

Cultural Identity Conflict and Psychological Well-Being in Bicultural Young Adults

Do Self-Concept Clarity and Self-Esteem Matter?

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Abstract: The present study examined the relationship between cultural identity conflict and psychological well-being, as well as the role of self-concept clarity and self-esteem in mediating this linkage. Elevated cultural identity conflict was hypothesized to be associated with lower psychological well-being via both (lower) self-concept clarity and (lower) self-esteem, with self-concept clarity preceding self-esteem. In a cross-sectional design, 473 bicultural young adults (age range, 18–35) completed an online questionnaire assessing cultural identity conflict, self-concept clarity, self-esteem, emotional distress, psychopathological symptoms, and satisfaction with life. Correlation analyses revealed that elevated cultural identity conflict was positively associated with emotional distress and psychopathological symptoms, and negatively associated with satisfaction with life. Mediation analyses indicated that these associations were mediated by lower self-concept clarity and lower self-esteem. The results support the importance of interventions that foster the development of skills in bicultural young adults to obtain more self-concept clarity and promote self-esteem and psychological well-being.

Key Words: Bicultural, cultural identity conflict, self-concept clarity, psychological well-being, satisfaction with life

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Globalization and migration yield increasing bicultural and multi-ethnic populations worldwide, with individuals having more than one cultural background (Bhopal, 2004; Van Oudenhoven et al., 2006). Biculturalism is defined as a state of living in two or more cultures (e.g., one of an ethnic heritage and one of the current culture lived in) due to an (intergenerational) immigration background (Schwartz and Unger, 2010). Positive outcomes have been associated with biculturalism in the literature, such as competence in social communication, capacity in cultural knowledge, and creativity (Chen and Panilla, 2019). Yet, there is also evidence that bicultural individuals are at elevated risk for mental health problems, especially high prevalence rates of depression, anxiety, and psychosomatic disorders have been reported (13.4%–35.3%; De Wit et al., 2008; Ince et al., 2014; Missinne and Bracke, 2012). These symptoms are most commonly reported by immigrants (Sempertegui et al., 2019). Researchers have also identified depression and anxiety problems as the most common mental health symptoms in bicultural young adults (McCord et al., 2019; Virta et al., 2004). It is, therefore, important to examine potential determinants and underlying mechanisms of these symptoms. “Cultural identity conflict” arising from acculturation challenges was found to be an important predictor of low psychological well-being within bicultural young adults (e.g., Diaz and Bui, 2017; Downie et al., 2007; Rabinovich and Morton,

2016); however, underlying mechanisms are not yet fully understood. In the present study, we investigated “self-concept clarity” and “self-esteem” in mediating the relationship between cultural identity conflict and psychological well-being.

Cultural identity conflict refers to the intrapersonal perception of incompatible cultural dimensions of the self (Phinney et al., 2001; Ward et al., 2011). Bicultural young adults are faced with the challenge of creating a cultural identity that incorporates elements (e.g., cultural traditions, particular rules of conduct) of both the heritage and host culture (Mann et al., 2017; Stein and Polo, 2014). Individuals who view their heritage and host culture as complementary may create a compatible cultural identity (Mann et al., 2017; Ward et al., 2011). However, when the connection with all multiple cultural identities is strong but the associated values, beliefs, and behaviors are experienced as incompatible and oppositional (e.g., being told at home to indirectly communicate with others and to depend on family for social support, while being told at school or work to be assertive and independent), this may yield cultural identity conflict and, subsequently, distress and low psychological well-being (Diaz and Bui, 2017; Downie et al., 2007; Rabinovich and Morton, 2016).

