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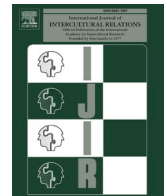
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Managing the unexpected: Bicultural identity integration during the COVID-19 emergency

Soraya Elizabeth Shamloo^a, Veronica Margherita Cocco^b, Martina Faccini^c,
Verónica Benet-Martínez^d, Elena Trifiletti^{c,*}

^a Faculty of Medicine, University of Modena and Reggio Emilia, Viale A. Allegri 9, 42121 Reggio Emilia, Italy

^b Department of Humanities, Social Sciences and Cultural Industries, University of Parma, Borgo Carissimi, 10, 43121 Parma, Italy

^c Department of Human Sciences, University of Verona, via San Francesco 22, 35127 Verona, Italy

^d Department of Political and Social Sciences, ICREA & Pompeu Fabra University, Ramon Trias Fargas, 25-27, 08005 Barcelona, Spain

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ABSTRACT

Unexpected and sudden emergency situations such as COVID-19 may render ethnic minorities particularly vulnerable to experiencing negative outcomes. Yet, we put forward that Bicultural Identity Integration (BII) – the degree to which bicultural individuals perceive their cultural identities as compatible and overlapping – may represent a resource in times of emergencies, since it may positively influence, through enhancement of psychological well-being, how bicultural individuals respond in terms of distress and coping strategies. Based on this assumption, the present study aimed at examining the relationship between BII and responses to COVID-19. $N = 370$ bicultural individuals ($mean\ age = 26.83, SD = 8.74$) from different cultural backgrounds were recruited online and completed measures of BII, psychological well-being, COVID-19 distress and coping strategies (positive attitudes, avoidance, social support seeking) during the second wave of the COVID-19 pandemic in Italy. We tested a model in which BII was the predictor, psychological well-being was the mediator and reactions to the COVID-19 emergency (distress, use of coping) were the outcomes. This model was tested against two alternative models. The proposed model showed a better fit to the data compared to the alternative models. In this model, psychological well-being mediated the relationship between BII (harmony) and coping strategies, except social support seeking. These findings highlight the important role played by BII in emergency situations, as it may indirectly, through enhancement of psychological well-being, contribute to enhance biculturals' adaptive reactions in terms of distress as well as affect coping strategies during highly stressful events.

When dealing with crisis and emergency situations, some individuals may be particularly vulnerable to experiencing risks and negative outcomes. Recent studies reveal that ethnic minorities have been particularly hit by the COVID-19 pandemic (Alcendor, 2020; Kirby, 2020; Tai et al., 2021). The coronavirus outbreak has led to an unprecedented global emergency that has changed the everyday life of most people. However, the challenges brought by the pandemic (e.g., lockdown, social distance) have disproportionately affected ethnic minorities, making them more vulnerable to the negative impact of the emergency. Thus, to minimize the unequal impact of health crises and other emergency situations, it is of the utmost importance to investigate possible protective factors that may

* Corresponding author.

E-mail address: elena.trifiletti@univr.it (E. Trifiletti).

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promote more positive responses among this group. In this respect, we believe that ethnic minorities may rely on unique resources that are related to their cultural identity. Specifically, we argue that Bicultural Identity Integration (BII; Benet-Martínez et al., 2002; Huynh et al., 2011), an individual difference variable which captures the phenomenology of managing one's dual cultural identities, represents a valuable resource that might have been linked to more positive responses among ethnic minorities during the COVID-19 pandemic. In the present study, we will test this idea by examining the relationship between BII and responses to COVID-19 among ethnic minority individuals, in particular first and second generation immigrants living in Italy.

Challenges arising from the COVID-19 pandemic

Emergency situations such as COVID-19 pose a serious threat to people's health and safety, but more so for ethnic minorities. Indeed, evidence shows that ethnic minorities have in general been disproportionately hit by COVID-19 (Morales & Ali, 2021; Tai et al., 2021; Katikireddi et al., 2021). The unequal impact of COVID-19 was evident also in Italy. Research carried out at the beginning of the COVID-19 pandemic showed that in Italy infections among ethnic minorities (i.e., first and second generation immigrants) were usually diagnosed less promptly, when the symptoms were more severe (Fabiani et al., 2021). In addition, the likelihood of being hospitalized and admitted to intensive care due to the COVID-19 pandemic was higher among ethnic minorities compared to the host majority (i.e., Italian descent; Fabiani et al., 2021). There is also evidence that in Italy the mental health of immigrants in poor social-economic conditions worsened after the lockdown (Aragona et al., 2022), and their access to health services showed a drastic reduction (Aragona et al., 2020).

There are many reasons for which COVID-19 affected ethnic minorities to a greater extent. Firstly, this group is often a target of discrimination which usually intensifies in times of emergencies, such as when facing new pathogens (Adja et al., 2020; Devakumar et al., 2020). As a case in point, the World Health Organization (WHO) declared that during such pandemics "people are labelled, stereotyped, discriminated against, alienated and/or are subject to loss of status due to a perceived link to a disease", thus warning for the possible increase for social stigma against people of certain ethnic backgrounds during the COVID-19 pandemic. In Italy, the pandemic has been linked to migration in the social and political debate. This may have contributed to an increase in social stigma towards ethnic minorities, as well as to heightened distrust towards the ethnic majority and health institutions among ethnic minorities (e.g., due to possible fears of being targeted as a carrier of disease). Secondly, ethnic minority status is often associated with low socio-economic status. In this respect, in 2020, the incidence of absolute poverty in Italy was higher among ethnic minority families compared to ethnic majority families of Italian descent (Ministero del Lavoro e delle Politiche Sociali, 2021a, 2021b). Ethnic minorities are more likely to live in overcrowded houses which expose them to greater risk of infection. They are also more likely to be employed in frontline jobs (Khunti et al., 2022), in which working from home during the pandemic has not been possible and employment insecurity has been higher (Aina et al., 2021). As a consequence, during the pandemic, ethnic minorities have been less likely to fully comply with isolation, and more exposed to the risk of unemployment (see, e.g., food service workers in Italy; Aina et al., 2021).

Thirdly, research has shown that perceptions of health and sickness may vary across cultures (Kahissay et al., 2017). Indeed, groups may frame health problems and solutions based on their cultural references. This may pose a risk when causes and prevention of a specific illness are not understood in relation to a cultural groups' views (Kahissay et al., 2017). During COVID-19, rules and strongly recommended behaviours often lacked to consider specific cultural views associated with the religion, customs and practices of ethnic minority communities, which may have negatively impacted on ethnic minority individuals' health-seeking behaviours. Also, especially for first generation immigrants, compliance with recommended behaviours may have been more challenging due to language barriers (Guadagno, 2020).

In conclusion, emergency situations such as COVID-19 have greater impact on minorities, because these groups are faced with specific challenges, which add up to the other difficulties created by the emergency.

Living between two cultures: the concept of Bicultural Identity Integration

People moving from one country to another necessarily face the unique experience of living between two cultures, namely the culture of origin and the host culture. This is not only true for first generation immigrants but also for the group of second-generation immigrants, which includes those born in a country but raised with more than one culture. Both groups of individuals may be defined as biculturals (Benet-Martínez, 2012; Nguyen & Benet-Martínez, 2007; Nguyen & Benet-Martínez, 2010). Research has shown that, when confronted with different cultures, individuals mainly choose the integration strategy which entails engaging with both the dominant host culture as well as the heritage culture, (Berry, 1997; Sam & Berry, 2006; Van Oudenhoven et al., 2006). Yet, there are individual differences in the way people perceive their bicultural identities. In this respect, Benet-Martínez and colleagues (2002) proposed the construct of Bicultural Identity Integration. Differently from acculturation which focuses on the degree to which individuals are involved in each culture (i.e., dominant and heritage culture), BII captures the subjective perception of managing their cultures, in other words it focuses on how biculturals cognitively and affectively negotiate their cultural identities (Chen et al., 2013). According to Benet-Martínez and colleagues (2002), these individual differences in cultural identity perception are described by two different independent components: 1) cultural blendedness vs. compartmentalization, which refers to the extent to which the cultural identities are perceived as overlapping vs. dissociated; and 2) cultural harmony vs. conflict, which reflects the degree to which the two identities are perceived as compatible vs. clashing (Benet-Martínez & Haritatos, 2005). These dimensions have been found to be differently associated with dispositional factors such as personality variables as well as with acculturation stressors (e.g., Huynh et al., 2018; Trifiletti et al., 2022). Research has consistently shown that BII is psychologically and behaviourally consequential. Individual differences in BII have been linked to several factors which may be all, somehow, associated with adjustment. For example, enhanced

levels of BII are linked to individuals' self-perceptions (Miramontez et al., 2008), and specifically to "how they fit in with others in their social worlds" (Benet-Martínez et al., 2021, p. 25), to higher creativity (Cheng et al., 2008; Saad et al., 2013), and lower cognitive complexity (Benet-Martínez et al., 2006). BII has also been shown to influence the cultural frame switching process, this is the capacity of easily shifting between different cultural schemas in response to contextual cultural cues (Hong et al., 2000). Higher levels of BII are associated with optimal psychological adjustment (Chen et al., 2013; Ferrari et al., 2015; Schwartz et al., 2015; Yampolsky et al., 2016), also when controlling for neuroticism (Chen et al., 2008), more diverse and integrated social networks (Mok et al., 2007; Repke & Benet-Martínez, 2018), and less behavioural problems among adolescents (Manzi et al., 2014). In short, the capacity of high BII biculturals to create a synergistic and integrated cultural identity seems to give them an edge in life (Benet-Martínez et al., 2021).

