Identity and Acculturation in Immigrant and Second Generation Adolescents

Eugenio M. Rothe*,1, Andres J. Pumariega2 and Diana Sabagh3

1Herbert Wertheim College of Medicine, Florida International University. Miami, Florida, USA
2Temple University School of Medicine and Reading Hospital Medical Center, Reading, Pennsylvania, USA
3Mount Sinai School of Medicine, New York, New York, and Elmhurst Hospital, Queens, New York, USA

Abstract: The experience of immigration presents developmental challenges to adolescents that can lead to negative mental health outcomes, or can result in resiliency, psychological growth and enrichment of the personality structure. This article reviews the most recent demographics and research findings of the first and second generation immigrant adolescents in the United States. It explains the psychodynamic processes of migration and acculturation, and the risk factors and protective factors that affect these adolescents. Finally, it offers some suggestions regarding treatment approaches with this population.

Keywords: Immigrant adolescents, acculturation, identity.

Adolescence has been conceptualized as a stage involving object loss, as the adolescent moves away from the parental figures of childhood and undergoes a transformation and re-editing of identity (Blos, 1966). Similarly, the process of immigration and acculturation often involves the separation and loss of attachments associated with the person’s culture of origin and a transformation and re-editing of identity, as the immigrant begins the process of adaptation and integration to the culture of the host country (Grinberg and Grinberg, 1989; Akhtar, 1995; 1999). Immigration to the United States has reached an all time high, with more than 12% of the residents of the country being foreign-born (U.S. Census, 2003). It is important for psychiatrists and other mental health professionals who treat adolescents and their families to become familiarized with the variables that influence the process of immigration and acculturation, because when immigration and acculturation overlap with the developmental stage of adolescence, they generate a series of complex psychodynamic processes that will affect the individual and the family. These processes often present a formidable developmental challenge that can place the adolescent at risk for negative mental health outcomes, or can lead to resiliency, psychological growth and enrichment of the personality structure.

THE NEW DEMOGRAPHICS OF THE UNITED STATES

The foreign born population in the United States increased by 57% in the last decade, compared to only a 9.3% growth of the U.S. native population. According to the 2000 U.S. Census (2003) there are 33.5 million people who were foreign born, comprising 11.7% of the U.S. population. In addition, first and second generation immigrant children and adolescents are the most rapidly growing segment of the population in the American school system, comprising more than 30% of the population in this age group.

Poverty, war and political unrest are the main reasons for immigration. Only 20% of the world population lives in wealthy countries. Poverty is usually correlated with war and political unrest. It is estimated that poverty and political unrest will continue to afflict Latin America for the rest of the current century; therefore it is likely that immigrants from Latin America will continue to be the largest number coming to the U.S. (Camarota, 2007; C.I.A. Report on Latin America, 2006). Asians comprise the second largest immigrant group in the U.S., and includes Filipinos, Chinese, Vietnamese, Koreans, Cambodians and Laotians. Finally, the third largest group is the East Indians (Indians and Pakistanis).

The majority of immigrants arriving in the U.S. settle in coastal-urban areas and the states with the highest concentration of immigrants, the so called “gateway states.” These include California, Texas, New York, South Florida, the states of the Pacific Northwest, and Washington D.C. (U.S. Census, 2003; Rothe, 2004).

These demographics differ sharply from those prior to the mid-twentieth century, when the U.S. 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, while non-European immigration has increased at a much faster rate. Most of the new immigrants to the U.S. describe themselves as “non-white”, and immigrants from the Caribbean, Central and South America are the most racially mixed, with less than 45 percent self-reporting as
white. It is anticipated that this new immigration composed by “people of color” will transform the population of the United States into a plurality of diverse racial and ethnic groups by the year 2050 (Pedraza, 1996; U.S. Census, 2003; Pumariaga, Rothe & Pumariaga, 2005). In the following section we will examine the socio-economic and educational challenges encountered by the major immigrant groups arriving in the U.S. today.