The connection between cultural identity conflict and low psychological well-being can be explained by the self-determination theory (Ryan et al., 2015). Compared with individuals with a monocultural background, bicultural individuals may experience more problems achieving the three psychological basic needs of autonomy, competence, and sense of belonging (Chen et al., 2015). This results from internal conflicts caused by attempts to identify with multiple cultural groups and explorations of their own norms and values (Stroink and Lalonde, 2009). Research on the cross-cultural validity of the self-determination theory in individualistic and collectivistic cultures underlined the universal importance of supporting the basic needs for well-being, including autonomy, which is commonly associated with individualistic values. Cross-cultural research (Chirkov et al., 2003) demonstrated that an individual's endorsement and internalization of cultural values in individualistic and collectivistic cultures can take place for autonomous or controlled reasons. It was found that the internalization of these values for autonomous rather than controlled motives contributed to well-being in both individualistic and collectivistic oriented cultures. Autonomy implies that one's actions, thoughts, and feelings are driven by a sense of one's own volition and authenticity, which is strongly associated with the sense of a clear self-concept (Diehl and Hay, 2011; Vansteenkiste et al., 2020). Self-concept clarity refers to the extent to which self-beliefs are clearly defined, internally consistent, and stable (Campbell et al., 1996). Following self-determination theory (Ryan et al., 2015), unfulfillment of the basic needs results in low self-esteem, that is, the evaluation of one's self-worth and self-respect (Rosenberg, 1965; Vansteenkiste, 2020). It can be expected that low self-esteem results from low self-concept clarity because individuals need to have a clear view of their own unique values, beliefs, and behaviors before they can evaluate the worth of it (Campbell, 1990; Taylor and Osborne, 2010). Thus, bicultural young adults may be at elevated risk for low psychological well-being because

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experiencing conflict in navigating and constructively performing in various cultural settings hinders them from developing self-concept clarity, which, in turn, interferes with their self-esteem.

Previous research seems to support this assumption by providing empirical evidence of negative relationships of cultural identity conflict with self-concept clarity (Usborne and De La Sablonnière, 2014) and self-esteem (Usborne and Taylor, 2010). Previous findings also supported a positive relationship between self-concept clarity and self-esteem (Usborne and Taylor, 2010). Moreover, cultural identity conflict (e.g., Ward et al., 2011), low self-concept clarity (Lynch et al., 2009), and low self-esteem have been found to be related to psychological well-being (Virta et al., 2004). Taken together, based on theorizing and prior research, we anticipated that the linkage between cultural identity conflict and lower levels of psychological well-being would be mediated by a serial pathway of low self-concept clarity and low self-esteem. The current study tested this proposed mediation.

Several studies have examined the linkage between cultural identity and psychological well-being. However, prior research in this area is limited in a number of ways. First, to our knowledge, few studies (e.g., Diaz and Bui, 2017; Usborne and De La Sablonnière, 2014) have examined underlying mechanisms of this relationship, and no research has yet explored serial mediation models. Second, samples in former studies (e.g., Diaz and Bui, 2017) were mostly homogeneous in ethnicity and acccessory cultures, compromising the generalizability of findings from these studies to present-day diverse bicultural populations. The current study addressed these limitations by examining the extent to which cultural identity conflict relates to clarity over the self-concept, self-esteem, and different indices of well-being. This was deemed important for a number of reasons. With the generated knowledge from the current study, clinicians can signal and address factors related to identity and mental health problems in bicultural clients more accurately, and tailored mental health interventions can be created for individuals who experience conflict in the identification with multiple cultural backgrounds.

The Current Study

The aims of this study were threefold. Our first aim was to explore the level of cultural identity conflict and psychological well-being in a sample of bicultural young adults in The Netherlands and to compare these levels with similarly aged reference groups. In accord with prior research in this area (e.g., McCord et al., 2019; Stein and Polo, 2014), we focused on different dimensions of psychological well-being: emotional stress, overall psychopathological symptoms (i.e., anxiety, depression, somatic syndromes, and vital energy), and satisfaction with life. Our second aim was to examine the relationships between cultural identity conflict, self-concept clarity and self-esteem, and psychological well-being. Based on prior research, we expected that increased cultural identity conflict would be associated with less self-concept clarity (Campbell et al., 1996; Usborne and Taylor, 2010), lower self-esteem (Usborne and Taylor, 2010; Virta et al., 2004), and lower levels of psychological well-being (Campbell et al., 2003; Groen et al., 2018). Finally, our third aim was to examine the mediating role of self-concept clarity and self-esteem in the linkage between cultural identity conflict and psychological well-being. In accord with former research (Benet-Martinez et al., 2002; Downie et al., 2004; Usborne and De La Sablonnière, 2014; Usborne and Taylor, 2010), we predicted that data would support a serial mediational pathway such that elevated cultural identity conflict was associated with lower psychological well-being via both (lower) self-concept clarity and (lower) self-esteem, with self-concept clarity preceding self-esteem.

