

Immigrant Integration and Mental Health: Brief prepared for the Blue Cross/Blue Shield Foundation, January, 2006

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Social science literature and the media are replete with articles about immigrants' *acculturation, assimilation, integration and social adjustment*. Yet, the meaning of these terms is poorly understood. In this brief we discuss the research underpinnings of language, and theories regarding the incorporation of immigrants into developed country societies. We then address the implications of these processes for immigrant mental health.

Terminology

Notions of 'ethnic groups' and 'assimilation' are social constructs. As (Collins, 2003) Randall Collins (2003:24) (Collins, 2003) points out, "*Ethnicity is meaningful only by contrast; there can never be one ethnic group, but always two or more.*" Historian, Donna Gabaccia reminds us that the term ethnicity is an American invention. It was rarely used until the twentieth century, and then, only after 1930 (Gabaccia, 2006).

Assimilation, in practice, means moving toward smaller numbers of ethnic groups, but never reaching the end point." It is a term that has fallen in and out of favor over the years. Classic assimilation theory (Gordon, 1964) examines the process whereby immigrants and their descendents acquire the characteristics of the native-born. The term came into broad popular use, but was later repudiated by some, because of implicit assumptions of a linear and unidirectional absorption into a dominant (and presumably superior) culture.

In reality, assimilation is a 'two-way street', since native culture also changes in response to the presence of immigrants. One need only reflect on the myriad ways in which American language, food, dress, music—to name a few—have been profoundly influenced by the presence of immigrants from Europe, Asia, Africa and Latin America (R. D. Alba & Nee, 2003).

Social service and health providers sometimes use the terms *social adjustment* or *social adaptation* to refer to the ways in which immigrants and refugees learn to negotiate developed country social systems (see, for example, the Wilder

Foundation's Southeast Asian Social Adjustment Program, or the Minnesota Department of Health programs facilitating the 'social adjustment' of immigrants and refugees). In an earlier era Michalowski (1987) defined immigrant adaptation as "partaking in the life of the country productively and to one's advantage." Such outcomes, of course, depend upon efforts by both providers and by immigrants themselves.

The term '*integration*' to define a process of social and economic incorporation of immigrants is more widely used in Europe than the United States. Ray describes it as "a sustained mutual interaction between newcomers and the societies that receive them—a process that often begins long before migration:

Although it is readily assumed that newcomers begin to "become American or European" only post-arrival, the global reach of western culture, lifestyles and consumption patterns means that most newcomers are already 'western' to some degree before they arrive. (Ray, 2002)

In spite of rejection of "straight-line assimilation theory" and a call to employ words like 'acculturation' or 'integration', recently social scientists have revived the concept of assimilation and defended it as an accurate descriptor of the ways in which the cultural and ethnic identities of many nineteenth century immigrants to the United States became subsumed by the dominant Anglo Saxon culture. (R. Alba & Nee, 1997)(R. D. Alba & Nee, 2003), for example, reject state-sponsored goals of assimilation, while arguing that the term is an accurate descriptor of inter-group relations and the experience of many groups and individuals as they lose their ethnic distinctiveness over time.

On the other hand, former notions of complete integration and assimilation may be less relevant in an era in which ease of global transportation and communication have changed the nature of immigration and facilitated the maintenance of ties and communication with distant countries (Ray, 2002; (Kasinitz, 2004). However, as Morawska (2002) reminds us, "late 19th century advancements in transportation and communication technologies (also) facilitated considerable return and circular movement between the sending and receiving countries and intense economic and social contacts between immigrants and their home villages created complex transatlantic networks of communication and assistance. Immigrants had significant involvement in their home-country politics." (p 178)

Economists sometimes use the terms *assimilation* and *integration* interchangeably to refer to entry into the labor market, or achievement of wage parity with non-immigrants (Lofstrom, 1999); (Zimmerman, Bauer, & Lofstrom, 2004); (Chiswick & Miller, 2004). Researchers studying language proficiency, schooling, marriage, fertility or housing may use the term assimilation to refer to English language acquisition (Carliner, 1995), educational attainment (Friedberg, 1996), intermarriage, reductions in birth rates (Riphahn & Mayer, 2004) or changes in residential segregation (Orfield, 2003). Success at achieving

these measures of integration is influenced by pre-migration experiences, as well as those that occur in the destination country; examples of the former include immigrants' backgrounds, motives for migration, characteristics of the home country, and expected duration in the new destination (Zimmerman et al., 2004).

