Acculturation, Development, and Adaptation

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• Culture • Acculturation • Childhood • Development

Acculturation refers to the process that occurs when groups of individuals of different cultures come into continuous first-hand contact, which changes the original culture patterns of either or both groups. The encounter causes cultural diffusion of varying degrees and may have one of 3 possible outcomes: (1) acceptance, when there is assimilation of one group into the other; (2) adaptation, when there is a merger of the 2 cultures; and (3) reaction, which results in antagonistic contra-acculturative movements.[1] Acculturation is a concept that applies to individuals living in communities other than where they were born, such as immigrants, refugees, and asylum seekers. It does not apply to groups whose ancestors were subjected to involuntary subjugation in their own land, such as Native Americans, or to individuals whose ancestors were brought to the United States by force and subjugation, such as African Americans. Today more than ever before acculturation has become a relevant concept as a result of the phenomenon of globalization, which defines the sociocultural climate of the twenty-first century.

Globalization occurs when there is an acceleration of movement of people, products, and ideas between nations.[2] It is characterized by an increase in fluidity between the financial and political borders between countries, which in turn increases the complexity of the everyday problems that are faced by the inhabitants of the countries. Another important aspect of globalization has been the increase in large migrations in the last decades, predominantly from poor countries to more developed ones, like the United States.[3] Historically, federal legislation has played a significant role in this process. In 1965, President Lyndon Johnson signed the Hart-Celler Act, also known as the Immigration and Nationality Act, which abolished racial discrimination in

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immigration law. As a result, each independent nation had a yearly quota of 20,000, whose children, parents, and spouses could enter as legal immigrants. This legislation had a significant effect in certain immigrant populations. For instance, the ethnic Chinese population in the United States almost doubled each decade after the act was passed, although Chinese people accounted for only one-tenth of 1% of the population in the 1960 census.[4]

As a result of their arrival and resettlement in the United States, immigrants usually undergo varying degrees of acculturation stress, which leads to alterations in the person's mental health status.[5] These alterations may improve or worsen with the person's later acculturation and adaptation to the United States.

THE NEW DEMOGRAPHICS OF THE UNITED STATES

Until the mid-twentieth century, the United States received predominantly European immigrants, whose racial and cultural characteristics allowed them to assimilate rapidly into the American social fabric. In the past 40 years, immigration from Europe and Canada has declined dramatically, and non-European immigration has increased faster.

The foreign-born population in the United States increased by 57% in the last decade, compared with only a 9.3% growth of the US native population. By the year 2050, European-origin Americans will no longer be the numerical majority; this will happen before 2030 among children younger than 18 years and is already true among 6-year-olds.[6] Most of the new immigrants to the United States describe themselves as nonwhite, and immigrants from the Caribbean and Central and South America are the most racially mixed, with less than 45% self-reporting as white. The United States faces a rapidly changing demographic landscape with an increasing multiracial and multicultural population. These changes largely result from 3 major factors: (1) progressive aging and low birth rate of its European-origin population; (2) lower mean ages and increasing birth rates in non-European minority groups; and (3) a significant increase in immigration from Latin America, Asia, and Africa. These growing populations of children are diverse in their racial, ethnic, national origin, immigration, and socioeconomic makeup. However, as a group, they are different from the older, European-origin, white, and higher socioeconomic mainstream population.

CULTURE AND IDENTITY

Hughes[7] defines culture as a socially transmitted system of ideas that: (1) shapes behavior, (2) categorizes perceptions, (3) gives names to selected aspects of experience, (4) is widely shared by members of a particular society or social group, (5) functions as an orientational framework to coordinate and sanction behavior, and (6 conveys values across the generations. Cultural process refers to the fluid and ever-changing characteristics of a culture that responds to changes in the historical and cultural contexts in which cultures are imbedded. Hughes[7] considers that it is more accurate to refer to a particular group's cultural process, rather than a group's culture, which implies that it is stationary. However, in this article the term culture is used, although what is implied is cultural context.