Reacting to COVID-19: the advantages of BII

Research has shown that the pandemic has been linked to the fear of infection as well as to financial uncertainty, anxiety, disabling loneliness, frustration, and boredom which may ultimately lead to serious mental health issues (Paluszek et al., 2020; Serafini et al., 2020). Due to the high virulence of the COVID-19 disease, several countries have rapidly urged strict social distancing measures which took the form of national lockdowns in many countries as in the case of Italy which was one of the first countries in Europe to take this step. Although effective in reducing the spread of the disease (Nussbaumer-Streit et al., 2020), these measurements required individuals to adjust to an unexpected and sudden change thus representing major stressors for most people (Pancani et al., 2020). In addition, the worry about the disease has been exacerbated by extensive news reports about the virus and exposure to social media (Gao et al., 2020; Ho et al., 2020).

Distress represented one of the major responses to COVID-19 (Lakhan et al., 2020). Research carried out in Italy showed how levels of distress tended to increase over time from the beginning to the end of the lockdown in Italy (Roma et al., 2020). Due to its spread, some researchers have also come to conceptualise the distress related to COVID-19 as a pandemic-related adjustment disorder experienced by part of the population (Taylor, 2021). Given its prominence during the pandemic, in the present study distress was examined as a response to the COVID-19 emergency.

In addition to distress responses, people may respond to unexpected, challenging situations with a variety of coping strategies. Coping strategies represent one's personal behavioural and cognitive efforts made to handle a challenging event (e.g., avoiding or actively facing the situation) or to reduce or even eliminate the source of the distress (Folkman & Lazarus, 1985). Several coping strategies have been identified by researchers (e.g., active coping, positive attitudes, seeking support, venting, behavioural disengagement; see, e.g., Carver et al., 1989). These are commonly classified in emotion-focused and problem-focused coping (Lazarus & Folkman, 1984; Carver et al., 1989), according to their focus on the emotional distress elicited by the stressful situation vs. the problem or source of the distress, respectively. Another common distinction is between approach or avoidant coping (Suls & Fletcher, 1985), based on the approach or avoidant orientation toward the source of distress, respectively. Approach or problem-solving coping is generally considered to be adaptive and to generate better outcomes for the individual. In contrast, avoidant (or emotion-focused) coping is generally regarded maladaptive, especially in the long term (for a discussion see, Taylor & Stanton, 2007). The use of coping strategies is greatly affected by coping resources which refer to relatively stable individual differences (e.g., in mastery or perceived social support) that are generally associated with more positive appraisals of stressful situations and with more approach coping. In the present study, coping strategies were examined as a response to COVID-19 in addition to distress.

Investigating the factors associated with more adaptive coping strategies and less distress among ethnic minorities during the COVID-19 pandemic is of great interest, because it may help to overcome the disproportionate impact of emergency situations for this group. As outlined above, biculturals who are capable of successfully integrating their cultural identities seem to have an advantage in life (Benet-Martínez et al., 2021) in terms of better adjustment to their environment. In other words, BII can be considered a personal resource that affects how bicultural individuals respond to the opportunities and challenges in their environment. This resource may be especially important in the context of emergency, since it may influence how bicultural individuals respond to the challenges caused by the unexpected situation. Given that BII plays a major role in the adjustment of bicultural individuals, high BII biculturals should have been more likely to engage in adaptive coping strategies and less likely to engage in maladaptive coping strategies in the face of the COVID-19 pandemic. Likewise, they should have been less likely to end up with COVID-19 stress-related reactions.

Psychological well-being as a mediator

These beneficial effects of BII can be explained by the enhanced psychological well-being experienced by high BII bicultural individuals.

Studies on the relationship between BII and psychological well-being have generally investigated this relationship from a correlational perspective and several studies have considered BII as a predictor of psychological well-being. In this regard, Chen and colleagues (2008) found that individual differences in BII were associated with psychological well-being (i.e., composite score of self-esteem, life satisfaction, subjective happiness, reduced depression and anxiety), even after controlling for demographic, dispositional, and contextual variables. These results were found for multicultural college students and mainland Chinese immigrants in Hong Kong (but not for sojourners). Some studies considering the two dimensions of BII separately, found that BII harmony was more strongly associated with psychological well-being compared to BII blendedness. For instance, Miller et al. (2011) found a strong and negative association between different Asian-Americans' levels of BII harmony and reduced psychological well-being (i.e., anxiety and depression) while no association was found with blendedness. Also, Huynh et al. (2018) found comparable results in a diverse and wide sample of bicultural individuals, adding further evidence for a significant association between BII harmony and biculturals'

psychological well-being. However, the majority of studies finding a significant association between BII and psychological well-being have used compound measures of BII (in which harmony and blendedness were combined), thus making it difficult to definitely ascertain the role of the two BII components (Chen et al., 2008; Chen et al., 2013; Ferrari et al., 2015; Schwartz et al., 2015).

Moreover, only a few studies have investigated the possible bidirectional link between BII and well-being. Specifically, Ferrari et al. (2015) longitudinally tested the role played by BII as a protective factor for adolescent adoptees. Their results showed that BII at Time 1 had a direct effect on psychological well-being at Time 2, whereas psychological well-being (Time 1) was not directly associated with BII (Time 2). Schwartz et al. (2015) investigated the relationship between longitudinal trajectories of BII and measures of individual (self-esteem, optimism, prosocial behaviour) and family functioning (parental involvement, positive parenting, parent–adolescent communication, family communication), finding that Hispanic adolescents with higher BII over time were significantly higher on these variables compared with their lower BII counterparts. Altogether, these studies provide initial evidence regarding the crucial role played by BII in enhancing adolescents' psychological well-being over time in terms of individual and social resources.

Psychological well-being is also linked with coping through a bidirectional relationship (Taylor & Stanton, 2007). Psychological well-being (i.e., pre-existing levels of coping resources) such as optimism and self-esteem, as well as low anxiety and depressive symptoms, improve the ability to cope with stressful events. These coping strategies, in turn, affect individuals' psychological well-being and physical health.

Concerning the link from psychological well-being to coping strategies, empirical evidence suggests that high self-esteem is linked to problem focused coping (Bélanger et al., 2014; Fleishman, 1984; Smedema et al., 2010), while low self-esteem is associated with avoidance coping (Bélanger et al., 2014; McCall & Struthers, 1994). There is also some empirical evidence for the link between optimism and coping strategies (Taylor et al., 1992), with high levels of optimism being positively associated with the maintenance of positive attitudes and negatively associated with avoidance/fatalism/self-blame. Importantly, within the COVID-19 framework, Fulya et al. (2021) found that adolescents with higher levels of depression showed increased use of avoidant coping strategies. By contrast, individuals with lower levels of depression used more active coping strategies. Similar results were found when considering depression and anxiety together; those with high levels of anxiety and depression used avoidant coping strategies more frequently compared to individuals with lower levels of depression and anxiety.

However, consistent evidence has also been provided for the link from coping strategies to psychological well-being, showing that coping strategies are associated with better psychological and physical outcomes (e.g., Akhtar & Kröner-Herwig, 2017; Budimir et al., 2021; Jarego et al., 2021; Mayordomo et al., 2015). In the present study, the bidirectionality of the relationship between psychological well-being and coping, as well as between BII and psychological well-being will be taken into account by testing alternative models.

In conclusion, bicultural individuals with high levels of BII experience greater psychological well-being and this, in turn, should have been linked with more positive and adaptive responses to the COVID-19 pandemic.

The present study

After China, Italy was one of the countries most greatly hit by COVID-19 worldwide. As previously mentioned, the pandemic heavily affected ethnic minorities due, for example, to possible discrimination which they may have faced as well as the low socio-economic status often associated with this group. Furthermore, cultural factors such as different perceptions of health and sickness and language barriers may have interfered with compliance with recommended behaviours, thus enhancing the negative effects of the pandemic. For all these reasons, ethnic minorities may be regarded as a vulnerable group which is prone to experiencing negative outcomes during emergency situations. Thus, studying which variables may be linked to ethnic minorities' positive response to emergency situations such as COVID-19 is extremely relevant. We believe that one of these variables is BII which may be linked to how

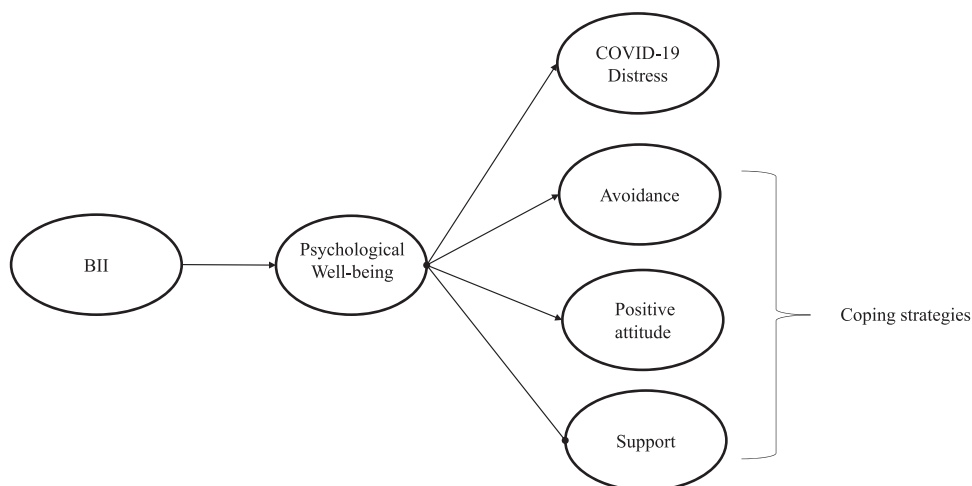


Fig. 1. A conceptual diagram of the proposed model.

bicultural individuals respond to the challenges caused by an unexpected situation. Specifically, we believe that the successful integration of one's different cultural identities provides bicultural individuals with a valuable set of resources to manage the unexpected, both affectively and behaviourally.