For economists, full 'integration' implies social and economic acceptance. In societies with structural barriers to integration this goal can be elusive, even for highly acculturated immigrants. In other words, immigrants may adopt the language, dress, religion and customs of the native-born population, but still face barriers to integration if they have limited access to what (Chavez, 1992) has called 'links of incorporation', such as secure employment, credit and capital accumulation. Portes and Zhou (1993), and others have shown that such opportunities are particularly elusive in an 'hourglass economy' characterized by many high-skill/high wage and low-skill/low wage jobs, with few in the middle. They have also described what they called 'segmented assimilation', or the varying success of integration for different ethnic and racial groups in the US.

Another result of barriers to integration are the health consequences of limitations on access to insurance and services. Welfare reform in 1996 greatly restricted immigrant eligibility for Medicaid. Those admitted to the US after August 1996 were ineligible for coverage, except in the case of emergencies. This has, of course, greatly increased the number and percentage of immigrants who are without health insurance. (Ku & Matani, 2001) analyzed data from 109,992 individuals in the National Survey of American's Families and found that low-income immigrants were much more likely to be uninsured (58%) than were low-income US-born citizens (34%).

Immigrants are also much less likely to receive employer-sponsored health insurance. In 2003 almost two thirds of citizens had job-related insurance, compared to one-third of non-citizens (Grantmakers in Health, 2005). Uninsurance rates are particularly high among Latinos (Kaushal and Kaestner, 2005).

Ironically, receipt of welfare can be, in itself, a source of stress for immigrants. Chung and Bemak (1996) (Chung & Bemak, 1996), for example, demonstrated that among Vietnamese, Cambodian and Laotians, receipt of welfare appeared to increase psychological distress.

Acculturation is term frequently employed in health research, although it is not often clearly defined. Hunt et al. (2004) trace its use to anthropologists in the 19th century who were attempting "to describe the process by which artifacts, customs and beliefs change when people from different cultural traditions come into contact." In a review of contemporary studies of 'acculturation' of Hispanics in the US, they note that "in place of careful cross-cultural and historical analysis, we continually encountered sweeping assertions regarding retention or loss of presumed cultural traditions (979)." These included studies

in which Latino cultural practices or shared traditions and values were characterized as a 'therapeutic panacea' (associated with positive health outcomes), or a 'source of dysfunction' (associated with negative outcomes). Lost in these studies is serious examination of the role of socio-economic disparities as a determinant of low levels of access to services and resources.

Racism and Xenophobia

Opportunities for high degrees of integration depend upon changes at the level of *institutions*, such as those dealing with public education, labor, legal issues, health, civic engagement, housing and the labor market, as well as immigrant-serving institutions (Penninx, 2003). Most challenging of all are barriers for immigrants who are perceived as non-white. Racism and xenophobia are hardly new phenomena, but they are at the heart of much contemporary public discussion of immigration in the United States and Europe.

Contrary to the prevalent assumption that immigrant assimilation always leads to upward mobility, the sociologist, Herbert Gans has described what he called 'second generation decline', or *downward* mobility due to poverty, discrimination and lack of opportunity (Kasinitz, 2004). This is particularly true for immigrants who are defined as members of a racialized minority.

In addition to economic and sociological definitions of the incorporation of immigrants into society, *cultural integration* may also be measured from the perspective of immigrants themselves, and their sense of belonging to, or distancing themselves from the receiving society. The most controversial dimensions of these discussions refer to what Ray (2002) calls "the cultural or symbolic dimensions of immigration" (such as childrearing or religious practices)—to wit, the controversy over the wearing of head scarves by Muslim women in schools in France.