In childhood, from the age of 3 to 4 years old, children are already capable of detecting differences in language use, and between 4 and 8 years of age children develop a sense of ethnic identity. They identify as members of a particular ethnic group, they consolidate a sense of group identity, and they develop curiosity about other groups that are different from their own.[8]

Identity formation has been historically viewed as one of the principal tasks of the passage into adulthood. The concept of identity is composed of individual and social components and is closely related to the culture. Erikson[9] conceptualized identity as resulting from the dynamic interplay between the individual and his group and cultural context, and added that identity development is the central task of adolescence that (1) optimally results in a coherent and self-constructed dynamic organization of drives, abilities, beliefs, and personal history and that (2) functionally guides the life course.[10] However, this concept of the universality of development, representative of the modernist European tradition, has been vigorously challenged. It has been considered to be based on male oriented and Western values that are more descriptive of the white mainstream majority in the United States. The critics of this model postulate that it may not adequately represent the experiences of members of minority groups, such as adolescents born to immigrant families. The postmodernist tradition suggests the opposite. It argues that identity formation is idiosyncratic and that it is different each time, and particular to every individual. In a review of the literature, Schwartz and Montgomery[11] were unable to find any empiric studies supporting the postmodernist tradition; instead, their research supports a third alternative hypothesis, which argues that the fundamental structure of identity is consistent, but it is also influenced by variables that are particular to the individual and take into account the different styles of acculturation. Taking this third model into account, Schwartz and colleagues[12] regard identity as "the organization of self-understandings that define one's place in the world"(p5). They conclude that identity is a synthesis of personal, social, and cultural self-conceptions. Identity has been divided into (1) personal identity, which refers to the goals, values, and beliefs that the individual adopts and holds, (2) social identity, which refers to the interaction between the personal identity and the group with which one identifies, and (3) cultural identity, which refers to the sense of solidarity with the ideas, attitudes, beliefs, and behaviors of the members of a particular cultural group. There is often confusion between the terms cultural identity and ethnic identity. Ethnicity refers to the cultural, racial, religious, and linguistic characteristics of a people,[13] and ethnic identity refers to the subjective meaning of one's ethnicity. Ethnic identity is contained within the broader concept of cultural identity, which refers to specific values, ideals, and beliefs belonging to the particular cultural group. Ethnic identity has always been a socially constructed product, which is affected by several variables. It can recede into the background, or it can become an engulfing concern.

Case 1

Ives, a 17-year-old Haitian adolescent, was sent away by his family to a prestigious boarding school in the midwest United States, to protect him from violence and the possibility of being kidnapped in Haiti. His father occupied an important government position on the island and the family belonged to the mulatto aristocratic class. Ives was unable to adapt or fit in at the school. He complained that his peers "were not used to dealing with an educated black person and didn't know what to do with me," and that they talked down to him and treated him with fear and contempt. He added that he could not find anything in common with the American blacks who attended the school, most of whom came from poor families, had come from the adjacent urban ghettos, and were studying on scholarship. Ives became depressed and suicidal at the school and eventually moved to Miami, where he began residing with extended family and attending day school. At this time, Ives was also seen in weekly psychotherapy. Immediately, he began to question his Hispanic male therapist about the perceptions his therapist had of him, given that both were of a different culture and

race, and together they were able to explore his emotional pain, his sense of alienation, and his fears of rejection. Ives slowly became aware that sometimes he presented with a hostile attitude toward others, which was a defense against the anticipation of being rejected, and realized that this attitude kept people away from him. Slowly, Ives became less defensive and together with his therapist began discussing Haitian culture and history. Ives also developed an interest in the short stories of Haitian folk author Edwidge Danticat, which he described and discussed during the therapy sessions. One day, after several months in psychotherapy, he told his therapist "I had never given much thought to the fact that I'm black until I came to the United States. I have now discovered that I am 'Black and Haitian'. I feel proud of my heritage, because Haiti was the first free Black Republic in the world. Now I feel more Haitian than ever, and in Miami I have found enough people that are like me. Yet, I am also beginning to feel like an 'American'. I consider that the United States is my home and I have no interest in ever going back to live in Haiti." In the therapy, and with the help of the supportive community of compatriots in Miami, Ives was able to discover new aspects of his ethnicity and culture of origin; these identity fragments became integrated into a new, richer, and more cohesive sense of self. In turn, this allowed him to successfully integrate to his new peer group, which included adolescents of various ethnic origins and nationalities.

