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Immigration's Impact on Emerging Mental Health Issues Among Kenyans in the Northeast United States

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Abstract

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MEd Kenyatta University, 2003

BEd Kenyatta University, 1992

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Immigrants lose their unique psychosocial context when their experiences are subsumed under pan ethnic labels such as Hispanics, Latina/o, Asians or Africans. The stress from navigating different cultural contexts becomes problematic when immigrants operate within mainstream cultural norms that are in conflict with their traditional values. The number of Kenyan immigrants to the United States has steadily increased since the 1980s. The purpose of this descriptive phenomenological study was to study the lived experience of Kenyan immigrants by focusing on their integration experience and how the integration processes may have affected their mental health. Very few studies center on the psychological impact of the integration processes on Africans, while even fewer studies focus on Kenyans. The results of the study could be used by helping professionals to assist Kenyan immigrants with mental health problems as well as policy makers on immigration issues in both Kenya and the United States. Future Kenyan immigrants to the United States can also use this information as they prepare to migrate. The transition theory and social constructionism theory were used as the theoretical lens for this study. Data were collected using semi structured interviews conducted with 7 Kenyan men and women over the age of 18 from Northeastern United States who had immigrated from 1996 to the present day. Coding was used to analyze the data by cross-case analysis to search for themes and patterns. Data analysis revealed discrimination, alienation, shame, overcompensation, and cultural shock among other issues faced by immigrants, but from the Kenyan immigrants' perspective.

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Dedication

I dedicate this study to my father who was my biggest cheerleader each time I graduated. I dedicate this study to my mother who never got a chance to be formally educated but yet instilled the value of education in all her children. I dedicate this study to my husband Justin Kabuiku who believed before I did, that I could complete this PhD. I also dedicate this study to my children Ted and Sonia Kabuiku so they know that the sky is the limit.

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Chapter 1: Introduction to the Study

Migration provides an influx of human resources, intellectual capital, and cultural diversity into receiving countries (Goff, Zarin, & Goodman, 2012). Immigrants contribute not only to economic expansion but also to the political and cultural vibrancy (Diaz, 2011). Approximately 40,000,000 immigrants live in the United States (Passel & Cohn, 2012). Immigrants move to America for better legal and civil rights, job and educational prospects, to reunite with loved ones, to have a home in the United States, and because they desire an American identity (Amuedo-Dorantes, Puttitanun, & Martinez-Donate, 2013). Ruiz, Gallardo, and Delgado-Romero (2013) posited that immigrants are in pursuit of economic opportunity and political and religious freedom.

African immigrants move for the same reasons as most migrants from other parts of the world. Idemudia, Williams, and Wyatt (2013) found that immigrants from Zimbabwe to South Africa frequently cited economic prospects as significant reasons to leave behind their families, friends, and community. They also found that wars, political instability, and civil unrest were an impetus for migration to other countries. Thomas (2011) and Bándy (2011) both cited political and economic instability as well as natural disasters and their impact on refugee movement as key determinants of African migration to the United States. Nwoye (2009) posited that immigrants from Africa to North America are driven by the belief that America is an ideal country where they will discover opportunities which will make a considerable difference in their lives. Lister (2010) proposed that in some cases Africans immigrate to escape certain cultural

practices such as forced marriages or female genital mutilation, which may be considered outdated and inhumane in modern society.

Past studies indicate that around 500 Africans arrived every year in the United States between 1861 and 1961 (Konadu-Agyemang, Takyi, & Arthur, 2006). Immigrants to North America who were born in Africa grew from 200,000 to over 1,000,000 between 1980 and 2009; Africans make up around 4% of the 38,500,000 immigrants in the United States (McCabe, 2011). Most African immigrants come to North America from Nigeria, Egypt, Ghana, Kenya, and Ethiopia (McCabe, 2011). At least 75% of African-born migrants have arrived in the United States since 1991(McCabe, 2011).

The U.S. Embassy in Kenya issued slightly over 250,000 visas to Kenyans in the last 21 years (Karanja, 2014). Many Kenyan Green Card winners who immigrated to the United States during this period successfully petitioned for their relatives to join them. This action led to the issuance of over 5,000 immigrant visas (Karanja, 2014). These numbers do not include Kenyans entered as students who are now permanent residents or United States citizens, nor those who entered the country as business people or as tourists but later chose to stay (Karanja, 2014). Like other immigrants, Kenyans move for political, religious, economic, or cultural reasons which have forced many to leave their families and social structure.

Immigration is a major life shift which can be a source of significant stress leading to mental health issues if not handled well (David & Nadal, 2013; Goff et al, 2012; Koning, 2011). Immigration has been shown to be a major risk factor for psychological distress and mental disorders (Nwoye, 2009). This study is aimed at

understanding the issues underlying the increase in mental health issues among immigrants of Kenyan origin. Nwoye (2009) found that when mental issues among African immigrants are not addressed, they negatively impact an already difficult cultural assimilation experience. Nwoye (2009) also found disparity between the preconceived ideas held by African migrants as they settle in the new country and the actual reality that they found themselves in. With this conflict, the result is destabilization, depression, cognitive discord, and confusion resulting from the efforts to adapt to a new environment, and the demands from work and family (Nwoye, 2009). Work demands, family needs, changing family structure, establishing social interactions, general health issues, and learning a new language are major stressors for immigrants (Renzaho & Vignjevic, 2011). This study highlights the impact of the integration process on emerging mental illness among Kenyans in the United States. This study was conducted with participants from Northeastern United States. Participants were from Pennsylvania, New Jersey, Maryland, Massachusetts, and Virginia.

Problem Statement

Numerous studies document the psychological impact of the immigration process on Asians and Hispanics in the United States (Amuedo-Dorantes, Puttitanun, & Martinez-Donate, 2013; David & Nadal, 2013; Goff et al., 2012; Ruiz, Gallardo & Delgado-Romero, 2013; Torrez, 2013). Very few studies center on the psychological impact of the integration process on Africans, while even fewer studies focus on Kenyans. This study filled this gap by focusing on the impact of the immigration process on mental health issues among Kenyan immigrants in the United States.

Research Questions

The research sought to respond to the following questions:

1. What is the lived experience of Kenyan immigrants' integration to the United States?

2. How does stress affect the mental health state of Kenyan Immigrants?

3. In what ways, if any, does the integration process impact the mental health of Kenyan immigrants?

Conceptual Framework

A theoretical framework provides explanations and expectations for many empirical studies (Frankfort-Nachmias & Nachmias, 2008 p. 35). When a theoretical system exists, social scientists can explain and predict the phenomenon under study (Frankfort-Nachmias & Nachmias, 2008 p.36). The phenomenon under study was the impact of the immigration process on emerging mental health issues among Kenyans immigrants in the Northeast United States. There are a few theories with broad applications to this study including transition theory. The foundation of this theory is the difference between transition and change (Bridges, 2004). According to Bridges (2004), transitions consist of three stages: endings, the neutral zone, and new beginnings; these stages explain how an individual comes to terms with the changes in their life. Endings describe how individuals abandon familiar ways of doing things and move to the neutral zone, which is often experienced as chaotic (Bridges 2004). The last process during change is the new beginning, where an individual acquires a new character (Bridges

2004). The study used these three stages as the lens to view the Kenyan immigrant's experience.

Social constructionism theory is another theory that has implications for this study. Schneider (2004) opined that social constructionism focuses on individuals' perception of their social situation and the ways in which such phenomena is formed. According to Schneider, socially construed reality can be perceived as people creating meaning and knowledge through communication (p. 27). This reality is discovered through the explanations offered, social relations, and the cultural implications individuals attach to their day to day experiences (Schneider, 2004). Social constructionism offered a base for comprehending how people perceive and react to any stress that may result from their immigration experience.

Nature of the Study

The study was qualitative using descriptive phenomenological approach to explore the experience and perspective of nine Kenyan immigrants to the North East region of the United States. The research focused on what the immigrants perceived as the major stressors in their integration process and how these impacted their mental health. Phenomenological research was appropriate for this study because it helped bring out the participant's viewpoint (Creswell, 2007). Phenomenology is a theoretical development instituted by Husserl (Patton, 2002). Husserl's phenomenology main focus is on the thorough portrayal of mindfulness as lived from the first person's viewpoint (Patton, 2002). The immigration experience is qualitative in nature and therefore this method helped generate information from the immigrant's stance (Creswell, 2009).

Interviews were used to collect data. According to Creswell (2009), using triangulation in data collection ensures reliability of the study. Because of the benefits of the triangulation approach, interviews and documents method for data collection were to be used. Documents, private letters, journals, or diaries from the participants of the study detailing their experiences during the integration process were to be used, but the study participants did not have any documents which they wished to share. Creswell (2009) posited that "using documents from the participants assists in obtaining the language and words they would use since it is unpretentious information representing wistful data which the participants gave a lot of thought in compiling" (p.180). The interview questions were designed to keep the interviewees focused on their immigration experience and any mental stress that may have resulted from the process.

Definitions

The following terms were used throughout this study:

Immigrant: First generation immigrants are people who moved to the United States after being born in another country or as second generation immigrant if they were born in the United States though one of their parents may have been born in another nation (Sirin, Patrice, & Taveeshi, 2013).

Immigrant ethnic minorities refers to individuals who have a record of migration and are considered constituents of an indigenous cultural faction in the receiving country (Terwee, Jansma, Jansen, & Lucres, 2013).

Acculturative stress: This is the extent to which a person struggles to negotiate cultural differences, the challenges of prejudice, and discrimination an individual faces owing to their ethnic background or nation of origin (Sirin et al., 2013).

Mental illness, mental health issues: This is a psychological disorder which is a shared consequence of external conflicts such as social, personal, and cultural experiences influenced by an individual's biological disposition (Korf & Bosker, 2013).

Minority stress: Experiencing discrimination, violence, or rejection as a result of individual identity (Testa, Habarth, Peta, Balsam, & Bockting, 2015).

Assumptions and Limitations

The study was built on participants' accounts given during telephone interviews. It was presumed that all respondents were upfront and candid. Before the interview, they were assured of confidentiality of any and all information they chose to share. This study focused on a small group of Kenyan immigrants in the North East Region of the United States. The results cannot be generalized to other Kenyan or African immigrants or immigrants as a whole because of the differences in cultural and regional experiences. The study was based on personal opinions and reflections which can be interpreted in very different ways since each individual is unique in the way they perceive situations and experiences.

Significance of the Study

This study explored the experiences and perspectives of Kenyans as they migrate to the United States by focusing on the meanings the Kenyan immigrants attach to any mental health issues arising from their immigration process. It is important to know

whether the Kenyan immigrants pay attention to or seek treatment for mental health issues related to their assimilation process. The results of the study will create an awareness of the mental health issues arising from the integration process. The study will add knowledge to the mental health field by pointing out cultural and social contexts unique to the Kenyan immigrants. Mental health workers can use this knowledge to employ culturally appropriate strategies that can help with the emerging issues.

The results of the study can be a source of information for future immigrants from Kenya since they can use the knowledge gained to address issues concerning their immigration experience. This information can be shared with potential immigrants before they leave their country and also after they have migrated. Knowledge gained from this study helped explain mental health trends and patterns among Kenyan immigrants both now and in the future, this will help effect a positive social change not only for the immigrants, but also the communities where they choose to settle in the U.S.

Summary

In this chapter, the study was introduced by describing the topic of study and showing why it was important to conduct the research. Background information was given from the available literature to show the gap in knowledge. The problem statement provided evidence that a meaningful gap exists. The purpose of the study described the research paradigm. The theoretical framework that will guide the study was identified in Chapter 1. Key terms used in the study were defined. The potential significance of the study was also confirmed in this chapter. Chapter 2 provides more detailed examples of existing literature on the research topic.

Chapter 2: Literature Review

This chapter will focus on the existing literature and research regarding the immigration and mental health of African and other immigrants. Summaries of studies on the immigrants' mental health issues were examined to help outline the transition and social constructionism theories, and how they relate to understanding the mental health phenomena among immigrants. Studies addressing the perspective and lived experiences of immigrants leading to mental health issues were of particular interest. Sources from multiple databases such as Proquest, ERIC, PsycARTICLES, PsycINFO, SocINDEX with Full Text and EBSCOHost were used in the completion of this review. Key words and descriptors used include *immigrants, mental health, mental illness, mental health issues, minority stress, African immigrants, African culture, transition theory, social constructionism theory*, and other relevant terms.

Theoretical Concepts

Theory plays a central role in scholarly work (Tavallaei & Talib, 2010). I used theory as lens to view the topics throughout this study (Gringeri, Barusch, & Cambron, 2013). The literature reviewed revealed two main theories used in mental health and wellness: the transition theory and the social constructionism theory. The following is a greater description of each of these theories.

Transition Theory

Whereas change is often considered situational, transition is psychological (Bridges, 2004). An individual must go through internal modifications and self-resolve to integrate adjustments in life (Bridges, 2004, p. xii). In his transitions theory, Bridges

(2004) stated that an individual must let go of the old before beginning the new because that is the start of the transition. People utilize the style they have developed over the years for transitioning to endings (Bridges, 2004). Endings may make people fearful because disconnecting from the familiar can invoke old memories, hurt, and shame (Bridges, 2004). When people are in a fearful state, they are likely to abandon the three-phase process of ending, neutral zone, and beginning. Individuals may change the pattern, making transition unintelligible and frightening (Bridges, 2004, p. 17). When individuals do not have access to assistance during this phase, mental health and physical ailments may occur.

Draper (2003) posited that transition is undefinable because it is neither one state nor the next, making it a dangerous situation to be in. Draper (2003) identified three phases of transitions in his study on transition into fatherhood; separation, liminality and incorporation. Separation happens when immigrants leave their home country and leave behind not only their friends and relatives, but also the only way of life they have known until then. The liminal phase comes next; this is when the immigrant is trying to fit into the new society. The feelings of marginality and vulnerability abound at the liminal stage due to the uncertainty that comes with the transition (Draper, 2003). Incorporation is the last phase where the immigrant will adjust or fail in their new role (Draper, 2003).