THE CHILDREN OF IMMIGRANTS: EDUCATIONAL AND SOCIOECONOMIC PROFILE

The best information about this population comes from the Children of Immigrants Longitudinal Study (CILS) (Rumbaut & Portes, 2001-a, 2001-b). This study is a multifaceted empirical look at the principal new ethnicities being formed in the United States today. It reveals data about the educational performance, social, cultural and psychological adaptation of adolescents who are immigrants or offspring of immigrants. The CILS began in 1991 and includes 5,262 adolescents of 77 nationalities in two key areas of immigrant settlement in the United States: San Diego, California and the Miami-Fort Lauderdale area of Southern Florida. The findings of the study are rich and demonstrate how a number of complex variables affect each of the immigrant groups involved in different ways. The major demographic findings of the study can be summarized as follows.

1) Mexicans are by far the largest legal and illegal immigrant group and are mostly situated along the U.S.-Mexico border. They have the lowest levels of education and the highest dropout rates of any immigrant group. Mexican adolescents also have to contend with the racism and negative stereotypes that have been associated with this ethnic group, and which are based on the long history of Mexican-American relationships.

2) Filipinos constitute the second largest immigrant group to the U.S. and the largest Asian group. They are situated predominantly in California. Many parents of Filipino adolescents are professionals and arrive in the U.S. through connections with the U.S. military bases in the Philippines. They have the lowest poverty levels and the fastest socioeconomic upward mobility of all immigrant groups in the U.S.

3) Cubans are the third largest group and are situated predominantly in South Florida. The initial Cuban migrations were considered to be the most financially successful immigrants of recent times. This was due to the fact that the migrations of the early 1960’s were composed mainly by the well-educated white upper-middle classes of the island, who arrived to the U.S. fleeing communism. Over the past four decades, the Cuban migrations have become more socio-economically and racially diversified. Cubans benefited from creating a strong ethnic enclave in Miami, where culture and language are validated and preserved, jobs are secured among compatriots and political power is assured by the development of a strong voting population that agrees on common issues that pertain this group.

4) Nicaraguans and Salvadorans also arrived in South Florida in the 1980’s. Although smaller in numbers, they were also fleeing communism and had a similar socio-demographic profile as Cubans. However, they did not receive the same positive reception by the U.S. government and were left in an ambiguous legal status which made finding work difficult. Many returned to their countries of origin after communism was eradicated in the early 1990s.

5) Indochinese immigrants (Vietnamese, Cambodian and Laotian) arrived in large numbers in the U.S. after American troops pulled out of Viet Nam in 1975. They present a heterogeneous socioeconomic profile. Laotians have the highest dependency on welfare among all immigrants; many came from rural areas and are survivors of the “killing fields” of the Pol-Pot regime.

6) Haitians and Jamaicans, as well as other West Indians, are concentrated mainly in New York and South Florida. Despite the fact that many of these immigrant parents are well educated and financially successful, and that Haitian and West Indian adolescents have been equally successful in school, their history has underscored the persistence of racial discrimination and prejudice in American society. The diverse outcomes of these groups highlight their heterogeneity and point to complex factors influencing their adaptation (Rumbaut & Portes, 2001-a).

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. Escobar and Vega (2000) conclude that little explanatory power is added to psychiatric epidemiological studies by the inclusion of multidimensional acculturation scales. Instead, when conducting epidemiological studies, the preferred language, the person’s place of birth and the number of years residing in the U.S. 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. At present, any attempt at defining acculturation using psychiatric empirical methods may resemble the fable of the blind men who attempt to describe the whole elephant, while only describing one of its parts. The recent demographic changes in the United States and scarcity of knowledge regarding the
effects of migration and acculturation on human behavior are important reasons that explain why investigating the cultural context of development has been declared a high priority for the research agenda of the 21st century (Fisher, 1998). The following sections will bring together the findings of several fields of study and explain how acculturative processes affect the adolescent process, in an attempt to find the best way to “describe the elephant”.

