate Expectations and Quality of Life

Many immigrants face a mismatch between their hopes and expectations and the realities of life in their country of destination (Mahonen, 2013). This mismatch may lead to intense psychological dissatisfaction (Ward, Bochner, & Furnham, 2001). Such incongruence between one's imagined and factual outcomes may cause serious psychological issues such as anxiety, depression, and trauma related symptoms (Foster, 2001). The results of the current study also demonstrated that for those participants whose expectations about their immigration were unrealistically high, reported lower quality of life after immigration in almost every area. One of the study participants illustrated this tendency with the following description of why he would not have immigrated again, if given a chance to go back in time: "NO! Like Lenin said, work! Work! WORK! This is how it is in America." This response demonstrated how inaccurate

expectations about demands of employment and lack of a balance between work and leisure time can impact one's quality of life and subjective feelings about the decision to immigrate.

<div align="center">**Factors Impacting Quality of Life in Russian-speaking Communities**</div>

Most migration researchers agree on the fact that immigration is a complex experience, requiring certain cognitive, emotional, and behavioral adjustment processes in order to maintain or establish a desired quality of life. For this reason, this study investigated several demographic variables that could have contributed to the change in quality of life among participants of the current study.

Quality of Life and Language Fluency

Secondary analyses showed that one's language skills (ability to speak, understand, and communicate in English) strongly and positively correlate with quality of life in general and with nearly every aspect of it. Those participants, who had stronger language skills, reported higher quality of life. Ability to communicate in the language of the dominant culture is a crucial component for one's integration and assimilation in the new country. Not only does linguistic communication increase the quality of social interactions, but it also allows immigrants to be more active in their everyday life without feeling a palette of negative emotions (anxiety, embarrassment, sadness, etc.) associated with an inability to communicate with other people. The ability to successfully communicate in English was also found to positively correlate with subjective happiness. Feeling able to actively connect with others was found to be an important component of subjective feelings of happiness for Russian-speaking immigrants who participated in the study. It is possible that one's ability to use the language of the dominant culture (English in the current sample) is indicative of the level of successful assimilation.

As described in the literature review, the former Soviet Union may be characterized as a fairly collectivistic society. In the countries of the former Soviet Union, high value was often placed on family and friends, to the extent that family and friends were prioritized over one's individual and personal benefits. Thus, being able to establish and maintain these valuable social relationships is very important for Russian-speaking immigrants. Russian-speaking communities are also often characterized by general suspiciousness to other people in and outside their community. This almost automatic suspiciousness is often believed to be a product of the totalitarian rule that took place in the countries of the former Soviet Union. Hence, Russian-speaking immigrants face a dilemma of valuing social connections, yet lacking ability to establish them with a desired and comfortable level of trust and closeness.

The results of this study support the idea about an emotional dilemma of striving for active social life, yet inability to establish it, only in part. As mentioned above quality of life among study participants was strongly associated with their ability to actively connect with others. This connection, however, was predominantly determined by participants' language fluency. As for the perceived isolation and marginalization of the Russian-speaking immigrants, one can also look at the marital status of the study participants before and after immigration. After immigration, the number of single people decreased by 36%, the number of married people increased by 24%, and the number of people in a relationship increased by 6%. Apparently, Russian-speaking immigrants in the study sample were actively building relationships in their new country. And this active connection with other people in and outside of their community significantly impacted quality of life and subjective happiness.

Quality of Life and Age

In addition to language skills, the participants' age at the moment of immigration played an important role in the quality of social relationships. Those who immigrated earlier in their lives reported greater quality of social life after immigration. Those who immigrated as children had more time and resources (social and biological) to integrate and assimilate into the new culture, as well as to learn English in the United States. Interestingly enough, the amount of years spent in the United States did not correlate significantly with any aspects of reported quality of life. It seemed, therefore, that what was important was when one arrived and how one used the subsequent time, not how long one stayed in the country.

Current age of participants correlated negatively with quality of life, and this correlation was significant with the general activity aspect of quality of life. Older participants of the study reported lower quality of life, especially in regards to their abilities to stay active. Literature demonstrated that quality of life often decreases with age. With decrease in physical health, and age-related changes in social interactions, older immigrants tend to become less active and leave home rarely.

Quality of Life and Income

Finally, participants' income made a significant positive difference in nearly every aspect of their quality of life, except for social relationships. Interestingly, out of 50 participants, 4 opted out of answering this question about income. Also, at the stage of data collection, there were 8 interested subjects who completely refused to participate in the study because of this question. It is possible that the residual suspiciousness that was mentioned earlier impacted the willingness to self-disclose.

As discussed in the literature review, this almost automatic suspiciousness used to have an adaptive capacity in Russia, yet after immigration had lost its function and became ineffective. This emotional tension, occurring as a result of the clash between valuing social connections, and the fear of establishing a level of trust and closeness, decreased the quality of life in some Russian-speaking immigrants and contributed to the rise of problems associated with a decreased quality of life.

Suspiciousness seemed to prevent certain people from participating in the study. Therefore, this study did not get access to certain members of the Russian-speaking community, possibly the older immigrants, for whom the experience of communism and more totalitarian regimes was longer and more vivid. Their quality of life may or may not be different from those represented in the study.

Evaluation of the Decision to Immigrate

The vast majority of the study participants (70.8%), when asked to reevaluate their decision about immigration, stated that if given a chance to go back in time they would have immigrated again. As a way to illustrate their responses several participants gave a brief comparative analysis of their experiences in their native country and the U.S. One person stated, "I would. I am independent; I rely on myself (skills, education) here. There most likely I'd be still dependent on my parents and their connections. I like this country, how things are done, how people are polite to you; how you don't have to give a bribe to everyone to achieve any little thing. I see many flaws with how USA society is structured, yet it's way worse back where I'm from."

This pattern of responding was supported by the outcomes on the quality of life questionnaire. Results showed that on average Russian-speaking immigrants to the United States

ranked their quality of life higher than a non-clinical sample in Russia in all its aspects. At the same time, American participants of Ritsner's (2005) study scored higher than both Russian-speaking immigrants to the United States, and current Russian residents. Such results demonstrated that, on average, residents living in Russia were not very happy with their quality of life, and thus, may reasonably expect a certain level of improvement after immigration.

A minority of participants (12.5%) answered that they regretted their immigration, and wouldn't have gone to the United States if given another chance. To illustrate, one participant gave the following explanation: "No. As for me, I always knew that without my family, without childhood friends, without Minsk, without my country I could never be happy (which life proved to be true). As for the kids, for whom I made this move, I was questioning myself 'was it a huge mistake that I made?' Chernobyl brought a lot of pain and grief, but luckily those relatives who stayed are quite healthy now. Unlike my children, who seem to be even sicker than their peers, who didn't immigrate. It is painful to think that maybe if we stayed my kids wouldn't have gone through so much stress that life here brings, that they would have been healthier and happier (as I was at their age). Nonetheless, they say that their home is here and that they wouldn't want to live elsewhere. I understand them, because they grew up here since very early childhood."