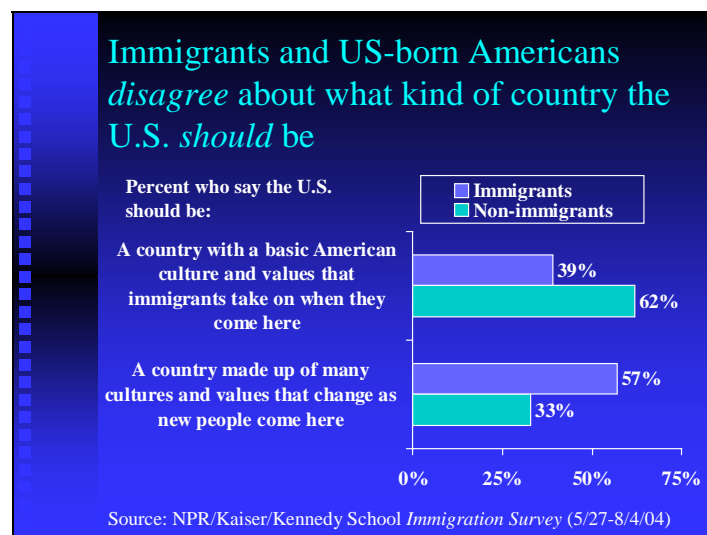
Widespread media reports of recent street violence in French cities have led to soul-searching on both sides of the Atlantic regarding the meaning—and even the possibility—of successful integration of immigrants into Western societies. In spite of philosophical commitments to human rights in France and in the United States, immigrants in both countries have faced significant barriers to integration that coincide with native born cries for rapid assimilation. In France Wildman (2003) quotes an Iranian-born French social scientist, Farhad Khosrokhavar, defining the dilemma: "What is painful to French society is to accept the fact that one can be French without being totally assimilated...that there can be integration without assimilation—that is the new model that people have difficulty embracing."

Historian Nancy Green (1999) (Green, 1999) suggests that French and American conclusions about immigration and national identity vary greatly. Whereas Americans embrace their history as a 'national of immigrants', the French reject

this notion in favor of the universal character of French citizenship. She cites theories regarding the origin of this difference, such as the fact that, unlike the US, the French nation was already formed before mass migration.

Questions of integration and assimilation are hotly debated in the United States as well. US-born citizens are often unaware of the stresses of acculturation that result from immigrants' attempts to balance cultural identity with attachment to a new society. This process is particularly challenging if members of the larger community expect rapid and total one-way 'assimilation', i.e. complete absorption into the host society, relinquishment of language, and unquestioning acceptance of the native group's values (Cantu, 1995).

A simplistic and unidirectional definition of 'assimilation' and the related metaphor of the melting pot that are frequently employed by members of the media and the general public have provided grist for anti-immigrant groups who fuel concern over the notion that contemporary immigrants 'refuse to assimilate'. In a 2004 survey of American attitudes toward immigrants, almost two thirds of US-born adults agreed that the US should be "a country with a basic American culture and values that immigrants take on when they come here." (National Public Radio, Kaiser Family Foundation, & Kennedy School of Government, 2004). Not surprisingly, immigrants were much more likely to believe that America should be "a country of many cultures and values that change as new people arrive" (see Figure 1).



To see more results of the survey, go to <http://xrl.us/iezz>.

The perception that immigrants cost more than they contribute is a major determinant of anti-immigrant sentiments in the United States (Fennelly and Federico, 2005). In the survey referred to above, almost half (46%) of adults

agreed with the statement that “Immigrants are a burden on our country because they take our jobs, housing and health care”.

Of the many variables that have been used to measure degrees of acculturation. Perhaps the most powerful is language. In scales measuring acculturation language generally accounts for over 70 percent of the variance (Clark and Hofstess, 1998). When the Wilder Research Center conducted focus groups with Bosnian, Latino and Sudanese immigrants in Austin, Minnesota about their experiences and needs, language barriers were the most pressing issues.

<http://xrl.us/je4p>

Fennelly and Palasz (2003) (Fennelly & Palasz, 2003) analyzed the English language proficiency of the four largest immigrant groups in the Twin Cities, and argued that policies promoting school retention and graduation would be the most effective means of furthering acculturation. In another study employing focus groups with European origin, residents in one Minnesota town, a resident expressed his perception that immigrants don't learn English quickly enough, or use it publicly (Fennelly and Leitner, 2003):

Herb: I think they've gotta put the right foot forward...a lot of 'em talk just as good a English as the rest of us. But you never know it. ...so, hey, come clean. If you talk English, talk English to me. If you don't, then learn. This way...Maybe I'm being selfish in that regard, but if I went to another country where English wasn't spoken, I would have to learn that language.