CULTURE AND IDENTITY

Hughes (1993) 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) to 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 (1992) 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 stationery. However, in this paper we use the term culture, although what is implied is cultural context.

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 (1959) conceptualized identity as resulting from the dynamic interplay between the individual and his or her group and cultural context. Erikson (1968) added that identity development is the central task of adolescence which a) optimally results in a coherent and self constructed dynamic organization of drives, abilities, beliefs and personal history, and b) functionally guides the life course. 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 U.S. 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. In contrast, the Post-modernist tradition argues that identity formation is idiosyncratic and that it is different each time, and particular to every individual. In their review of the literature, Schwartz and Montgomery (2002) were unable to find any empirical studies supporting the Post-modernist tradition, instead, their research supports a third alternative hypothesis, which argues that the fundamental structure of identity is quite 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, Montgomery and Briones (2005) regard identity as “the organization of self-understandings that define one’s place in the world” (p.5). They conclude that identity is a synthesis of personal, social, and cultural self-conceptions. They divide identity 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 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 a number of variables. It can recede into the background, or it can become an engulfing concern.

Case Study #1

Edgardo, a sixteen year old light skinned mulatto adolescent of mixed, Afro-Caribbean and Spanish ancestry, was raised by his maternal grandmother in Panama since he was five years old. His mother had immigrated to a small town in Northern Florida where she had progressed from being a cleaning lady, to a mid-level supervisory position at the local branch of a department store chain. His mother believed that Edgardo would have better educational opportunities and the possibility of a better future in the U.S. and sent for him when he was fifteen years old. Upon his arrival, Edgardo began to feel discriminated and marginalized due to his skin color. He was cruelly teased in school by the Caucasian adolescents who did not accept him and felt he had little in common with the very few African-American adolescents, many of who came from the small town’s impoverished ghetto. Edgardo’s mother was busy at work and he had no other family members available that could offer guidance or support. He became progressively isolated and profoundly depressed and that first summer, while attending camp, he attempted to hang himself with a rope. He was hospitalized and his mother decided to move to Miami, where they had extended family and where Edgardo began treatment a few months later. He told the therapist: “In Panama I had never given any thought to my skin color, since most people there are mixed, like me. I will never forget the first week I arrived in North Florida and went to the mall. I was very excited to see so many beautiful things. I walked into a clothing store and I felt that everyone in the store was staring at me, as if I was some kind of criminal and wanted to steal something. I was very scared and my legs began to tremble and I turned around, left and went home. At home I looked at myself in the mirror and for the first time I began to tremble and I turned around, left and went home. At home I looked at myself in the mirror and for the first time I told myself: ‘Edgardo, in this country you are not White’. I was very sad, scared & confused”.

This case illustrates how 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 while considering new possibilities (Schwartz, Montgomery & Briones, 2005).

THE STRESSES OF IMMIGRATION

Most immigrants who come to the United States are financial immigrants who fled poverty in their country of
origin in search for a better life. 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 (Ticho, 1971).

Garza-Guerrero (1977) constructed a theoretical model to understand “culture shock,” a phenomenon that the immigrant experiences when he first encounters the new culture. He describes two elements that are the hallmark of culture shock: 1) mourning related to the loss of the culture, country, language, friend and predictable environment, and 2) the vicissitudes of identity in the face of the threat of a new culture. He divides culture shock into three 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.

UNDERSTANDING ACCULTURATION

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. These movements 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 (Pedraza, 1996). 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 eighteen-hundreds and into the twentieth century. Most of these immigrants had similar ethnic characteristics and often Americanized their names, going on to form what has been termed since the 19th century the “American Melting Pot.” The idea was that immigrants would blend in to the dominant culture and lose the features that set them apart. In contrast, acculturation involves a dynamic relationship between the immigrant and the receiving culture. The term 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 (Escobar & Vega, 2000). A broader and more current definition of acculturation is “the process of cultural change and adaptation that occurs when individuals of two different cultures come into contact” (Schwartz, Montgomery & Briones, 2005). The acculturation process causes change not only in the immigrant, but also in the receiving culture, leading to a process of “inter-culturation”. Immigrants often chose 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 (Berry, 1997).