Shell, Gazelle, and Faldowski (2014), in their study on transition from elementary to middle school found this to be a stressful time for young people. This stress was due in part to the decrease in social emotional support while trying to establish oneself in a new social hierarchy and the distress caused while renegotiating relationships (Shell et al.,

2014). This is not unlike the situation faced by immigrants who are moving into a new society where they must negotiate new relationships and establish themselves in a new society without the social support they previously had in their home countries.

Social Constructionism Theory

Werhane et al. (2011) posited that the thesis of social constructivism is that our thoughts seldom reflect our reality, but rather our minds envision and recreate experiences. Our minds organize and order experiences to form knowledge which may be contrary to our outward experiences (Schneider, 2004). According to Werhane et al., humans categorize their world depending on their learning experiences; the ordering and classification process is always lacking because people selectively process and filter data. Mental models are shared and culturally biased in the way people perceive and organize experience; the mental patterns humans engage are socially learnt and influenced by socialization, religion, educational achievement, and other life experiences (Werhane et al., 2011). Since an individual's experiences are incomplete and socially derived, one can review and adjust their mental patterns and styles of recognition (Werhane et al., 2011).

Immigration and Mental Health Issues

Migration trends are becoming progressively complicated in recent times; they not only involve refugees, but also many economic immigrants (United Nations High Commissioner for Refugees - UNHCR, 2014). There are approximately more than a million immigrants from Africa who currently reside in the United States; over half of them moved in the 10 year period from 1990 to 2000 (Venters & Gany, 2011). Although

the process of immigration results in opportunities for many families, there is significant

stress involved in the journey (Sua´rez-Orozco & Sua´rez-Orozco, 2001). Stressful life

events can be extremely traumatic, and can easily cause disturbing emotional fluctuations

in a person's mental health and the entire quality of their life (Bjerre et al., 2013; Helms

& Guerda, 2012; Nwoye, 2009).

Immigration is one major provocative policy area in the United States (Goff et al.,

2012). Positions are polarized when it comes to immigration; those in favor argue that

immigrants are the foundation for America's distinctive character, while those against

immigration view immigrants as posing a serious threat to the culture and economy of a

nation (Lu & Nicholson-Crotty, 2010). At the core of this debate is the question of

whether or not immigration attitudes are racially prejudiced against immigrants or by

individual fear of socio-economic consequences of immigration (Lu & Nicholson-Crotty,

2010). Stereotypes have been responsible for the cultural and economic anxieties that

citizens of a host country may experience (Lu & Nicholson-Crotty, 2010). E-Verify is a

program run by the US government which matches an employee's employment

verification data to government records to determine their eligibility to work in the

United States (USCIS, 2014). Some states with E-Verify mandates have made it an

offense if an alien is found to be lacking proper credentials such as a residency visa or

work permit (Amuedo-Dorantes et al., 2013).

The remarkable rise in the number of deportations, from less than 60,000 in 1995

to close to 438,000 in 2013 is viewed as the increasingly unsympathetic environment

faced by unauthorized immigrants (Office of Immigration Statistics, 2013). Federal laws

like the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA), and the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) adopted in 1996, make it impossible for immigrants to access services while increasing their fear of deportation (Amuedo-Dorantes et al., 2013). These laws have led to greater concern, tension, and uncertainty among migrants causing them to abandon communal services thereby increasing their stress levels (Amuedo-Dorantes et al., 2013).

Anxiety and depression are two of the most common mental health conditions in the United States today (Masuda, Mandavia, & Tully, 2014; Sánchez et al., 2014; Wright, Hallquist, Swartz, Frank, & Cyranowski, 2014). This may be caused by any stressful factor in an individual's life, for example, the acculturation process of Brazilian and Latino immigrants in Massachusetts was found to play a role in the detriment of their mental health status (Sanchez et al., 2014). Earlier epidemiological studies found that United States born Hispanic adults were more likely to experience serious psychological distress compared to their immigrant counterparts (Park & Kalibatseva, 2013). This could be due to first generation immigrant's often delaying treatment for mental health due to lack of culturally appropriate and acceptable services (Kaltman, Gonzales, & Serrano, 2014).

Acculturative stress, discrimination, language barriers, intergenerational family conflict, and socioeconomic barriers place immigrants at a higher risk of developing mental health problems (Idemudia, 2011; Park & Kalibatseva, 2013; Sanchez et al., 2014). The immigration experience plays a significant part in the psychological health of both United States and foreign born immigrants (Vidal, Martone, Muñoz, & Grossman,

2011). The stress from navigating different cultural contexts becomes problematic when immigrants operate within mainstream cultural norms that are in conflict with their traditional values (Bándy, 2011). The combination of living with mental health disorders, adjusting to a new unfamiliar environment with few supportive social contacts, and limited economic resources, could potentially hinder progress and engagement with services (Bjerre et al., 2013).

Melle et al. (2011) reported elevated risk factors for schizophrenia and other bipolar and psychotic disorders among immigrants experiencing greater cultural barriers. Their study results showed that the highest risk for schizophrenia was among immigrants from Africa, compared to immigrants from Europe or Asia. This led them to conclude that psychotic disorders develop in immigrants when they are sensitized to environmental stressors. Kenyan immigrants acquire minority status when they migrate to North America, this may cause open discrimination resulting in feelings of estrangement from the host culture (Melle et al., 2011).

The three leading health complaints among Liberian immigrant's sons attending health screenings were found to be anxiety/stress, hypertension, and diabetes (Venters & Gany, 2011). A study on Ethiopian immigrants in Israel found that they had the highest suicide rates among immigrants in that country (Shoval, Schoen, Vardi, & Zalsman, 2007). One reason they attributed to this high suicide rate is the under treatment of this population due to mental health workers being unacquainted with culture dependent presentations of mental symptoms (Shoval et al., 2007). Idemudia (2011) posited that acculturative stress is higher among immigrants who maintain their social distance from

the mainstream host culture while negative stereotypes could lead to racial discrimination resulting in negative intercultural dialogue. This could lead to rising mental stress among the immigrants from the experience of actual or perceived racism (Idemudia, 2011).

Immigration is complicated by the fact that there is overrepresentation of ethnic minorities in crime, school drop-out, and diminished psychosocial performance which often results in acculturative stress (Terwee, Jansma, Jansen, & Lucres, 2013). Cultural differences between the immigrants and the host culture are a major factor when it comes to prognosis and treatment of mental health. Aragona, Erica, and Jolanda (2012) found ethnic groups living in developing countries tended to express emotional distress with somatic symptoms. Schizophrenia is four times more likely to affect immigrants from Africa and the West Indies than those who are native born (Berger, 2011). Non Western cultures, particularly those that are traditional and rural, might be more prone to manifest their distress through physical complaints because they are less accustomed to communicating in psychological term (Aragona et al., 2012). This often delays treatment of the actual problem thus making the immigrants' mental health situation worse (Berger, 2011).

Problems Associated with Immigration

The 1951 Refugee Convention defines a refugee as anyone with a justifiable fear of being victimized for reasons such as race, nationality, religion, political or social affiliation, is not in their country of national origin, and is incapable to availing himself of the safety of that nation due to fear (UNHCR, 2014). African refugees face a myriad of stressors such as, post-traumatic stress disorder, culture shock, despair, fear, isolation,

communication problems, survivors' guilt, acculturative challenges, social intolerance, and deficient access to services which jeopardizes their integration in resettlement countries (Makwarimba et al., 2013). These are the same stressors faced by African immigrants who may have moved for economic or other personal reasons. Integration is hindered by several factors; unemployment, lack of educational opportunities and culturally appropriate services, racism, and language difficulties (Idemudia, 2011; Makwarimba et al., 2013; Shoval et al., 2007). The assimilation process has also led to depression, while the sedentary lifestyle has caused diabetes and high blood pressure among recent immigrants (Carson, 2011).

Culture is integral to the successful integration of an immigrant into the host community. Latin American, Asian, and African cultures have been identified as collectivist cultures (Sue & Sue, 2013). There may be some aspects of culture that are critical to maintaining resilience, whereas others may be irrelevant to such benefits (Ruiz, Gallardo, & Delgado-Romero, 2013). In the Asian culture, factors such as shame and collectivism are significant influences in the manifestation of mental health symptoms (Lam, Yip, & Gee, 2012). The African culture is defined as collectivist; self-concept is identified by attitudes toward family, material possessions, and an individual's social status (Berger, 2011; Carson, 2011). Initiation ceremonies and age sets are the organization and socialization structures used in African tribal communities; these stages in an individual's life determine their status in the community as well as how they are accepted by others (Berger, 2011).

On the other hand, North American culture is defined as individualist; this is where individuals focus more on their private self than their collective identity (Sue & Sue, 2013). The terms separate, autonomous, egocentric, independent, and self-contained have been used to describe the individualist self-concepts (Sue & Sue, 2013). Individualists see a clear border that separates them from others, and they focus more on their personal issues as compared to group goals; their identity is characterized by, experiences, accomplishments, and possessions; this is to make a mark as an individual and show their uniqueness (Berger, 2011). When the host culture is a huge departure from an immigrants known customs, the internal conflict is bound to cause some mental discord (Nwoye, 2009).

Rape, starvation, and torture are premigration experiences which could impact African refugees, while other stressors are caused by the post migration experience (Makwarimba et al., 2013). Two post-migration challenges are social isolation and mental health difficulties; if immigrants are not fluent English speakers, social isolation can be compounded, particularly in the absence of a refugee or immigrant community (Makwarimba et al., 2013). Significant cultural differences between immigrants and the receiving society is further compounded by the lack of awareness of these differences by mental health professionals; this could influence the rate and pattern of psychiatric hospitalization even more than the integration hardship itself (Delbar et al., 2010).

For an African immigrant, the obligation to appear culturally correct in an individualistic society can often times be overwhelming (Berger, 2011). The model life for the ethnic African is acceptable behavior along with affiliations with other

individuals; nations are built around established and unified social groups (Sue & Sue, 2013). This makes it critical that mental health providers acquaint themselves with the culture and identity of the patients they serve, and acquire the competencies necessary to engage actively with their patients so as to give them adequate care (Lam, Yip, & Gee, 2012). This is imperative for proper treatment procedures to be applied when African immigrants seek help for mental health issues (Nwoye, 2009).

Latinas/os are strikingly heterogeneous, representing over 23 nationalities and speaking more than 12 dialects, although they may share some cultural values, they are also quite diverse in their beliefs, practices, interpersonal presentations, experiences, and health outcomes (Ruiz, Gallardo, & Delgado-Romero, 2013). The same applies for Africans and Kenyans in particular who have at least 42 ethnic languages and cultures in that country alone. Immigrants lose their unique psychosocial context when their experiences are subsumed under pan-ethnic labels such as Hispanics, Latina/o, Asians or Africans (Ruiz, Gallardo, & Delgado-Romero, 2013). For improved treatment of mental health issues, effort must be made to understand different aspects of immigrants to include nation of origin, motivation for migration, acculturative stress, culture, and the communal environment of the location chosen by migrants to settle (Katsiaficas, Suárez-Orozco, Sirin & Gupta, 2013). Immigrants to major cities in the United States are more likely to find others from their home country as opposed to those who choose to settle in rural communities (Ruiz, Gallardo, & Delgado-Romero, 2013). Though similar in many ways, each immigrants experience is unique, and being misunderstood at any level has

the potential to increase the odds of suffering from poor mental health (Katsiaficas et al.,

2013).

The African Immigrants Vision and Disillusion

When an African migrates, the whole community views this as a chance for

promotion, growth, and improvement of their lives (Nwoye, 2009). The expectation of

such relatives is based on the collectivist culture where an individual's success is viewed

as communal (Sue & Sue, 2013). The African immigrant leaves for the United States or

similar destinations with a great sense of trepidation at what the future holds (Nwoye,

2009). For those who are not able to achieve the success they had anticipated when they

set out on this journey, the result is despair, decline, confusion, and cognitive discord

(Nwoye, 2009).

Some immigrants may suffer from the guilt of leaving their families behind,

hoping to reunite within the shortest time possible, but economic and legal issues prolong

this family reunification (Nwoye, 2009). For some immigrants, the thought of being

unable to repay relatives who had loaned them money to migrate, is a constant nag on

their conscious leading to guilt, shame persecution, low self-esteem, embarrassment, and

humiliation (Nwoye, 2009). For those caught in these situations, their mental health is put

at great risk if the situation is not resolved in an opportune manner (Nwoye, 2009).

Absence of Social Support

The loss of social support has a detrimental impact on most immigrants

(Katsiaficas et al., 2013; Makwarimba et al., 2013). Collectivist societies offer an

abundance of social support through neighbors and relatives (Sue & Sue, 2013). Upon

arrival in the United States, African immigrants encounter little or no support; they experience separation from their families, trouble forming new relations, limited access to essential facilities, and lack of culturally appropriate linguistic services (Makwarimba et al., 2013). Other issues compounding the immigrant's dilemma are inadequate information or misinformation, changes in immigration status, which can affect some immigrant's access to health and educational benefits (Makwarimba et al., 2013).

Compared to other immigrants, Asian Americans and Hispanics have more support from the extended family, and more accommodating family situations (Leu, Walton, & Takeuchi, 2011). Social support is a psychological resource which can safeguard immigrants from depression and anxiety, but could wane across generations the longer one resides in the United States (Lau, Tsai, Liu, Hwang, & Wei-Chin Takeuchi, 2013). Unfortunately, most African immigrants do not have strong social networks to rely on; in fact, most of them end up relying on immigrants who may also be struggling to make it on their own (Nwoye, 2009).