METHODS

Participants and Procedure

Participants were recruited via announcements on the internet and flyers at public places with a mainly bicultural audience, such as

cultural student associations and cultural community centers. The program Qualtrics was used to create the online questionnaire. Participants signed up for participation via social media and websites of organizations with a bicultural audience. Criteria for participation were first-, second-, and third-generation immigrants between 18 and 35 years old. After reading an information letter, participants completed an informed consent form, followed by the questionnaires (described below). It took 25 to 35 minutes to complete the questionnaire. The study was approved by the Ethics Committee of the Faculty of Social and Behavioral Sciences of Utrecht University, The Netherlands.

A total of 473 participants fully completed the questionnaire. Participants' age ranged from 18 to 35 years, with a mean age of 25.38 years (SD, 4.58); 359 (75.9%) were women. Highest level of (completed) education of the participants was lower secondary school in 0.4% ($n = 2$), higher secondary school in 8.9% ($n = 42$), lower vocational education in 9.7% ($n = 46$), higher vocational education and university in 75.5% ($n = 357$), and postmaster/PhD in 5.5% ($n = 26$). The participants originated from 73 different countries (e.g., China, Iran, Indonesia, Germany), with Turkey (18.2%), Morocco (11%), Iraq (9.3%), Suriname (6.8%), and Afghanistan (4.2%) dominantly present.

Measures

Demographic Variables

Items were administered tapping the participants' age, sex, highest completed educational level, highest completed educational level of their parents, country of birth, country of birth of their parents, age of migration (if applicable), reason for migration (forced/voluntary), identified culture(s) in the household, the degree of being raised with more than one culture, and the degree of identification with more than one culture. Participants were also asked to rate the degree of their multicultural living environment (very multicultural to not multicultural at all) and their socioeconomic status (SES) (very low to very high).

Cultural Identity Conflict

The degree to which participants experienced cultural identity conflict was tapped using the Dutch version of the Ethno-Cultural Identity Conflict Scale (ECIC-S) developed by Ward et al. (2011). The scale consisted of 20 items (e.g., "In general, I do not think that people from my ethnic group know the real me") rated on a 5-point scale with anchors 1 = disagree to 5 = agree. Ward et al. (2011) found support for the reliability and construct validity within minority samples. In the current sample, Cronbach's alpha was .93.

Self-Concept Clarity

Self-concept clarity was measured by the 12-item Self-Concept Clarity Scale (SCC-S) developed by Campbell et al. (1996). Items (e.g., "It is often hard for me to make up my mind about things because I do not really know what I want" reverse scored) were rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Items were summed such that higher scores reflected more self-concept clarity. The scale was found to have good psychometric properties (Ickes et al., 2012) and acceptable cross-cultural validity (Campbell et al., 1996). Cronbach's alpha in the current sample was .90.

Self-Esteem

Self-esteem was measured using the Dutch version (Everaert et al., 2010) of the Rosenberg Self-Esteem Scale (RSE-S; Rosenberg, 1965). The scale consists of 10 items rated on a 4-point, with anchors 1 = strongly disagree to 4 = strongly agree (e.g., "I wish I could have more respect for myself") that are summed such that higher scores indicate higher self-esteem. Research conducted on the original version and translated version supported the reliability and construct validity of the scale (Everaert et al., 2010). Gnams et al. (2018) supported

the RSE-S as a unidimensional scale across cultures. In the current sample, Cronbach's alpha was .87.