The United States is an ethnically complex society, so rather than understanding acculturation as a uniform and linear phenomenon, Portes and Rumbaut (1996) 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, will have a very different acculturation experience to that of an Eastern-European professional arriving in a Northeastern American city in order to further his professional training.

THE EFFECTS OF ACCULTURATION ON THE ADOLESCENT AND THE FAMILY

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 (Santiesteban & Mitrani, 2003). There is an abundant literature describing how people of different cultures express their distress (Rogler, 1994; Saldana, 1994). The process of immigration causes intra-familial stressors that result from the process of acculturation, since 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. This section will describe how the interplay of acculturation and family functioning may influence adolescent development in immigrant families.

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 quite destructive and lead to “triangulation” among the different family members. Family factors have a direct effect on the development of adverse outcomes of adolescence, and exert a strong influence in which behaviors endure and are linked to adolescent substance abuse disorders and delinquency (Szapocznik et al., 1979). Also, family functioning and acculturation oftentimes have a circular effect on one another. For example, Hovey and King (1996) have described how low levels of family functioning increase acculturative stress, which in turn, leads to depressive symptoms in the adolescents of immigrant families. Conversely, adaptive family processes can serve as a protective factor in high risk environments and alleviate adolescent problems that have already surfaced (Pumariega, Rothe, & Pumariega, 2005).
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. It is not usual for a disciplinary meeting to take place at school where the child in question 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 Haitian, 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 permeates the therapeutic relationship and oftentimes requires that the psychiatrist use tact, empathy, patience and perseverance, in order to overcome these resistances. These distorted perceptions can undermine the parents’ capacity to advocate for their children in the new, host culture. The family member with the greater competence in the mainstream American culture is the best prepared to negotiate with the powerful extra-familial systems, such as courts, schools and social agencies.

The degree of closeness among family members will vary 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 co-parents to the children. In these cases, 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 (1991) have demonstrated that adolescents that are closer to their families are also less reliant on their peers. If the level of family bonding is high, adolescents tend to find peers whose values and beliefs are similar to those of their families. This can serve as a protective factor, but may also slow down acculturation. A greater degree of acculturation is also inversely related to family obligations, as 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 where authority is linear and hierarchical, maintaining traditional gender roles, while 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 serious 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 the children may feel a sense of distancing that makes them feel that they are “living in different worlds”. Szapoznik, Ladner and Scopetta (1979) studied Cuban families with poorly acculturated parents who spoke very little English, and who had well acculturated adolescents who spoke very little Spanish. They found that these adolescents felt alienated from their parents, had an over-reliance on their peer group and gravitated towards peers who felt equally alienated. These adolescents were found to be more at risk for depression, substance abuse and delinquent acting-out behaviors.