The concept of identity functions as a regulatory social-psychological structure and is particularly pertinent to immigrant people, who are trying to locate themselves between the culture of origin and the host culture, and who are trying to maintain a sense of self-consistency and consider new possibilities.[12]

The Stresses of Immigration

DeVos[14] and Ogbu[15] describe 3 themes that have a determining effect on the adaptation and identity formation of the immigrant child and his or her family.

1. Under what circumstances does the immigrant enter the host culture (voluntary migration vs forced migration, conqueror vs slave)?
2. Is there a structural ceiling (social hierarchy) above which the immigrant cannot rise, regardless of effort, talent, or achievement?
3. Is there a cultural ethos or stereotype that fits the immigrant, from which he or she cannot separate?

At times, a person who is regarded by the majority culture as a member of a particular ethnic group or who regards himself or herself as of a particular ethnicity may find his or her identity changed by the immigration process.

Most immigrants that come to the United States are financial immigrants who have fled poverty in their country of origin in search for a better life. However, because of the changing immigration landscape influenced by federal law, there is tremendous diversity among immigrants and their levels of education. Amongst Asian Americans, first-generation experiences vary tremendously, ranging from initial penniless Chinese immigrants who came to work on America's railroads and gold mines in the 1800s, to more recent patterns of college-educated professionals from Taiwan, China, Korea, and India who came to pursue graduate degrees and stayed, versus the experiences of those in the Hmong, Laotian, and Cambodian populations who may have entered the United States to seek political asylum from their war-torn home countries. However, overall it can be said that the immigrant experience is one of the most stressful experiences a family can undergo. It removes the family from their relationships, friends, neighbors, and members of the extended family. It also removes the

family from their community, jobs, customs, and sometimes language, placing them in a strange and unpredictable environment.[16]

Garza-Guerrero[17] constructed a theoretic model to understand culture shock, a phenomenon that immigrants experience when they first encounter the new culture. He describes 2 elements that are the hallmark of culture shock: (1) mourning, related to the loss of the culture, country, language, friends, and predictable environment; and (2) the vicissitudes of identity, in the face of the threat of a new culture. He divides culture shock into 3 phases: (1) the cultural encounter, (2) reorganization, and (3) a new identity. If completed successfully, this process leads to personal growth and an enrichment of the self. This process of culture shock closely resembles the process of adolescence itself, and presents a double developmental challenge to the immigrant adolescent.

Case 2

Juan, a 13-year-old adolescent arrived in Boston abruptly with his mother and 3 brothers following a marital dispute caused by his father's infidelity. The family began residing in the small one-bedroom apartment of his aunt and cousin, which soon led to tensions. Juan and his brothers struggled to fit into a multiethnic, inner-city school, where his difficulties were aggravated by his poor command of English. Juan became aggressive and joined a school gang. He was referred to therapy by his pediatrician, who believed that Juan was depressed and experiencing auditory and visual hallucinations. Juan presented as an angry and despondent adolescent, who missed his father and his home life in Puerto Rico. One day he told his psychiatrist about a dream he had had the night before: "I dreamt that my brothers and I were riding on a train, that we fell off and found ourselves trudging through a marsh that never seemed to end. Suddenly, we were attacked by three men that were wearing masks. We fought with them and their masks fell off. One man was blond, the other man was black, and the third one was Chinese."

Juan's dream is an example of the first phase of culture shock, the cultural encounter, which is characterized by a sense of confusion that results when aspects of the old culture are compared with aspects of the new, host culture. The discrepancy that results from the comparison may lead to feelings of disorientation, loss, mourning, and helplessness. Often in these situations, aggression becomes a defense against helplessness, which may explain Juan's acting-out behaviors. If these feelings of aggression are projected outwards, some aspects of the new, host culture may be perceived as persecutory. Juan's persecutory feelings and his feelings of helplessness and social alienation may serve to explain why he joined a gang. The gang provided him with a peer group that offered protection and also validated his feelings and his defensive acting-out behaviors.