Psychological Well-Being

Emotional stress

The Perceived Stress Scale (PSS-4; developed by Cohen et al., 1983) was used to measure the degree of perceived emotional stress, with higher scores indicating more perceived stress. The scale consisted of four items (e.g., “In the last month, how often have you felt that you were unable to control the important things in your life?”) rated on a 5-point scale with anchors “never” to “always.” The scale was found to have acceptable psychometric properties (Lee, 2012) and adequate cross-cultural validity (Vallejo et al., 2018). In the current sample, Cronbach's alpha was .79.

General psychopathological symptoms

General psychopathological symptoms were assessed using the 20-item Self-Reporting Questionnaire (SRQ-20). This scale screens the presence of psychological symptoms in the areas of anxiety, depression, somatic syndromes, and vital energy (World Health Organization [WHO], 1994). The presence of psychological symptoms (e.g., “Do you cry more than usual?”) was measured on a dichotomous (0 = no, 1 = yes) scale. Items were summed such that a higher total score indicated more psychological symptoms. Research has shown that the scale has good psychometric properties in cross-cultural samples (Barreto do Carmo et al., 2017; Ventevogel et al., 2007; WHO, 1994). Cronbach's alpha in the current sample was .85.

Satisfaction with life

The Satisfaction with Life Scale (SWL-S) includes five items (e.g., “In most ways my life is close to my ideal”) rated on a 7-point scale (1 = strongly disagree to 7 = strongly agree), with higher summed scores reflecting greater satisfaction. Research has shown that the scale has good psychometric properties (Diener et al., 1985) and adequate cross-cultural validity (Esnaola et al., 2017). In the current sample, Cronbach's alpha was .85.

Statistical Analyses

All statistical analyses were performed with IBM SPSS Statistics Version 25. First, we calculated mean scores and standard deviations. Mean scores in the current sample were compared with reference groups using one-sample *t*-tests. Second, bivariate associations between cultural identity conflict, self-concept clarity and self-esteem, and psychological well-being were analyzed using Spearman correlation coefficients. Third, three mediation analyses were conducted with cultural identity conflict as the independent variable, self-concept clarity and self-esteem as mediators, and psychological well-being (in terms of the three dimensions) as dependent variable. The mediation analysis comprised a number of subanalyses to estimate the total, direct, and indirect effects of the identity constructs. This was run three times for all three dimensions of psychological well-being (i.e., emotional stress, psychopathological symptoms, and satisfaction with life). The total and direct effects were estimated by means of a hierarchical multiple regression analysis in which cultural identity conflict was entered in the first step and the mediating variables (self-concept clarity and self-esteem) were entered in the second step. As recommended by Hayes (2013), indirect effects and mediation pathways were examined by means of bootstrap analyses with 5000 bootstrap samples and bias corrected and accelerated 95% confidence intervals. To this end, we used the PROCESS macro for SPSS (Hayes, 2013). The paths in the mediation models are noted as a1b1 (cultural identity conflict on psychological well-being through self-concept clarity), a2b2 (cultural identity conflict on psychological well-being through self-esteem), and a1d1b2 (cultural identity conflict on psychological well-being through

self-concept clarity and self-esteem subsequently). Because previous research indicated that age (Balidemaj and Small, 2019), sex (Hollander et al., 2011), and educational level (Cherlin, 2018) should be considered relevant when exploring identity-related conflicts and psychopathological symptoms among bicultural individuals, these variables were entered as covariates in the mediation analyses. All coefficients will be reported in standardized form.

RESULTS

Descriptive Statistics

Table 1 summarizes demographic characteristics of the participants.

Table 2 shows the mean scores and standard deviations for the study measures. The mean score on the ECIC-S in our sample (mean, 2.39; SD, 0.70) was significantly higher than the mean score of a comparable culturally diverse reference group (mean, 2.01; SD, 0.69) of 267 bicultural individuals (immigrants and ethnic minorities in New Zealand) with a mean age of 32.73 years (SD, 14.61 years), $t(472) = 11.73$, $p < 0.001$, from a study by Ward et al. (2011).