**IMMIGRATION RELATED SEPARATIONS**

Immigration destabilizes the family, leading to a series of fragmentations and re-unifications. Families tend to migrate in a stepwise fashion, with parents usually arriving first, securing employment and sending back monetary remittances, leaving the children in the temporary care of relatives back home. These separations from parents constitute a difficult reality for many children and adolescent immigrants today. The Longitudinal Immigrant Student Adaptation Study (LISA) (Suarez-Orozco & Suarez-Orozco, 2001; Suarez-Orozco, Todorova & Louie, 2002) included 385 early adolescents from China, the Dominican Republic, Haiti and Mexico who were chosen from 51 schools in Boston and San Francisco. The study revealed that half of these students had been separated from one of their parents in the process of migration. The majority of the separations (79%) were from the father and these separations tended to be lengthy (more than 5 years) or permanent. These adolescents reported more depressive feelings than did the adolescents who migrated with intact families. The study also revealed that the feelings associated with separation were experienced as painful and complex and for many, the absent parent had become an abstraction. Re-unification with the parents was riddled with contradictory emotions and feelings of disorientation, especially if the absent parent had previously been the primary caretaker. Some of these adolescents reported relief and joy at being reunited with their parents, while others perceived their parents as total strangers and mourned the loss of grandparents or other family members who had become the psychological parents during the parents’ absence. Mitra, Santiesteban and Muir, (2004) studied 96 Hispanic families in Miami, who were engaged in therapy owing to having a substance abusing adolescent hospitalized in a psychiatric inpatient unit. They found that 21 of these families had undergone parental separations during migration. Of these adolescents, 71% had separated from the mother or maternal figure, 24% from the father and 14% from both parents. The average duration of the separation was 7 years. The adolescents reported a variety of experiences during the separation, which ranged...
from tender loving care by relatives, to abuse and exploitation. The majority of the time, the re-unifications proved to be disappointing for both parties and the adolescents found that the parents were frequently overwhelmed by their own problems and unable to acknowledge the losses or feelings of the adolescent. In the process, sometimes sibling bonds were strengthened and rivalries ensued between previous caretakers and parents.

Case #2

Jovana, a 16 year old adolescent girl from Honduras, was referred to therapy by the Family Court because of oppositional-defiant behavior, truancy, running away from home, and sexual acting out behavior with her boyfriend. She had been declared ungovernable by her mother. Jovana had separated from her mother at the age of five, when the mother immigrated to Miami in order to find better job opportunities, which would allow her to send money back to the family. Jovana was raised by her paternal grandmother in Honduras and saw her father frequently, even though he had remarried and had a second family. Eight years after the separation, Jovana’s mother felt she had enough financial security to send for her daughter, on the belief that Jovana would have better schooling and better opportunities in Miami. Jovana was evaluated by a team of psychiatrists at the child and adolescent outpatient clinic of the city hospital in Miami. She presented as an angry, oppositional and defiant adolescent who argued openly and passionately with her mother during the initial interview. Her mother had only negative things to say about her daughter, and stated that Jovana was “ungrateful” for not appreciating her mother’s enormous sacrifices, intended to provide her daughter with a better future. Once she was seen alone by one of the psychiatry residents, Jovana was able to articulate her despair of having been separated from her grandmother, she then broke into sobs as she told her doctor,

My grandmother is my real mother, I am afraid because she is old and frail and she may die soon and I may never see her again. I hate Miami; I didn’t ask to come here. My mother is never home and I have no friends here. The only person that understands me is my boyfriend. If they don’t let me go back to Honduras, then I want to go live with him. Can you please tell my mother to let me live with my boyfriend.

Jovana and her mother were seen in psychotherapy sessions separately and together and after three months it was decided that at the end of the school year, Jovana would return to Honduras to live with her paternal grandmother and close to her father. Her mother expressed mixed feelings of guilt, failure and having been betrayed by her daughter. Jovana, in turn, expressed relief at the possibility of being able to return to Honduras.

“Child fostering” is the name that has been given to the practice of leaving children in the care of relatives back home, while the parent migrates to American inner cities with the goal of reaching the “American Dream”, from which the children will later be able to partake. This migratory pattern is widely practiced by Caribbean and Central-American families that arrive in the United States, yet this phenomenon has been poorly investigated and very little has been written on the subject. There appears to be no stigma attached to this practice and most parents tend to be poor, desperate and are mainly concerned about providing for the immediate material needs of their family. They work for years in American cities sending financial remittances back home and are often oblivious to the psychological impact that these separations have on their children (Imbert, 2002; Suarez-Orozco, Todorova & Louie, 2002; Mitrani, Santiesteban & Muir, 2004; Pottinger, 2005).