Limited social support can exacerbate an individual's mental health issues. Idemudia, Williams, and Wyatt (2013), found this to be a significant mental health challenge encountered by African immigrants upon arrival in the new country. This highlights the importance of establishing a therapeutic relationship with clients, and hence the significance of a non English speaking immigrant being able to locate a therapist who understands them when in need of psychological services (Chi-Ying, Bemak, & Grabosky, 2011; Ruiz et al., 2013). To build trust in a therapeutic relationship, being understood culturally, and the ability to speak a common language is vital (Ruiz et

al., 2013). Care should be taken not to assume that being linguistically responsive implies cultural responsiveness or vice versa (Ruiz et al., 2013).

Acculturative Stress

Acculturative stress results from negative stereotypes and insolence held by the host culture about the immigrant population (Huang, Appel, & Ai, 2011; Sirin, Patrice, & Taveeshi, 2013). Scarcity of national resources can pressure social systems, compound job competition, and escalate social tensions in communities leading to immigrants being unserved or underserved as a result of the conflict (Ruiz et al, 2013). The evolving global crisis in migration is an overall phenomenon worldwide affecting most if not all Western countries; the emergence of immigrant communities or communities with immigrant background is a great challenge both for migrant and native European societies (Bándy, 2011). Religion and culture have a key position in the identity of most migrants which often makes their mindset less amenable to modernization and the host nation's culture (Bándy, 2011). High unemployment among natives could increase the unwelcome temperament towards immigrants who are perceived as taking away job opportunities from the natives (Vidal, Martone, Muñoz, & Grossman, 2011).

Migrants to the United States have faced significant intolerance impacting their daily lives as a result of an increase in anti-immigrant sentiment (Sirin, Patrice, & Taveeshi, 2013). Depression, anxiety, higher incidences of somatic complaints and lower self-esteem have been associated with acculturative and minority stress (Sirin et al., 2013). The immigrant's mother language loses its value in communication and they are forced to learn new skills or get re-certified in their former careers if they are to be

recognized by authorities (Bandy, 2011). Higher levels of depression and suicide for first and second generation immigrants have been attributed to acculturative stress (Sirin et al., 2013).

Identity development in immigrant-origin youth is the process of acculturation or cultural negotiation between different cultural backgrounds (Sirin, Patrice, & Taveeshi, 2013). Limited access to mental health care and treatment for the immigrant population further compounds the issue of acculturative stress on psychological symptoms posing a serious threat to the well-being of the immigrant population (Sirin, Patrice, &Taveeshi, 2013). The daily challenge of living in an impoverished neighborhood, attending schools with inadequate resources, impacts immigrant youth living in urban populations (Chi-Ying, Bemak, & Grabosky, 2011). This often increases their chances of suffering from mental health symptoms which include mood disorders, depression, and isolation (Sirin et al., 2013). The trajectory of success or failure in immigrant families is determined by how well these issues are addressed (Koo, Peguero, & Shekarkhar, 2012). Radicalization is one of the negative outcomes in immigrant communities where factors causing acculturative stress are not addressed (Bandy, 2011). Radicalization fears increase the native's suspicions of immigrants, making them less likely to assist in their integration and more likely to discriminate making a bad situation worse (Bandy, 2011).

Parenting and Socialization challenges

For immigrant and refugee families, parenting in a new culture can prove to be quite demanding (Bandy, 2011). The marginalization of immigrant parents renders them incapable of promoting their children's socialization, and unable to help their children in

learning the language of the host country (Bándy, 2011). The host nation's cultural environment, their morals and customs, are often inconsistent with the immigrant's parenting as the acculturation rate of parents and children differ, leading to difficulties and challenges especially in communication (Renzaho & Vignjevic, 2011). Children are able to assimilate faster in a foreign culture due to the influence of daily schooling; they also lack the strong cultural connection their parents have to their country of origin (Renzaho & Vignjevic, 2011). This often leads the immigrant youth to feel isolated from both the host country culture, and their country of origin.

Immigrant youth who face trouble with the law place an undue burden on their already overwhelmed families (Katsiaficas et al., 2013) Immigrant parents with delinquent youth are concerned that their children's trouble with the law could generate problems for the family not only in the new country but also back home (Bledsoe & Sow, 2011). Some immigrant families blame the Western culture for indulging their children's bad behaviors, which they view as penetrating not only their homes, but also the society and learning institutions turning them into sites of established laxity (Bledsoe & Sow, 2011). In an interview, one African refugee alleged that refugee school camps in Kenya had better control of children than American schools (Bledsoe & Sow, 2011).

The parenting tools used by immigrant families in their countries of origin are considered outdated in America; in many instances they are considered as weapons that are detrimental to a child's physical and emotional well-being (Bledsoe & Sow, 2011). Beating or caning wayward children is an acceptable form of discipline among African cultures, in the United States, this form of discipline is labeled as abuse and parents shy

away from it to avoid troubles with the law (Bledsoe & Sow, 2011). When the only tools

of child discipline known to African parents are taken away, they find themselves at a

loss since the American belief in reinforcement and time out is alien to African culture

and is considered ineffective (Kabba, 2008). Immigrant parents who choose to use

physical punishment risk the loss of their children to protection agencies (Bledsoe &

Sow, 2011).

Parenting immigrant youth comes with an added host of challenges. According to

Kabba (2008) the challenges of migrant youth reiterate the difficulties faced in bringing

up Black sons in America. Ethnic immigrant youth are seen to have a higher chance of

developing mental health issues (Paalman, Terwee, Jansma, & Jansen, 2013). The

acculturation stress the youth experience during this sensitive developmental stage makes

them more prone to mental health issues (Paalman et al., 2013). It is a time of conflicting

emotions as they try to manage the strain stemming from adaptation to an alien culture on

one hand, while trying to remain loyal to their indigenous culture, not to mention the

emotional roller coaster their body takes them through due to hormonal changes

(Paalman et al., 2013). These are circumstances which are gradually being documented as

causing mental health (Paalman et al., 2013).

Discrimination

Those opposed to immigration have given a myriad of reasons to support their

views. Some of the reasons given to oppose immigration are that migration is out of

control, all immigrants and their children are newcomers who are unwilling to change

over time, immigrants are segregated, poor, and a burden not needed (Malos, 2012;

Tórrez, 2013; Nier, Gaertner, Nier, & Dovidio, 2012). African Americans are reported as feeling more impacted by the arrival of immigrants than whites, they fear they are likely to lose a job opportunity because an employer hired an immigrant worker (Tórrez, 2013). These experiences have been proven true by studies which show that employers will likely hire immigrants over African Americans because they believe that immigrants have a greater work ethic and are willing to work for less pay under worse conditions (Tórrez, 2013).

It is plausible that some Americans who hear political sermons and announcements that highlight their disadvantaged position may make cognitive connections to the presence of immigrants and the threat to their economic well-being (Bándy, 2011). This situation is made worse by the fact that most immigrants settle in urban American communities where they compete with poor and working class African Americans for low and semi-skilled jobs (Tórrez, 2013). Economic competition with immigrants is a real concern for many African Americans; national data indicates that the latter are more fearful than are whites of immigrants taking desirable jobs from them (Bándy, 2011).

When the arrival of the immigrants is treated with suspicion and mistrust, it makes for uncomfortable relationships between immigrants with their co-workers and neighbors (Díaz, 2011). Tension between the immigrants and the host community is bound to have a negative impact on the immigrant's psyche. Melle et al. (2011) found that evident minority standing was linked to feelings of discrimination leading to further acute depression and anxiety symptoms among immigrants. The results of their study

suggested that traumatic environmental factors can impact definite patterns in symptoms and gravity.

Elevated risk for psychotic disorders was noted for different cultural groups, and was most serious for obvious minorities and other migrants who experienced greater cultural difficulties (Melle et al, 2011; Lanning, 2012). The highest comparative risk for schizophrenia was among immigrants whose countries of origin were majority black in contrast to immigrants from majority Caucasian or Asian countries (Melle et al, 2011). Increased risk was found to be the same for both first and second generation migrants, which led to the emerging agreement that the increase of mental disorders among migrants is connected to the sensitization to situational stressors linked to the integration setting (Melle et al., 2011). Perceived discrimination is a significant integration stressor that is allied to increased risk for psychosis; minority status can lead to open intolerance and concerns of estrangement from mainstream society (Tummala-Narra & Claudius, 2013). Overt discrimination among immigrants with psychosis led to severe depression and anxiety symptoms (Melle et al, 2011).

Immigration- and Age-Related Mental Health Issues

The age at which one migrates has been found to be a significant factor in so far as mental health is concerned (Lau et al., 2013; Lam, Yip, & Gee, 2012). Some age groups appear to have more challenges as compared to others. The reasons for this are many and varied. Older immigrants were found to be more at risk for psychological health problems such as depressive symptoms and disorders, somatization, and culture specific localized patterns of psychological symptoms (Tummala-Narra, Sathasivam-

Rueckert, & Shraddha, 2013). Older adult immigrants have been noted for underutilization of formal mental health services when compared with both the general immigrant population and nonimmigrant older adults (Tummala-Narra et al., 2013). Older immigrants who move to the United States later in life experience a number of stressors such as language barriers, difficulty navigating new cultural norms, dependence on adult children, changes in family structure and roles, as well as increased caregiving responsibilities for grandchildren (Tummala-Narra et al., 2013).

Older immigrants are also likely to experience less financial independence and control, loss of authority, changes in family roles, intergenerational conflicts, limited ability to speak in English, and isolation (Tummala-Narra, et al., 2013). When giving care to their grandchildren, they face additional language challenges especially when they are not proficient in English, and when their family responsibilities take precedence over establishing new social networks it ultimately contributes to isolation which hinders their integration process (Brownell & Fenley, 2009). The physical and psychological demands accompanying caregiving and acculturative stress have been found to be associated with depression among older immigrants (Tummala-Narra et al., 2013).

Immigrant Youth

Immigrant adolescents are among the fastest growing numbers for youth population in North America; they currently represent the majority of students in many urban schools with one out of four students being part of an immigrant family (Sirin et al., 2013; Tummala-Narra & Claudius, 2013). Immigrant youth are more likely to experience academic struggle causing them to drop out without acquiring the necessary

skills needed to compete in the knowledge intensive American society (Tórrez, 2013). Children whose parents are non English speakers struggle in school and end up dropping out; in California, a quarter of the students have yet to master English (Tórrez, 2013). Learning a new language in school leaves little time to learn other academic subjects or socialize with English-speaking classmates leading to inferior academic performance and estrangement from their peers (Tórrez, 2013). Juvenile delinquency, suicide, and drug use leading up to adult criminality are the likely results for the youth who drop out and have nowhere to turn for help (Koo et al., 2012).

Victimization in schools, for any vulnerable population has serious implications for the United States society especially in this age of radicalization. (Sirin et al., 2013). Currently, 20% of all youth in the United States schools report one immigrant parent; by 2030, youth from immigrant families in the U.S. school system are expected to rise to 33% (United States Census Bureau, 2013). Addressing the violence toward youth in immigrant families will not only increase their mental health but also positively impact this country's future: its parents, its labor force, its leaders, and its voters (Koo et al., 2012).

Summary

Immigration is a topic that will continue to perform a major part in the societal, civil, and financial subtleties of the world for generations to come. From the literature we learn about different problems faced by immigrants before migration and once they arrive in their host country. The literature reviewed confirmed that there are underlying issues arising from the integration process which can cause mental health issues for those

immigrants who do not address them. Some of the issues identified stem from the cultural conflicts that immigrants must face as they integrate into their host country. There is a need to study different immigrant cultures so as to better isolate mental health issues which may be specific to each group and then come up with culturally appropriate ways to intervene. This study helped to fill this gap by studying Kenyan immigrants. The study brought out their lived experience and the role of the integration process in mental issues among Kenyan immigrants. The research design that was selected will be discussed in greater detail in chapter 3.

Chapter 3: Research Method

The main goal of this qualitative study was to explore the impact of the

immigration process on emerging mental illness among Kenyan immigrants living in

Northeastern United States. Results of the study will facilitate the understanding of the

lived experience of Kenyan immigrants who may be experiencing mental health issues as

a result of the integration process. Although there are several research studies which

focus on immigrants' mental health issues, most of the studies I found centered on the

general population of Hispanics, Africans, or Eastern Europeans (Díaz, 2011; Koo et al.,

2012; Makwarimba et al., 2013; Nwoye, 2009; Sirin, Patrice, Taveeshi, 2013; Tummala-

Narra & Claudius, 2013). Very few studies that I reviewed focused on individual

countries and the unique cultural background each immigrant may bring to the new

nation. There is a scarcity of information on the perspective of the Kenyan immigrant

from the reviewed literature. This chapter describes the research design and rationale, the

role of the researcher, the research and interview questions, research setting, participants,

data collection, data analysis, validity and reliability, ethical procedures, and data

management and tracking.

Research Design and Rationale

Attitudes, feelings, and the learning processes cannot be studied using quantitative

research methods (Hazzan & Nutov, 2014). Descriptive or transcendental

phenomenology was used to illuminate the feelings and attitudes of the participants'

arising from their integration experiences. Descriptive phenomenology looks at how to go

above personal experiences by breaking down the narrated experiences from participants

into patterns and themes so one can understand the interconnections (Creswell, 2009).

The focus of the study was on three areas: (a) the meaning Kenyan immigrants attach to

their mental health issues, (b) what Kenyan immigrants believe may have caused any

mental health issue they may have as a result of the integration process, and (c) the

present feelings that Kenyan immigrants have toward the integration process.

Phenomenological methodology offers means to study and comprehend the

significance human beings attribute to a shared or individual dilemma (Hazzan & Nutov,

2014). This methodology helps us to better understand human beings and their actions in

a cultural, social and economic context (Hazzan & Nutov, 2014). Phenomenology

contributes to the understanding of the world by relying not only on our own

observations, but also on the reflections of others to better comprehend human

experiences (Dybicz, 2013). Creswell (2009) defined phenomenology as an approach of

study in which the scholar ascertains the core of personal experiences on a phenomenon

as depicted by participants (p.13).