Regarding the SRQ-20, 31.3% of the participants scored above the widely used cutoff point for the presence of clinically relevant levels of psychopathological symptoms (Harpham et al., 2003). Our sample showed more psychopathological symptoms compared with the national general population (20.6%–22.8%, $n = 9687$) and reference groups of the same age (17.7%–25.6%) (Hoeymans, 2004). Our sample also demonstrated more psychopathological symptoms in comparison with an international general population sample (6.4%–17.4%) and international reference groups of the same age (4%–27%) (Höglund et al., 2020). On the other scales, participants scored above the neutral midpoint of the scale.

Bivariate Associations Between Study Variables

Correlations between the study variables are presented in Table 2. As expected, higher levels of cultural identity conflict were significantly related to more emotional distress, more psychopathological symptoms, and less satisfaction with life. In addition, in accord with our second

TABLE 1. Demographic Characteristics of the Participants in the Current Sample ($N = 473$)

	<i>n</i>	%
Born in The Netherlands	306	64.7
At least one parent born outside The Netherlands	431	91.1
At least one grandparent born outside The Netherlands	33	7.0
Reason of migration participants or parents		
Forced	135	28.5
Voluntary	272	57.5
I do not know	15	3.2
Not applicable	21	4.4
Reason of migration grandparents		
Forced	25	5.3
Voluntary	12	2.5
I do not know	2	0.4
Not applicable	6	1.3
SES		
Very low	4	0.8
Low	38	8.0
Moderate	256	54.1
High	160	33.8
Very high	15	3.2

TABLE 2. Means, Standard Deviations, Minimum and Maximum Scores, and Bivariate (Spearman) Correlations Between Study Measures

	Mean	SD	1	2	3	4	5
1. Cultural identity conflict ^a	2.39	0.70	—				
2. Self-concept clarity ^a	3.47	0.76	-0.70**	—			
3. Self-esteem ^b	3.04	0.50	-0.45**	0.62**	—		
4. Emotional distress ^a	2.62	0.70	0.41**	-0.51**	-0.59**	—	
5. Psychopathological symptoms ^c	5.82	4.40	0.43**	-0.55**	-0.56**	0.66**	—
6. Satisfaction with life ^d	5.18	1.22	-0.35**	0.43**	0.54**	-0.48**	-0.43**

Measures: ECIC-S (1), SCC-S (2), RSE-S (3), PSS-4 (4), SRQ-20 (5), and SWL-S (6).

^aScale range: 1 to 5.

^bScale range: 1 to 4.

^cScale range: 0 to 20.

^dScale range: 1 to 7.

***p* < 0.001.

hypothesis, less self-concept clarity and lower levels of self-esteem were significantly correlated with more emotional distress, more psychopathological symptoms, and less satisfaction with life.

Effects of Cultural Identity Conflict on Psychological Well-Being Through Self-Concept Clarity and Self-Esteem

The results of the mediation analyses, controlled for age, sex, and educational level, are displayed in Table 3 and Figure 1. As expected, total effects of cultural identity conflict on emotional stress, psychological symptoms, and satisfaction with life (*c* paths reported in Table 3) were statistically significant. With respect to the amount of explained variance, regression analyses indicated that a total of 21%, 27%, and 14%

of the variance in emotional distress, $F(4,468) = 30.89, p < 0.001$, psychopathological symptoms $F(4,468) = 42.65, p < 0.001$, and satisfaction with life $F(4,465) = 18.91, p < 0.001$, respectively, could be explained by cultural identity conflict.

The results revealed nonsignificant direct effects of cultural identity conflict on emotional distress, psychopathological symptoms, and satisfaction with life (Fig. 1). Furthermore, a total of 41%, 45%, and 31% of the variance in emotional distress, $F(6,466) = 54.63, p < 0.001$, psychopathological symptoms $F(6,466) = 64.24, p < 0.001$, and satisfaction with life $F(6,463) = 34.24, p < 0.001$, respectively, could be explained by the combination of cultural identity conflict, self-concept clarity, and self-esteem.