Some participants (10.42%) answered that they were not sure. One of the study participants stated: "That is a very tricky question! As I look back at my life, I can honestly say that I am very happy with my life now, but I really wanted to go back home to USSR few months after I came here." From this response it seemed as if the person struggled with cultural adjustment immediately after immigration. However, as time passed and the person assimilated and integrated better, the decision about immigration was reevaluated in response to his current experiences.

Another participant said: "The $60,000 question! This was my parents' decision, so it is difficult for me to answer. If I had to make a decision now I would think that going away from your country (for small amount of time) is beneficial for anyone to get a different perspective, but not necessary to achieve personal goals (long term) in your country of origin." This person reported that she had little choice regarding the initial decision-making process. As she evaluated an opportunity for moving to another country from her current standpoint, she partially agreed with it, yet saw how she could have improved it.

This pattern of responding was supported by the distribution of quality of life scores. In nearly every aspect the distribution of quality of life scores were negatively skewed, which means that more participants reported greater quality of life than those who reported quality of life below average. Compared to the non-clinical sample in Russia, average Russian-speaking immigrants in the U.S. ranked their quality of life higher in all its aspects.

Moreover, reported quality of life among Russian-speaking immigrants in the U.S. was higher than among U.S. citizens with severe mental health problems (Ritsner, 2005). Therefore, allegations that immigrants from the countries of the former Soviet Union are having specific difficulties with cultural adjustment in the United States (Aroian & Norris, 2000; Fitzpatrick & Freed, 2000; Flaherty, 1986; Hoffman et al., 2006) as represented by intense psychological distress, mental health problems, and concerns of a psychosomatic nature (Althausen 1993; Aroian & Norris, 2000; Balatsky & Diener, 1993; Fitzpatrick & Freed, 2000; Flaherty, 1986; Hoffman, 2006) may not be generalized to all Russian-speaking immigrants. Indeed, Russian-speaking immigrants with educational, familial, and economic resources can show impressive success in adapting to U.S. society.

Summary

According to Beckerman and Corbett (2008), "the process of immigration includes an extraordinarily complex array of social and psychological challenges and adaptations that are both common and unique for each individual." (p. 63). Many things may affect the experience of immigration for each individual and for various cultural groups. Motivation to leave one's country of origin or to move into a country of destination can be unique to each prospective immigrant. This motivation can often be described as a dynamic interaction of various push and pull factors that form unique expectations about postimmigration experiences (Mahonen, 2013). The current dissertation study found that the perceived accuracy of expectations about immigration was a major predictor of quality of life after immigration among Russian-speaking immigrants in the United States. Accuracy of expectations had unique significant contributions to the prediction of physical heath, subjective feelings, leisure time, and general activities aspects of quality of life.

Quality of life in all of its aspects is highly connected to ability to speak, understand, and communicate in the language of the dominant culture. Language skills can help to increase the amount and the quality of social interactions, which is an important value for people raised in a fairly collectivistic society. Language fluency also allows immigrants to be more active in their everyday life and reduces negative emotions (anxiety, embarrassment, sadness, etc.). In addition to language skills, participants' age at the moment of immigration played an important role in the quality of social relationships. Current age of participants correlated negatively with quality of life, and this correlation was significant with the general activity aspect of quality of life. At the same time, the amount of years spent in the United States did not correlate significantly with any

aspects of reported quality of life. Finally, participants' income strongly and positively correlated with subjective feelings, general activity, and life satisfaction.

Participants of this study were predominantly the third wave of immigrants driven mostly by the pull factors, which means that in large part they weren't running from, but rather running to some greater opportunities. The majority of study participants had some choice whether to immigrate or not. Many of the participants chose U.S. over other popular immigration destinations. It is important to understand that immigration to the United States from Russia is different from immigration from countries that are geographically close to the U.S, like Mexico, for example. The United States is not the closest country to Russia that has educational and career opportunities. There are easier immigration paths for those who want to leave Russia. For instance, the results of Russian Census (2013) demonstrated that USA is behind China, Germany, and Georgia in its popularity for immigration purposes. Other popular destinations for Russian immigrants include Israel, Finland, and Estonia. Immigration to the United States seems less opportunistic. This study demonstrated that people who decide to go through the trouble of such a faraway move like going to the U.S. tend to have specific expectations that are worth the effort. And, according to the results of this study, this effort can pay off. Participants of this study strove to improve their quality of life in economic, educational, familial, and personal development aspects. A lot of participants of the current study were driven by self-actualization motives, trying to achieve it through the immigration experience.

In the current study more participants reported greater quality of life than those who reported quality of life below average. Average Russian-speaking immigrants in the U.S. ranked their quality of life higher than a non-clinical sample in Russia in all its aspects. Moreover, reported quality of life among Russian-speaking immigrants in the U.S. was higher than among

U.S. citizens with severe mental health problems (Ritsner, 2005). This study also found that in the current sample, Russian-speaking immigrants are actively building relationships in their new country. And this active connection with other people in and outside of their community significantly impacts quality of life and subjective happiness of Russian-speaking immigrants. Therefore, allegations that immigrants from the countries of the former Soviet Union are having specific difficulties with cultural adjustment in the United States (Aroian & Norris, 2000; Fitzpatrick & Freed, 2000; Flaherty, 1986; Hoffman et al., 2006) as represented by intense psychological distress, mental health problems, and concerns of a psychosomatic nature (Althausen 1993; Aroian & Norris, 2000; Balatsky & Diener, 1993; Fitzpatrick & Freed, 2000; Flaherty, 1986; Hoffman, 2006) may not be generalized to all Russian-speaking immigrants.

Implications of the Study

The current study showed that accuracy of expectations plays a significant role in predicting quality of life after immigration. It has unique significant contributions to the prediction of physical heath, subjective feelings, leisure time, and general activities aspects of quality of life. Therefore, steps should be taken to build up a realistic expectation base before immigrating. Prospective immigrants need to do their research on the desired country of destination. It is important to have an understanding of future educational and career opportunities, social life, resources available for immigrants in and outside of their communities. As researchers and service providers, psychologists may contribute to the psychoeducation needs of prospective immigrants. On-line resources can be developed for those thinking about immigration, where they can ask questions of recent immigrants and service providers available in the area. Certain questions regarding immigration expectations can be asked during residency application interviews.

Abilities to speak, understand, and communicate in the language of the dominant culture were found to have a strong impact on quality of life after immigration. Thus, creation of special pre- and postimmigration language classes may ease up the adaptation period. These classes may be utilized as a basic socialization resource as well, since communication aspect was found to be crucial for subjective happiness and all aspects of quality of life after immigration.

Limitations of the Study and Further Research

A tendency to generalize and stereotype is an issue of many diversity studies. When considering the results of the current study, it is important to remember that each historical group immigrates for different reasons and is comprised of different people. Researchers and service providers should not be considering all immigrants as a homogenous group. This study provided some valuable results regarding the factors that impact quality of life. However, it is important to remember that these results were obtained from a very specific cultural group, with a rather broad range of in-group variability. This study did not get access to the whole breadth of Russian-speaking immigrants in the greater Chicago region. Thus, for example, general suspiciousness that is described as a common trait of immigrants from the countries of the former Soviet Union prevented certain people from participation in the study. Therefore, this study could not assess immigration experiences of certain members of Russian-speaking communities, whose quality of life may or may not be different from those, represented in the study.