According to Gusich (2012), all situations are potentially traumatic, and whether

they traumatize us is purely subjective; similarly, the integration process is experienced

in different ways by each individual. Exploring the meaning attached to the integration

process for each participant brought out the individual experience (Tuckman, 1999). The

impact of the immigration process on emerging mental issues among Kenyan immigrants

in the Northeastern Region of the United States was the central phenomenon of study.

The challenges and stressors were defined as any situation that encumbers or delays the

assimilation process for the Kenyan immigrants.

The Role of the Researcher

I was the sole researcher for this study. My role was to design the study, recruit participants, conduct the interviews, ensure accurate transcription of the interviews, analyze the data, and author the study. Bracketing my own experiences and asking participants' to authenticate my account of their experiences while collecting and analyzing the data, ensured that my own experiences did not influence the participants (Creswell, 2009).

Research and Interview Questions

The following were the research questions:

1. What is the lived experience of Kenyan immigrants' integration to the United States?

2. How does stress affect the mental health state of Kenyan Immigrants?

3. In what ways, if any, does the integration process impact the mental health of Kenyan immigrants?

 To answer these research questions, I used an open-ended interview method. Janesick (2011) proposed that five or six questions are acceptable and could produce slightly more than 1hr of interview data that is recorded.

Setting

This phenomenological enquiry studied the impact of the immigration process on emerging mental health issues among Kenyan immigrants in Northeastern United States. Therefore, the study was conducted among Kenyan immigrants who are currently residing in the United States. The use of telephone interviews allowed willing

participants from any state in Northeastern United States to take part. The study was
open to Kenyan immigrants who may be residing in either rural or suburban areas as long
as they had telephone access. Participants from diverse locations enriched the study by
highlighting different integration experiences of the Kenyan immigrant.

Participants

Qualitative methods characteristically yield an abundance of detailed data about a
much smaller number of people and cases (Patton, 2002). One general phenomenology
research guideline is to collect extensive detail about each individual being studied
(Creswell, 2009). Northeastern United States was chosen in an effort to focus the
research on one region of the United States. Phenomenology involves studying a small
number of subjects to develop patterns and relationships of meaning (Creswell, 2009). I
interviewed seven participants. Kenyan immigrants in this case were the empirical
experts (Rudestam & Newton, 2007). Purposeful sampling was used to identify
individuals who can intentionally expose an appreciation of the research problem and the
focal phenomenon in the study (Creswell, 2009). Purposeful homogeneous selection
approach is the selection of small, identical sample to portray a specific subcategory in
greater extent (Patton, 2002).

Once the study was approved by the Institutional Review Board (IRB), I send out
flyers detailing the study's purpose and gave interested participants my contact
information. The respondents were emailed the consent form. I contacted them to set up
an interview time that was convenient for them after they consented to the study. The
participants were Kenyan men and women who were over 18 years of age who

immigrated permanently to the United States during the last 5 to 10 years. They were also agreeable to participate willingly without compensation.

Data Collection

Open-ended questions not only decrease the influence of bias while reporting information that is highly sensitive, but also help acquire in depth knowledge while seeking tentative accounts of perceived connections (Friborg & Rosenvinge, 2013). Semi structured interviews using open ended questions were the main source of data collection. To start the interview, participants were invited to discuss their background, age, sex and other demographic information which was relevant to the study such as where they originally come from in Kenya and how they ended up in the United States. The questions below were spawned from the research questions, and were used to guide the interview.

Interview Questions

1. How would you describe your experience of integration into the United States of America?

2. Are there any challenges you experienced in your efforts to integrate?

3. What in your view has been the greatest hurdle while trying to integrate into North American communities?

4. How would you describe your mental state during the most challenging times of your integration process?

5. What impact has the integration process had on your mental health?

6.   What else would you like to share about your integration process that

would be significant for this research?

Based on the scope of the participants' responses, additional exploratory probes

similar to "What was most supportive during your integration process" and "Is there

anything you wish you could change about your integration experience?" were asked.

The interview was conducted by telephone. The recording was saved for transcribing

before data analysis. The interview took between 30 and 45 min. English language was

used to conduct the interviews. There were no data collected in Swahili which is the

official language of Kenya since all participants chose to communicate in English.

Participants were given a list of mental health contacts in their area in case they

experienced distress from answering the research questions.

Data Analysis

Choo and Lee (2014) defined data analysis as a way of classifying oral or written

materials into recognized sets of comparable meanings; these classifications represent

inferred or explicit communication. Qualitative data analysis is based on real-life inquiry

which involves identifying patterns and themes calling for rigorous coding (Poortman &

Schildkamp, 2012). Data analysis must be done systematically so as to effectively answer

the research questions (Creswell, 2009).

For data reduction, I begun by transcribing each interview and then performed a

cross-case analysis to search for themes and patterns cutting across individual

experiences (Choo & Lee, 2014). "Qualitative research is based on interpretivism and

constructivism's, according to this paradigm, multiple realities exist based on one's

construction of reality; findings are created within the context of the situation which shapes the inquiry" (Poortman & Schildkamp, 2012: p.1728). This was achieved by providing a thorough account of each participant's narrative and the themes surrounding each case, followed by a thematic evaluation amongst the accounts of all participants (Creswell, 2009: p. 75).

I used Nvivo for data storage and management for quick and easy access to the information. This assisted by organizing the data to incite thoughts on the significance of each notion and sentence, the theory mapping attribute of this computer program assisted by categorizing determined codes first by ideas and then by topics (Creswell, 2007). Coding produced a knowledge source organized by groups which was used to search for data repetitions, and then incorporate established patterns into an organized theoretical description (Gläser & Laudel, 2013). Validity was ascertained by emailing each participant a summary of their interview to determine that their views had been interpreted correctly. Where necessary, I made modifications based on the feedback I got from the participants.

Validity and Reliability

Research validity is a significant issue for all qualitative research (Wang & Lien, 2013). There are numerous definitions of reliability and validity offered by researchers. Bell (2013) defined validity as the precision of the study while reliability is being able to yield similar results if the study is replicated. To achieve this, I was consistent and thorough in data collection (Bell, 2013). Gringeri, Barusch, and Cambron (2013), suggested establishing credibility and triangulation to heighten methodological rigor.

Credibility refers to strategies that reinforce certainty in the study's findings, while triangulation is a group of approaches employed separately to create understanding of the phenomenon from the participant's accounts (Gringeri et al., 2013).

As the sole data collection instrument, researcher bias could have influenced the study through the interviews or data analysis process. To achieve reliability, validity and credibility, Gringeri et al. suggested using peer review or debriefing and member-checking strategies. When peer debriefing, I discussed the research process with an impartial peer, and allowed that individual to question my interpretations, perceptions, and intuitions to assist in exploring various aspects of the work (Gringeri et al., 2013). Member-checking involved having the participants review the data or preliminary interpretations for discussion on the accuracy of the data in the representation of their view (Gringeri et al., 2013).

Since a phenomenological study focuses on personal events, it was challenging to generalize when advocating for collective concerns shared by migrants. To alleviate this, a quantitative study can be done as a follow up to comprise of more immigrants for the goal of advocacy.

Measures for Ethical Protection of Participants

The Walden University Review Board approved the procedure for this study including the consent forms for in-person and telephone interviews (IRB Approval No10-01-15-0268043) before the data collection began. Each participant read the informed consent to establish their eligibility for participation. Before the interview, all participants were informed of the benefits, risks, expectations, time, and any follow-up which may be

necessary. The participants were each emailed a community mental health resource listing in case the interview caused any distress. All participants were debriefed and informed that no personal identifiable data would be used for the study. The dissertation committee and Walden IRB are the only individuals with access to the study's data. Pseudonyms were used to protect the participant's identity. Data collected was stored in a password protected computerized file.

All procedures approved by the IRB were strictly applied to this study. Once participants volunteered for the study, I assured them that all information gathered would remain confidential. The participants were also guaranteed that no harm will result from the study. I emailed the consent form to the participants, replying to the email with the words, "I consent" meant they understood and agreed to the terms of the study. The consent form provided full disclosure regarding the purpose of the study, and their right to leave the study at any point if they so choose. Participation in the study was purely voluntary. The procedures, risks and benefits of the study were explained to the participants and written on the informed consent form. The identities of the participants were not made public. I used pseudonyms when referring to each participant.

Data Management and Tracking

All files were maintained using password protected files. I kept one journal for contact, follow up and field notes. The journal was locked up in a safe. The data storage procedures identified in the IRB application were applied, the data was stored in a computer with a password. The raw data will be kept for 5 years after which it will be deleted permanently from the computer, and any hard copies with related data will be

shred. Participant's names were changed for privacy. The audio recordings were transcribed within 3 days of the interview and then deleted from the recorder.

Summary

Chapter 3 illustrated the procedure I used to outline this qualitative research. This included an account of the population and participants, the researcher's role, data collection tools, and data analysis procedures. Validity, reliability, and moral considerations in reference to the present study were also reviewed.

Chapter 4: Results

Introduction

This qualitative study using phenomenological approach examined and explored the experiences and perspectives of 7 Kenyan immigrants to the United States. The focus of the study was to explore the impact of the integration process on emerging mental health issues among Kenyan immigrants in Northeastern United States. This chapter describes the research setting, participant profiles, data collection process, data analysis, evidence of trustworthiness and credibility, transferability, dependability, confirmability, research findings, and summary.

The Research Setting

The interviews were conducted between October 5, 2015 and October 23, 2015. All the interviews were private telephone conferences. Whenever a participant who met the research criteria contacted the researcher in response to one of the flyers, they would agree upon a scheduled date and time for the interview. The participants stipulated their interview preference for the time during the initial contact. On the day of the interview, the participants were called from a private room with no interruptions, they were asked if they were ready for the interview and if so, they were asked to move to a private location. The researcher kept a log of all participants' contact information and used initials only for privacy. Before the interview began, the participants were asked verbally for consent to record the interview and were informed when the recording started and stopped. All interviews were transcribed within 3 days of the interview and the recording deleted.

Demographics (Participant Profiles)

An overview of the participants who self-identified as matching the study's inclusion criteria is provided in this section. The participants were Kenyan men and women who were over 18 years of age and had immigrated permanently to Northeastern United States during the last 5 to 10 years. The participant's city and state information was purposefully omitted to further ensure anonymity and confidentiality. By so doing, this allowed the copious use of rich descriptions and verbatim quotes without scrutinizing detail (Patton, 2002). The participants' aliases as shown below will appear in subsequent texts referring to each participant. The participant profile provides a contextual setting for future discussion. Table 1 gives a summary of revealed information, followed by an account of the participant's profiles.

Table 1

Summary of Participant Demographics

Name	Age	Years in America	Gender	Marital Status
Neema	39	10+	Female	Married
Bakari	51	10	Male	Divorced
Pendo	45	10+	Female	Married
Imani	42	10+	Female	Divorced
Habib	50	10+	Male	Married
Zahara	47	9	Female	Single
Zuwena	40	8	Female	Married

As shown in Table 1, the average age of the participants was 45. The names of the participants were changed to ensure confidentiality and protect their privacy. Data contained in Table 1 is information conveyed by the participants whose stories are narrated as profiles below.

Neema is a 39 year old woman who identified as a Kenyan immigrant. She moved to the United States more than 10 years ago. She moved with her husband and children after winning the green card lottery while living in Kenya. Neema stated that raising children in a culture which is different from the one she was raised in has been one of her integration challenges: "we find ourselves colliding a lot with children…here we are, coming from a different culture and our children they adopt a very different culture and here we are trying to mold them to how we were raised which is kind of very difficult, you find that you are colliding or fighting trying to mold them the way we were molded." Another aspect of culture which Neema stated was not easy is the form of dressing which she considers inappropriate and what she calls disrespect by the children, "the thing that makes me mad here is the way people wear here and the way children disrespect their parents". Neema also stated that her accent was in the way of getting jobs and education for both herself and her husband, "our English is not that good, British English to adjust to American English it was tough, those are challenges when you go to fill applications for work or school, we were facing challenges of our accent". Neema reports that it took her at least 9 years to feel settled in and be comfortable in her new environment.

Bakari is a 51 year old man who identified as a Kenyan immigrant. He moved to the United States 10 years ago. He decided to settle here after visiting a relative. Being

divorced, Bakari left his children in the care of relatives with the intention of bringing them to join him once he settled in. According to Bakari, his transition was difficult due to "the low paying jobs, it makes it very hard for me to afford the things that I wanted, and besides I had a family back home that was depending on me for everything and I was the bread winner so here I am stuck, I have very little money…" Bakari stated that the jobs that he got as an immigrant did not match his qualifications, "It was difficult to get a fair job, I mean I was a lecturer (College Professor) back home but when I came, I had to work as a security guard, back home if they heard I was working as a security guard, they would be shocked but it's so frustrating and it's so a shaming to leave a lecturers job to come and work as a security guard here and yet security guards earn more money than our teachers back home so that's the paradox, so it was also very funny because I was making more money than I was back home." About his Kenyan accent Bakari said "so people look at you as if you are daft, they look at you as if you don't know anything you are talking about, they keep on telling you pardon me, pardon me, some will even make jokes about your accent." Bakari called the experience frustrating, depressing, and often thought of going back home, but with time he "persevered and I accepted the situation, and I realized that being here will be much more beneficial to my family than going back home." As an immigrant, Bakari reports being discriminated against "as an immigrant you are exploited in many areas and many forget we are human beings… you don't understand the legal system in the U.S. and you are always afraid of being deported, so you don't argue with anyone."