LANGUAGE AND ETHNICITY IN THE SECOND GENERATION

Acquisition of un-accented English language 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 (Portes & Schláuffer, 1996). For immigrants, the switch to English is both, an empirical fact and a cultural requirement demanded of those who have sought a new life in America. 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 (1997) 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” (p. 196).

A number of empirical studies highlight the fact that the “First Generation” learns enough English to survive economically, the “Second Generation” (born in the U.S. to immigrant parents) may use the parental tongue at home, but uses English in school and in the “Third Generation” the home language and mother tongue shifts to English (Portes & Schläuffer, 1996). Language use can also have subtle connotations in everyday life in America. Waters (1996) 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 non-verbal cues that they are not from the ghetto and that they disapprove ghetto specific behavior.

Case # 3

Winsome, an attractive 17 year old Afro-Caribbean girl from Barbados, had recently moved from Atlanta to Miami with her parents, who were both physicians that had recently completed their specialization training in that city. She was referred by a colleague in Atlanta, in order to continue her treatment for attention deficit disorder-inattentive type. Winsome shared in therapy,

I feel much better here in Miami and I am also doing better in school. There are more people from the island here, so I don’t have to keep explaining where I’m from. In Atlanta, the black kids in school said that I ‘talked funny’ and were always telling me that I was trying to ‘act white’, because I wasn’t getting into trouble and because sometimes I dated white
kids. Here I can be myself and talk like myself, and people have even said they think my accent is “cool.”

This case is an example of how speaking “accented English,” even by a native English speaker, can serve to highlight socio-economic and cultural differences that can separate the adolescent from particular peer groups. This example also helps to validate how immigrating to a more pluralistic urban area, where there is an ethnic enclave of compatriots, facilitates acculturation and operates as a protective factor for mental health outcomes. 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, since the native language is stigmatized as a symbol of lower status (Portes & Schlaufher, 1996). This is very much the case of second generation Haitian youth in Miami, who rapidly shed Haitian-Creole for English and prefer to be identified as “American”, rather than “Haitian-American.”

Portes and Stepic (1993) studied language utilization 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 U.S. They found that in spite of 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” (Winnicott, 1988) that will occur in the acculturation process into the U.S.

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 cultural harmony between parents and children is maintained, while at the same time allowing the children to effectively adapt to the 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 towards return and their presence in the host society has been temporary, such as in the case of exiles (Portes & Rumbaut, 1997).

RISK AND RESILIENCY

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 youth (Almqvist & Broberg, 1999; Fox et al., 2004; Pumariega, Rothe, & Pumariega, 2005). Such higher risk may be a result of this group’s facing the chronic stresses created by poverty, marginalization and discrimination without the secure identity and traditional values of their parents, while not yet having a secure bilingual identity and skills. For example, Pumariega et al., (1992) found that second generation Mexican-Americans who had an over-reliance 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 than more traditional Mexican-born youth. Various studies have shown greater risk for eating disorders in more acculturated immigrant youth in both, in the United States and in Europe (Miller & Pumariega, 2001). Racism, discrimination and social marginalization among minority adolescents often leads 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, will tend to seek validation by peers who are dealing with similar conflicts. These teenagers cope by standing in defiance of the values of the mainstream majority culture (Vigil, 1988).