Participants of this study immigrated during the third wave of immigration after the iron curtain of the Soviet Union went down, allowing people to move freely. Thus, the majority of study participants had a choice whether to immigrate or not, and most of the study participants wanted to immigrate. The study sample consisted of predominantly educated people and

included many high-income families. The age distribution ranged significantly in the current study. The final sample consisted only of 50 participants, which may not be large enough to drive any vocal conclusions generalizable on the greater Russian-speaking immigrant population of the United States.

To address the limitations of the current study and better understand the whole palette of factors that impact a perceived quality of life after immigration among Russian-speaking immigrants to the United States, further research may need to assess a significantly larger sample. Further research may also need to account for broader demographic characteristics such as current age, age of immigration, time spent in the U.S., area of residency, and different socio-economic statuses. It is important to consider impact of socialization in and outside of family and the Russian-speaking community, as communication has been found crucial to various aspects of quality of life and subjective happiness among participants of the current study. With the rapid development of technological advances it is possible that social interactions and support can shift significantly to the area of electronic means of communication. Immigrants may communicate freely and frequently with family and friends back in their countries of origin. This electronic communication may have either positive or negative impact on immigrants' current quality of life, and thus, needs to be accounted for in future research.

The current study created a potential for practical implications aimed to create opportunities for better assimilation and integration of recent immigrants to the United States. It is important for any further research to pay attention to any recent changes in specific services available to immigrant communities and to assess the efficacy of these services.

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Appendix A: IRB Approval Letter

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INSTITUTIONAL REVIEW BOARD

May 29, 2014

NOTICE OF EXPEDITED APPROVAL

Principal Investigator:	**Daria Parkhomenko**
Research Advisor:	**James Galezewski, Ph.D.**
Project Title:	**Quality of Life and Migration Experiences among Russian Speaking Immigrants to the United States**
Risk Level:	**Minimal**
Special Populations:	**NA**
Consent:	**Written (Dated 5/14/14)**
IRB Renewal Date:	**5/29/15**

This notification certifies that the proposed study, as described in the revised application rec'd **5/21/14** submitted to the IRB committee, has been approved by the IRB committee and has been found to fulfill all necessary ethical requirements for human subjects research. Please note the stipulation below**

**Please note only the researcher is allowed to read the verbal script and distribute research packets to invite individuals to participate in the research study. Personal contacts are only allowed to distribute the recruitment letter and instruct individuals to contact the researcher if they are interested in receiving a research packet.

We have granted this approval from **5/29/14** to **5/28/15 Any proposed changes to this proposal during this approval period must be submitted to the IRB for review via the Addendum Request form located on the IRB website.** Should the data collection and analysis phase of your study extend beyond the approval period indicated above please submit the Continuing Renewal form located on the IRB website no later than **4/29/15**. This review is required should your *data collection and analysis phase* exceed the stipulated time limit. You need *not* submit a Continuing Renewal form if the data analysis is completed but you are still preparing a document (thesis, dissertation, or publication) based on the data.

Researchers are required to always follow the American Psychological Association's ethical principles and code of conduct, especially in regards to Section 8 of the ethical code ("research and publication"). Failure to conform to the APA ethical code may result in revocation of IRB approval.

Alicia Cook

cc: James Galezewski, Ph.D.	**Alicia Cook, CIP** May 29, 2014
IRB Assistant	**IRB Director** The Chicago School of Professional Psychology

Rev. 1/13/10

Appendix B: Informed Consent Form English Version

TheChicagoSchool
of Professional Psychology

The Chicago School of Professional Psychology, Chicago Campus
325 Wells St., Chicago, IL, 60654

Informed Consent Form

Quality of Life and Migration Experiences among Russian Speaking Immigrants to the United States

You are being asked to participate in a research study conducted by Daria Parkhomenko, M.A. and supervised by James Galezewski, Psy.D. Before you consent to be a volunteer, please take your time to read the information below and feel free to ask any questions before signing this document.

Purpose
The purpose of this study is to gain a better understanding of factors that impact the perceived quality of life among Russian-speaking immigrants in the United States. More specifically, the study wants to investigate pre and post immigration thoughts and experiences.

Duration of Participation and Number of Participants
If you agree to participate, it will take approximately 60 minutes of your time. A total number of 100 participants are expected to be involved in the study.

Procedures to be followed during the research
If you chose to participate in the study, you will be asked to fill out three questionnaires. The first questionnaire will ask you about different aspects of your life in the United States, such as your general and emotional health, your financial status, your social relationships, and your leisure time. The second questionnaire will ask you about your overall life satisfaction and feeling of happiness. Finally, the third questionnaire will ask you about your desire to immigrate, your perceived choice to immigrate, and certain demographic questions, such as your age, your gender, your level of education, and your support groups. This questionnaire will consist of several multiple choice questions, where you will need to choose one of the given options to answer. It will also include several open questions, where you will be asked to write down your answer.

Participants have two ways of completing a study. You were either given this package by the researcher, or you were invited to a group meeting.

You have two ways of returning completed materials to the researcher. After you complete the forms put your package to the US mailbox, and it will come to a secure P.O. box, where the researcher can pick it up; or return your completed package directly to the researcher.

If you chose to participate in the study, please complete all your work individually and do not discuss questions or answers with anybody.

Risks to Participation
Potential risks and discomforts of this study are minimal. However, you may find it upsetting, arousing, and/or anxiety provoking to talk about your immigration experience. You may stop the study at any time without any consequences, or skip any questions that make you uncomfortable. If you feel strong negative reaction to the content of the questions, you may contact the Mental Health Crisis Intervention hotline at 1-800-248-7475 to get assistance with any psychological discomfort you incur as a result of participation in the study. To find a Russian-speaking therapist in Chicago region, please, visit:
http://therapists.psychologytoday.com/rms/prof_results.php?city=Chicago&spec=351

Version dated 05/14/14

The researcher is taking every precaution to secure the information you provide in this study and to maintain your privacy and confidentiality.

Benefits
There may not be any direct benefits to you from this study; however, the investigators hope to learn more from the study that may help other individuals later on.

Compensation for participation
There will be no monetary payment for participation in the study.

Participant Rights and Research Withdrawal
Your participation at this research is voluntary. You do not have to participate in the research and you may choose to withdraw your participation at any time without any consequences.

Confidentiality
You have a right to privacy. This is the only form which you will be asked to sign with your name. This researcher will not see this information. You will be randomly assigned a unique identification number that will be listed on each form associated with your participation, except for this informed consent form, which will be kept separately in a locked facility (at the researcher's home). There will be no way to link back this ID number with your identity, since none of the forms will have any identifying information. The results of this study may be published in scientific journals or presented at professional meetings. No identifying information will appear on any published material.

Questions and Concerns
If you have any questions, you can contact Daria Parkhomenko at 773.551.6494 or at dxp0713@ego.thechicagoschool.edu. Dr. James Galezewski, can be contacted at JGalezewski@thechicagoschool.edu. If you have questions concerning your rights in this research study you may contact the Institutional Review Board (IRB), which is concerned with the protection of subjects in research project. You may reach the IRB office Monday-Friday by calling 312.467.2343 or writing: Institutional Review Board, the Chicago School of Professional Psychology, 325 N. Wells, Chicago, Illinois, 60654.