ACCULTURATION ACROSS HISTORY: CHANGING VIEWS

The history of the United States is a history of immigration. The massive migrations that have shaped the identity of the United States throughout its history as a nation have often given rise to nativist movements, whose goal has been to stop or decrease immigration. They are led by the previously settled inhabitants, who perceive a threat to their established customs, or fear competition in their job markets. These fears are often enhanced by the high fertility rates found among immigrant minority groups and lower fertility rates found among the more established groups.[18] These historical events contributed to the notion that the best way to enter into the American culture was to assimilate, totally renouncing the culture of origin and immediately becoming

American. This model applied well to immigrants arriving from Europe in the 1800s and into the twentieth century. Most of these immigrants had similar ethnic characteristics and often Americanized their names, forming the American melting pot. The term acculturation was first used in 1936 by a group of anthropologists of the Social Sciences Research Council, and became an issue of wide discussion after the burgeoning refugee and immigrant resettlement crisis generated after World War II.[19] The acculturation process causes change not only in the immigrant but also in the receiving culture, leading to a process of interculturation. Immigrants often choose one of several acculturation strategies: (1) cultural maintenance (choosing to what extent cultural characteristics are important to maintain), (2) cultural participation (determining how they participate with members of the host culture, or remain among themselves), (3) integration (equivalent to assimilation), and (4) marginalization (choosing to segregate themselves from the host culture).[5] The United States is an ethnically complex society, so rather than understanding acculturation as a uniform and linear phenomenon, Portes and Rumbaut[20] have proposed the concept of segmented acculturation. Their research has mapped segments of immigrants with different patterns of acculturation in the United States, whose differences are determined by factors that are intrinsic to the immigrant, as well as factors that are intrinsic to the particular area of the host country to which the immigrant has arrived. For example, an immigrant from a rural area in Cambodia arriving in Oregon has a different acculturation experience to that of an Eastern European professional arriving in a northeastern American city to further his professional training.

Effects of Acculturation on Children, Adolescents and Their Families

The family is the primary context in which the child grows, develops an identity, is socialized, is hurt and healed, and struggles with powerful developmental issues.[21] There is an abundant literature describing how people of different cultures express their distress.[22,23] The process of immigration causes intrafamilial stressors that result from the process of acculturation, because family members frequently have different levels of acculturation and family bonds can be threatened by conflicting acculturation responses. In addition, sometimes even members of the third and fourth generation may still differ from the dominant culture in their customs, values, and behaviors. For example, Cespedes and Huey[24] found that Hispanic female adolescents experienced more discrepancy in gender roles between themselves and their parents than Hispanic male adolescents. These discrepancies led to increased levels of depression and poorer family functioning for Hispanic girls, but not for boys. Romero and colleagues[25] reported similar findings for Hispanic female adolescents, but found that bicultural stress and depression affected Asian female adolescents even more, when both groups were compared with European Americans.

For Asian Americans in particular, there is the added stress of being looked on as the model minority, which has progressively been debunked but still casts long shadows. Originally coined by sociologist William Peterson in the 1960s to describe Japanese Americans who had assimilated successfully into American culture, this catch phrase was reapplied by the media in the 1980s to expound on the educational triumphs of Asian Americans.[4] Although some Asian Americans may take pride in the model minority image, the general consensus in academia and Asian American studies is that this image is detrimental to Asian Americans because it can lead to stereotyping and to viewing Asian Americans as a uniform group. This may affect resources allotted by federal assistance programs to Asian ethnic subgroups in need. In addition, the model minority myth may play a significant role in Asian American mental health. Asian American scholars have postulated that the pressures

exerted by Asian-American parents on their children, so they will do well in school can lead to increased suicide rates.[26] Among 15- to 24-year-old women, Asian Americans have the highest rates (14.1%) of suicide deaths compared with other racial groups in the United States. Asian American men of the same age have the second-highest rate of suicide deaths, at 12.7%.[27] Despite these alarming statistics and other mental health problems such as depression, there is still consistent underuse of mental health resources by Asian Americans across the United States.[28]