Another focus group member in the same study expressed more empathy, and recalled the struggles of his own Dutch immigrant parents:

Herb: I think it's important to remember, uh, we're in a big hurry here I think to integrate them into our society. My folks both came from Holland years ago, and they came through the same thing we're talking about here. When my older brothers and sisters started getting close to going to school, they were still talking Dutch at home. ... it seems like it was more of an immigrant country in those days. I went through all of the stuff we've talked about here, tonight.

In many cases anger over language or the pace of ‘assimilation’ appear to be covers for deeper anti-immigrant sentiments, as in this quote from a male member of a suburban focus group in the Minnesota Community Study (2004):

...if you're coming over here to hang your country's flag in your front yard and if you're coming over here trying to make me change or I've got stand up or apologize for who I am because you don't speak my language or I don't understand your religion, and we've got to have all these laws and rules and regulations for you so that you can live here. I think that's crap. I think this is America. If you want to live here, you abide by the rules and regulations that we have.

Mental Health, Migration and Acculturation

It is impossible to fully isolate the mental health effects of migration because migration is a complex and longitudinal process, rather than a discrete event. Both the determinants and effects of migration are as varied as migrants themselves. Bhugra (2004) conducted a review of published studies on migration and mental health and summarized the complex ways in which varying experiences of migration yield different outcomes for different individuals:

At the level of pre-migration, social skills, concepts of the self and psychological, social and biological vulnerabilities may well play a role. These will be further influenced by the voluntary or forced nature of migration. Once migration has occurred, additional factors like negative/positive life events or bereavement issues related to loss of relationships, assets and support may become relevant. At that state the process of acculturation may well begin. At group level, living among members of the same culture or community may add to or alleviate the stress. (p244)

Adjustment to life in a new environment adds to the many stresses of migration and abandonment of all that is familiar. Social scientists call this 'acculturative stress'. Not surprisingly, acculturative stress varies by age at migration, with younger migrants generally adapting more easily and more quickly to a new environment.

The most serious mental health repercussions are suffered by refugees because of their forced migration to escape persecution or violence (Gavagan and Brodyaga, 1998). Children, as well as adults, are subject to this trauma—see, for example, an extensive literature review conducted by Lustig et al (2004). However, few schools provide special screening or mental health interventions for immigrant students. Furthermore, many immigrants and refugees are reluctant to seek professional help for stress. Mental health utilization rates are particularly low for Asians (Herrick and Brown 1998; Lin and Cheung, 1999).

In health research a number of studies have shown that structural barriers to integration add to 'acculturative stress' (Williams et. al, 2003 ; Finch, 2001), most likely because of the ways in which economic disadvantage and discrimination lead to depression, poverty, poor housing, limited access to health services, and poor nutrition. For children, increased acculturation is associated with increases in substance abuse and risk behaviors, greater family conflict and decreased family pride ((Hernandez & Charney, 1998), and—among some groups-- deteriorating school achievement. Hernandez and Charney tentatively

conclude that “bicultural individuals are more likely to be better adjusted in a new society. This is likely to be due to the fact that they not only maintain the strengths of their home culture, but also retain supportive social links to that culture while they develop the language and social skills needed to successfully negotiate their new cultural setting” (85).

In other words, in what has been termed the “acculturative paradox” or “the healthy migrant phenomenon”, the health of immigrants is actually better than that of native-born residents on a number of measures, and health status actually *deteriorates* with each successive generation. The National Research Council Committee on the Health and Adjustment of Immigrant Children and Families examined existing research and concluded that:

“Many measures reported for children in immigrant families indicate that they are healthier than US-born children in US-born families. This relative advantage tends to decline with length of time in the United States and from one generation to the next.” (107)

For more information on the healthy migrant phenomenon, see <http://xrl.us/jfyy>.