Please, feel free to ask any questions you may have before signing this form.

If you chose to participate in the study, please, sign the form and seal it in the white envelope provided in your research packet.

Signature and acknowledgement
My signature below indicates that the research project and the procedures have been explained to me. I agree to participate in this study. My participation is voluntary and I do not have to sign this form if I do not want to be part of this research project. I will receive a copy of this consent form for my records.

Signature of the participant_____ **Date**_____

Signature of the researcher_____ **Date**_____

Version dated 05/14/14

Appendix C: Informed Consent, Russian Version

TheChicagoSchool
of Professional Psychology

Чикагская Школа Профессиональной Психологии, филиал Чикаго
325 Уэллс стрит, Чикаго, штат Иллинойс, 60654

Форма Информированного Согласия

Качество Жизни и Опыт Иммиграции Среди Русскоязычных Иммигрантов в Соединенных Штатах Америки

Вам предлагается принять участие в исследовании, проводимом Дарьей Пархоменко под руководством доктора психологии Джеймса Галешевски. Прежде чем Вы дадите свое согласие на участие, просим Вас ознакомиться со следующей информацией .

Цель исследования
Целью данного исследование является изучение факторов, влияющих на субъективное качество жизни среди русскоязычных иммигрантов в США. В частности, исследование направлено на сопоставление восприятия иммиграции до и после переезда.

Продолжительность Участия и Количество Участников
В случае Вашего согласия, участие в исследовании займет приблизительно 60 минут. Ожидается, что в данном исследовании примут участие 100 человек.

Методы Исследования
Если Вы решите принять участие в исследовании, от Вас потребуется заполнить три анкеты. Первая анкета содержит вопросы касающиеся различных аспектов Вашего проживания в Соединенных Штатах, таких как физическое и эмоциональное состояние, финансовое положение, межличностные отношения и Ваше свободное время. Вторая анкета содержит вопросы о Вашей удовлетворенности жизнью в целом и об ощущении счастья. Наконец, третья анкета содержит вопросы о Вашем желании переезда, отношении к сделанному выбору и вопросы биографического характера, такие как возраст, пол, уровень образования и источники поддержки. Она также содержит несколько открытых вопросов, предполагающих более развернутый ответ.

Существует два способа поучаствовать в данном исследовании. Вы либо получили конверт с этой формой напрямую от исследователя, либо были приглашены на одно из групповых собраний. Вы можете вернуть конверт исследователю двумя способами. После заполнения анкет отправьте конверт с заполненными документами на указанный на конверте адрес почтового ящика, где исследователь может его забрать; или передайте пакет с заполненными формами напрямую исследователю.

Если Вы решите принять участие в исследовании, пожалуйста, заполняйте все формы самостоятельно, ни с кем не обсуждая вопросы и ответы.

Риски
Потенциальные риски и дискомфорт от данного исследования минимальны. Тем не менее, вопросы о Вашем иммиграционном опыте могут показаться Вам неприятным, раздражающими или вызывающими тревогу. Вы можете беспрепятственно прекратить участие в любой момент и без каких-либо последствий, а также пропустить любые вопросы, вызывающие дискомфорт. Если содержание вопросов вызывает у Вас негативную реакцию, следует незамедлительно прекратить участие в исследовании. Вы можете позвонить на горячую линию Экстренной Психологической Помощи 1-800-248-7475 для получения помощи в случае возникновения психологического дискомфорта в результате участия в данном исследовании. Для того чтобы подобрать русскоязычного психотерапевта в регионе Чикаго, перейдите по ссылке:
http://therapists.psychologytoday.com/rms/prof_results.php?city=Chicago&spec=351

Версия от 14/05/14

Исследователь обязуется предпринять все возможные меры для безопасности информации, которую Вы предоставите в этом исследовании, а также для сохранения конфиденциальности этой информации.

Ценность исследования
Результаты исследования могут не представлять для Вас личной выгоды, однако исследователи надеются получить результаты, которые могут быть использованы наукой для помощи другим людям в дальнейшем.

Материальная компенсация за участие
Участие в данной программе не предусматривает получение материальной компенсации.

Права Участников и Прекращение Участия в Исследовании
Ваше участие в данном исследовании добровольно. Вы не обязаны участвовать в данном исследовании и имеете право прекратить участие в любой момент, что не повлечет за собой никаких последствий.

Конфиденциальность
Вы имеете право на конфиденциальность информации личного характера. Эта форма является единственной, на которой Вас просят написать Ваше имя. Вам присвоят случайный идентификационный номер, который будет написан на всех формах, которые Вы заполните, кроме данной формы информированного согласия. Она будет храниться отдельно в запечатанном конверте в запертом на ключ помещении (дома у исследователя). Исключается любая возможность связать Вашу личную информацию и номер на остальных документах, так как нигде больше не будет указано Ваше имя.
Результаты исследования могут быть впоследствии опубликованы в научных журналах или представлены на заседаниях специалистов. Ни в одном материале не будет представлена информация личного характера.

Вопросы и Замечания
Если у Вас возникли вопросы, Вы можете связаться с Дарьей Пархоменко по телефону 773.551.6494 или по электронной почте dxp0713@ego.thechicagoschool.edu. Вы также можете связаться с доктором психологии Джеймсом Галешевски по электронной почте JGalezewski@thechicagoschool.edu. Если у Вас возникли вопросы о Ваших правах, как участника, Вы можете связаться с Институтским Комитетом по Этике Исследований, который призван защищать права участников исследований. Вы можете связаться с офисом Институтского Комитета по Этике Исследований с понедельника по пятницу по телефону 312.467.2343 или по адресу Institutional Review Board, the Chicago School of Professional Psychology, 325 N. Wells, Chicago, Illinois, 60654

Пожалуйста, не стесняйтесь задавать любые возникшие вопросы перед тем, как подписать эту форму.

Если Вы решили принять участие в данном исследовании, пожалуйста, подпишите форму и запечатайте ее в белый конверт, находящийся в предоставленном Вам пакете документов.

Подпись и подтверждение ознакомления с правилами участия
Своей подписью я подтверждаю, что я ознакомлен(а) с информацией об исследовании. Я готов(а) принимать участие в этом исследовании. Мое участие в этом проекте является добровольным, и я не я обязан(а) подписывать эту форму, если я не хочу быть частью этого проекта. Мне будет предоставлена копия данной формы.

Подпись участника _____ **Дата**_____

Подпись исследователя _____ **Дата**_____

Версия от 14/05/14

Appendix D: Survey English Version

1

Survey Form

Instructions: Fill in the blanks below, or circle your answers according to the instructions in each item.