In all three mediational analyses, the total indirect effect was significant (Table 3). With respect to the model with emotional distress, the

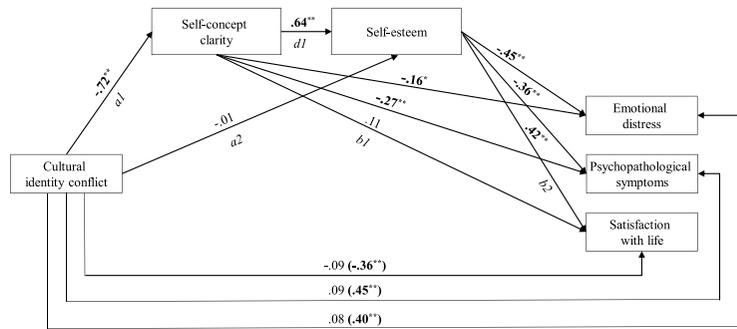
TABLE 3. Total, Direct, and Indirect Effects of Cultural Identity Conflict on Psychological Well-Being Through Self-Concept Clarity and Self-Esteem

Dependent Variable	Path	Effect	SE	Bootstrap CI Lower Limit	Bootstrap CI Higher Limit
Emotional distress	Total effect (c)	0.42**			
	Direct effect (c')	0.07			
	Total indirect effect	0.34*	0.04	0.27	0.43
	a1b1	0.12*	0.05	0.04	0.22
	a2b2	0.00	0.03	-0.05	0.05
	a1d1b2	0.22*	0.03	0.16	0.27
Psychopathological symptoms	Total effect (c)	0.47**			
	Direct effect (c')	0.08			
	Total indirect effect	0.38*	0.04	0.30	0.47
	a1b1	0.21*	0.05	0.12	0.30
	a2b2	0.00	0.02	-0.04	0.04
	a1d1b2	0.18*	0.03	0.12	0.23
Satisfaction with life	Total effect (c)	-0.35**			
	Direct effect (c')	-0.09			
	Total indirect effect	-0.27*	0.06	-0.38	-0.16
	a1b1	-0.07	0.06	-0.18	0.04
	a2b2	-0.00	0.02	-0.05	0.05
	a1d1b2	-0.20*	0.03	-0.26	-0.14

a1b1 = X on Y through M1, a2b2 = X on Y through M2, and a1d1b2 = X on Y through M1 and M2. All coefficients are reported in standardized form.

**p* < 0.05.

***p* < 0.001.



Note. Control paths of age, gender (male/ female), and educational level on self-concept clarity (.08, $p=.01$; -.05, $p=.14$; .09, $p=.004$, respectively), self-esteem (-.03, $p=.49$; -.05, $p=.17$; .04, $p=.23$, respectively), emotional distress (-.04, $p=.32$; .12, $p=.001$; .03, $p=.44$, respectively), psychopathological symptoms (-.03, $p=.40$; .15, $p<.001$; .02, $p=.60$, respectively), and satisfaction with life (-.10, $p=.01$; .05, $p=.17$; .06, $p=.12$, respectively) were omitted for figure clarity. ** $p < .001$, * $p < .05$.

FIGURE 1. Understanding relations between cultural identity conflict, self-concept clarity, self-esteem, emotional distress, psychopathological symptoms, and satisfaction with life in bicultural young adults.

a1b1 and a1d1b2 paths (but not the a2b2 path) were significant; this indicates a serial mediation underlining the importance of both mediators subsequently, as well as self-concept clarity independently as a mediator, in the linkage between cultural identity conflict and emotional distress. With respect to the model with psychological symptoms, the a1b1 and a1d1b2 paths (but not the a2b2) were significant; in alignment with the model with emotional distress, this indicates a serial mediation route with both self-concept clarity and self-esteem having a mediating role subsequently, as well as self-concept clarity mediating independently. Lastly, with respect to the model with satisfaction with life, only the a1d1b2 path was significant. This indicates a serial mediation with both mediators, mediating subsequently, in the linkage between cultural identity conflict and satisfaction with life.

DISCUSSION

The current study examined the relationship between cultural identity conflict and psychological well-being in bicultural young adults and the mediating role of self-concept clarity and, subsequently, self-esteem in this relationship.