In spite of these findings, their implications for the meaning of ‘acculturation’ remain elusive. Some researchers have speculated that first generation immigrants have certain ‘protective factors’ that shield them from the negative health effects that appear among second and later generation individuals. Lara et al (2005) (Lara, Gamboa, Kahramanian, Morales, & Hayes Bautista, David E., 2005) caution against accepting such untested, and often stereotypical assumptions about possible positive or negative effects of acculturation. For Latinos these include (for example) broad generalizations about the protective factors of close family relations, or about the harmful effects of ‘machismo’, without including baseline comparisons from individuals in the country of origin. Furthermore, many studies fail to clearly define acculturation, or to specify the presumed causal mechanisms for positive or negative health outcomes. After an extensive review of the literature, they conclude that:

the effect of acculturation, or more accurately, assimilation to mainstream US culture, on Latino behaviors and health outcomes is very complex and not well understood...depending on the subject area, the measure of acculturation used, and factors such as age, gender or other measured or unmeasured constructs, acculturation may have a negative, positive or no effect on the health of Latinos.” (p 374)

Social Connectedness

Immigrants—like other individuals—require certain basic needs in order to thrive, and to develop a sense of connectedness to the larger society. In a report on immigrant integration, researchers sponsored by the (Carnegie Corporation, 2003) emphasized the urgency in improvements in healthcare, English language classes and programs that help immigrants establish a solid foothold.

There are a number of characteristics of American society that may be unfamiliar for immigrants, and that inhibit integration, or a sense of social connectedness. A few of these include notions of individualism, independence, and consumerism (McKnight, 2004). Hernandez and Charney (1998) identify the kinds of problems associated with ‘acculturative stress’ as language problems, perceived discrimination, perceived cultural incompatibilities and increasing distance from home country cultural values and norms. Another common source of stress comes from adapting to societal norms that affect status and immigrants’ sense of *agency*. These stresses change over time, and vary depending upon family and community supports. They may range from euphoria in the first year after successfully immigrating, to high acculturative stress in the second year, and mixed levels in subsequent years (Hernandez and Charney, 1998).

Loss of status may have a deleterious effect on the mental health of migrants, as a result of under-employment of educated individuals who held prestigious jobs in their homelands, to changes in gender relations or social status, or to the loss of social prestige on the part of elderly immigrants who find that they must rely upon younger family members for help navigating a strange land. Immigration and integration into a society with different cultural norms often challenges expectations and requires renegotiation of gender roles and markers of family and community status (Dion and Dion, 2001).

Conclusion

One of the difficulties inherent in making broad recommendations to improve the health of immigrants is their very heterogeneity. The differences within any one immigrant group far exceed the differences among immigrant groups, or even between immigrants and non-immigrants.

Nevertheless, the literature reviewed here suggests the need for some broad policies that can improve the successful integration of immigrants into American society. Chief among them are:

- the identification and reinforcement of some of the ‘protective factors’ that lead to positive mental health outcomes for first generation immigrants,

- recognition of the existence of structural and attitudinal barriers to integration, and the development of strategies for the removal of these barriers,
- building the capacity and viability of immigrant-led organizations, and
- fostering better communication between immigrants and receiving communities.

These principles form the underpinnings of the Blue Cross/Blue Shield Foundation's *Healthy Together Initiative* –targeted funding for projects related to health, social connectedness and immigrant integration.

SIDEBAR BOX Terminology

In this brief the term '**immigrant**' is often used in a generic sense to include *anyone who is foreign-born*. In general discussions of integration and acculturation the terms may also refer to the US-born children of immigrants. In some portions of the brief we refer to more specific categories, such as refugees or 'undocumented residents'.

The technical definition of an **immigrant** by the The US Citizenship and Immigration Service (USCIS) is an individual who **is** lawfully admitted to the United States for permanent (as opposed to temporary) residence. The USCIS makes technical distinctions among immigrants, refugees, asylees and illegal aliens.¹

- People with immigrant visas become '**lawful permanent residents**' (LPRs) once they enter the US.
- **Refugees** are individuals who are outside the US and are admitted to the country as refugees because they are unable or unwilling to return to their home countries because of a well-founded fear of persecution because of their race, religion, nationality, political opinion or membership in a particular social group. Refugees are eligible to become permanent residents after one year in the US.
- **Asylees** are individuals who are already in the United States and who seek asylum because they are unable or unwilling to return to their country because of a well-founded fear of persecution because of their race, religion, nationality, political opinion or membership in a particular social group.
- '**Illegal aliens**' or '**undocumented**' individuals are persons who have entered the United States without passing through border inspection, or who overstay temporary or short-term visas

¹ Source: USCIS.gov

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