1. Your current age _____

2. Your age at the time of emigration from your country of origin _____

3. Your age at the time of arrival in the United States _____

4. Gender *(circle one)*

    a. Male

    b. Female

    c. Other _____

5. What other family members have immigrated with you (or before or after you)? *(circle all that apply)*

    a. Parent/s

    b. Grandparents

    c. Siblings

    d. Children

    e. Aunts/uncles

    f. Other _____

6. Your marital status at the time of emigration from your country of origin *(circle one)*

    a. Single

    b. Married

    c. In a relationship

    d. Divorced/Separated

    e. Widowed

    f. Other _____

2

7. Your relational status currently *(circle one)*

      a. Single

      b. Married

      c. In a relationship

      d. Divorced/Separated

      e. Widowed

      f. Other _____

8. What is the American equivalent of the highest educational degree that you have obtained in your country of origin? *(circle one)*

      a. High School

      b. Bachelor degree

      c. Masters degree

      d. Doctoral degree

      e. Other _____

9. What is the highest educational degree that you have attained in the United States? *(circle one)*

      a. High School

      b. Bachelor degree

      c. Masters degree

      d. Doctoral degree

      e. Other _____

3

10. Did you have to validate your degree from your country of origin and/or attain more schooling upon arrival in the United States? *(circle one)*

    a. Yes

    b. No

    c. Other _____

    If you had to attain more schooling, what type of schooling? _____

    _____

11. What was your primary occupation in your country of origin prior to immigration?

    _____

12. What is your current occupation in the United States?

    _____

13. What is your current estimated family income? *(circle one)*

    a. Less than $25,000

    b. $26,000 - $45,000

    c. $46,000 - $60,000

    d. $61,000 - $80,000

    e. $80,000 - $100,000

    f. More than $100,000

    g. Other _____

14. In your opinion, how good is your ability to speak English? *(circle one)*

1	2	3	4	5
Not at all	Below average	Average	Above average	Excellently

4

15. In your opinion, how well do you understand English? *(circle one)*

1	2	3	4	5
Not at all	Below average	Average	Above average	Excellently

16. How comfortable are you communicating in English? *(circle one)*

1	2	3	4	5
Not comfortable at all	Somewhat uncomfortable	Not sure	Somewhat comfortable	Absolutely comfortable

17. How would you rate your ability to speak Russian? *(circle one)*

1	2	3	4	5
Not at all	Below average	Average	Above average	Excellently

18. How well do you understand Russian? *(circle one)*

1	2	3	4	5
Not at all	Below average	Average	Above average	Excellently

19. How comfortable are you communicating in Russian? *(circle one)*

1	2	3	4	5
Not comfortable at all	Somewhat uncomfortable	Not sure	Somewhat comfortable	Absolutely comfortable

5

20. What was your primary reason to emigrate from your country of origin? Please, describe:

21. What was your primary reason to immigrate to the United States? Please, describe

22. To what extent did you desired (wanted; experienced a conscious impulse to change your original living environment) to immigrate? *(circle one)*

1	2	3	4	5
I didn't want to immigrate	I somewhat didn't want to immigrate	I am not sure how much I wanted to immigrate	I somewhat wanted to immigrate	I wanted to immigrate very much

23. To what extent did you feel like you had a choice to immigrate versus to stay in your country of origin? *(circle one)*

1	2	3	4	5
I had absolutely no choice. I had to leave	I had little choice whether to stay or to leave	I am not sure how much choice I had	I had some choice whether to stay or to leave	I had a choice whether to stay or to leave

24. What your overall expectations about your quality of life after immigration? *(circle one)*

1	2	3	4	5
Significant decrease	Slight decrease	No difference	Slight increase	Significant improvement

25. To what extent do you feel your expectations were accurate? *(circle one)*

1	2	3	4	5
Significantly underestimated	Slightly underestimated	Very accurate	Slightly overestimated	Significantly overestimated

26. If you could go back in time, would you have immigrated again? Why or why not?

Appendix E: Survey Russian Version

1

Анкета

Инструкция: заполните пропуски или обведите ответы в зависимости от указаний в скобках

1. Ваш возраст в настоящий момент_____

2. Ваш возраст на момент выезда из родной страны _____

3. Ваш возраст на момент прибытия в Соединенные Штаты _____

4. Пол *(обведите правильный вариант)*

      а. Мужской

      б. Женский

      в. Другой вариант _____

5. Кто из членов семьи уехал с Вами (или до или после Вас)? *(обведите все правильные варианты)*

      а. Родители

      б. Бабушки/Дедушки

      в. Братья/Сестры

      г. Дети

      д. Тети/Дяди

      е. Другой вариант _____

6. Семейное положение на момент выезда из родной страны *(обведите правильный вариант)*

      а. Одинок/а

      б. Женат/Замужем

      в. Состою в отношениях

      г. В разводе

      д. Вдовство

      д. Другой вариант _____

2

7. Семейное положение в настоящий момент *(обведите правильный вариант)*

      а. Одинок/а

      б. Женат/Замужем

      в. Состою в отношениях

      г. В разводе

      д. Вдовствую

      д. Другой вариант _____

8. Какую наивысшую степень образования в переводе на Американскую систему Вы получили на родине? *(обведите правильный вариант)*

      а. Полное среднее (школьный аттестат)

      б. Степень Бакалавра (высшее)

      в. Степень Магистра

      г. Степень Доктора (степень Кандидата наук)

      д. Другой вариант _____

9. Какую наивысшую степень образования в переводе на Американскую систему Вы достигли, находясь в США? *(обведите правильный вариант)*

      а. Полное среднее (школьный аттестат)

      б. Степень Бакалавра

      в. Степень Магистра

      г. Степень Доктора

      д. Другой вариант _____

10. Пришлось ли Вам подтверждать Ваше образование, полученное на родине и/или получать дополнительного образования по прибытии в Соединенные Штаты?
(обведите правильный вариант)

      а. Да

      б. Нет

      в. Другой вариант _____

      Если Вам пришлось получать дополнительное образование, в чем оно заключалось?

11. Ваш основной вид занятости в родной стране до эмиграции.

_____

12. Ваш основной вид занятости в Соединенных Штатах на данный момент.

_____

13. Текущий годовой доход Вашей семьи (обведите правильный вариант)

      а. Менее $25,000

      б. $26,000 - $45,000

      в. $46,000 - $60,000

      г. $61,000 - $80,000

      д. $80,000 - $100,000

      е. Более $100,000

      ё. Другой вариант _____

14. По Вашему мнению, насколько хорошо Вы разговариваете по-английски?
(обведите правильный вариант)

1	2	3	4	5
Совсем не разговариваю	Не очень хорошо	Средне	Неплохо	Отлично разговариваю

4

15. По Вашему мнению, насколько хорошо Вы понимаете английскую речь? *(обведите правильный вариант)*

1	2	3	4	5
Совсем не понимаю	Не очень хорошо	Средне	Неплохо	Отлично понимаю

16. Насколько комфортно Вам общаться на английском языке? *(обведите правильный вариант)*

1	2	3	4	5
Совсем не комфортно	Есть определенные трудности	Затрудняюсь ответить	Достаточно комфортно	Абсолютно комфортно

17. По Вашему мнению, насколько хорошо Вы разговариваете по-русски? *(обведите правильный вариант)*

1	2	3	4	5
Совсем не разговариваю	Не очень хорошо	Средне	Неплохо	Отлично разговариваю

18. По Вашему мнению, насколько хорошо Вы понимаете русскую речь? *(обведите правильный вариант)*

1	2	3	4	5
Совсем не понимаю	Не очень хорошо	Средне	Неплохо	Отлично понимаю

19. Насколько комфортно Вам общаться на русском языке? *(обведите правильный вариант)*

1	2	3	4	5
Совсем не комфортно	Есть определенные трудности	Затрудняюсь ответить	Достаточно комфортно	Абсолютно комфортно

5

20. Опишите, пожалуйста, основную причину Вашего отъезда из родной страны.