Pendo is a 45 year old woman who identified as a Kenyan immigrant. She moved to the United States over 10 years ago. She came for an occasion after an invitation by a family member. She came single but later met someone here in the U.S and they got married. She is a mother of two. Pendo stated that, having come on a visitor's Visa, her process of becoming a legal immigrant was quite challenging for her. During those times, she had to take many under the table jobs which did not pay very well just to make ends meet, "I think sometimes you get worrying like can you make it to the next day, and sometimes you don't have a job, am I gonna be able to eat…but there isn't much I can do and even if you are working under the table the pay is less than if you had your Social Security number so they tend to take advantage of you so that was one thing, being taken advantage of and sometimes you don't really have any choice because you already have to work."

Imani is a 42 year old woman who identified as a Kenyan immigrant. She is divorced and moved to the United States more than 10 years ago. As an immigrant she stated that she "encountered a lot of hatred, we have to persist and work extra hard than a normal person because first you have your accent, then you have your color and everything that I own I had to really fight for it." She stated that the cultural change was also a challenge to overcome "…there is also cultural barriers, language barriers, tradition barriers, a lot of barriers that we really have to press through to just live… I am a smart lady, very smart but then just because I had to explain myself two or three times, then you just feel like why bother myself because they will ask "What did you mean?" "What are you saying" and so you just don't feel like pressing on and I kind of kept off for a

while and it affected my confidence." "Mental damage" is how she describes her mental state during the transition. Even after living in America for so many years she says "but people they have a way of making you know you are different and that is where it was so hard because back home you don't have to be reminded you are different, nobody cares but then you come here and you are constantly reminded that by the people around you, by the community that you are different, "you have an accent" "where are you from" so there's always something to remind you that you are not home." As an immigrant she reports that "people don't expect you to be very aware of what's going on around you, people don't expect you to really know your rights".

Habib is a 50 year old man who identified as a Kenyan immigrant. He has been in the United States for over 10 years. He is married with children. He came to the US as a student and then decided to live here upon completion of his studies. He described his experience as very challenging because he could not work and had to depend on help from back home in Kenya. Habib attributed most of his challenges to his illegal status "the experience was not an easy one because I didn't have papers, that kind of brought about a problem because whatever kind of job I wanted to get I couldn't, I couldn't navigate the system the way I wanted so as a result I started getting frustrated, depressed and so forth because the system couldn't accept me fully."

Zahara is a 47 year old woman who identified as a Kenyan immigrant. She is a single mother who moved to the United States almost 10 years ago. She was invited by relatives and liked the experience so she went back home and made the decision to immigrate and settle in the United States. Within a few months she was driving. This was

challenging for her because she drove on the opposite side in Kenya. Zahara reported that she got into an accident "and when you have an accident things are really different, protocols are very different from where I come from and knowing Kenya you don't want to interact with police at any situation so for me seeing the police coming to where I was I almost had a heart attack." She stated that raising a child on her own has been a struggle because "the government is not very friendly to single parents so if anybody is to come, I would advise someone who is coming here you have a child and you don't have a partner, be prepared to struggle, be prepared to struggle to make ends meet that is what I now know so far."

Zuwena is a 40 year old woman who identified as a Kenyan immigrant. She moved to the United States with her family in search of medical treatment for one of her children. Zuwena stated that getting accommodation and settling down as a family proved to be quite challenging for her. The process to change her status to a legal immigrant took a while and it was during this time that she faced the most difficult experience "during that time we had gone for our interview and we didn't know where we were standing as yet we were kicked out so you can imagine you don't have any papers, you don't know where to go you don't know what to do that was really challenging because when you are illegal you don't have access to a lot of things so that was most challenging for us."

The Data Collection Process

The descriptive characteristic of qualitative inquiry guided the data collection process for this study. I began collecting data on October 5, 2015. Even though I had the

Swahili and English version of the interview questions, all the participants preferred

English therefore eliminating the need for translation. Expressions and phrases common

to Kenyan language and culture were noted in the transcripts.

Data Analysis

The phenomenological approach is a methodology or a philosophy used to study

or research people's perceptions of the world (Sloan & Bowe, 2014). Phenomenology

simplifies human subjects' understandings of a phenomenon to an account of its essence

transcribed; a qualitative researcher will recognize a phenomenon as an objective of

human experience and enunciate it (Sloan & Bowe, 2014). In descriptive

phenomenology, one uses the technique of bracketing off influences around a

phenomenon to get to the core (Smith, Flowers & Larkin, 2009) which is the correlation

of the noema or what is experienced, and the noesis or how it is experienced (Sloan &

Bowe, 2014). The data analysis process entailed reducing the data into a manageable

dataset and identifying themes in the data (Frost, 2014). From the answers to the research

questions, I identified 8 themes after coding the data as described below.

Coding

Coding is an old technique which has been used widely for a long time to

organize text (Miles, Huberman, & Saldana, 2014). The purpose of the codes is to point

out what is highlighted in a section of text thus supporting the retrieval of text segments,

which in turn can be used to cluster them according to thematic features of the data they

hold (Glaser & Laudel, 2013). I uploaded all the transcribed interviews into the NVIVO

data analysis software. I analyzed each line by looking for words that recur which are

important to the study's research questions. The highlighting tool by NVIVO is what I used to tag relevant text and then assigned the set of text to nodes. The collection of references relating to a specific category, cluster of words, themes, or paragraphs is a Node in NVIVO. Word frequency is an NVIVO query feature which was used to corroborate pertinent text classification. I also used constant comparison analysis which is one of the more frequently used techniques in qualitative data analysis (Leech & Onwuegbuzie, 2011). By highlighting the selected text, I right clicked to open a list of choices then selected code selection at new node. The *New Node* window appeared and I typed the name of the new node in the box next to *Name* with a description of the node under *Description*. The tree nodes are a list of codes after they are grouped together. For example, with the data, one theme I found from the codes under *Exclusion* was "I was used to being with people in my life, there were people you could talk to and laugh it off… here it's like everybody for himself." I repeated the coding process for all interviews until they were reduced into manageable themes and categories. While listening to the audio tapes, I also created memos which had my initial thoughts on the data, emerging analytical suggestions, or any follow-up work that I needed to do (Charmaz, 2006). Finally, the data was condensed into eight themes which will be discussed later in this chapter.

Evidence of Trustworthiness and Credibility

To ensure trustworthiness and qualitative rigor I systematically followed the identified research procedure delineated in my Chapter 3 and the IRB application. The process included bracketing my thoughts and bias, performing member checking when

needed, and getting support from a peer. During the interviewing and data analysis process, I wrote down my thoughts and reflections as a way of bracketing my bias. During interviewing, I summarized the participant's responses and paraphrased their responses to ensure accuracy. For member checking, I sent the transcribed interview back to the participants so they could ensure that what was written is what they intended to say. I asked a peer who is a fellow doctoral student for feedback on my coding and interpretation of data while ensuring that anonymity and confidentiality of the participants was not compromised.

Transferability, Dependability and Conformability

Transferability is an amply and thickly described account so those wishing to transfer the implications to another setting can do so with a sufficient data base, in dependability the data is internally coherent; and confirmability is the degree to which the theoretical implications are supported by the data (Reilly, 2013). For transferability, I ensured that the descriptions of the participant's narratives were detailed enough to aid in the development of the theoretical account and my analyses of the data. To retain the participant's voices, I used ENVIVO coding which also helped preserve the participants meaning. Dependability was achieved through dissertation committee guidance. Furthermore, I corroborated my assignment of codes with some participants to ensure the correct application of codes and verification of meaning. For confirmability, I created an audit trail following the steps delineated in my IRB research procedure.

Results

This research study was conducted to answer the following questions:

1. What is the lived experience of Kenyan immigrants' integration to the United States?

2. How does stress affect the mental health state of Kenyan Immigrants?

3. In what ways, if any, does the integration process impact the mental health of Kenyan immigrants?

The following is a detailed discussion of the results.

Research Question 1

The first research question was "What is the lived experience of Kenyan immigrants' integration into the U.S?" The first three interview questions were designed to answer this question. The first interview question was "How would you describe your experience of integration into the United States?" Most participants responded that the integration process was "challenging", "tough" or "difficult." The participants with little or no social support found their integration most challenging. The participants who got help from relatives or friends found it difficult but not as challenging as those without social support. The second interview question was "Are there any challenges you experienced in your efforts to integrate?" The participants gave varied answers to this question. All participants mentioned the culture shock as a major challenge in their efforts to integrate. Three participants mentioned that the language and specifically their accent was a major challenge when it came to communication. Two participants found driving in America quite difficult since they drove on the opposite side of the road in Kenya. One participant got into a road accident as soon as she got here because she "got confused on where to turn and where to keep right or left and I ended up rear ending

somebody just because of the confusion…" Another participant mentioned the difficulty of socializing and making friends as a student as a major challenge for her. Getting a job was not easy for 4 of the participants and they experienced a difficult time during this period. Two participants mentioned "discrimination" and "hatred" as something new for them since they came from a country where the racial divides were not as evident.

The third interview question was "What in your view has been the greatest hurdle while trying to integrate. A summary of the participant's response to this question is listed in Table 2.

Table 2

Summary of Participant's Most Challenging Experience

Participant	Most Challenging Experience
Zuwena	Being illegal and during that time we had gone for our interview and we didn't know where we were standing as yet we were kicked out (of their current residence).
Neema	The greatest challenge is my accent, the fact is when I try to speak like an American, am not.
Habib	Getting assimilated into the system.
Pendo	For me it's the culture and I think also the way they do stuff like the driving was very hard for me having come from Kenya.
Zahara	Driving was the hardest because if you have been driving back in your country for some time and you come to a different country and you have to do something different from what you are used to you are always going to be confused.

(table continues)

Participant	Most Challenging Experience
Bakari	It was difficult getting a fair job, I mean I was a lecturer (college professor) back home but when I came, I had to work as a security guard.
Imani	Many times it was the cultural barrier because I came here very young and had to learn from an early age how to take care of myself.

From the responses to these three interview questions, several themes emerged from the participant's integration experiences, discrimination, exploitation, social support, exclusion, culture shock, shame, disenchantment, and overcompensation. Each theme will be discussed later in this chapter. Despite most participants feeling challenged during their transition process, 6 of the 7 participants were still glad they made the move to America and felt that everything eventually worked out. One participant had regrets due to the "mental damage" caused by the integration process, she expressed that if she knew what she did now and stayed in Kenya, she would be further along and happier in life. To her, the "problems and hatred encountered as a new immigrant" did not make the experience worthwhile. Immigrants deal with stressors such as the loss of cultural identity, acculturation, cultural displacement, loss of role and status in the family, which negatively impacts them by undermining their sense of self and psychological health (Mui & Lee, 2014).

Perceived discrimination may be regarded as the individual discernment of an unfavorable and prejudiced treatment which impacts ethnic groups, based on ethnic-racial injustices, and national or ethnic origins leading to a harmful effect on members of the

subordinate group (Mendes & Candeias, 2013). Discrimination was one of the themes that emerged from the participant's responses and will be discussed later in this chapter.

Research Question 2

The second research question was "How does stress affect the mental health state of Kenyan Immigrants?" The interview question proposed to answer this question was "How would you describe your mental state during the most challenging times of your integration. The participants had varied answers in response to this question. One participant understood their mental state to also mean their spiritual wellbeing and so for her, she left everything to God during those trying times. All the other participants used terms like "stressful", "depressing", "difficult", "sad", "unstable", "angry", and "homesick" to describe their mental state during their most trying transition period.

Nativity status was found to play a key role in mental health among ethnic and racial minority groups; there have been suggestions that immigrants face challenges associated with difficult contexts of exit from their countries of origin and cultural change associated with their reception in the United States (Hong, Walton, Tamaki, & Sabin, 2014). In some cases, one's gender had an effect on the psychological distress; women who lacked extended family support were found to be at a higher risk for psychological distress, while men experienced more distress when they had conflict with family culture and lower community social position (Hong et al., 2014). One participant found her integration experience more difficult for being a single parent, while another stated that being a single lady makes her a target for exploitation. There is an increased rate of divorce, aggressiveness, suicide attempts, personal relations problems, anxiety,

and a resolve to return to their home country among different groups of immigrants

(Jafari, Baharlou, & Mathias, 2010). The participants in the study expressed facing

anxiety and depression at some point during their integration process. Table 3 below

shows a summary of the participants' mental state during their most challenging

integration time.

Table 3

Summary of Participant's Mental State during the Most Challenging Integration Times

Participant	Participants description of their mental state during the most challenging times
Zuwena	For me there is a greater being that controls what happens to me so I don't let anything give me stress.
Neema	You feel like you want to quit.
Habib	My mental state was quite unstable…as a result I started getting frustrated, depressed, and so forth.
Pendo	It was stressful, very stressful especially when you really need something like you need a job, you can't get a job.
Zahara	You start looking back and you feel kind of homesick because you have issues and you don't know what to say and you don't know how to express yourself.
Bakari	I was frustrated, I was depressed and to say the least I thought of going back home, I thought of buying a ticket and taking the next plane back home.
Imani	Oh there's a lot, it's been stressful, it's been stressful just to be in the United States, I mean you go through a lot of mental damage because of all that.

Research Question 3

The third research question was "In what ways, if any, does the integration process impact the mental health of Kenyan immigrants?" The interview question "What impact has the integration process had on your mental health" was asked. One participant responded that her faith and belief in God gave her a calm mental state, while another participant stated that it had gotten easier over the years and her mental health had gotten better after learning to cope and live in the United States for a longer period. Having "anxiety" "pressure", "confusion" "stressful", and "depression" were terms used by four participants when talking about the effect of the integration process on their mental health.

Bridges, Arellano, Rheingold, Danielson, and Silcott (2010), suggested that immigrants could be at a greater chance for suppressing ailments, such as depression and anxiety but decreased chance for externalizing disorders, such as drug and alcohol use. They also found that immigrants with a great need for mental health services access medical and psychiatric services considerably less often as a result of fear of being deported, mistrust of service providers, and the dread of law enforcement officials (Bridges et al., 2010). Additionally, immigrants are normally unemployed or underemployed compared to other minority groups in the United States, and so may not have sufficient health coverage.