To test this hypothesis, in this study we investigated the possible link between BII and ethnic minorities' responses to an unpredictable stressful event – the COVID-19 pandemic – in terms of distress as well as of coping strategies. Specifically, given the lack of studies which have investigated the possible link between BII and coping strategies during emergency situations, we hoped to fill this gap. To measure coping strategies, we selected those which we believed best suited to the situation created by the pandemic. Specifically, we investigated different possible and opposite ways of reacting to the unexpected situation caused by the pandemic (i.e., by positively acting towards the problem or trying to avoid it). We focused on one type of approach/problem-focused coping (i.e., positive attitudes) and one type of avoidant/emotion focused coping (i.e., avoidance). Furthermore, we included the coping strategy of social support seeking, since the possibility of social contact was severely limited during the 2020 lockdown in Italy, thus restricting the possibility of using this specific coping response.

We proposed that ethnic minorities' affective (i.e., distress) and behavioural (i.e., coping) responses to COVID-19 could partially be explained by how they perceive their cultural identities. Specifically, we hypothesised that higher levels of BII would be associated with positive reactions to COVID-19 through enhancement of psychological well-being. Fig. 1 presents a conceptual diagram of the model we tested in the study. In the model, both components of BII - harmony and blendedness - were included as predictors. Even though some studies suggest that harmony is more closely linked to psychological well-being, empirical evidence regarding the role of BII harmony and blendedness for psychological well-being is not conclusive.

In relation to the proposed model, we put forward the following hypotheses:

- 1) BII will be negatively associated with COVID-19 distress levels through enhanced psychological well-being (*Hypothesis 1*);
- 2) BII will be negatively associated with coping strategies aimed at avoiding the problem through enhanced psychological well-being (*Hypothesis 2a*);
- 3) BII will be positively associated with problem focused coping through enhanced psychological well-being (i.e., positive attitude; *Hypothesis 2b*).

Concerning social support, we did not have a clear hypothesis in mind. Indeed, the situation caused by the pandemic forced individuals to change the way in which social interactions occurred, likely challenging usual ways of conceiving social support (e.g., direct interactions vs. online interactions) and altering individuals' tendency to rely on social support as a way to cope with adversity.

Table 1

The first 4 most popular countries of origin (frequency and percentage) for first and second generation ethnic minorities.

First generation (country of origin)		
Countries	Frequency	Percentage
Moldavia	28	14.1%
Romania	25	12.6%
Albania	17	8.6%
Morocco	17	8.6%
Other countries ^a	111	56.1%
Total	198	100%
Second generation (parents' country of origin)		
Italy	89 ^b	26.3% ^b
Morocco	63 ^b	18.6% ^b
Albania	30 ^b	8.8% ^b
China	18 ^b	5.3% ^b
Other countries ^c	140 ^b	41% ^b
Total	339^b	100%^b

Note. ^aOther countries included: Argentina, Austria, Bangladesh, Belgium, Bolivia, Brazil, Bulgaria, Cameroon, China, Colombia, Croatia, Cuba, Dominican Republic, Egypt, Finland, France, Germany, Ghana, Greece, Holland, Hungary, India, Ivory Coast, Japan, Jordan, Kosovo, Libya, Macedonia, Nigeria, Pakistan, Peru, Poland, Russia, Senegal, Serbia, South Africa, Switzerland, Tunisia, Ukraine, United Kingdom, United States, Venezuela. For all these countries the occurrence was < 6.1%. ^bCountry of origin of second generation participants included counts of both parents. Among second generation participants $N = 172$, $n = 5$ participants did not report this information. For this reason, the total number is 339 instead of 344. ^cOther countries included: Africa (not better specified), Albania, Algeria, Argentina, Australia, Belarus, Bosnia, Brazil, Bulgaria, Burkina Faso, Colombia, Croatia, Cuba, Czech Republic, Dominican Republic, Egypt, Ethiopia, France, Germany, Ghana, Holland, Honduras, Hungary, India, Iran, Japan, Jordan, Kosovo, Lebanon, Madagascar, Mexico, Montenegro, Nigeria, Pakistan, Panama, Peru, Philippines, Poland, Romania, Russia, Senegal, Serbia, Spain, Switzerland, Tunisia, Ukraine, United Kingdom, United States, Venezuela, Vietnam. For all these countries the occurrence was ≤ 5%.

Thus, this link will be tested in an exploratory way.

The possibility of a bidirectional relationship between BII and psychological well-being, as well as between psychological well-being and coping strategies, will be taken into consideration through the testing of two alternative models.

Method

Participants

Four hundred and fourteen bicultural adults residing in Italy participated in the study on a voluntary basis. Participants were considered bicultural if they were first generation and had been living in Italy for at least 5 years or second generation immigrants if born in Italy (not necessarily Italian citizens) with at least one parent who was not native Italian.

Participants who had been infected with COVID-19 ($n = 19$), those who declared they had not been living in Italy for at least 5 years ($n = 21$; for similar procedure see Benet-Martínez & Haritatos, 2005), and participants with an excessive number of missing values ($> 25\%$; $n = 4$, see below) were removed from analyses, leaving $N = 370$ (130 males, 240 females; *mean age* = 26.83, *SD* = 8.74, *range* = 18–66). Sixty-eight different countries of origin were reported, located in different continents including Africa, Asia, Europe, North America, and South America. Information regarding country of origin is presented in Table 1. First generation participants mainly came from Moldavia, Romania, Albania and Morocco which generally reflects the ethnic minority population in Italy (ISTAT, 2021), while second generation participants mainly had parents coming from Italy, Morocco, Albania and China. Participants were mostly first generation (53.5%, $n = 198$). First generation individuals on average had been living in Italy for 17.9 years (*SD* = 6.92).

Procedure

The study received ethical approval from the Ethics Committee at the Dept. of Human Sciences (University of Verona). Participants were contacted via social media (i.e., Facebook and WhatsApp groups) and through snowball sampling during the second wave of infection in Italy (mainly November 2020). Participants were presented with a brief introduction regarding the study which stated that we were interested in collecting data from bicultural participants. In addition, a definition of bicultural individual was provided to participants. Participants accessed the questionnaire through a link and were told that the aim of the study was to investigate culture belongingness, general psychological well-being and well-being during the COVID-19 pandemic. Participants read an informed consent, only those who flagged it had access to the full questionnaire. Participants took around 14 min to complete the questionnaire. No incentives were given to participants for participating in the study.

Measures

The questionnaire included demographic questions and measures of the relevant variables. Measures which did not have an Italian translation were translated using the back translation procedure by two researchers, one of which was a bicultural Italian-English speaker.

Bicultural Identity Integration (BII)

To measure BII, we used the Bicultural Identity Integration Scale – Version 2 (BII-2; Huynh et al., 2018). The scale consists of 17 items (10 items tapping harmony and 7 items tapping blendedness). Participants were asked to enter their heritage background in an open-ended question and to keep it in mind when answering to the BII items. Each item contained a blank space which had to be replaced by respondents' own heritage culture (e.g., "I feel conflicted between the Italian and _____ ways of doing things"). Participants rated each item using a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*) with higher scores indicating higher BII harmony and higher BII blendedness. Alpha values were satisfactory (harmony: $\alpha = 0.84$; blendedness: $\alpha = 0.80$).

Psychological well-being

Respondents answered to several measures assessing different facets of psychological well-being (Chen et al., 2008; Chen et al., 2013). These included: self-esteem, satisfaction with life, loneliness (reverse-coded), happiness, depression (reverse-coded), anxiety (reverse-coded). Responses for all measures ranged from 1 (*strongly disagree*) to 5 (*strongly agree*) unless differently specified. Below we report information regarding each scale used to assess psychological well-being.

Rosenberg's self-esteem scale. The 10 items scale validated by Rosenberg (1965) was used to assess self-esteem (e.g., "I feel that I have a number of good qualities"). Higher scores indicated higher self-esteem. Alpha value was satisfactory ($\alpha = 0.88$).

Satisfaction with life scale. Life satisfaction was assessed by five items (e.g., "I am satisfied with my life") by Diener et al., 1985. Higher scores indicated higher satisfaction with life. Reliability coefficient in the present study was $\alpha = .84$.

UCLA loneliness scale. To assess the degree to which participants generally feel lonely we used the short version USL-8 which comprises 8 items (Hays & DiMatteo, 1987). Example items include: "I feel excluded" and "I lack companionship". Scores were reversed so that higher values indicated lower perceived loneliness. The alpha reliability coefficient for this measure was .88.

Subjective happiness scale. We used 4 items by Lyubomirsky and Lepper (1999) to measure subjective happiness. Example items include: "Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?". Responses for all items ranged from 1 (*not at all*) to 5 (*a great deal*) with higher scores indicating higher subjective happiness. The alpha reliability coefficient was .78.

Symptom checklist-90-revised. Items of the Depression and Anxiety scales of the SCL-90-R (SCL-90-R; Derogatis & Melisaratos, 1983) were used to assess levels of psychological discomfort. The depression scale consisted of two items measuring how often participants showed depressive symptoms (i.e., feeling sad or depressed; reverse-coded); similarly, the anxiety scale also comprised two items which assessed the frequency of participants' anxious symptoms (i.e., feeling fearful or anxious). Responses ranged from 1 (*never*) to 5 (*most of the time*). Higher scores indicated lower depression and anxiety. For these two-item measures we computed the Spearman-Brown correlation coefficient (Eisinga et al., 2013; Trifiletti et al., 2021). Reliability was satisfactory for depression ($\rho = 0.63$, $p < .001$) but low for anxiety ($\rho = 0.42$, $p < .001$). Depression scores were reversed so that higher values indicated less depression. Anxiety scores were not included in subsequent analyses.

COVID-19 distress

We used the COVID Stress Scales (CSS; Taylor et al., 2020). The original measure comprises five intercorrelated subscales which tap COVID-19 Stress Syndrome. For this study we selected three subscales and specifically: (1) COVID danger (6 items; e.g., "I am worried about catching the virus"), (2) COVID contamination (6 items; e.g., "I am worried that if I touched something in a public space (e.g., handrail, door handle), I would catch the virus) and (3) COVID traumatic stress (6 items; e.g., "I had trouble concentrating because I kept thinking about the virus"). Participants were asked to indicate how they felt over the last weeks of the COVID-19 emergency. For the danger and contamination subscales, answers were rated on a 5-point scale ranging from 1 (*not at all*) to 5 (*extremely*), while the traumatic stress items were rated on a 5-point scale ranging from 1 (*never*) to 5 (*almost always*). Alpha values were satisfactory (COVID-19 danger: $\alpha = 0.84$; COVID-19 contamination: $\alpha = 0.87$; COVID-19 traumatic stress: $\alpha = 0.88$).