Case 3

Joann is a 17-year-old Asian American adolescent girl of Vietnamese descent who presented to the outpatient clinic after her mother brought her in for evaluation of "academic problems." Her mother was primarily concerned that Joann's grades had fallen from As to Bs and Cs during her junior year of high school, and that her poor performance would adversely affect her chances of entrance to a prestigious university and becoming a lawyer. Joann had been reporting problems concentrating and after some hesitation, her family decided that it was time to get her some help. She was seen by a psychiatrist and was diagnosed with clinical depression and eating disorder. She also had difficulty sleeping, decreased appetite, and had been exercising 2 to 3 hours a day in an effort to "look like Asian girls should." She reported passive suicidal ideations, with occasional cutting that was unknown to her parents. Joann came from a middle-class blended family, and her mother had recently given birth to a younger half-brother, who "is treated like a prince." She had limited knowledge of her biologic father until this past year, when he contacted her without her mother's knowledge, and she learned that he lived in a different part of the state and had difficulty maintaining consistent employment. Joann felt that she was not able to really talk to her parents about how sad and confused she felt in relation to her recent reconnection with her father. "All they want to talk about is grades, and how I need to do well on my SATs or I won't get accepted into UC Berkeley or Stanford." She felt the only person in whom she could confide was her boyfriend. Joann was sexually active with him and they practiced the rhythm method of contraception. She constantly felt insecure "because I just worry he's going to leave me for a hotter, skinnier Asian girl." Joann and her mother reluctantly engaged in therapy and were firmly against psychopharmacologic intervention. "I don't want to take medications just because I'm messed up. I should be able to handle this… and no way am I going to take medications. My parents are definitely against anything that's not 'natural'."

Several factors in Joann's case are commonly encountered by clinicians when treating Asian American teens: parental and societal pressures to succeed, in addition to parental focus on academic success, without attention to emotional well-being, compounded by stigma against mental health treatment. Clinicians treating Asian Americans should be aware of how these cultural demands may play an important role in the mental health of this population.

One of the functions of the parents in the family is to teach and to provide leadership and guidance in firm but loving ways. This capacity can be weakened by immigration. If there are disagreements between parents and children about the basic blueprint of how the family should operate, this can be destructive and may lead to triangulation among the different family members. Family factors have a direct effect on the development of adverse outcomes of children and adolescents, and exert a strong influence in which behaviors endure and are linked to adolescent substance-abuse disorders and delinquency.[29] Also, family functioning and acculturation often have a circular effect on one another. For example, Hovey and King[30] described how low levels of family functioning increase acculturative stress, which in turn leads to

depressive symptoms in the adolescents of immigrant families. Also, Duarte and colleagues[31] found that low parental acculturation was associated with more antisocial behaviors in Puerto Rican adolescents living in New York City, as well as in Puerto Rico. Conversely, adaptive family processes can serve as a protective factor in high-risk environments and alleviate adolescent problems that have already surfaced. For example, Liu and colleagues[32] studied Chinese immigrant families residing in the United States and found that adolescents with Chinese mothers who were more acculturated, had higher levels of maternal monitoring of their children, and used less harsh discipline had lower levels of conduct problems. In a recent Harvard study of high-school students,[33] Asian American students who participated and reported symptoms of depression had higher grades than their peers but reported more concern about academic factors and also felt that their parents were not interested in their emotional lives.

Language barriers sometimes result in disempowering the parents of immigrant children. For example, parents of minority children are expected to advocate on behalf of their children in schools and in neighborhoods that are often filled with discrimination and prejudice. A good command of the English language is often necessary to undertake these tasks. Liu and colleagues[34] found that Chinese mothers who were more proficient in English tended to have children with higher academic scores and fewer depressive symptoms. In addition, these researchers found that proficiency in both English and the native Chinese language was a protective factor against depression for foreign-born young Chinese people, more than for young Chinese people born in the United States.

Among immigrant families, it is not unusual for a disciplinary meeting to take place at school in which the child serves as the translator between the parents and the school teacher or principal, thus undermining the hierarchical structure of the family and compromising the executive power of the parents in the eyes of the school authorities.

Parents of different cultures also relate differently to institutions. In some cultures, such as among members of the Asian cultures, institutions are greatly respected and considered sacred and never challenged. There are also countries, such as Haiti, where citizens have been subjected to centuries of abuse and persecution. It is not uncommon for psychiatrists to come into contact with Haitian immigrants who may initially perceive American institutions as potentially cruel and persecutory, and relate to them with fear and distrust. This fear and distrust also permeate the therapeutic relationship; the psychiatrist often has to use tact, empathy, patience, and perseverance to overcome this resistance. These distorted perceptions can undermine the parents' capacity to advocate for their children in the new, host culture. The family member with the greatest competence in the mainstream American culture is the best prepared to negotiate with powerful extrafamilial systems, such as courts, schools, and social agencies.[31]

Language and Ethnicity in the Second Generation

Acquisition of unaccented English has been, and continues to be, the litmus test of citizenship in the United States. In no other country are languages extinguished with such speed.[35] For immigrants, the switch to English is both an empiric fact and a cultural requirement demanded of those who have sought a new life in America. Kataoka and colleagues[36] found that in California, students with lower English-language proficiency had a disproportionate impairment in difficulties with grades. Outside the ethnic enclaves that exist in the United States, to speak English only is a prerequisite for social acceptance and integration, and those who try to educate their children in their mother tongue confront immense pressure for

social conformity from peers, teachers, and the media. Portes and Rumbaut[20] explain that "In a country lacking centuries old traditions, and simultaneously receiving thousands of foreigners from the most diverse lands, language homogeneity has been seen as the bedrock of nationhood"(p96).