Despite the mental issues faced during their integration process, the participants did not mention seeking any type of mental health services. Two of the participants came in to the United States as students and expressed facing financial difficulties while paying

their way through school, seeking medical services was viewed as a luxury they could not afford. Figure 1 below summarizes the impact of the integration process on the participant's mental health.
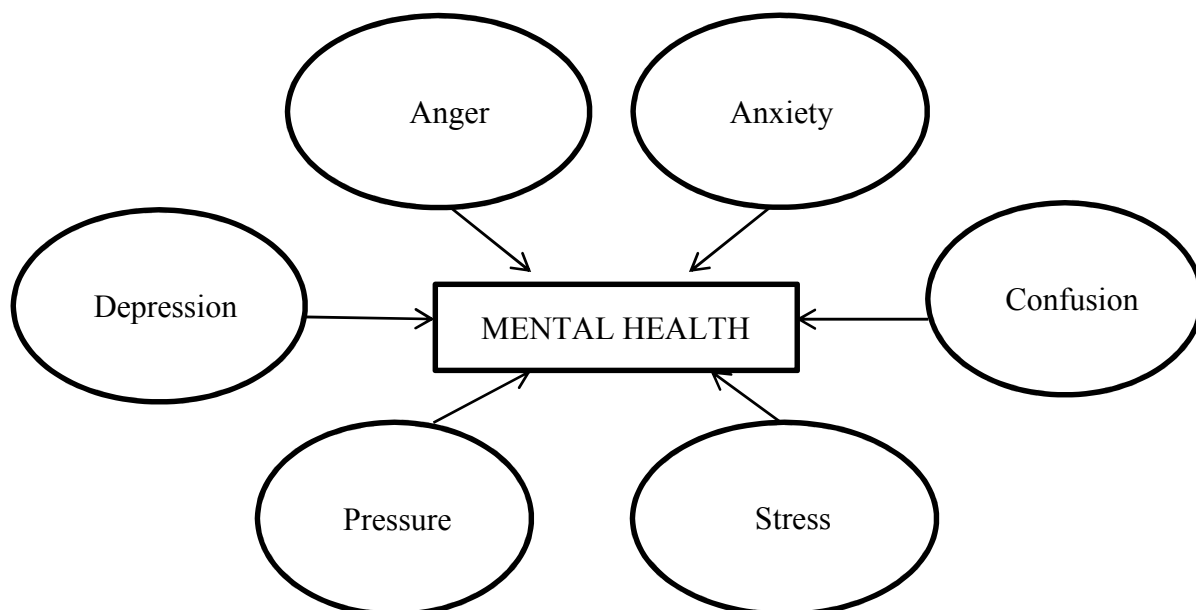
Figure 1. Impact of integration process on participant's mental health

Themes

The purpose of the study was to investigate the perspectives and lived experience of 7 Kenyan immigrants and how stress from the integration process could lead to mental health problems. I performed verbatim scrutiny of the interviews by categorizing significant words and phrases in search of patterns, relationships, and themes both between and within stories of the immigrants (Leech & Onwuegbuzie, 2011). After countless hours were spent reviewing categorizing, and analyzing the data, I identified eight major themes (Table 4), which include culture shock, exploitation, shame,

disenchantment, overcompensation, economic pressure, disenchantment, and social

support. The themes were noted during the most trying times of the transition process.

Table 4

Summary of Themes

Theme	Supporting Phrases
Culture shock	The language was a barrier because sometimes you speak to people, they don't understand what they are saying, you don't understand what they are saying so that was also very challenging when you are new.
Exploitation	If you don't know the law, they don't expect you to know the rules and they take advantage of you and a lot of people just take advantage of you because you are different, you talk different.
Shame	It's so shaming to leave a lecturer's job to come and work as a security guard.
Discrimination	When you speak, that's like a negative; they lower their expectation because you are black.
Over-compensation	You constantly have to prove yourself, and show you are capable of everything they ask you.
Exclusion	Like I said, they don't feel like you belong here and they make you feel you don't belong.
Disenchantment	I would advise someone who is coming here you have a child and you don't have a partner, be prepared to struggle, be prepared to struggle to make ends meet that is what I now know so far.
Social support	It was stressful because now you are out of home, you are on your own for the first time, you lost your social support you know no one at that time so basically you are on your own.

Table 4 listed selected significant statements and recurring expressions that contributed to the eight themes. Each theme is discussed below in the following subheadings in no particular order of occurrence.

Culture Shock

The cultural issues were central to the experiences of all the participants lending to the theme of culture shock. Neema expressed dissatisfaction with the mode of dressing in America compared to what she knew in Kenya. She found the kind of dressing here in the United States too "revealing" and "inappropriate." She also expressed concern over the raising of children in the United States and stated that they grew up to be disrespectful to their elders. She found herself "colliding a lot with the children because we are coming from different cultures." For Pendo, the cultural differences such as the language, food, and the individualism took her a while to get used to. She expressed shock at seeing homeless people in America because the only view she had of America was the movies where "they show you all these beautiful Hollywood homes and you think that's what you'll find only to find homeless people." Pendo was used to being around people and seeing her friends without an appointment back in Kenya, but now she has limited social contact besides the people she works with and her family.

Most participants stated that they missed their extended family especially when it came to important family ceremonies like births, deaths or weddings. For Neema it was a challenge because "everywhere you go you need an invitation." The food posed a major problem for Pendo "I love the meat but the meat tasted funny so it was hard for me to get used to most of the food I tasted." Imani stated "there were cultural barriers, language

barriers, tradition barriers, a lot of barriers just to get through." She calls herself a "smart lady" but expressed frustration when she had to "explain myself two or three times" just to be understood because of her accent, "why bother and after a while you just don't feel like pressing on and it affected my confidence."

Exploitation

Feeling exploited is a theme that came through from a good proportion of the participants. Before Pendo could legalize her stay in the United States., she had to take "under the table" jobs and she stated that she was "taken advantage of and many times you really don't have any choice because you have to work and pay bills." Bakari stated that because he was in "new surroundings and was trying not to ruffle any feathers", he decided to become "more humble and accept whatever situation was thrown at me." He stated that "as an immigrant you are exploited in many areas and many forget we are human beings." Bakari put up with offending situations and walked away many times because he did not "want to be deported, so you don't argue."

Imani expressed that "they don't expect you to know the rules and they take advantage of you because a lot of people just take advantage of you because you are different, you talk different, I have been fighting with a lot of pressure for me you know you are constantly on your guard so you don't know what someone is gonna pull on you…people think they can throw anything in your face and you accept it because you don't know the law, people don't expect you to be very aware of what's going on around you, people don't really expect you to really know your rights."

Shame

The theme of shame came through especially with the male participants. When Habib was unable to get the kind of job he was qualified for, he contemplated going back home at some point but he stated that the thought was even more "frustrating because you cannot go back home with nothing to show for all the years you have lived here because you don't want to go without something to show academically, financially … and especially for yourself, so that holds you back from making an exit with the hope that something turns up that could change my whole situation…" Habib likened the notion of going back home with nothing to "a suicide attempt."

It was just as profound for Bakari who was a college professor and had to take up the job of a security guard when he first got here, "back home if they heard I was working as a security guard, they would be shocked, but it's so frustrating and it's so frustrating, it's so shaming to leave a lecturer's job and come and work as a security guard." The irony of Bakari's situation is that he was making more money in the United States as a security guard than he was as a college professor back in Kenya, but he expressed frustration because the job title was not one that he was proud of.

Discrimination

Discrimination was a theme shared by some participants. Habib felt that "as an immigrant, you are discriminated against…and many forget we are human beings." Habib was not able to use his educational credentials from Kenya to get a job and he stated that "immigrants from England are given some benefits as compared to immigrants from Africa, Asia, and India." He expressed disappointment that his certificates were not

accepted in the United States since he would have gotten a "better" job using his educational credentials.

Imani expressed that her accent gave her away as an immigrant opening the door for a different kind of treatment, "when they first hear your accent, that's like a negative, they lower their expectation because you are black." Being single for Imani has meant working twice as hard as anyone else, she stated that "we have to persist and work extra hard than a normal person because first you have your accent, then you have your color, and everything that I own I had to really fight for it." Imani stated that she was discriminated against for the first time when she moved to America, " …but people have a way of making you know that you are different and that is where it was so hard because back home you don't have to be reminded you are different, nobody cares but when you come here and you are constantly reminded by the people around you, by the community that you are different, you have an accent, where are you from, so there's always something to remind you that you are not home. Imani said she finds herself "in the middle of a struggle because the whites don't accept you, the blacks don't accept you, you are right in the middle you don't know where you belong, you really don't feel you belong anywhere, nobody accepts you." Imani had bought property in a part of town that was in demand and she reports being caught unaware when she found out that someone was trying to foreclose on her property because according to her "they remember the person that owns the property is that young African girl then they all think we can get it coz it's just an African girl that owns that, so people kind of put you on the back burner." After working for a company for 11 years Imani resigned because someone without the

necessary qualifications was hired for a job she had applied for as a promotion, she

voiced that "he was chosen over me because I have a strange name, an accent… it's

different."

Overcompensation

Overcompensation came through when the immigrants felt that they had to work

harder than everyone just because they were foreigners. Neema stated this was a

challenge especially when she enrolled in class and "you ask a question, and they ask

'What did you say?' and 'Come again?' you explain one question in three or five ways

for them to get what you are saying." Imani had a similar experience in the classes she

had enrolled in "it was really so hard, I remember, I am a smart lady, very smart but then

just because I had to explain myself two or three times then you just feel like why bother

…". Imani reported "I have property and I had to really work hard to just maneuver

myself in the system for people to know I can do this…" Imani conveyed feeling worn

out "because you wake up and fight for yourself, you fight for yourself and things don't

change." Imani expressed frustration at constantly having to prove and show she was

capable of doing what everyone else could do.

Exclusion

Most of the participants expressed feelings of exclusion at one point or another

during their interviews. For Zuwena she said "…at times you feel like you are not fully

accepted…." Habib reported that "because I couldn't navigate the system the way I

wanted, so as a result I started getting frustrated, depressed and so forth because the

system couldn't accept me fully." Zahara who is a single parent felt that "life in America

is very tough for single parents…. I always say that the government is not very friendly

to single parents so if anyone is to come, I would advise someone who is coming here

you have a child and you don't have a partner, be prepared to struggle, be prepared to

struggle to make ends meet that is what I know so far."

Bakari described his accent as a "major problem, so people look at you as if you

are daft, they look at you as if you don't know anything you are talking about, they keep

on telling you pardon me, pardon me, some will even make jokes about your accent…"

Imani found that "people they have a way of making you know you are different and that

is where it was so hard…there is always something to remind you that you are not home,

the whites don't accept you, the blacks don't accept you, you are right there in the middle

you don't know where you belong, you really don't feel you belong anywhere, nobody

accepts you."

Disenchantment

Disenchantment is a theme that was identified in most of the interviews. Some

participants felt that the reality of life in the United States is not what they had anticipated

when they set out from Kenya. Pendo stated that "whatever I had in mind is not what I

found when I came here…unfortunately when you come here, there are challenges and

then you don't even know the currency here, you are just used to the Kenyan currency so

when you come here you realize that the value of money you had is so little when you

convert it to dollars and can only pay for one month and then that's it, you are broke."

Zahara stated she came into the country "blindly…but I wish I would have

known, you know like sit down strategize so that you know when I get there what do I do

first." She attributed some of her struggles during the integration process to her lack of insight into what life was like in America before she left Kenya. Imani expressed that "if I knew what I know now and stayed in Kenya, I probably would have been a millionaire…"

Social Support

Social support or the lack thereof played a major role in the integration process of the participants. Participants who had a network of support found that their integration process was made easier, while those without social support found if more challenging. Zuwena who came to seek medical treatment for her child "had a family member who accommodated us." She also received help from the "Kenyan community who contributed towards her child's treatment." Pendo first moved into her aunt's house when she came to the United States and she stated "my aunt was very encouraging, she would tell me things would get better, things will get better." Zahara also moved in with family members when she first got here and they "helped me to settle real quickly actually within a month I was already working." Bakari also moved in with relatives and besides contributing to the care of the family here, "I had a family back home that was depending on me for everything and I was the breadwinner so here I am stuck ."

Neema moved to the United States with her family and she stated that they struggled to integrate because they did not have "any kind of help but today we can help others because we don't want them to go through what we went through". For Habib who came here as a student, life was a struggle because his only social support was back in Kenya. Habib reported that as a student he had to depend on "finances from back home

which is a problem when the Kenyan currency is converted to the U.S. dollar, then it becomes totally a big problem to survive here." Imani also came here as a student and she says "I came here very young and I had to learn from an early age how to take care of myself."

Summary

The participants shared varied experiences in regard to their integration process. Most participants expressed difficulties settling into the United States. Eight themes were identified based on their experiences: culture shock, exploitation, shame, discrimination, overcompensation, disenchantment, social support, and exclusion. In depth discussion of each theme was discussed. Chapter 5 will provide the interpretation of the study in view of the existing literature.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to explore the lived integration experience of Kenyan immigrants to Northeast United States. The study set out to answer the following research questions:

1. What is the lived experience of Kenyan immigrants' integration to the United States?

2. How does stress affect the mental health state of Kenyan Immigrants?

3. In what ways, if any, does the integration process impact the mental health of Kenyan immigrants?

From the participants' experiences, culture shock, exploitation, shame, discrimination, overcompensation, disenchantment, social support, and exclusion themes emerged. This is not unlike previous findings from other studies on immigrants. In this chapter I will describe ways in which the findings confirm, disconfirm or extend knowledge, and also analyze and interpret the findings in the context of the theoretical framework. The limitations, recommendations and implications of the study will also be discussed.