Recent studies have supported the relationship between acculturation stress and risk for emotional/behavioral disturbance among immigrant youth. Fenta, Hyman, & Noh (2004) found that Ethiopian immigrant youth have rates of depression slightly higher than U.S. whites (9.8% versus 7.4%), but three times higher than their peers in Ethiopia (3.2%). Romero et al. (2007) found that bicultural stress was higher for Latino and Asian immigrant youth, and significantly associated with depressive symptoms after controlling for ethnicity, socioeconomic status, gender, and age. Cepedes & Huey (2008) found that Latina teens reported greater differences in traditional gender role beliefs between themselves and their parents than Latino males, and higher levels of depression mediated by increases in family dysfunction. Parental acculturation was associated with behavioral problems in Puerto Rican youth both in Puerto Rico and the Bronx, but not youth acculturation (Duarte et al., 2008). Latino youth with higher English language fluency reported greater violence exposure and PTSD symptoms than those with lower fluency (Kataoka, et al., 2009). Lower levels of ethnic identity have been correlated with substance abuse risk, acculturative stress and self-esteem in Latino youth (Zaboanga et al., 2009). Acculturative stress in Latino youth has been correlated to symptoms of anxiety, with perceived discrimination contributing a large proportion of the variance (Suarez-Morales & Lopez, 2009).

Adolescent refugees have also been found to be at high risk for mental health problems. These problems are often unrecognized by parents and teachers. Refugee youth and families face even greater stressors due to the circumstances they face around their emigration. Their dislocation from their home nation is often abrupt or involves acute traumatic events (such as war, political persecution, or disasters), and they face extended periods residing in refugee camps under adverse conditions and high rates of victimization (including criminality, and physical and sexual violence). Refugee youth exposed to armed conflict experience very high rates of acute stress disorder, post-traumatic stress disorder, depression, and anxiety post-migration (Rothe, 2005). Refugees also suffer from more sudden and unpredictable separations from family and other supports, more extended disconnection from these critical supports, and uncertainty about the permanency of their residency in the host nation.
There is also a growing sub-population of immigrants who are primarily political exiles whose exit is less abrupt and traumatic (such as Eastern Europeans, the early Cuban émigrés, Venezuelans, and West Africans). Along with refugees, they also face unique longer term stressors, such as uncertain legal status, expectations (at times unrealistic) to return to their homeland pending political changes, and the development of an “exile mentality” which makes rootedness and adaptation difficult (Rothe & Pumariega, 2008).

To make matters worse, culturally competent mental health services for immigrants and refugees are often lacking (Lustig et al., 2004; Rothe, 2005). The lack of such services may also contribute to the mental health risks for immigrant youth. For example, Pumariega et al., (1998) found that Latino youth used half as many counseling services as whites and African-Americans, and first generation Latino immigrants used even fewer services. A number of studies have similarly shown lower levels of utilization of mental health services by Russian, Bosnian, and SE Asian immigrants (Hsu, Davies, & Hansen, 2004; Weine et al., 2000; Chao, Jaffe, & Choi, 1999). A result of such disparities may be a high risk of referral of immigrant youth to juvenile authorities for behavioral difficulties (VanderStoep, Evens, & Taub, 1997).

Family integrity and support, supportive communities, and education have been found to play important roles in promoting the resiliency of immigrant children and youth in the U.S. The Longitudinal Immigrant Student Adaptation Project (LISA) (Suarez Orozco & Suarez-Orozco, 2001) demonstrated that immigrant families place their hopes of improvement on providing a better education for their children. Immigrant children who succeed in school also become more connected to their ethnic communities. Rather than shamefully distancing themselves from the cultural heritage of their parents, these children view success in school as payback for their parent’s efforts and sacrifices, and as a way to make their community proud of their success (Suarez-Orozco & Suarez-Orozco, 2000). A recent report by Hu DeHart and Garcia Coll (2010) summarizes what they believe is an “immigrant paradox” in education and behavior. They report that first generation immigrant children often start behind their American-born counterparts but catch-up quickly and have high rates of learning growth. In comparison to second and third generation youth, first generation youth outperform them in standardized tests and exhibit lower rates of juvenile delinquency. First generation immigrant youth and their parents were also found to have higher levels of attachment to each other and higher educational expectations than their third generation peers. In fact, the challenge may be how to sustain the positive attributes of immigrant youth and their families into subsequent generations.