Several empiric studies highlight that the first generation of immigrants learns enough English to survive economically, the second generation (born in the United States to immigrant parents) may use the parental tongue at home but use English in school, and in the third generation, the home language and mother tongue shift to English.[35] Language use can also have subtle connotations in everyday life in America. Waters[37] studied first- and second-generation blacks in New York City and noted that middle-class blacks convey, through the use of mainstream English, verbal and nonverbal cues that they are not from the ghetto and that they disapprove of ghetto-specific behavior.

Language retention is closely related to socioeconomic variables. For example, immigrant children growing up in impoverished communities receive no encouragement to retain their parents' native language, because the native language is stigmatized as a symbol of lower status.[35] This is the case in second-generation Haitian young people in Miami, who rapidly shed Haitian Creole for English and prefer to be identified as African American, rather than Haitian American.

Portes and Stepic[38] studied language use in Miami, Florida. They found that Spanish was alive and well among first-generation Cuban immigrants, but that language retention decreased in proportion to the length of stay in the United States. They found that despite the economic prosperity, excellent self-esteem, and social support offered by the Cuban ethnic enclave in Miami, 90% of second-generation Cubans preferred to communicate in English.

The interplay between the immigrant parents and their children in the second generation also accounts for the type of "goodness of fit"[39] that occurs in the acculturation process into the United States. Generational consonance occurs when parents and children acculturate at the same rate, or when the parents encourage selective acculturation among the second generation, such that the cultural harmony between parents and children is maintained, allowing the children to adapt to their new American reality. Cultural dissonance occurs when the second generation is neither guided nor accompanied by the changes in the first generation. Consonant resistance to acculturation occurs among isolated immigrant groups that are strongly oriented toward return and view their presence in the host society as temporary, such as exiles.[20]

Case 4

Kathy (Ekaterina), an 18-year-old adolescent girl, emigrated from Russia to Miami with her family at the age of 7 years. Kathy was referred for psychotherapy because of oppositional-defiant behavior at home and difficulties getting along with her parents. Kathy shared with her Hispanic male therapist that she felt "very American," and added "I feel embarrassed to take anyone to visit my home, because my parents barely speak English and they insist on speaking to me in Russian in front of my friends. It makes me stand out and feel different and I don't like it. I just want to be a regular person, like everyone else. My parents don't make any effort to fit in, they just hang out with other Russian people and they don't understand anything about my life, it's like they live in another planet."

This case presents an example of how language use increases the cultural dissonance between 2 generations of an immigrant family. This dissonance leads to feelings

of alienation in the adolescent, who lacks the necessary guidance and protection that parents are able to provide during the adolescent passage.