Coping strategies

We assessed coping strategies by adapting the Coping Orientation to the Problems Experienced – New Italian Version (COPE-NVI-25; Foà et al., 2015). The original measure consists of five subscales. We selected three subscales (see The Present Study): avoidance coping (4 items, e.g. "I have behaved like it (the pandemic) has never happened"), positive attitude (6 items, e.g. "I have tried to find something positive in what has happened") and social support seeking (4 items, e.g. "I have asked people how they have reacted to similar experiences"). Instructions were adapted to fit the aim of the study. Participants were asked to answer questions about how they had behaved over the last weeks of the COVID-19 emergency by indicating how much each statement described them. Responses ranged from 1 (*not at all*) to 5 (*totally*). Alpha values were satisfactory (avoidance: $\alpha = 0.71$; positive attitude: $\alpha = 0.83$, social support seeking: $\alpha = 0.80$).

Analytic strategy

Analyses were performed with SPSS 20 and Mplus 8.2 (Muthén & Muthén, 2017). Missing data were replaced with full information maximum likelihood (FIML) in Mplus. As a preliminary analysis, we compared the three types of coping strategies using a repeated measure ANOVA and post-hoc comparisons with Bonferroni correction. We also tested a measurement model including seven latent constructs (BII harmony, BII blendedness, psychological well-being, COVID-19 distress, avoidance, positive attitude, and social support seeking). The main analyses included a SEM model (Model 1) with latent variables, in which BII (harmony and blendedness) was the predictor, psychological well-being was the mediator, and COVID-19 distress, avoidance, positive attitude, and social support were the outcome variables. Finally, we tested two alternative mediation models to test for directionality. In the first (Model 2), we tested the possible link from psychological well-being to BII. Therefore, psychological well-being was the predictor, BII (harmony and blendedness) was the mediator, and COVID-19 distress, avoidance, positive attitude, and social support were the outcome variables. In the second (Model 3), we tested the possible link from coping strategies to psychological well-being. In this model, BII (harmony and blendedness) was the predictor, avoidance, positive attitude, and social support were the mediators, and psychological well-being (i.e., psychological resources) and COVID-19 distress were the outcome variables. Furthermore, we carried out two multigroup analyses to test for the possible moderating effects of gender and immigrant generation. We compared an unconstrained model against a constrained model to see whether differences emerged between the two models, thus indicating moderation. For the comparison between the unconstrained and the constrained models, the chi-square difference test was used (Satorra & Bentler, 2001).

Model goodness-of-fit was evaluated using the chi-square statistic (χ^2), the comparative fit index (CFI), the root-mean-square error of approximation (RMSEA), and the standardized root-mean-square residual (SRMR). The model fit is satisfactory with a CFI value ≥ 0.95 , an RMSEA value ≤ 0.06 , an SRMR ≤ 0.08 (Hu & Bentler, 1999). To compare the main model with the alternative models, we used the Akaike Information Criterion (AIC; Akaike, 1974), which is generally used for non-nested model comparisons. Smaller AIC values suggest a better model fit.

In the analyses, we used parcels (Little et al., 2002) and composite scores instead of single items to maintain an adequate ratio of cases to parameters (for the advantages of item aggregation, see Little et al., 2013). Three parcels were computed for BII harmony, BII blendedness, and positive attitude; two parcels for avoidance and social support. Thus, two/three parcels were computed for each of the above-mentioned variables. The five composite scores of self-esteem, SWLS, subjective happiness, loneliness, and depression were

used as manifest indicators for the psychological well-being latent variable (due to low reliability, anxiety scores were not included in the analyses). Finally, the composite scores of COVID-19 danger, COVID-19 contamination, and COVID-19 traumatic stress were used as manifest indicators of COVID-related distress. Mediation was tested with 95% Bias Corrected (BC) bootstrapping confidence intervals (5000 resamples).

Results

Mean scores comparison

In order to reach a better understanding of the coping strategies most used by bicultural individuals during the pandemic a repeated measure ANOVA was carried out showing that there was a significant effect of the type of coping strategy, $F(2736) = 331.82, p < .001, \eta_p^2 = .43$. The post-hoc comparisons were all significant, $ps < 0.001$. The most endorsed coping response was positive attitude ($M = 3.52, SD = 0.78$), followed by social support seeking ($M = 2.57, SD = 0.93$), and avoidant coping ($M = 2.04, SD = 0.79$).

Measurement model

The fit of the measurement model was satisfactory: $\chi^2(168) = 311.91, p = .00; CFI = 0.96; SRMR = 0.05; RMSEA = 0.05$. Loadings were all significant ($ps < 0.001$) and higher than .67. Correlations between latent variables ranged from $-0.28 (p < .001)$ to $.47 (p < .001)$, showing that the latent factors included in the model could be regarded as distinct constructs.

SEM model with latent variables, mediational analyses and alternative models

The fit of the SEM model (Model 1) was satisfactory (see Table 2). Results are shown in Fig. 2. BII harmony was significantly associated with greater psychological well-being, which in turn was significantly related to lower COVID-related distress, less avoidant coping strategies, and greater positive coping strategies. The path between BII blendedness and psychological well-being was nonsignificant, as well as the path between psychological well-being and seeking social support coping.

BC confidence intervals are summarized in Table 3. Results showed that psychological well-being was a significant mediator of the relationships between: a) BII harmony and reduced COVID-related distress; b) BII harmony and reduced avoidant coping; c) BII harmony and enhanced positive attitude coping. All the other mediation paths were nonsignificant.

For both alternative models, the fit was less satisfactory compared to the hypothesized model (Table 2), even though for Model 2 the fit indices were still acceptable. Importantly, the AIC was lower for Model 1 than for the two alternative models.

Multigroup analyses

We proceeded by comparing an unconstrained model against a constrained model to see whether differences emerged between the two models, thus indicating moderation. We did not detect a significant moderating effect of gender (unconstrained multi-group model: $\chi^2(380) = 574.730, p = .00; CFI = 0.95; SRMR = 0.07; RMSEA = 0.05$; constrained multi-group model: $\chi^2(386) = 579.551, p = .00; CFI = 0.95; SRMR = 0.07; RMSEA = 0.05$; unconstrained model vs. constrained model: $\Delta \chi^2(6) = 4.82, p = .57$).

No moderating effect was found for immigrant generation (unconstrained multi-group model: $\chi^2(380) = 576.962, p = .00; CFI = 0.95; SRMR = 0.07; RMSEA = 0.05$; constrained multi-group model: $\chi^2(386) = 580.148, p = .00; CFI = 0.95; SRMR = 0.07; RMSEA = 0.05$; unconstrained model vs. constrained model: $\Delta \chi^2(6) = 3.19, p = .79$).

Discussion

Ethnic minorities may be vulnerable to experiencing negative outcomes in emergency situations, such as the COVID-19 pandemic. Thus, enhancing our understanding of how ethnic minorities respond to negative and unexpected emergency situations is crucial. The aim of this study was to investigate the possible existing link between integrated bicultural identity and responses to emergency situations in terms of distress and coping strategies. The COVID-19 pandemic represented a specific and meaningful emergency where

Table 2
Fit indices of the models.

Model	Predictor (s)	Mediator (s)	Outcome (s)	χ^2	df	p	CFI	RMSEA	SRMR	AIC
Model 1	BII harmony, BII blendedness	Psychological well-being	COVID-19 distress, Coping strategies	325.90	176	0.00	0.96	0.05	0.05	16017.89
Model 2	Psychological well-being	BII harmony, BII blendedness	COVID-19 distress, Coping strategies	350.91	173	0.00	0.95	0.05	0.07	16048.91
Model 3	BII harmony, BII blendedness	Coping strategies	Psychological well-being, COVID-19 distress	411.55	175	0.00	0.93	0.06	0.09	16105.55

Note. df = degrees of freedom; CFI = Comparative Fit Index; RMSEA = Root Mean Square Error of Approximation; SRMR = Standardized Root Mean Square Residual; AIC = Akaike Information Criterion; BII = Bicultural Identity Integration. Coping strategies included positive attitude, avoidance, and social support seeking.

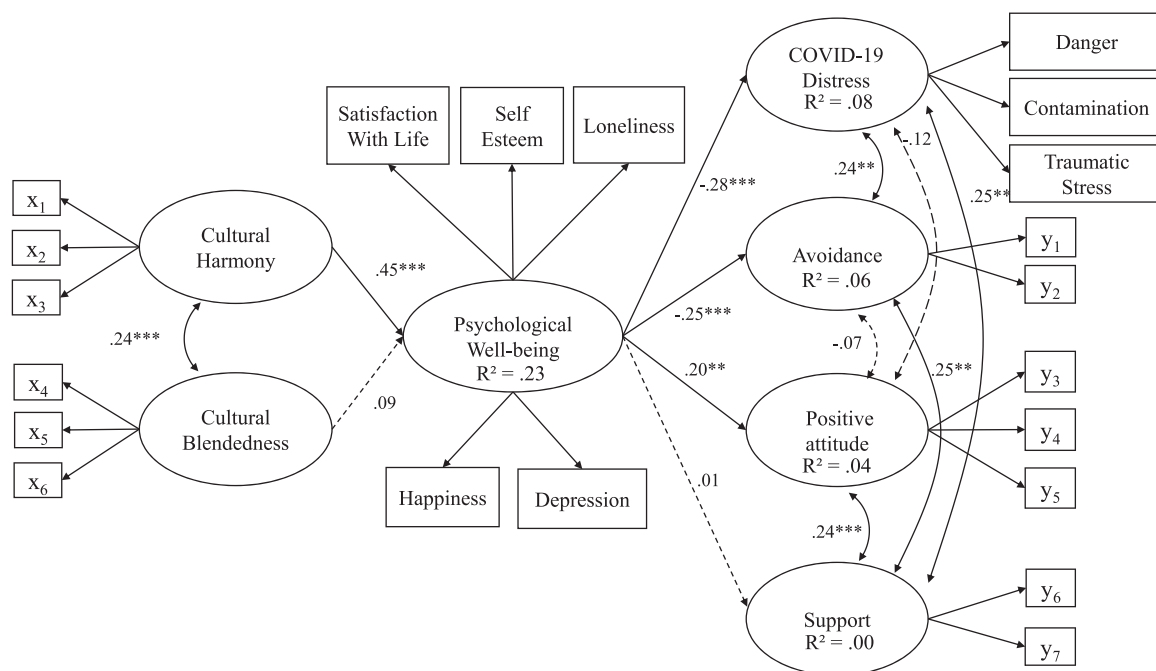


Fig. 2. Model 1. SEM model with latent variables. Dotted arrows indicate non-significant paths. Standardized coefficients are reported. *p < .05, **p < .01, ***p ≤ .001.