Beginning models for community-based preventive services for immigrant youth and their families show promise in addressing the mental health risks for this population. Rousseau and Guzder (2008) describe a number of promising school-based prevention programs for refugee children. Morse (2005) reviews a number of promising preventive models being implemented across the United States to facilitate the adaptation of immigrant and refugee children and their families, mostly based around schools. These programs not only promote the development of adaptational skills in immigrant youth, but also promote and develop family and community supports. These models have demonstrated considerable success with a diverse range of populations, including Latino, Bosnian, Hmong, and African immigrant communities.

**TREATMENT APPROACHES**

The cultural competence model is critical in effectively serving immigrant children and youth and their families. Cross et al., (1989) defined cultural competence as the ability to serve people across cultural differences. They identified important provider (acceptance of difference, self-awareness of therapist cultural values, understanding dynamics of difference, development of cultural knowledge, and adapting practices to the cultural context of the patient) and system characteristics (valuing diversity, cultural self-assessment, managing the dynamics of difference, institutionalization of cultural knowledge, adaptation of policies and services to address cultural needs). These characteristics are needed to effectively deliver services to youth from diverse cultural backgrounds.

A number of culturally-informed evidence-based interventions have been developed to address the special mental health needs of immigrant populations. For example, Brief Strategic Family Therapy (Santiesteban, et al., 1997), a family-based intervention that addresses acculturative family distancing, has demonstrated significant improvements in immigrant youth substance abuse and conduct disturbance. Culturally Informed and Flexible Family-Based Treatment for Adolescents (Santiesteban and Mena, 2009) is a newer combined family and individual CBT and psychoeducational intervention that combines interpersonal and crisis management skills and culturally relevant materials and themes relevant for Latinos. Cognitive Behavioral Therapy for Traumatic Stress (CBITS; Kataoka, et al., 2003) is a school-based, multi-level CBT intervention (group, individual, psychoeducational) delivered by educators and mental health professionals in school settings and addresses acculturation stress and cultural trauma. It has demonstrated significant reduction in PTSD and depressive symptoms in immigrant youth.

The process of immigration and acculturation oftentimes leads to a fluidity of household compositions that may generate conflicts and lead to distancing among the different family members, which may result in adverse mental health outcomes. Clinicians who treat immigrant adolescents and their families must be prepared to understand divergent, and often well - hidden world views, as well as difficulties with acculturation that cause intra-familial conflicts and interfere with the completion of the adolescent process. First of all, when treating adolescents of immigrant families it is important to assess the type of family structure and how the family structure in question influences family functioning. For example, in American families of Anglo-Saxon origin adolescents are often encouraged to be autonomous and responsible, where as in extended family network systems children may be expected to remain at home until they...
The integration of immigrants and their children in contemporary American society is a complex process. Adolescents in extended families sometimes rebel because they are not allowed to individuate. In contrast, in families that encourage independence, sometimes pushing too hard for self-reliance can lead to suicide attempts and other forms of acting out, which are associated with incompatibility of expected autonomy (Santiesteban & Mitrand, 2003). It is also important to keep in mind the particular value system of the family and to work within, and not against this value system. For example, some families place a high value on education, while others prioritize cultural heritage. These conflicts can lead to stress and conflict within the family, which can affect the mental health of the adolescent.

Additionally, the role of the clinician in treating immigrant adolescents is crucial. The clinician must understand the cultural and linguistic context of the family and work within the family's value system. It is important to recognize that the treatment of immigrant adolescents should not be seen as a deviation from the Western model of treatment, but rather as an adaptation to the unique cultural and linguistic context.

Overall, it is impossible to make generalizations regarding immigrants and their children, but in general terms, treatment involves helping the immigrant family understand these processes, and helping them diffuse the negative emotions that inhibit the construction of dialogue and change. The most important concept to keep in mind for the clinicians who treat immigrant adolescents and the adolescents of immigrant parents, is that the main goal of therapy is to facilitate the successful completion of the adolescent process, since the children of today's immigrants and their parents, and this duty supersedes wishes for personal development.

**REFERENCES**