Interpretation of the Findings

Disenchantment

While answering the interview questions, most of the participant's narratives had a theme of disenchantment or disillusion. Disillusion or disenchantment are the feelings experienced by immigrants when they realize that ideas and thoughts they had before

migrating are often idealistic and unrealistic (Atsushi, 2014). Nwoye (2009) found that there is often a great mismatch between the reality on the ground and the ideas the immigrants had before making the move.

The participants in this study cited images from television programs, movies, and stories they heard as giving them hope that their migration experience will be easy and lead to a prosperous life. The reality is, the participants faced estrangement from the mainstream culture, and some middle-class migrants had to take nonprofessional jobs, thus experiencing downward mobility (Atsushi, 2014). Prior to immigrating, the ideal life in the West is described using words such as stylish, lively, and exciting while affirmative pictures of the West additionally breed glowing ideas of settlement (Atsushi, 2014).

Discrimination

Discrimination is another theme which emerged from the participant's experiences of integration. One participant stated that the jobs and kind of housing they had to take during their transition period were not what everyone else in the community had. Another participant reported that she was denied a promotion after working for the same company for 11 years because she was an immigrant. This is similar to what was found in earlier studies. Minority groups experience discrimination based on their minority status (Otiniano, Gee, Ford & Iguchi, 2014). Zeiders, Doane, and Roosa, (2012) found that experiences of discrimination are associated with perceived stress. Moreover, discrimination is associated with numerous stress-related consequences, ranging from psychological distress to cardiovascular disorders (Otiniano et al., 2014).

Culture Shock

Culture shock can be defined as the cultural awkwardness that occurs when people are relocated from their habitual traditional setting to a different culture where they may not understand evident indications and signs of social communication, interactive procedures and laws (Winbush & Selby, 2015). This shock pervades all areas of an immigrant's life. The participants in the study experienced this in varied ways. Some expressed shock at the mode of dressing, others were concerned that their children would grow up to adapt the "foreign" culture and forget their Kenyan identity. Even though Kenya is an English-speaking country, and all the participants could communicate in English prior to their arrival in the country, they were still shocked by the attitude of the natives on their accents when they spoke. For one participant, this was of major concern to her and it took her over 5 years to feel comfortable communicating in English.

The loss and grief experience, stress from the changing environment, and the demands of integrating into a new culture, like work, schooling, and socializing all result in a high level of anxiety in both children and adults (Winbush & Selby, 2015). Culture shock can cause behavioral uncertainty and confounded cognitive functioning (Winbush & Selby, 2015). Immigrants are forced to adjust from identity security to identity insecurity and unacquaintedness (Sawicky, 2011). A steady identity conversion takes place which leaves the immigrant with a higher degree of identity susceptibility; this vulnerability could lead to anxiety and depression when coping becomes difficult (Winbush & Selby, 2015).

Exploitation

Some participants expressed that they were taken advantage of because they were new to the country and did not know all the laws that could help protect them. Most experienced this at their initial places of employment by reporting that they felt taken advantage of. This was also the case for participants who came to the U.S. as students and did not have work permits. Exploitation of immigrants has gone on for a long period of time. Refugees and immigrants represent a resource that is quite susceptible to exploitation, subsequently refugees and other immigrants take the jobs that most Americans will disregard usually involving physical labor at low pay, and many times work in notably subpar conditions, such as in plants and other corporate facilities (Vachon, 2013). Exploitation of immigrants occurs when they are offered low salaries because they have little recourse for legal action since they lack legal status (Manik, 2014). From the narratives of the participants in the story, some stated they were exploited even though they had legal documents to work in the country.

Shame

Kenyans are considered a collectivist culture. Most people from collectivist cultures will not seek help and generally will avoid self-disclosure about experiencing distress because of the shame associated with mental illness and the importance of the family name (Han & Oliffe, 2015). It is interesting to note that this theme of shame came from the only two male participants in the study. Even though they experienced difficult times and considered going back to Kenya, the thought of going back with nothing to show was worse than the problems they faced during their transition process. It is

important to recognize these cultural norms while considering other sociocultural contexts, as well as the importance of family cohesion stemming from collectivist and interdependent cultural orientations when developing intervention programs for Kenyan immigrants who may face mental health crisis arising from the shame of not being perceived a success (Sue & Sue, 2013).

Overcompensation

Most immigrants experience the devaluation of their foreign education and work experience and consequently face difficulties while obtaining occupational licenses, these impedes their labor market integration while complicating their pursuit of educational upgrading courses (Tungohan et al., 2015). While the immigrant is trying to get meaningful work, they are still the only income earners for their families in the United States, and often times also for the extended family back home. Two participants in this study reported that they had to work extra hard to prove that they were deserving of the jobs they had.

Exclusion

The extent to which immigrants are able to integrate into any host society depends on the nature of spatial and societal integration available, visible minorities experience discrimination and exclusion, making integration into the host community difficult (Zaami, 2015). One participant described her alienation experience as not being totally accepted by either white or black communities in the Unites States leaving her in a cultural limbo. Agrawal (2010) found that some dominant groups avoid contact with minority members to defend and preserve their cultural distinctiveness.

The habitual censure, shame and intricately cultivated laws of deportable foreigners also supply the justification for dispensing juridical inequalities of citizenship and alienage as resounding differences which may be racialized (De Genova, 2013). Immigrants develop a fluid sense of belonging when the host country does not offer them a viable place to belong, this often results in individuals' alternative formulations of belonging to cope with exclusion and discrimination by reframing and compartmentalizing a more inclusive and emotional dimension of fitting in (Kılıç & Menjívar, 2013).

Social Support

Social support is a theme that recurred in most participants' narratives. Having social support or not having any social support made a difference in the integration experience of the participants. The participants who had social support either through relatives or other Kenyans immigrants reported that the support made their integration experience easier while those without reported feeling isolated and alone in their experience. This is not unlike what is in the literature, Ayón and Naddy (2013) found that social support can have positive outcomes such as feeling cared about and the ability to talk to someone when stressors increase, as well as negative outcomes such as feeling tense, being criticized, and being let down.

Both the positive and negative aspects of social relationships with family and friends can impact individuals' ability to cope with minority stress (Ayón, & Naddy, 2013). Furthermore, the strength of such relationships may be more important as

protective factors against psychological distress for individuals belonging to minority groups (Lee & Woo, 2013).

Thus, immigrants may turn to their social network members for support in a time of need, but members may already be highly taxed or experiencing similar problems (Ayón, & Naddy, 2013). This was the case for one of the participants in the study, who reported she overstayed her welcome with a relative which led to a fall out in their relationship which she still has not been able to reconcile. However, in most cases social support network is associated with enhanced improvement in health, better employment opportunities and positive parenting practices, which promote family welfare (Ayón & Naddy , 2013; Hurtado-de-Mendoza, Gonzales, Serrano, & Kaltman, 2013; Viruell-Fuentes, Morenoff, Williams, & House, 2013).

Interpreting the Findings in the Context of the Theoretical Framework

The transitions theory by Bridges (2004) formed the theoretical framework for this study. According to Bridges, it is the internal modifications and self-resolve that an individual must go through to integrate any of those adjustments in life (p. xii). The transition theory has three stages: the ending, neutral zone, and new beginnings (Bridges, 2004). From the participant's stories, the ending appears to be the stage at which immigrants may experience the most distress. This is because endings typically make people apprehensive because they are severed from what they have become very familiar with sometimes awakening old memories of hurt and shame (Bridges, 2004). This would explain the culture shock experience which all the participants alluded to in their accounts of their integration experience.

The participants all migrated in their adult years and so they had grown up accustomed to doing everything in a particular way, but with the migration they are forced to adapt to a new culture and way of being to survive. In fear, individual's may abandon the three-phase process of ending, neutral zone, and beginning, or even twist the pattern around making transition unintelligible and frightening (Bridges, 2004). The confusion could explain the themes of exclusion, overcompensation, and disenchantment that the participants faced during the difficult times of their integration experience. This is also the point at which mental health and sometimes physical illnesses are likely to set in if an individual is not able to cope or seek help.

From the participants account, most found a way to cope through social support and religion. Majority of the participants expressed that with time things got easier because none expressed the idea of going back to Kenya as an option even though some mentioned knowing Kenyans who had moved back to Kenya when situations were not manageable. The most trying times of the integration process could also be likened to Draper's (2003) liminality phase during transition; this is when feelings of marginality and vulnerability abound due to decrease in social emotional support while trying to establish oneself in a new social hierarchy and the distress caused while renegotiating relationships (Shell, Gazelle & Faldowski, 2014).

The thesis of social constructivism is that individual thoughts seldom reflect reality, but rather the mind envisions and recreates experiences (Schneider, 2004). The mind organizes and order experiences to form knowledge which may be contrary to an individual's outward experiences (Schneider, 2004). Mental models are shared and

culturally biased in the way we perceive and organize experience; the mental patterns individuals engage in are socially learnt and influenced by, socialization, religion, educational achievement, and other life experiences (Werhane et al., 2011). This model can also apply to the participants' experiences because their view of the integration experience was culturally biased but with time they adjusted their mental styles and patterns of recognition to better cope with their new reality. This could also explain the variations in experiences as perceived by the immigrants, each immigrant viewed their new environment through culturally biased mental models.

Limitations of the study

The findings of the study are based on a small sample ($N = 7$) of Kenyan men and women. The participants are considered subject matter experts even though the sample was small. All the participants live in the North Eastern region of the United States, future studies on Kenyan immigrants may be conducted in the Western, Southern, North west, and Midwestern regions of the United States to get the lived experience of immigrants in those regions. The study had participants ranging in age from 39 to 51 years, younger immigrants were not included. Future studies on the same issue could consider younger Kenyan immigrants. The study only had 2 male participants; future studies may consider focusing on male immigrants to find out more on how they perceive their integration experience.

The interviews were conducted via telephone due to the different locations where each participant lives, nonverbal reactions and in-person observations were not perceived even though sighs, long pauses, and laughter were noted. Most of the participants had

already lived in the country between 5 and 10 years, future studies may consider case studies of Kenyan immigrants who have just arrived in the country to study their lived experience during the first year which was cited as being the most challenging by the participants.

Recommendations

From the participants' accounts of their experiences, it is obvious that most of them did not have a clear picture of what to expect once they came to the United States. Most of them had ideas and images of the United States. as depicted in the media which most agreed were nowhere near reality. It would benefit Kenyan immigrants if they could receive induction classes either before they migrate or as soon as they arrive in the country to give them factual information on what to expect, how to go about settling in, and where to go for help when needed. The information disseminated could also include the legal rights of immigrants and where to go to seek redress when they feel violated.

One participant mentioned belonging to a church which formed a group to help not just Kenyan immigrants, but also other immigrants who may be facing similar challenges in their efforts to integrate. Most participants were not aware of such groups and those who had social support got this from their relatives and friends who may have migrated earlier. Support groups would go a long way in helping those who may not have relatives and friends already living in the United States. Mentorship programs could also be started in areas where the immigrants chose to settle so as to pair them with an immigrant or native who will take the time to induct the new immigrant on how to integrate in the community.

The Kenyan Embassy and consulates in different cities in the United States could also play a more active role in the integration process of their citizens by liaising with the United States government to ensure that the immigrants are offered classes, resource guides, and other valuable information prior to leaving the country and upon arrival in the United States. For mental health counselors, it is advisable that they become familiar with the Kenyan culture and how that could influence an immigrant's decisions when choosing to seek mental health services. This will help the immigrants who seek mental health services for issues arising from their integration process to better respond and communicate with their service givers.

Implications for Social Change

Social wealth and social unity bring substantial advantages to individuals and communities, such gains range from the decline of crime to effective autonomous institutions and political progressions (Borgonovi, 2012). The main goal for this study was to effect positive social change in the lives of Kenyan immigrants by focusing on their lived integration experience and factors which could make their integration difficult. This study advanced my knowledge of the challenges experienced by Kenyan immigrants. It was apparent from the start that the phenomenon of integration has a distinct set of multifaceted emotional variables and resources that have effects on post-migration adjustment and social change (Borgonovi, 2012). The study provided the participants with a setting to reflect on their integration experiences while assessing their deepest feelings and individual progress which is a positive social change.

I plan to disseminate information on the present research by publishing articles in journals on immigration and presenting at Conferences. I am a member of the National Organization for Human Services and Correctional Education Association. I also plan to start a blog where I will post relevant information and experiences of Kenyan immigrants. I believe this will be of great help to potential Kenyan immigrants and also Kenyan immigrants who are already living in the United States.

Researcher's Reflections

I am a Kenyan immigrant to the United States. I was born and educated in Kenya before migrating to the United States with my family. My experience as an immigrant is one of the decisions that motivated me to choose integration and mental health as my topic of study. My thought was that sharing the lived integration experiences of other Kenyan immigrants could help potential immigrants and also those who have already moved to the United States. Being an immigrant, I have been told, seen for myself, and read about the challenges that immigrants face, and specifically Kenyan immigrants in different parts of the United States.

The topic for the study emerged out of curiosity on other immigrant's integration experiences and the impact on their mental health. I then decided to do further inquiry on the integration phenomenon through the lenses of Kenyan immigrants. Kenyan immigrants have settled in different parts of the America, and since it would not be possible to interview Kenyans from all the regions, I focused on Northeastern United States which is also where I settled. This is a wide and expansive region and that is why most of the interviews were conducted by telephone. One on one interview would have

revealed the expressions and body language which a telephone interview may not pick up.

The study helped increase my awareness on the challenges experienced by immigrants. As an immigrant, I must admit I faced similar challenges during my integration process and I had to bracket my feelings when conducting the interviews so as not to contaminate the participants' experiences. This helped to prevent researcher's bias. I sent a copy of the transcribed interviews back to the participants to ensure I captured what they meant to say, most agreed with what they had said but one participant made some changes to clarify what they intended to say. The participants in this study had varied experiences during their integration and most agreed it was one of the most difficult periods in their life, but just as in Bridges (2004) transition theory they now have new beginnings and most were happy they made the move even though the journey was trying. As in life, most good things come after a difficult lesson and most participants agreed integration is a very challenging lesson, but if navigated with the right attitude and help, individuals may emerge not only as better people, but also as better citizens of their new found home.