RESILIENCY AND RISK

Second-generation children (American-born offspring of immigrants) have been found to be at higher risk of more behavioral conditions, such as substance abuse, conduct disturbance, and eating disorders, than the first generation of immigrant young people.[31,40,41] In some groups, such higher risk may be a result of this group facing the chronic stresses created by poverty, marginalization, and discrimination without the secure identity and traditional values of their parents, when they do not yet have a secure bicultural identity and skills. Garcia and Lindgren[42] studied Hispanic families and found that adolescents boys reported that having to work in addition to or instead of going to school to provide financially for the family was the key stressor of immigration, whereas the girls complained about losing relationships and mothers spoke about the fears of deportation, listing names of friends who had been deported. Also, Pumariega and colleagues[43] found that second-generation Mexican Americans who had an overreliance on peers, were more exposed to the media, and spent less time with their families and in religious activities had a significantly higher risk of substance abuse and suicidality[44] than more traditional young people born and living in Mexico. Various studies have shown greater risk for eating disorders in more acculturated immigrant young people both in the United States and in Europe.[44] This situation may hold particularly true for Asian Americans, who face the double pressure of perfectionism brought on by the expectations of the model minority myth and the glorification of the perfect body image. Low self-esteem and personal identity confusion can result from feeling marginalized and discriminated against and often lead to substance abuse, increased sexual risk-taking behavior, conduct problems, and poor school performance[45]; acculturation orientation has been associated with prosocial behaviors.[46] Being the victim of racism has been associated with low self-esteem, depression, poor school performance, and poor school motivation, as well as increased parent-child conflicts.[47] Some second-generation immigrants seem to be more vulnerable to the effects of racism than those who were born outside the United States. For example, US-born Chinese people reported experiencing more discrimination than those who were born in Asia.[48] Yet, Chinese-Americans who remained close to the Chinese culture experienced less depressive symptoms than those who reported feeling more dissociated from the Chinese culture.[49] Also, self-esteem proved to be the most important protective factor against substance abuse among Hispanic adolescents who resided in monocultural Hispanic households.[50]

Racism, discrimination, and social marginalization among minority adolescents often lead to the development of adversarial identities, such as affiliation with gangs. The adolescent who feels marginalized and discriminated, lacking opportunities for upward mobility and who belongs to a racially unmeltable minority group, seeks validation from peers, standing in defiance of the values of the mainstream majority culture.[51]

Adolescent refugees have also been found to be at high risk for mental health problems, especially posttraumatic stress disorder and depression. These problems are often unrecognized by parents and teachers, and culturally competent mental health services for refugees are often lacking.[52,53]

The degree of closeness among family members varies according to whether the family functions as a nuclear or extended network system. Some Hispanic and Asian families function as extended families, and thus mothers and grandmothers act as

coparents to the children. In these families, the failure to involve key family members in therapy, such as grandmothers, can lead to sabotage of the therapy by the excluded member. Also, the degree of closeness among family members and the sense of filial duty tend to be greater in extended families. Rodriguez and Weisburd[54] reported that adolescents who are closer to their families are also less reliant on their peers. When the level of family bonding is high, adolescents tend to find peers whose values and beliefs are similar to those of their families. This tendency can serve as a protective factor, but may also slow down acculturation. A greater degree of acculturation is also inversely related to family obligations, because immigrants frequently transition from an extended family network system more commonly found in developing countries, to a nuclear family, which is more commonly found in industrialized societies.

Loyalty and conformity are also influenced by how authority is handled in the family. Some cultures have families in which authority is linear and hierarchical, maintaining traditional gender roles, whereas others are more egalitarian and emphasize negotiation. Sometimes, immigration-related changes in parental authority and communication can undermine the traditional family structure and lead to family deterioration. For example, language can present a concrete obstacle to communication among the members of different generations within the immigrant family. If well-acculturated adolescents speak only English and parents and grandparents speak only the language of the country of origin, this diminishes the amount of communication. Interests and shared experiences decrease, and the parents and children may feel a sense of distancing that makes them believe that they are living in different worlds. Szapocznik and colleagues[29] studied Cuban families with poorly acculturated parents who spoke little English and with well-acculturated adolescents who spoke little Spanish. They found that these adolescents felt alienated from their parents, had an overreliance on their peer group, and gravitated toward peers who felt equally alienated. These adolescents were found to be more at risk for depression, substance abuse, and delinquent acting-out behaviors. In contrast, German and colleagues[55] found that among Mexican American adolescents, higher levels of family involvement acted as a protective factor against deviant peer affiliation, and accounted for lower levels of conduct problems and externalizing behaviors. Zayas and colleagues[56] reported that among Hispanic adolescent females who attempted suicide, less mutuality between mothers and daughters increased suicide risk, whereas increased communication between mothers and daughters served as a protective factor against suicide. In addition, McHale and collegues[57] reported less depression and involvement in risky behaviors among Mexican American adolescents who were well supervised by their parents, as well as more involvement in academic activities when the parents valued the importance of education.