Table 3
Confidence intervals, Model 1.

Pathway	β	95% CI	
		LLCI	ULCI
BII Harmony – Psychological well-being– COVID-19 distress	-0.12	-0.20	-0.07
BII Blendedness – Psychological well-being – COVID-19 distress	-0.03	-0.07	0.01
BII Harmony – Psychological well-being – Avoidance	-0.11	-0.19	-0.04
BII Blendedness – Psychological well-being – Avoidance	-0.02	-0.07	0.00
BII Harmony – Psychological well-being – Positive attitude	0.09	0.03	0.15
BII Blendedness – Psychological well-being – Positive attitude	0.02	0.00	0.06
BII Harmony – Psychological well-being – Support	0.00	-0.05	0.06
BII Blendedness – Psychological well-being – Support	0.00	-0.01	0.02

to test our hypotheses. Findings supported our hypotheses by showing that BII (i.e., the harmony component) was indirectly associated, through enhanced psychological well-being, with more adaptive responses to the COVID-19 pandemic both in terms of reduced distress and effective coping strategies. These results highlight some important issues.

BII and responses to COVID-19

Consequences of BII have been extensively studied, yet no study so far has investigated if BII plays a role in how bicultural individuals cope with emergency situations. COVID-19 has provided a naturalistic context to test the link between BII and coping strategies in a highly stressful situation. Based on the assumption that BII constitutes a personal resource which positively affects how bicultural individuals respond to the opportunities and challenges in their environment, we expected that in the context of COVID-19, higher levels of BII would be related to more adaptive coping strategies and less distress through enhanced psychological well-being. Our findings partially supported these predictions by showing, for the first time, that BII harmony (but not blendedness) is indirectly associated with bicultural individuals’ capacity to adaptively respond to emergency.

Previous research has generally demonstrated that BII is associated with psychological and social adjustment during non-emergency times (see Benet-Martínez et al., 2021). Our study takes a step further by testing this association in emergency situations and specifically COVID-19. Our results suggest that it is the enhanced psychological well-being linked to high levels of BII (harmony) which enables high BII individuals to successfully overcome adversity.

Below we outline and discuss the different links between the variables included in our model.

Psychological well-being and BII

First, results showed that higher levels of BII (harmony but not blendedness) were associated with enhanced levels of psychological well-being. This result is in line with some previous evidence showing that BII harmony, rather than BII blendedness, is the dimension most associated with psychological well-being (Benet-Martínez et al., 2021).

Considering the issue of bidirectionality, the comparison between the proposed and the alternative model (Model 1 and Model 2) showed that the proposed model in which BII was treated as a predictor of psychological well-being (Model 1), fitted the data better than the alternative model in which psychological well-being was treated as a predictor of BII (Model 2). This result is in line with Ferrari et al.'s (2015), as well as with Schwartz et al.'s (2015) longitudinal findings which show that BII predicts better psychological and social functioning. However, the cross-sectional nature of our data does not allow causal inferences; indeed, the fact that Model 2 adequately fitted the data (albeit less well than Model 1) suggests that, as highlighted by Nguyen and Benet-Martínez (2013), the relationship between BII and psychological well-being is bidirectional.

Nevertheless, results suggest that BII should be regarded as an important aspect of biculturals' well-being and should be aimed for. Indeed, our results suggest enhancing bicultural individuals' perception of BII is important as the psychological well-being which follows may in turn have a number of positive consequences, among which the reduced impact of stressful events, as our findings suggest. In this regard, Benet-Martínez and colleagues (2021) provided a thorough discussion of the social and contextual factors which may have a positive impact on BII. Specifically, what seems to affect bicultural individuals' levels of BII is the meaning associated with different episodes linked to their biculturalism. For example, each bicultural individual has likely experienced positive and negative episodes due to their biculturalism, yet finding a positive meaning from the situations has proven to have positive effects on BII (Cheng & Lee, 2013; Lilgendahl et al., 2018). In addition, research shows that also the political structure of a country may play a role in shaping individuals' levels of BII. Societies which encourage multiculturalism facilitate individuals' integration of their multiple cultural identities and thus BII development (see Benet-Martínez et al., 2021 for a discussion). These findings suggest possible interventions to enhance BII, both at the individual and societal levels.

Psychological well-being and COVID-19-related responses

So far, little is known about the possible consequences of psychological well-being associated with an integrated bicultural identity. This study provides important information in this regard, with a focus on reactions to emergency situations.

COVID-19 distress

Results show how biculturals' psychological well-being is associated with lower levels of COVID-19 distress. This adds further evidence on the possible link between pre-existing mental health conditions and the responses of the individuals to COVID-19 (Asmundson et al., 2020; Bendau et al., 2021; Chatterjee et al., 2020; Yao et al., 2020).

Thus, understanding ways to strengthen and enhance biculturals' psychological well-being is therefore important. Our results suggest that focusing on BII and specifically BII harmony may represent a way to reach this aim.

Coping strategies

Among the three different coping strategies considered, positive attitude (i.e., problem-focused) was the most used strategy in our sample of biculturals, in line with other populations (e.g., Yu et al., 2020). Knowing that ethnic minorities in our sample mainly approached stressing situations through problem focused coping is very important as it indicates that our sample generally showed adaptive coping strategies which are known to lead to better psychological well-being (for a discussion see, Taylor & Stanton, 2007). At the same time, our study suggests a possible link between psychological well-being and individuals' use of coping. Specifically, enhanced psychological well-being was associated with less avoidant reactions to the problems (e.g., refuse to believe that it has happened) and enhanced the use of problem focused responses such as positive attitude (e.g., searched for something positive in what has happened). These results are in line with research showing how avoidant coping strategies are, in general, negatively linked with psychological well-being while problem focused coping tends to be positively linked with psychological well-being (Arraras et al., 2002; Baral & Bhagawati, 2019; Crockett et al., 2007; Snow-Turek et al., 1996). One explanation for these findings may be found in the broaden-and-build theory (Fredrickson, 2001) which posits that positive emotions widen people's lines of thoughts, action and increase one's own personal resources and coping in situations of adversity (Fredrickson & Joiner, 2002). Thus, individuals high in psychological well-being will likely find themselves using more adaptive coping strategies to face stressful situations.

We did not find a significant link between psychological well-being and social support seeking. A deeper look into the literature on seeking social support and psychological well-being might explain these findings. Indeed, the relation between seeking social support and psychological well-being is not straightforward but at times contradictory given that some studies found a positive link (Rao et al., 2003; Turner, 1981), while others failed to find this relationship (Reynolds & Perrin, 2004; Tein et al., 2000). In addition, it is worth noting that, during the most challenging times of COVID-19, daily social contact and interactions were drastically limited due to the preventive measures. Although many individuals may have relied on alternative forms of contact such as internet use, it may be reasonable to think that this means of communication may not necessarily mirror direct social contact. In other words, individuals may not have considered internet as an effective way of reaching social support which likely altered individuals' tendency to rely on social support as a way to cope with adversity. Future studies are needed to better understand the relationship between psychological well-being and social support and whether this link may depend on the type of stressful situation considered.

Finally, although not central to our study, our results also provide further evidence on the possible directionality between

psychological well-being and coping. Although a bulk of studies have considered coping as a predictor of psychological well-being (e.g., Budimir et al., 2021; Jarego et al., 2021), our study shows that the link between coping and psychological well-being might indeed be bidirectional. The model in which psychological well-being was inserted as a mediator and coping as the outcome variables showed a better fit compared to the opposite pattern in which coping (avoidance, positive attitude, and social support) was inserted as a mediator and psychological well-being as an outcome variable. Although the link from psychological well-being to coping showed the best fit, our findings do not exclude the bidirectional interpretation of the link between coping and psychological well-being (Taylor & Stanton, 2007).

Limitations

It is important to note some limitations. Firstly, as already mentioned, the cross-sectional design of the present study does not allow to draw any causal inference about the relationships between variables. Longitudinal data may provide clearer indications in this regard.

Secondly, we only selected three types of coping strategies which we believed best fitted the situation created by the pandemic. Future studies could expand our results by investigating other types of coping strategies as well as considering the influence of specific cultures in defining coping strategies (Main et al., 2011).

Thirdly, this study focused on a specific type of emergency situation, that is to say the COVID-19 pandemic. This situation created by the new pandemic provided a concrete way to investigate our hypothesis. Yet, emergency situations may differ in the extent to which they challenge individuals, and in the responses they may give to face the situation (e.g., natural disasters). Future studies should also test the predicted model in different emergency situations.

A further limitation of the present study is that participants were recruited through snowball sampling, and this might have affected the independence of observations. Unfortunately, we did not collect data about possible clusters of participants (i.e., we did not ask participants who provided them with the link to the questionnaire) and the clustering information that was available in our dataset (e.g., national origin) does not allow a proper test of intraclass correlation (because of the small number of observations within some clusters).