21. Опишите, пожалуйста, основную причину Вашего переезда в США.

22. Насколько сильно Вы желали (хотели, общущали сознательный импульс изменить место проживания) иммигрировать? *(обведите правильный вариант)*

1	2	3	4	5
Я не хотел(а) иммигрировать	Отчасти я не хотел(а) иммигрировать	Затрудняюсь ответить	В определенной степени я хотел(а) иммигрировать	Я очень хотел(а) иммигрировать

23. Ощущали ли Вы, что у Вас был выбор переезжать или оставаться в родной стране? *(обведите правильный вариант)*

1	2	3	4	5
У меня абсолютно не было выбора, мне пришлось уехать.	У меня не было особого выбора.	Затрудняюсь ответить	У меня был некоторый выбор.	Мне мог/ла выбирать: остаться или уехать.

24. Каковы были Ваши ожидания относительно качества жизни после иммиграции? *(обведите правильный вариант)*

1	2	3	4	5
Существенное ухудшение	Небольшое ухудшение	Без изменений	Некоторое улучшение	Существенное улучшение

25. Насколько Ваши ожидания совпали с реальностью? *(обведите правильный вариант)*

1	2	3	4	5
Оказались намного ниже	Оказались немного ниже	Абсолютно совпали	Оказались немного выше	Оказались намного выше

26. Если бы Вы могли вернуться в прошлое, иммигрировали бы Вы вновь? Прокомментируйте свой ответ.

Appendix F: Q-LES-Q-18 English Version

1

Q-LES-Q-18 English Version

During the past week how much of the time have you		Never or very rare	Rare	Sometimes	Frequently	All the time
1	Felt in at least very good physical health?	1	2	3	4	5
2	Been free of worry about your physical health	1	2	3	4	5
3	Felt good physically?	1	2	3	4	5
4	Felt full of pep and vitality?	1	2	3	4	5
5	Felt satisfied with your life?	1	2	3	4	5
6	Felt happy or cheerful?	1	2	3	4	5
7	Felt able to communicate with others?	1	2	3	4	5
8	Felt able to travel about to get things done when needed (go for a walk, take a bus, etc.)?	1	2	3	4	5
9	Felt able to take care of yourself?	1	2	3	4	5
The following questions refer to leisure time activities such as watching T.V., reading the paper or magazines, tending house plants or gardening, hobbies, going to museums or the movies, or to sports events, sports, etc.?		Never or very rare	Rare	Sometimes	Frequently	All the time
10	How often did you enjoy leisure time activities?	1	2	3	4	5
11	How often did you concentrate on the leisure activities and pay attention to them?	1	2	3	4	5
12	If a problem arose in your leisure activities, how often	1	2	3	4	5

2

		Never or very rare	Rare	Sometimes	Frequently	All the time
	did you solve it or deal with it without undue stress?					
During the past week how often have you		**Never or very rare**	**Rare**	**Sometimes**	**Frequently**	**All the time**
13	Looked forward to getting together with friends or relatives?	1	2	3	4	5
14	Enjoyed talking with co-workers or neighbors?	1	2	3	4	5
15	Felt affection toward one or more people?	1	2	3	4	5
16	Joked or laughed with other people?	1	2	3	4	5
17	Felt you met the needs or friends or relatives?	1	2	3	4	5
Taking everything into consideration, during the past week how satisfied have you been with your. . .		**Very dissatisfied**	**Not satisfied**	**Almost satisfied**	**Satisfied**	**Very satisfied**
18	Satisfaction with medication (if you don't take any, check here____)	1	2	3	4	5
19	Social relationships?	1	2	3	4	5
20	Ability to function in daily life?	1	2	3	4	5
21	Economic status?	1	2	3	4	5
22	Overall sense of well being?	1	2	3	4	5
23	How would you rate your overall life satisfaction and contentment during the past week?	1	2	3	4	5

Appendix G: Q-LES-Q-18 Russian Version

1

Q-LES-Q-18 Русскоязычная Версия

Как часто за прошедшую неделю Вы…	Никогда (очень редко)	Редко	Иногда	Часто	Постоянно
1 Чувствовали себя физически полностью здоровым?	1	2	3	4	5
2 Вообще не переживали из-за своего физического состояния?	1	2	3	4	5
3 Хорошо себя чувствовали физически?	1	2	3	4	5
4 Чувствовали себя активным и полным жизненных сил?	1	2	3	4	5
5 Были удовлетворены своей жизнью?	1	2	3	4	5
6 Были счастливы или веселы?	1	2	3	4	5
7 Чувствовали, что можете общаться с другими людьми?	1	2	3	4	5
8 Чувствовали себя в состоянии выходить на улицу за чем-то необходимым (гулять, ездить на автобусе, поезде и т.п.)	1	2	3	4	5
9 Чувствовали, что можете позаботиться о себе?	1	2	3	4	5
Следующие вопросы касаются того, что Вы делаете в свободное время, например, просмотр телевизора, чтение газет или журналов, хобби, выращивание растений, музеи и кино, занятия спортом, посещение спортивных мероприятий и т.п.?	**Никогда (очень редко)**	**Редко**	**Иногда**	**Часто**	**Постоянно**
10 Как часто Вы занимались каким-то любимым делом в свободное время?	1	2	3	4	5
11 Как часто Вы уделяли внимание тому, что Вы обычно делаете в свободное время?	1	2	3	4	5
12 Если во время занятий любимым делом Вы сталкивались с какими-то трудностями, как часто Вы благополучно разрешали их или	1	2	3	4	5

		Никогда (очень редко)	Редко	Иногда	Часто	Постоянно
	продолжали дела, не испытывая напряжения и стресса?					
За последнюю неделю как часто Вы…		**Никогда (очень редко)**	**Редко**	**Иногда**	**Часто**	**Постоянно**
13	Искали общения с друзьями или близкими?	1	2	3	4	5
14	С удовольствием общались с коллегой или соседом?	1	2	3	4	5
15	Испытывали любовь и нежность к одному человеку или нескольким людям?	1	2	3	4	5
16	Шутили или смеялись вместе с другими людьми?	1	2	3	4	5
17	Чувствовали, что друзьям или родственникам интересно или важно общаться с Вами?	1	2	3	4	5
В целом, за последнюю неделю в какой степени Вас довольны…		**Совсем не доволен**	**Не доволен**	**Иногда доволен**	**Доволен**	**Полностью доволен**
18	Лекарствами, которые Вы принимаете (если Вы не принимаете лекарств, поставьте галочку здесь_____ и перейдите к следующему пункту)	1	2	3	4	5
19	Своими отношениями с другими людьми?	1	2	3	4	5
20	Тем, как Вы функционируете в течение дня?	1	2	3	4	5
21	Своим материальным состоянием?	1	2	3	4	5
22	Своим благополучием в целом?	1	2	3	4	5
23	Как бы Вы оценили свою удовлетворенность жизнью и благополучие за прошедшую неделю?	1	2	3	4	5

Appendix H: Permission to Use English Version of Q-LES-Q-18

The Chicago School of Professional Psychology Mail
Daria Parkhomenko <dxp0713@ego.thechicagoschool.edu>
asking permission to use Q-LES-Q-SF
Jean Endicott, Ph.D. <je10@columbia.edu>
Fri, Nov 22, 2013 at 1:00 PM
To: Daria Parkhomenko <dxp0713@ego.thechicagoschool.edu>

You have my permission to use the Q-LES-Q18 in your research. You also have my permission to give examples of selected items or the entire procedure in the addendum of your dissertation.