We assessed the level of cultural identity conflict in our sample and compared it with an international bicultural reference group similar in characteristics, such as age and cultural background (Ward et al., 2011). Our sample showed higher levels of cultural identity conflict in comparison with the reference group, indicating the presence of reported cultural identity conflict in our bicultural sample compared with bicultural samples in other studies. The level of cultural identity conflict found in our sample reveals the presence of difficulties in the integration of cultural norms, values, and expectations from multiple cultures into an internal consistent cultural identity. These difficulties can be manifest in inconsistent behavior in daily life due to opposing expectations and rules of conduct and therefore decrease the sense of belonging to a cultural group (Berry, 2005). In alignment with former research findings (De Wit et al., 2008; Ince et al., 2014), our data also demonstrated the presence of clinically relevant psychopathological symptoms in 31.3% of our participants, supporting the generalizability of our sample in experiencing mental health problems in comparison with bicultural samples in other studies.

Furthermore, in line with previous findings (e.g., Osborne and De La Sablonnière, 2014), our results revealed that elevated cultural identity conflict was moderately to strongly associated with lower levels of self-concept clarity, lower levels of self-esteem, and lower psychological

well-being (i.e., emotional distress, psychopathological symptoms, and less satisfaction with life). These findings support the notion that cultural identity conflict may be considered a risk factor of mental health problems in bicultural young adults. It seems that poorer mental health in bicultural young adults may, to a certain degree, be attributed to a conflict that rises from the feeling of being incapable of unifying values and behavioral expectations from different cultures. This might lead to a low sense of belonging with a cultural group, which is one of the three essential psychological basic needs for psychological well-being that needs fulfillment (Ryan et al., 2015).

Most importantly, the present findings extend previous research by demonstrating the mediating role of self-concept clarity and self-esteem in the relationship between cultural identity conflict and psychological well-being. More specifically, in line with self-determination theory (Ryan et al., 2015), indirect relationships between elevated cultural identity conflict and the indicators of lower psychological well-being (i.e., emotional distress, psychopathological symptoms, and satisfaction with life) via less clarity of the self-concept and lower levels of self-esteem were found, with lower self-concept clarity preceding lower self-esteem. These findings suggest that, in bicultural young adults, higher degrees of conflict over one's cultural identity may yield lower clarity of the self-concept, which, in turn, leads to more negative evaluations of the self that subsequently increases the vulnerability for poor mental health.

The findings in the present study underline the importance of self-concept clarity and self-esteem in the context of mental health of bicultural young adults. According to theory and former research, less clarity of the self-concept is strongly associated with lower levels of perceived autonomy, which is the sense of volition and authenticity (Diehl and Hay, 2011; Vansteenkiste et al., 2020). The sense of volition may be reduced in bicultural young adults who feel torn between two cultures. Conflict in the cultural identity may indicate that the sense of decision making about one's own values and actions is diminished by incompatible expectations from two cultures where loyalty is felt for both. Low conflict in one's cultural identity influences an individual's self-concept in a way that it can equip a template for diverse facets of life, such as sex roles, acceptable behavior with members of the opposite sex and elderly, meaning of status, and explanations for (adverse) events (Taylor and Osborne, 2010). In sum, a compatible cultural identity with low conflict is associated with stronger self-concept clarity, which, in turn, may form a basis for the development of positive self-esteem and the promotion of psychological well-being.

Directions for Future Research

The present findings indicate that self-esteem only partially accounts for the indirect associations between cultural identity conflict and the indicators of psychological well-being through self-concept clarity. This may suggest that self-concept clarity has a more direct association with psychological well-being or that other variables, not assessed in the current study, are involved in this association. Interestingly, Willis and Burnett (2016) found that rumination was associated with both (lower) self-clarity and (lower) psychological well-being, suggesting that rumination might constitute an important factor in the linkage of self-clarity and well-being. It would be interesting for future studies to explore if rumination is also involved in the linkage of cultural identity conflict, self-concept clarity, and psychological well-being among bicultural groups. In addition, a suggestion for further research is to determine which factors are involved in building self-concept clarity that in turn can enhance self-esteem and promote psychological well-being.