Last but not least, our study was presented in only one language (i.e., Italian). In addition, Italian fluency was not assessed. Although our final sample was comprised of second generation immigrants who most likely spoke Italian as their first language and first generation immigrants who had been living in Italy for at least 5 years – thus excluding those who likely had scarce knowledge of the Italian language (i.e., not enough knowledge to complete the questionnaire) – we believe that future studies should consider providing a questionnaire in at least two or three majorly used languages according to the context (e.g., English) or assess language fluency. This would likely allow researchers to ascertain participants' understanding of the language. In addition, participants would likely feel more at ease when answering the questionnaire if presented in different languages.

Conclusions

In conclusion, this study provides a novel and nuanced understanding of the role played by BII during the COVID-19 pandemic as it may have indirectly, through enhancement of psychological well-being, promoted more adaptive responses to stressful situations, both in terms of reduced distress and effective coping strategies.

Our findings suggest that, even in times of emergencies, BII is a valuable resource for ethnic minority individuals and as such it should be aimed for.

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Declarations of interest

None.

Data Availability

Data are available upon request to the corresponding author.

References

- Adja, K. Y. C., Golinelli, D., Lenzi, J., Fantini, M. P., & Wu, E. (2020). Pandemics and social stigma: Who's next? Italy's experience with COVID-19. *Public Health*, 185, 39–41. <https://doi.org/10.1016/j.puhe.2020.05.054>
- Aina, C., Brunetti, I., Mussida, C., & Scicchitano, S. (2021). Chi ha perso di più in termini di reddito per effetto della pandemia di Covid-19. La crisi ha acuito alcune disuguaglianze preesistenti nel mercato del lavoro, ma ha evidenziato le potenzialità dello smart working nel ridurle. https://www.ilsole24ore.com/art/chi-ha-perso-piu-termini-reddito-effetto-pandemia-covid-19-AE50SHM?refresh_ce=1.
- Akaike, H. (1974). A new look at statistical model identification. *IEEE Transactions on Automatic Control*, 19(6), 716–723. <https://doi.org/10.1109/TAC.1974.1100705>

- Akhtar, M., & Kröner-Herwig, B. (2017). Coping styles and socio-demographic variables as predictors of psychological well-being among international students belonging to different cultures. *Current Psychology*, 38, 618–626. <https://doi.org/10.1007/s12144-017-9635-3>
- Alcendor, D. J. (2020). Racial disparities-associated COVID-19 mortality among minority populations in the US. *Journal of Clinical Medicine*, 9(8), Article, 2442. <https://doi.org/10.3390/jcm9082442>
- Aragona, M., Barbato, A., Cavani, A., Costanzo, G., & Mirisola, C. (2020). Negative impacts of COVID-19 lockdown on mental health service access and follow-up adherence for immigrants and individuals in socio-economic difficulties. *Public Health*, 186, 52–56. <https://doi.org/10.1016/j.puhe.2020.06.055>
- Aragona, M., Tumiati, M. C., Ferrari, F., Viale, S., Nicoletta, G., Barbato, A., & Mirisola, C. (2022). Psychopathological effects of the Coronavirus (Sars-CoV-2) imposed lockdown on vulnerable patients in treatment in a mental health outpatient department for migrants and individuals in poor socioeconomic conditions. *International Journal of Social Psychiatry*, 68(1), 203–209. <https://doi.org/10.1177/0020764020988572>
- Arraras, J. I., Wright, S. J., Jusue, G., Tejedor, M., & Calvo, J. I. (2002). Coping style, locus of control, psychological distress and pain-related behaviours in cancer and other diseases. *Psychology, Health & Medicine*, 7(2), 181–187. <https://doi.org/10.1080/13548500120116139>
- Asmundson, G. J., Paluszek, M. M., Landry, C. A., Rachor, G. S., McKay, D., & Taylor, S. (2020). Do pre-existing anxiety-related and mood disorders differentially impact COVID-19 stress responses and coping (Article) *Journal of Anxiety Disorders*, 74, Article 102271. <https://doi.org/10.1016/j.janxdis.2020.102271>
- Baral, I. A., & Bhagawati, K. C. (2019). Post traumatic stress disorder and coping strategies among adult survivors of earthquake, Nepal. *BMC Psychiatry*, 19(1), 1–8. <https://doi.org/10.1186/s12888-019-2090-y>
- Bélangier, C., Di Schiavi, M., Sabourind, S., Dugalad, C., El Baalbaki, G., & Lussier, Y. (2014). Self-esteem, coping efforts and marital adjustment. *Europe's Journal of Psychology*, 10(4), 660–671. <https://doi.org/10.5964/ejop.v10i4.807>
- Bendau, A., Kunas, S. L., Wyka, S., Petzold, M. B., Plag, J., Asselmann, E., & Ströhle, A. (2021). Longitudinal changes of anxiety and depressive symptoms during the COVID-19 pandemic in Germany: The role of pre-existing anxiety, depressive, and other mental disorders (Article) *Journal of Anxiety Disorders*, 79, Article 102377. <https://doi.org/10.1016/j.janxdis.2021.102377>
- Benet-Martínez, V. (2012). Multiculturalism: Cultural, social, and personality processes. In K. Deaux & M. Snyder (Eds.), *The Oxford handbook of personality and social psychology* (pp. 623–648). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780195398991.013.0025>
- Benet-Martínez, V., Lee, F., & Cheng, C.Y. (2021). Bicultural identity integration: Components, psychosocial antecedents, and outcomes. In M. J. Gelfand, C.-y. Chiu, & Y.-y. Hong (Eds.), *Handbook of advances in culture and psychology* (pp. 244–284). Oxford University Press. <https://doi.org/10.1093/oso/9780190079741.003.0006>
- Benet-Martínez, V., Lee, F., & Leu, J. (2006). Biculturalism and cognitive complexity: Expertise in cultural representations. *Journal of Cross-Cultural Psychology*, 37, 386–407. <https://doi.org/10.1177/0022022106288476>
- Benet-Martínez, V., Leu, J., Lee, F., & Morris, M. W. (2002). Negotiating biculturalism: Cultural frame switching in biculturals with oppositional versus compatible cultural identities. *Journal of Cross-cultural Psychology*, 33(5), 492–516. <https://doi.org/10.1177/00220221020233005005>
- Benet-Martínez, V., & Haritatos, J. (2005). Bicultural identity integration (BII): Components and psychosocial antecedents. *Journal of personality*, 73(4), 1015–1050. <https://doi.org/10.1111/j.1467-6494.2005.00337.x>
- Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review*, 46(1), 5–34. <https://doi.org/10.1080/026999497378467>
- Budimir, S., Probst, T., & Pieh, C. (2021). Coping strategies and mental health during COVID-19 lockdown. *Journal of Mental Health*, 30(2), 156–163. <https://doi.org/10.1080/09638237.2021.1875412>
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56(2), 267–283. <https://doi.org/10.1037/0022-3514.56.2.267>
- Chatterjee, S. S., Malathesh Barikar, C., & Mukherjee, A. (2020). Impact of COVID-19 pandemic on pre-existing mental health problems (Article) *Asian Journal of Psychiatry*, 51, Article 102071. <https://doi.org/10.1016/j.ajp.2020.102071>
- Chen, S. X., Benet-Martínez, V., & Bond, M. H. (2008). Bicultural identity, bilingualism, and psychological adjustment in multicultural societies: Immigration-based and globalization-based acculturation. *Journal of Personality*, 76(4), 803–838. <https://doi.org/10.1111/j.1467-6494.2008.00505.x>
- Chen, S. X., Benet-Martínez, V., Wu, W. C., Lam, B. C., & Bond, M. H. (2013). The role of dialectical self and bicultural identity integration in psychological adjustment. *Journal of Personality*, 81(1), 61–75. <https://doi.org/10.1111/j.1467-6494.2012.00791.x>
- Cheng, C. Y., & Lee, F. (2013). The malleability of bicultural identity integration (BII). *Journal of Cross-Cultural Psychology*, 44, 1235–1240. <https://doi.org/10.1177/0022022113490071>
- Cheng, C. Y., Sanchez-Burks, J., & Lee, F. (2008). Connecting the dots within: Creative performance and identity integration. *Psychological Science*, 19, 1178–1184. <https://doi.org/10.1111/j.1467-9280.2008.02220.x>
- Crockett, L. J., Iturbide, M. I., Torres Stone, R. A., McGinley, M., Raffaelli, M., & Carlo, G. (2007). Acculturative stress, social support, and coping: relations to psychological adjustment among Mexican American college students. *Cultural Diversity and Ethnic Minority Psychology*, 13(4), 347–355. <https://psycnet.apa.org/doi/10.1037/1099-9809.13.4.347>
- Derogatis, L. R., & Melisaratos, N. (1983). The brief symptom inventory: an introductory report. *Psychological Medicine*, 13(3), 595–605. <https://doi.org/10.1017/S0033291700048017>
- Devakumar, D., Shannon, G., Bhopal, S. S., & Abubakar, I. (2020). Racism and discrimination in COVID-19 responses. *The Lancet*, 395(10231), 1194. [https://doi.org/10.1016/S0140-6736\(20\)30792-3](https://doi.org/10.1016/S0140-6736(20)30792-3)
- Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of personality Assessment*, 49(1), 71–75. https://doi.org/10.1207/s15327752jpa4901_13
- Eisinga, R., te Grotenhuis, M., & Pelzer, B. (2013). The reliability of a two-item scale: Pearson, Cronbach, or Spearman-Brown. *International Journal of Public Health*, 58(4), 637–642. <https://doi.org/10.1007/s00038-012-0416-3>
- Fabiani, M., Mateo-Urdiales, A., Andrianou, X., Bella, A., Del Manso, M., Bellino, S., Rota, M. C., Boros, S., Vescio, M. F., D'Ancona, F. P., Siddu, A., Punzo, O., Filia, A., Brusaferrero, S., Rezza, G., Dente, M. G., Declich, S., Pezzotti, P., Riccardo, F., & COVID-19 Working Group. (2021). Epidemiological characteristics of COVID-19 cases in non-Italian nationals notified to the Italian surveillance system. *European Journal Of Public Health*, 31(1), 37–44. <https://doi.org/10.1093/eurpub/ckaa249>
- Ferrari, L., Rosnati, R., Manzi, C., & Benet-Martínez, V. (2015). Ethnic identity, bicultural identity integration, and psychological well-being among transracial adoptees: A longitudinal study. *New Directions for Child and Adolescent Development*, 2015(150), 63–76. <https://doi.org/10.1002/cad.20122>
- Fleishman, J. A. (1984). Personality characteristics and coping patterns. *Journal of Health and Social Behavior*, 25(2), 229–244. <https://doi.org/2136671>
- Foà, C., Tonarelli, A., Caricati, L., & Fruggeri, L. (2015). COPE-NVI-25: Validazione italiana della versione ridotta della Coping Orientation to the Problems Experienced (COPE-NVI. *Psicologia della salute*, 2, 123–140. <https://doi.org/10.3280/PDS2015-002007>
- Folkman, S., & Lazarus, R. S. (1985). If it changes it must be a process: study of emotion and coping during three stages of a college examination. *Journal of personality and Social Psychology*, 48(1), 150–170. <https://doi.org/10.1037//0022-3514.48.1.150>
- Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, 56(3), 218–226. <https://doi.org/10.1037/0003-066X.56.3.218>
- Fredrickson, B. L., & Joiner, T. (2002). Positive emotions trigger upward spirals toward emotional well-being. *Psychological Science*, 13(2), 172–175. <https://doi.org/10.1111/1467-9280.00431>
- Fulya, T. U. R. K., Aykut, K. U. L., & Kilinç, E. (2021). Depression-anxiety and coping strategies of adolescents during the Covid-19 pandemic. *Turkish Journal of Education*, 10(2), 58–75. <https://doi.org/10.19128/turje.814621>
- Gao, J., Zheng, P., Jia, Y., Chen, H., Mao, Y., Chen, S., Wang, Y., Fu, H., & Dai, J. (2020). Mental health problems and social media exposure during COVID-19 outbreak (Article) *Plos One*, 15(4), Article e0231924. <https://doi.org/10.1371/journal.pone.0231924>
- Guadagno, L. (2020). Migrants and the COVID-19 pandemic: An initial analysis. Migration Research Series N° 60. International Organization for Migration (IOM). Geneva. <https://publications.iom.int/system/files/pdf/mrs-60.pdf>