Concluding Statement

The challenges faced by the Kenyan immigrants are very similar to those faced by other immigrants though the effect of integration on each individual varies. Whereas Bridges (2004) posits that the individual must let go of the old and embrace the new to avoid internal conflict, socially construed reality is perceived as people create meaning and knowledge through communication and interaction with their environment

(Schneider, 2004). There is need to help new immigrants resolve internal conflicts they may be experiencing as a result of the transition. This may be provided through culturally appropriate mental health services. There is also the need to provide meaningful services in the community which can help alleviate some of the stressors which may come from the environment. There are many documented cases of homicides, suicides, domestic violence, and other social aggressions committed by immigrants; there are no studies showing any direct correlation between the integration process and any of these acts.

The integration process can create pressure and stress in the lives of not just the immigrants, but also the host communities where they choose to settle. There is a need to educate the host community of the challenges faced by immigrants to not only alleviate their fear of new immigrants, but also enhance cultural awareness to enable a peaceful coexistence. Every possible service should be offered to immigrants in need so that their integration can be as seamless as possible to help them get into mainstream society so that they contribute their part in nation building.

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Appendix A: Recruitment Flyer

CONTACT THE RESEARCHER

Name: Jane Kabuiku
Walden University
Email:jane.kabuiku@w
aldenu.edu
Cell phone: ▓▓▓▓▓
▓▓▓▓▓

Only I will access the raw
data as the researcher.
However, you may request
to review your research
transcripts as well as the
final study.
No names or identities will
be placed in the final
report. All data will be
stored in a confidential
manner.

**Participants
are asked to:**

- Provide informed consent (grant per-mission acknowledging any risks and benefits (Audio taped interviews).
- Confidential 30-60 min in-person or telephone interview.
- Meet at an agreed place or private tel-ephone interview.
- Share your experiences on integra-tion/ resettling in the U.S.A.
- Optional: bring or discuss journals/ diaries you may have kept during the integration process
- Note: Voluntary Participation, No Compensation.

**Volunteers Needed
For Interview**

**Doctoral Research Study on the Impact of the
Immigration Process on Mental Health
Issues Among Kenyans .**

Are you or someone that you know a Kenyan immigrant living in North East U.S.A. over 18 and moved permanently to the U..S. in the last 5 to 10 years?

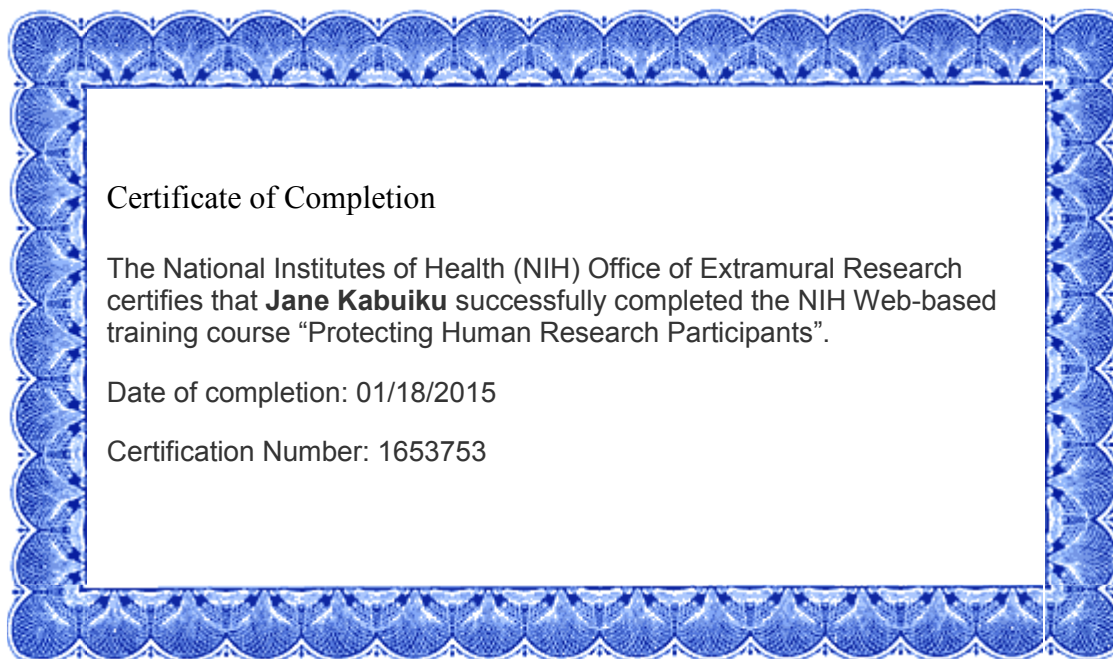If so please consider sharing your experiences with me in a private, confidential manner.

The study involves understanding the Kenyan immigrant's integration /resettling experience . Focus is placed on major challenges experienced and the psychological/emotional impact.

The Location of this flyer is not affiliated with the study. If you need to talk privately on your rights as a participant please call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her number is 612-312-1220.

Appendix B: Interview Questions

1.   How would you describe your experience of integration into the United States of America?

2.   Are there any challenges you experienced in your efforts to integrate?

3.   What in your view has been the greatest hurdle while trying to integrate into North American communities?

4.   How would you describe your mental state during the most challenging times of your integration process?

5.   What impact has the integration process had on your mental health?

6.   What else would you like to share about your integration process that would be significant for this research?

7.   What was most supportive during your integration process?

8.   Is there anything you wish you could change about your integration experience?

Appendix C: NIH Training Certificate

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Jane Kabuiku** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 01/18/2015

Certification Number: 1653753

Appendix D: Consent Form

You are invited to take part in a research study on the Impact of the Immigration Process on Emerging Mental Health Issues among Kenyans in the North East Region of United States of America. The researcher is inviting Kenyan men and women who are over 18 years of age and immigrated permanently to the U.S. during the last 5 to 10 years. The participants will also be immigrants who consider themselves as having experienced mental stress during their integration process. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Jane Kabuiku who is a doctoral student at Walden University.

Background Information:
Immigration is a major life shift which can be a source of significant stress leading to mental health issues if not handled well. Immigration has been shown to be a major risk factor for psychological distress and mental disorders. Numerous studies document the psychological impact of the immigration process on Asians and Hispanics in the United States of America, but very few focus on Africans and Kenyans in particular. This study will highlight the impact of the integration process on emerging mental illness among Kenyans in the United States of America

Procedures:
If you agree to be in this study, you will be:
- Interviewed on your integration experience using 6 (six) questions. This will last between 30 to 45 minutes.
- Asked to share any journal or diary you kept on your integration experience is you choose to share this information.
- Asked to review the data or preliminary interpretations of your interview to ensure the researcher has a true representation of your view.

Here are some sample questions:
1. How would you describe your experience of integration into the United States of America?
2. What difficulties did you experience in your efforts to integrate?
3. What in your view has been the greatest hurdle while trying to integrate into North American communities?

Voluntary Nature of the Study:
This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:
Being in this type of study involves some risk of minor discomforts that can be encountered in daily life, such as fatigue, stress or becoming upset. Being in this study would not pose risk to your safety or wellbeing.

The purpose of this study is to create an awareness of the mental health issues arising from the integration process. The study will add knowledge to the mental health field by pointing out cultural and social contexts unique to the Kenyan immigrants. Mental health workers can use this knowledge to employ appropriate strategies that can help with the emerging mental health issues. The results of the study will also be an invaluable source of information for future immigrants from Kenya since they can use the knowledge gained to address issues concerning their immigration experience in suggested ways to avoid mental health issues which may arise from their integration experience. This information can be shared with potential immigrants before they leave Kenya and also after they have migrated. Knowledge gained from this study will help explain mental health trends and patterns among Kenyan immigrants both now and in the future which will help effect a positive social change not only for the immigrants, but also the communities where they choose to settle in the U.S.

Payment:
There is no payment for taking part in the study. Participation is purely voluntary.

Privacy:
Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure in a file on my computer where it is password protected.
Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:
You may ask any questions you have now. Or if you have questions later, you may contact the researcher via my phone number XXX-XXX-XXXX or email address jkabuiku@gmail.com. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number **is 612-312-1210. Walden University's approval number for thi**s study is **10-01-15-0268043** and it expires on **October 1, 2016**. Please print or save this consent form for your records.

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By replying to this email with the words, "I consent", I understand that I am agreeing to the terms described above.

Appendix E: Mental Health Resources

Mental Health Resources in North East U.S. A					
Pennsylvania	**New York**	**New Jersey**	**Maryland**	**Washington**	**Massachusetts**
Nationalities Service Center 1216 Arch Street, 4th Floor Philadelphia, PA 19107 (T) (215) 735-9718	Faithful Response (T) (516) 679-0080 www.faithfulresponse.org	Care Plus 17-07 Romaine St. Fair Lawn, NJ 07410 (T) (201) 797-2660	Mental Health Association of Maryland Heaver Plaza 1301 York Road, Suite 505 Lutherville, MD 21093 (T) 443-901-1550	Andromeda Transcultural Health 1400 Decatur Street NW (T) (202) 291-4707 Washington, DC 20011-4343	Massachusetts Department of Health Central Office 25 Stanford Street Boston, MA 02114 (T) 617-626-8000
Healthy York Network 116 S. Georg St. Suite 101 York, PA 17401 (T) (717)-812-2990	Life Net (Mental Health Association of New York) (T) (800) 543-3638	New Jersey Association-Mental Health 3575 Quaker bridge Rd #102 Trenton, NJ 08619 (T) 609-587-5000	Mental Hygiene Administration (T) 1-800-446-7348	Providence Hospital 1150 Varnum Street NE (T) (202) 269-7000 Behavioral Health Washington, DC 20017-2104	DMH West Area 1 Prince Street Northampton, MA 01060 (T) 413-587-6200
Keystone Behavioral Health 755 Norland Avenue Chambersburg, PA (T) 717-709-7940	Mental Health Association of West Chester County (T) 914)345-5900 ext.240 www.mhawestchester.org	National Alliance on Mental Health 1562 Route 130 North Brunswick, NJ 08902 (T) 732-940-0991	National Association of Mental Illness in Maryland. (T) 1-800-467-0075	Washington Hospital Center 216 Michigan Avenue NE (T)(202) 877-6333 Trinity Square Washington, DC 20017-1095	DMH Central Area Worcester Office 361 Plantation Street, 1st Floor Worcester, MA 01605 (T) 774-420-3140
Western Psychiatric Institute and Clinic 3811 O'Hara Street Pittsburgh, PA 15213 (T) 1877-624-4100	Fordham-Tremont Community Mental Health Center Family Crisis Services 2021 Grand Concourse, 6th Floor, Bronx NY 10453	Atlantic County AtlantiCare Health Park, Bldgs. B & C 2500 English Creek Avenue Harbor Township, NJ 08234 (T) 609-407-2300	Maryland Public Mental Health System. (T) 1-800-888-1965	Washington DC VA Medical Center 50 Irving Street NW (202) 745-8156 (202) 755-6266 Mental Hygiene (116A) Washington, DC,20422	Northeast-Suburban Area Westborough Office Hadley Building 167 Lyman Street Westborough, MA 01581 (T) 508-616-3500

Mental Health & Developmental Services of Carbon/ Monroe/ Pike 730-A Phillips Street Stroudsburg, PA 18360 (T) 570-421-2901	Safe Horizon Staten Island Community Program 30 Bay Street, 5th Floor, Staten Island NY, 10301	Access Center 128 Crest Haven Road Cape May Court House, NJ 08210 (T) 609-465-4100	Mental Health Services Baltimore County Department of Health 6401 York Road , Third Floor Baltimore, Maryland 21212-2130 (T) 410-887-3828	Hillcrest Children and Family Center 2570 Sherman Avenue NW (202) 232-6100	Metro-Boston Area Boston Office 85 East Newton Street Boston, MA 02118 (T) 617-626-9200

Appendix F: Information on Kenya

Information on Kenya

The Republic of Kenya was formed when they gained independence from the British on December 12, 1963. The country is 224,960 square miles and is bordered by Somalia on the east, the Indian Ocean on the southeast, Tanzania on the south, Lake Victoria on the southwest, Uganda on the west, South Sudan on the northwest, and Ethiopia on the north. Nairobi is the capital and largest city.

There are approximately 38, 000,000 people living in the 224,960 square miles occupied by this East African country. Ninety-nine percent of the population is made up of people of African descent who are further divided into about 40 ethnic groups; the Bantu-speaking Kikuyu, Luhya, Kalenjin, Kamba, and Kisii and the Nilotic-speaking Luo are predominant. Kenya's population growth continually exceeds the rate of economic

growth, resulting in large budget deficits and high unemployment. The official languages of Kenya are Swahili and English though many indigenous languages are also spoken. About 80% of the population is Christian while the rest follow indigenous beliefs, Islam and Hinduism minorities.

About 75% of Kenyans are engaged in subsistence farming of coffee, tea, corn, wheat, sisal, and pyrethrum grown in the highlands. Coconuts, pineapples, cashew nuts, cotton, and sugarcane are grown in the lower-lying areas; much of the country is savanna where large numbers of cattle are pastured. Kenya also produces dairy goods, pork, poultry, and eggs. The country's industries include food processing, flour milling, horticulture, and the manufacture of consumer goods such as plastic, furniture, batteries, clothing, and cigarettes. The country produces aluminum, steel, and building materials; minerals like limestone, soda ash, gemstones, salt, and fluorspar are also mined. Tea and coffee are the country's main exports which are subject to fluctuations in their world prices; periodic droughts have tremendous economic impact on farming (Information retrieved from Columbia Electronic Encyclopedia, 2013).