Strengths and Limitations

Strengths of this study are the diversity of cultural backgrounds and the relatively large sample size, compared with other studies on cultural identity (e.g., Osborne and Taylor, 2010). The cultural heterogeneity of the sample enabled us to interpret the findings in the context of present-day diverse bicultural populations. This study also had some limitations that need to be acknowledged. First, given the cross-sectional nature of this study, directions of causality and temporal relationships could only be assumed (Maxwell, 2011). Although mediation analyses are common statistical procedures for cross-sectional data, longitudinal studies are recommended to study dynamic identity constructs that are influenced by many contextual factors and therefore subject to change over time (Berry, 2005). Longitudinal research is needed to study the extent to which cultural identity conflict precedes decreases in psychological well-being. A second limitation, is that most of the participants were highly educated (75.1%) women (75.9%) and reported high levels of SES (37%), which is not representative of the bicultural population in society (CBS, 2018). According to Berry's (1997) theoretical framework of acculturation, this group can be categorized as "integrated," whereas prior research in the clinical transcultural field implies that bicultural individuals with lower levels of SES and those who are separated, marginalized, or assimilated are at greater risk of developing mental health problems (Ward et al., 2011). A third limitation is that the present study was more accessible for participants who were proficient in the Dutch language. Research shows that the concept of cultural identity is subject to change especially in recent migrants with lower proficiency in the Dutch language (Groen et al., 2018). To increase the generalizability to the bicultural population in society, a suggestion for further research is to include more participants with lower levels of SES and to include recent migrants by conducting data in the native language. A fourth limitation is that all the variables in the present study were measured by self-report, so there could be a self-report bias, for instance, with respect to the cultural identity conflict scale and the negative indicators of psychological well-being. A fifth limitation is that both the SCC-S and the RSE-S measure identity-related constructs that are subject to interpretations influenced by cultural perspectives. Both scales seem to have acceptable cross-cultural validity, but with the notion to be careful in interpreting the results in bicultural populations because interpretation of the items on the scales could differ due to cultural differences between individuals (Campbell, 1990; Gnambs et al., 2018).

Clinical Implications

The findings of the current study may have potential implications for the promotion of the well-being of bicultural young adults exposed to cultural identity challenges. The findings indicate that it is not just

negative evaluations of the self that precede decreased psychological well-being, but, more importantly, low self-concept clarity seems to be a potential former and more significant indicator. Therefore, interventions that are effective in developing skills to enhance self-concept clarity may be helpful in obtaining more clarity over how the cultural heritage is incorporated in the general sense of self. Because self-concept clarity is brought in relation with the sense of autonomy and acting from volition (Ryan et al., 2015), an implication is to work on increasing autonomy in therapy by improving the "bicultural competence" (Lafromboise et al., 1993). In this regard, clinicians can facilitate the formation of an authentic inner compass by helping their clients explore their own basic values, commitments, and personal ideals and to integrate those ideals into their self-concept. Accordingly, teaching clients ways to identify and satisfy the need for autonomy in their close personal relationships may be important for the facilitation of pursuing one's own ideals (Vansteenkiste et al., 2020). This could lead to more positive evaluations about the self, which in turn can result in less psychopathological issues and more satisfaction with life (Berry, 2005; LaFramboise et al., 1993).

CONCLUSIONS

Migration is a global phenomenon that affects both individual health and the health of populations. Migration can lead to syntheses of cultures and, most likely, to culture change. The sense and meaning of culture itself are also dynamic and can change over time (Knipscheer and Kleber, 2017). With the increase in cultural diversity in societies, it is important to gain more knowledge about underlying mechanisms that influence psychological well-being in bicultural individuals. The current study expands previous research by revealing the relationship between cultural identity conflict and low psychological well-being in bicultural young adults, with decreased self-concept clarity and decreased self-esteem as mediators. In addition, this study also adds to existent literature by offering insight in the psychological well-being of the relatively understudied bicultural population between the age of 18 and 35. In clinical practice, by paying more attention to cultural identity development and constructive navigation between different cultures, bicultural competence can be increased in this particular group. This will allow individuals with a migration background to experience biculturality as a strength rather than a vulnerability.

DISCLOSURE

The authors declare no conflict of interest.

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