- Hays, R. D., & DiMatteo, M. R. (1987). A short-form measure of loneliness. *Journal of Personality Assessment*, 51(1), 69–81. https://doi.org/10.1207/s15327752jpa5101_6
- Ho, H. Y., Chen, Y. L., & Yen, C. F. (2020). Different impacts of COVID-19-related information sources on public worry: An online survey through social media (Article) *Internet Interventions*, 22, Article 100350. <https://doi.org/10.1016/j.invent.2020.100350>.
- Hong, Y. Y., Morris, M. W., Chiu, C. Y., & Benet-Martínez, V. (2000). Multicultural minds: A dynamic constructivist approach to culture and cognition. *American Psychologist*, 55(7), 709–720. <https://doi.org/10.1037/0003-066X.55.7.709>
- Hu, L. T., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal*, 6(1), 1–55. <https://doi.org/10.1080/10705519909540118>
- Huynh, Q. L., Benet-Martínez, V., & Nguyen, A. M. D. (2018). Measuring variations in bicultural identity across U.S. ethnic and generational groups: Development and validation of the Bicultural Identity Integration Scale—Version 2 (BIIS-2). *Psychological Assessment*, 30(12), 1581–1596. <https://doi.org/10.1037/pas0000606>
- Huynh, Q.L., Nguyen, A.M.D., & Benet-Martínez, V. (2011). Bicultural identity integration. In Schwartz, S., Luyckx, K., Vignoles, V. (eds), *Handbook of identity theory and research* (pp. 827–842). Springer, New York, NY.
- ISTAT. (2021). Stranieri residenti al 1 ° gennaio. https://dati.istat.it/Index.aspx?DataSetCode=DCIS_POPSTRRES1.
- Jarego, M., Pimenta, F., Pais-Ribeiro, J., Costa, R. M., Patrão, I., Coelho, L., & Ferreira-Valente, A. (2021). Do coping responses predict better/poorer mental health in Portuguese adults during Portugal's national lockdown associated with the COVID-19 (Article) *Personality and Individual Differences*, 175, Article 110698. <https://doi.org/10.1016/j.paid.2021.110698>.
- Kahissay, M. H., Fenta, T. G., & Boon, H. (2017). Beliefs and perception of ill-health causation: A socio-cultural qualitative study in rural North-Eastern Ethiopia. *BMC Public Health*, 17(1), 1–10. <https://doi.org/10.1186/s12889-017-4052-y>
- Katikireddi, S. V., Lal, S., Carrol, E. D., Niedzwiedz, C. L., Khunti, K., Dundas, R., Diderichsen, F., & Barr, B. (2021). Unequal impact of the COVID-19 crisis on minority ethnic groups: a framework for understanding and addressing inequalities. *Journal of Epidemiology & Community Health*, 75, 970–974. <https://doi.org/10.1136/jech-2020-216061>
- Khunti, K., Feldman, E. L., Laiteerapong, N., Parker, W., Routen, A., & Peek, M. (2022). The impact of the COVID-19 pandemic on ethnic minority groups with diabetes (Article) *Diabetes care*, dc212495. <https://doi.org/10.2337/dc21-2495>.
- Kirby, T. (2020). Evidence mounts on the disproportionate effect of COVID-19 on ethnic minorities. *The Lancet Respiratory Medicine*, 8(6), 547–548. [https://doi.org/10.1016/S2213-2600\(20\)30228-9](https://doi.org/10.1016/S2213-2600(20)30228-9)
- Lakhan, R., Agrawal, A., & Sharma, M. (2020). Prevalence of depression, anxiety, and stress during COVID-19 pandemic. *Journal of Neurosciences in Rural Practice*, 11(4), 519–525. <https://doi.org/10.1055/s-0040-1716442>
- Lazarus, R.S., & Folkman, S. (1984). Stress, appraisal, and coping. Springer publishing company.
- Lilgendahl, J. P., Benet-Martínez, V., Bishop, M., Gilson, K., Festa, L., Levenson, C., & Rosenblum, R. (2018). “So now, I wonder, what am I?": A narrative approach to bicultural identity integration. *Journal of Cross-Cultural Psychology*, 49(10), 1596–1624. <https://doi.org/10.1177/0022022118801555>.
- Little, T. D., Cunningham, W. A., Shahar, G., & Widaman, K. F. (2002). To parcel or not to parcel: Exploring the question, weighing the merits. *Structural Equation Modeling*, 9, 151–173. https://doi.org/10.1207/S15328007SEM0902_1
- Little, T. D., Rhemtulla, M., Gibson, K., & Schoemann, A. M. (2013). Why the items versus parcels controversy needn't be one. *Psychological Methods*, 18(3), 285–300. <https://doi.org/10.1037/a0033266>
- Lyubomirsky, S., & Lepper, H. S. (1999). A measure of subjective happiness: Preliminary reliability and construct validation. *Social Indicators Research*, 46(2), 137–155. <https://doi.org/10.1023/A:1006824100041>
- Main, A., Zhou, Q., Ma, Y., Luecken, L. J., & Liu, X. (2011). Relations of SARS-related stressors and coping to Chinese college students' psychological adjustment during the 2003 Beijing SARS epidemic. *Journal of Counseling Psychology*, 58(3), 410–423. <https://psycnet.apa.org/doi/10.1037/a0023632>.
- Manzi, C., Ferrari, L., Rosnati, R., & Benet-Martínez, V. (2014). Bicultural identity integration of transracial adolescent adoptees: Antecedents and outcomes. *Journal of Cross-Cultural Psychology*, 45, 888–904. <https://doi.org/10.1177/0022022114530495>
- Mayordomo, T., Meléndez, J. C., Viguera, P., & Sales, A. (2015). Coping strategies as predictors of well-being in youth adult. *Social Indicators Research*, 122, 479–489. <https://doi.org/10.1007/s11205-014-0689-4>
- McCall, M. E., & Struthers, N. J. (1994). Sex, sex-role orientation and self-esteem as predictors of coping style. *Journal of Social Behavior and Personality*, 9(4), 801–810.
- Miller, M. J., Kim, J., & Benet-Martínez, V. (2011). Validating the riverside acculturation stress inventory with Asian Americans. *Psychological Assessment*, 23(2), 300–310. <https://doi.org/10.1037/a0021589>
- Ministero del Lavoro e delle Politiche Sociali. (2021b). XI Rapporto “Gli stranieri nel mercato del lavoro in Italia”. Conseguenze della pandemia più gravi per i lavoratori migranti. I dati del 2020. <https://integrazioneimmigranti.gov.it/it-it/Dettaglio-approfondimento/id/34/XI-Rapporto-Gli-stranieri-nel-mercato-del-lavoro-in-Italia>.
- Ministero del Lavoro e delle Politiche Sociali. (2021a). XI Rapporto annuale. Gli stranieri nel mercato del lavoro in Italia. Sintesi delle principali evidenze. <https://www.integrazionemigranti.gov.it/AnteprimaPDF.aspx?id=2878>.
- Miramontez, D. R., Benet-Martínez, V., & Nguyen, A.-M. D. (2008). Bicultural identity and self/group personality perceptions. *Self and Identity*, 7, 430–445. <https://doi.org/10.1080/15298860701833119>
- Mok, A., Morris, M., Benet-Martínez, V., & Karakitapoglu-Aygun, Z. (2007). Embracing American culture: Structures of social identity and social networks among first-generation biculturals. *Journal of Cross-Cultural Psychology*, 38, 629–635. <https://doi.org/10.1177/0022022107305243>
- Morales, D. R., & Ali, S. N. (2021). COVID-19 and disparities affecting ethnic minorities. *The Lancet*, 397(10286), 1684–1685. [https://doi.org/10.1016/S0140-6736\(21\)00949-1](https://doi.org/10.1016/S0140-6736(21)00949-1)
- Muthén, L., & Muthén, B. (2017). *Mplus user's guide*, 8th ed. Los Angeles, CA: Muthén & Muthén.
- Nguyen, A. M. D., & Benet-Martínez, V. (2010). Multicultural identity: What it is and why it matters. In R. J. Crisp (Ed.), *The psychology of social and cultural diversity* (pp. 87–114). Wiley Blackwell. <https://doi.org/10.1002/9781444325447.ch5>.
- Nguyen, A. M. D., & Benet-Martínez, V. (2013). Biculturalism and adjustment: A meta-analysis. *Journal of Cross-cultural Psychology*, 44(1), 122–159. <https://doi.org/10.1177/0022022111435097>
- Nguyen, A. M. D., & Benet-Martínez, V. (2007). Biculturalism unpacked: Components, measurement, individual differences, and outcomes. *Social and Personality Psychology Compass*, 1(1), 101–114. <https://doi.org/10.1111/j.1751-9004.2007.00029.x>
- Nussbaumer-Streit, B., Mayr, V., Dobrescu, A. I., Chapman, A., Persad, E., Klerings, I., Wagner, G., Siebert, U., Ledingger, D., Zachariah, C., & Gartlehner, G. (2020). Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review. *Cochrane Database of Systematic Reviews*, (9), Article, CD013574. <https://doi.org/10.1002/14651858.CD013574.pub2>
- Paluszek, M. M., Landry, C. A., Taylor, S., & Asmundson, G. J. (2020). The psychological sequelae of the COVID-19 pandemic: Psychological processes, current research ventures, and preparing for a postpandemic world. *The Behaviour Therapist*, 43(5), 158–163.
- Pancani, L., Marinucci, M., Aureli, N., & Riva, P. (2020). Forced social isolation and mental health: A study on 1006 Italians under COVID-19 quarantine (Article) *Frontiers in Psychology*, 12, Article 663799. <https://doi.org/10.3389/fpsyg.2021.663799>.
- Rao, K., Apte, M., & Subbakrishna, D. K. (2003). Coping and subjective wellbeing in women with multiple roles. *International Journal of Social Psychiatry*, 49(3), 175–184. <https://doi.org/10.1177/00207640030493003>
- Repke, L., & Benet-Martínez, V. (2018). The (diverse) company you keep: Content and structure of immigrants' social networks as a window into intercultural relations in Catalonia. *Journal of Cross-Cultural Psychology*, 49(6), 924–944. <https://doi.org/10.1177/0022022117733475>
- Reynolds, J. S., & Perrin, N. A. (2004). Mismatches in social support and psychosocial adjustment to breast cancer. *Health Psychology*, 23(4), 425–430. <https://doi.org/10.1037/0278-6133.23.4.425>
- Roma, P., Monaro, M., Colasanti, M., Ricci, E., Biondi, S., Di Domenico, A., & Mazza, C. (2020). A 2-month follow-up study of psychological distress among Italian people during the COVID-19 lockdown. *International Journal of Environmental Research and Public Health*, 17(21), 8180. <https://doi.org/10.3390/ijerph17218180>
- Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). *Acceptance and Commitment Therapy Measures Package*, 61(52), 18.