On 11/21/2013 1:07 PM, Daria Parkhomenko wrote:
Dear Dr. Endicott,

I came across another short version of the Q-LES-Q measure, called Q-LES-Q-18. As I understand, it has been written by You and Your colleague Dr. Ritsner, or by Dr. Ritsner alone. Regardless, I would like to ask permission to use this version for the purposes of my dissertation. Could You or Dr. Ritsner, please, consider allowing me to use Q-LES-Q-18 and give example of certain items or the whole measure in the addendum of my dissertation?
If Dr. Ritsner is the person to ask permission, would you do me a kindness of forwarding this request to him?

Sincerely,
Daria Parkhomenko

Appendix I: Permission to Use Russian Version of Q-LES-Q-18

Gmail   Daria Parkhomenko <dvparkhome@gmail.com>
Quality of Life Enjoyment and Satisfaction Questionnaire. Sample Request
Elena Rasskazova <l_rasskazova@yahoo.com>
17 августа 2013 г., 14:45
Кому: Daria Parkhomenko <dvparkhome@gmail.com>

Здравствуйте, Дарья.
Поздравляю, Ваши современные руководители "на слуху".
Высылаю Q-Les-Q, ссылка у Вас уже есть. У меня была краткая версия Ritsner, обратите внимание, потому что она короче исходной.
На случай, если Вы с руководителем не "уже определились", а "еще в поиске" методик, у которых есть адекватная русская версия, высылаю свой текст главы о диагностике здоровья и качества жизни (полностью он еще будет опубликован, сослаться пока можно на статью, где есть часть этого материала Рассказова Е.И. Методы диагностики качества жизни в науках о человеке // Вестник Московского университета. Серия 14. Психология. 2012. №3. С. 95-107).
В целом, если Ваша задача сопоставить английские и русские результаты, Вам еще могут подойти (в зависимости от целей и задач, поскольку методики на разное направлены, но все валидизированы на русском и соответствуют англоязычным версиям):

1. Satisfaction With Life Scale (Diener et al., 1985), Happiness Scale (Lyubomirski et al., 1999)
2. WHOQOL-100
3. SF-36

Две последние есть в открытом доступе в интернете, первые валидизировала команда Д.А. Леонтьева, я могу Вас связать, уверена, они с радостью все вышлют.
Еще на русском языке довольно близкая к оригиналу есть методика К. Рифф, но у нее структура даже в англоязычной версии плывет, так что советовать не буду.
Передать от Вас привет Наталье Константиновне?
С уважением, Елена

Appendix J: Subjective Happiness Scale English Version

Subjective Happiness Scale (Lyubomirsky and Lepper)

For each statement, please, check the number that best describe your current feelings.

1. In general, I consider myself:

1	2	3	4	5
Not a very happy person				A very happy person

2. Compared with most of my peers, I consider myself:

1	2	3	4	5
Less happy				More happy

3. Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?

1	2	3	4	5
Not at all				A great deal

4. Some people are generally not very happy. Although they are not depressed, they never seem as happy as they might be. To what extent does this characterization describe you?

1	2	3	4	5
Not at all				A great deal

Appendix K: Subjective Happiness Scale Russian Version

Permission to provide test items from the Russian Version of Subjective Happiness Scale for publishing in this dissertation has been declined by the author due to the publication being in print yet.

Appendix L: Permission to Use English Version Subjective Happiness Scale

The Chicago School of Professional Psychology Mail
Daria Parkhomenko <dxp0713@ego.thechicagoschool.edu>
asking permission to use SHS
Sonja Lyubomirsky <sonja.lyubomirsky@ucr.edu>
Thu, Nov 21, 2013 at 8:55 PM
To: Daria Parkhomenko <dxp0713@ego.thechicagoschool.edu>

Hi there -- You are welcome to use the Subjective Happiness Scale (SHS) and provide examples. (My website, which includes the SHS, states that anyone can use it for research purposes.) Just be sure to cite the scale validation paper, attached.

All the information is also included here: http://sonjalyubomirsky.com/subjective-happiness-scale-shs/

You may also be interested in my two books, The How of Happiness and The Myths of Happiness (translated into many languages too).

All best,
 --Sonja

_____
Sonja Lyubomirsky, Ph.D.
Professor and Graduate Advisor
Department of Psychology
University of California
Riverside, CA 92521
(tel) 951-827-5041
(fax) 951-827-3985
My academic web site: www.faculty.ucr.edu/~sonja/

The How of Happiness: A Scientific Approach to Getting the Life You Want (Penguin Press, 2008)   Book web site: www.thehowofhappiness.com

The Myths of Happiness: What Should Make You Happy, but Doesn't, What Shouldn't Make You Happy, but Does (Penguin Press, forthcoming January 3, 2013)

My blog at Psychology Today: blogs.psychologytoday.com/blog/the-how-happiness

Please consider the environment before printing this e-mail

Appendix M: Permission to Use Russian Version of Subjective Happiness Scale

Gmail   Daria Parkhomenko <dvparkhome@gmail.com>
Русскоязычная версия Шкалы Субъективного Счастья (Subjective Happiness Scale)
Evgeny Osin <evgeny.n.osin@gmail.com>
6 декабря 2013 г., 7:35
Кому: Daria Parkhomenko <dvparkhome@gmail.com>
Дарья, добрый вечер!
Отправляю методику. К сожалению, она пока не опубликована, поэтому в приложении её лучше не публиковать. Мы с Д.А. Леонтьевым планируем подготовить англоязычную статью в ближайшие месяцы. Там проблема с последним пунктом, который не работает, но аналогичные проблемы есть и в английской версии.
Есть ещё русская версия шкалы самой Сони Любомирски, но нам не очень понравился довольно "сырой" перевод, и measurement invariance она не проверяла.
С уважением,
ЕО

Appendix N: Letter of Recruitment English Version

The Chicago School of Professional Psychology, Chicago Campus
325 Wells St., Chicago, IL, 60654

Quality of Life and Migration Experiences among Russian Speaking
Immigrants to the United States

Daria Parkhomenko, a Clinical Psy.D. Student at The Chicago School of Professional Psychology is conducting research under the supervision of James Galezewski, Psy.D., about quality of life among Russian-speaking immigrants in the United States. The study can help to better understand unexplored factors that impact the perceived quality of life in immigrant communities, and to design new services that will improve the quality of life of Russian-speaking immigrants to the United States.