In addition to family integrity, love, and supportive communities, school has been found to play an important role in the resiliency of immigrant and second-generation adolescents in the United States. The Longitudinal Immigrant Student Adaptation Project (LISA)[58] showed that immigrant families place their hopes of improvement on providing a better education for their children. Dominican immigrants in New York City have the third-lowest level of educational attainment of all immigrants to the United States. However, in less than one generation, their children accomplish the highest level of school retention and the highest percentage of high-school completion of all the immigrant groups in the New York public school system.[59] This “Dominican miracle in New York”[60] supports the finding that success in school is one of the most important predictors of psychosocial adaptation for first- and second-generation immigrant children to American society. Immigrant children who succeeded in school also became more connected to their ethnic communities.

Rather than shamefully distancing themselves from the cultural heritage of their parents, these children saw success in school as payback for their parents' efforts and sacrifices, and as a way to make their community proud of their success.[58]

MEASURING ACCULTURATION

Acculturation is a complex construct that presents a challenge to investigators because it encompasses socioeconomic, historical, political, and psychodynamic variables. For this reason, the study of acculturation has become of interest to the fields of sociology, political science, economics, and the mental health sciences. The inherent complexity of how culture influences cognitive mechanisms and human behavior may help to explain the proliferation of acculturation measures and the lack of substantive reviews of the literature that evaluate the specificity and validity of these measures. The understanding of acculturation has evolved from a linear concept to a multidimensional process of confluence between the cultural-heritage community and the cultural-receiving community. In the linear model of acculturation, the components of acculturation that are assumed to change are (1) language and (2) cultural practices. In most of these studies, greater acculturation is associated with negative outcomes, a concept known as the immigrant paradox.[61,62] However, Schwartz and colleagues[63] highlight that it is not clear whether the negative outcomes that appear with progressive acculturation are caused by acquiring new practices, or to losing the practices of the heritage culture. These investigators add that it is also not clear whether immigrants should be discouraged from acquiring new practices, or encouraged to preserve the old ones. Escobar and Vega[19] have concluded that little explanatory power is added to psychiatric epidemiologic studies by the inclusion of multidimensional acculturation scales. Instead, when conducting epidemiologic studies, the preferred language, the person's place of birth, and number of years residing in the United States are frequently used as proxies for acculturation. They are used as dependent variables that have consistent main effects on problems such as drug use and psychiatric disorders. Preferred language and place of birth are also stronger predictors when using multivariate models to predict health outcomes. However, Schwartz and colleagues[63] argue that the linear model of studying acculturation misses multiple dimensions that are involved in acculturation. In terms of language use, these investigators propose that some immigrants may identify with their culture of origin, yet not be proficient in their heritage language, such as many Asians in the United States. In terms of ethnic identification, traditionally most white non-Hispanics have identified themselves as American. However, with the changing racial composition of the United States, it is unclear whether in the future people who reside in the United States will continue to equate American with white. Cultural values are assumed to change when the person acculturates. Some of the values that have been attributed to certain immigrant groups are also common to other groups. Schwartz and colleagues[63] argue that more than being characteristic of any ethnic group in particular, these values may be common to people who emigrate from collectivist, agricultural societies to individualistic, industrialized societies, and that it is important for acculturation measures to take into account the context of reception of the host country, for example, if the immigrant is arriving in a rural, possibly more closed community versus an urban, possibly more open community, the economic characteristics of the community and of the host country at the time of the immigrant's arrival and whether the skills that the immigrant possesses or lacks are valued in the host community at the time of the immigrant's arrival. Biculturalism can vary from a model that involves synthesizing the elements of both cultures to

the point at which the separation of the elements of each culture sometimes becomes indistinct, to a model of blended biculturalism, in which the immigrant keeps the cultural values, practices, and identifications of the heritage culture separate from the new influences. Schwartz and colleagues[63] propose that in future studies, to accurately understand and measure acculturation, 6 processes need to be taken into account: (1) the practices, (2) values, and (3) cultural identifications of the receiving culture; and the (1) practices, (2) values, and (3) cultural identifications of the heritage culture.

SUMMARY AND RECOMMENDATIONS

The process of immigration and acculturation often leads to a fluidity of household compositions that may generate distancing and conflicts among the different family members and result in adverse mental health outcomes. Clinicians treating immigrant children, adolescents, and their families must be prepared to understand divergent, and often well-hidden, world views, as well as difficulties with acculturation that may cause intrafamilial conflicts and that interfere with the completion of the child's developmental process. Most important is to keep in mind that the children of today's immigrants are a generation oriented not to their parents' immigrant pasts, but to their own American futures.

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