- Saad, C. S., Damian, R. I., Benet-Martínez, V., Moons, W. G., & Robins, R. W. (2013). Multiculturalism and creativity: Effects of cultural context, bicultural identity, and ideational fluency. *Social Psychological and Personality Science*, 4, 369–375. <https://doi.org/10.1177/1948550612456560>
- Sam, D. L., & Berry, J. W. (Eds.). (2006). *The Cambridge handbook of acculturation psychology*. Cambridge University Press.
- Satorra, A., & Bentler, P. M. (2001). A scaled difference chi-square test statistic for moment structure analysis. *Psychometrika*, 66(4), 507–514. <https://doi.org/10.1007/BF02296192>
- Schwartz, S. J., Unger, J. B., Baezconde-Garbanati, L., Benet-Martínez, V., Meca, A., Zamboanga, B. L., Lorenzo-Blanco, E. I., Des Rosiers, S. E., Oshri, A., Sabet, R. F., Soto, D. W., Pattarroyo, M., Huang, S., Villamar, J. A., Lizzi Karina, M., & Szapocznik, J. (2015). Longitudinal trajectories of bicultural identity integration in recently immigrated Hispanic adolescents: Links with mental health and family functioning. *International Journal of Psychology*, 50(6), 440–450. <https://doi.org/10.1002/ijop.12196>
- Serafini, G., Parmigiani, B., Amerio, A., Aguglia, A., Sher, L., & Amore, M. (2020). The psychological impact of COVID-19 on the mental health in the general population. *QJM: An International Journal of Medicine*, 113(8), 531–537. <https://doi.org/10.1093/qjmed/hcaa201>
- Smedema, S. M., Catalano, D., & Ebener, D. J. (2010). The relationship of coping, self-worth, and subjective well-being: A structural equation model. *Rehabilitation Counseling Bulletin*, 53(3), 131–142. <https://doi.org/10.1177/0034355209358272>
- Snow-Turek, A. L., Norris, M. P., & Tan, G. (1996). Active and passive coping strategies in chronic pain patients. *Pain*, 64(3), 455–462. [https://doi.org/10.1016/0304-3959\(95\)00190-5](https://doi.org/10.1016/0304-3959(95)00190-5)
- Suls, J., & Fletcher, B. (1985). The relative efficacy of avoidant and nonavoidant coping strategies: A meta-analysis. *Health Psychology*, 4(3), 249–288. <https://doi.org/10.1037/0278-6133.4.3.249>
- Tai, D. B. G., Shah, A., Doubeni, C. A., Sia, I. G., & Wieland, M. L. (2021). The disproportionate impact of COVID-19 on racial and ethnic minorities in the United States. *Clinical Infectious Diseases*, 72(4), 703–706. <https://doi.org/10.1093/cid/ciaa815>
- Taylor, S. (2021). COVID stress syndrome: clinical and nosological considerations. *Current Psychiatry Reports*, 23(4), 1–7. <https://doi.org/10.1007/s11920-021-01226-y>
- Taylor, S., Landry, C. A., Paluszek, M. M., Fergus, T. A., McKay, D., & Asmundson, G. J. (2020). Development and initial validation of the COVID Stress Scales (Article) *Journal of Anxiety Disorders*, 72, Article 102232. <https://doi.org/10.1016/j.janxdis.2020.102232>
- Taylor, S. E., Kemeny, M. E., Aspinwall, L. G., Schneider, S. G., Rodriguez, R., & Herbert, M. (1992). Optimism, coping, psychological distress, and high-risk sexual behavior among men at risk for acquired immunodeficiency syndrome (AIDS). *Journal of Personality and Social Psychology*, 63(3), 460–473. <https://doi.org/10.1037//0022-3514.63.3.460>
- Taylor, S. E., & Stanton, A. L. (2007). Coping resources, coping processes, and mental health. *Annual Review of Clinical Psychology*, 3, 377–401. <https://doi.org/10.1146/annurev.clinpsy.3.022806.091520>
- Tein, J. Y., Sandler, I. N., & Zautra, A. J. (2000). Stressful life events, psychological distress, coping, and parenting of divorced mothers: A longitudinal study. *Journal of Family Psychology*, 14(1), 27–41. <https://doi.org/10.1037/0893-3200.14.1.27>
- Trifiletti, E., Shamloo, S. E., Faccini, M., & Zaka, A. (2021). Psychological predictors of protective behaviours during the Covid-19 pandemic: Theory of planned behaviour and risk perception. *Journal of Community & Applied Social Psychology*, 32(3), 1–16. <https://doi.org/10.1002/casp.2509>
- Trifiletti, E., Shamloo, S. E., Ferrari, L., Dusi, P., Huynh, Q. L., Rosnati, R., & Benet-Martínez, V. (2022). Bicultural identity in childhood: Preliminary validation of the Bicultural Identity Integration Scale for Children (BIIS-C). *Cultural Diversity and Ethnic Minority Psychology*, 28(1), 72–79. <https://doi.org/10.1037/cdp0000504>
- Turner, R. J. (1981). Social support as a contingency in psychological well-being. *Journal of Health and Social Behavior*, 22, 357–367. <https://doi.org/10.2307/2136677>
- Van Oudenhoven, J. P., Ward, C., & Masgoret, A. M. (2006). Patterns of relations between immigrants and host societies. *International Journal of Intercultural Relations*, 30(6), 637–651. <https://doi.org/10.1016/j.ijintrel.2006.09.001>
- Yampolsky, M. A., Amiot, C. E., & de la Sablonnière, R. (2016). The Multicultural Identity Integration Scale (MULTIIS): Developing a comprehensive measure for configuring one's multiple cultural identities within the self. *Cultural Diversity and Ethnic Minority Psychology*, 22(2), 166–184. <https://doi.org/10.1037/cdp0000043>
- Yao, H., Chen, J. H., & Xu, Y. F. (2020). Patients with mental health disorders in the COVID-19 epidemic (Article) *The Lancet Psychiatry*, 7(4), Article e21. [https://doi.org/10.1016/S2215-0366\(20\)30090-0](https://doi.org/10.1016/S2215-0366(20)30090-0)
- Yu, H., Li, M., Li, Z., Xiang, W., Yuan, Y., Liu, Y., Li, Z., & Xiong, Z. (2020). Coping style, social support and psychological distress in the general Chinese population in the early stages of the COVID-19 epidemic (Article) *BMC Psychiatry*, 20(1), 426. <https://doi.org/10.1186/s12888-020-02826-3>