If you are a Russian-speaking immigrant within the age range from 20 to 80 years old who has resided in the United States for over one year, but not more than 30 years, and you have immigrated here as a part of a family[1], please, consider participation.

Study participation is completely voluntary and confidential.

Participation will take approximately 60 minutes of your time and will consist of filling in three questionnaires. You will either receive a packet directly from the researcher, or will be invited to a small group meeting, if any are going to be arranged in your area. Thus, you may complete in a privacy of your home or in a small group meeting.

If you are interested in participation, know people, who may be interested, or have any questions about the study, please, contact Daria Parkhomenko at 773.551.6494 or at dxp0713@ego.thechicagoschool.edu. To protect your own confidentiality you may dial *67 before the researcher's telephone number, so that your number will not be observed by the researcher. If you choose to contact the researcher via email, your letter will be deleted by the researcher on reading.

Thank you for your time and consideration.

---

[1] "Immigration as a part of a family," means that you moved to the U.S. with (or to) either a spouse, a child, an elderly parent, a sibling, or any other relative (by blood, adoption, or marriage), who is considered as a family member of yours.

Appendix O: Letter of Recruitment. Russian Version

Чикагская школа профессиональной психологии, кампус Чикаго
325 Уэллс стрит, Чикаго, штат Иллинойс, 60654

Качество Жизни и Опыт Иммиграции Среди Русскоязычных
Иммигрантов в Соединенных Штатах Америки

Докторант Чикагской школы профессиональной психологии Дарья Пархоменко, обучающаяся по направлению «клиническая психология», проводит исследование под руководством доктора психологии Джеймса Галешевски о качестве жизни среди русскоязычных иммигрантов в Соединенных Штатах. Данное исследование направлено на изучение факторов, влияющих на существующий уровень жизни среди иммигрантов, а также созданию новых сфер услуг, способных повысить уровень жизни русскоязычных иммигрантов в Соединенных Штатах.

Если Вы являетесь русскоязычным иммигрантом в возрасте от 20 до 80 лет и проживаете на территории Соединенных Штатов более года, но менее 30 лет и переехали сюда в составе семьи[1], предлагаем Вам принять участие в этом исследовании.

Участие в данном исследовании является добровольным. Информация, полученная от Вас в ходе исследования, является конфиденциальной.

Ваше участие займет порядка 60 минут и будет заключаться в ответах на вопросы трех анкет. Вы получите пакет с анкетами напрямую от исследователя, или же будете приглашены на встречу с другими участниками, если таковая будет проходить в удобном для Вас месте. Таким образом, Вы можете заполнить анкеты либо у себя дома, либо на одном из небольших собраний.

Если Вы хотите принять участие в исследовании или знаете тех, кто заинтересован в участии, а также если у Вас возникли вопросы касательно нашего исследования, просим Вас связаться с Дарьей Пархоменко по телефону 773.551.6494 или по электронной почте dxp0713@ego.thechicagoschool.edu Для защиты Вашей конфиденциальности, Вы можете набрать *67 перед телефоном исследователя, и тогда исследователь не увидит Ваш номер при входящем звонке. Если же Вы захотите связаться с исследователем по электронной почте, Ваше письмо будет удалено по прочтении.

Благодарим за проявленный интерес и потраченное время.

---

[1] «Семейная иммиграция» подразумевает, что Вы переехали в США с (или к) супругом или супругой, с ребенком, с пожилыми родителями, с братом или сестрой, а также с любым другим родственником (кровным, приемным или по браку) или с любым другим человеком, которого Вы считаете семьей.

Appendix P: Professional Translator Evaluation of the Idiomatic Correctness of the Measures

Gmail Daria Parkhomenko <dvparkhome@gmail.com>
docs for translation from Daria
Nina Glotova <ngltranslations@gmail.com>
Mon, Feb 24, 2014 at 7:27 AM
To: Daria Parkhomenko <dvparkhome@gmail.com>

Даша, приветик! Вот био переводчика))

--
С уважением,
Нина Глотова

Бюро переводов
NGL Translations
[Quoted text hidden]

Dear Daria,

In accordance with your request we confirm the correctness and idiomatic consistency of the following documents: informed consent, survey form, and letter of recruitment. There is information about our translator and agency hereunder, which you may indicate in the applications to your work.

Maria Golik graduated from Moscow State Pedagogical University (Faculty of foreign languages, Linguistics and translation (English and German)). Since 2010 till now she has studied at the Institute of Asian and African Studies of Moscow State University Interuniversity faculty of the Chinese language. Since September 2011 till June 2012 she studied at Shenyang Normal University, China (College of International education) as an exchange student. In September 2012 she took part in a volunteer activity during the 43th World Trade Center General Assembly acting as a personal assistant to the delegation from Hong Kong. In March 2013 she undertook an internship at Central Election Commission of the Russian Federation as a translator-editor. Since May 2013 till October she worked for OJSC Aeroflot – Russian Airlines as an expert of the multilingual group at the transit area of Sheremetyevo International Airport. Since August 2013 she has been studying for her PhD at the Institute of Linguistics at the Russian Academy of Sciences. At the moment she undertakes an internship at Programme Office of the Council of Europe in the Russian Federation and works as an interpreter for NGL Translations translation agency (our website - www.ngltranslations.ru , email – ngltranslations@gmail.com , skype – ngltranslations.ru) where the translation has been done at your request.

Appendix Q: Map of the Former Soviet Union in 1989

Courtesy of the University of Texas Libraries, The University of Texas at Austin

Appendix R: Permission to Use the Map

The Chicago School of Professional Psychology Mail
Daria Parkhomenko <dxp0713@ego.thechicagoschool.edu>
Re: [lib-copyright] Map Question, from dxp0713@ego.thechicagoschool.edu
Aguilar, Lisa M <lisamaria@austin.utexas.edu>
Mon, Dec 2, 2013 at 4:39 PM
To: "dxp0713@ego.thechicagoschool.edu" <dxp0713@ego.thechicagoschool.edu>
Cc: lib-copyright <lib-copyright@utlists.utexas.edu>
Hi Daria,

Thank you for your interest in the University of Texas Libraries' Map Collection.

The map requested, scanned by the University Libraries, is in the public domain. The map image is not copyrighted and no permission is needed to copy it. You may download it and use it as you wish.

We do appreciate hearing from you about your use of these materials and we also appreciate you giving this site credit. Appropriate credit for public domain materials would be: "Courtesy of the University of Texas Libraries, The University of Texas at Austin."

Contact Paul Rascoe at prascoe@mail.utexas.edu, regarding availability of high resolution scans. Please note that these are not always available.

For more information, see The PCL Map Collection Frequently Asked Questions page at http://www.lib.utexas.edu/maps/faq.html or feel free to contact me.

Sincerely,
Lisa

_____

Lisa Aguilar
Research Services Division
University of Texas Libraries
The University of Texas at Austin

PCL 3.310
101 E. 21st Street Stop S5482
Austin, TX 78712
512.495.4330   fax: 512.495.4397