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## Cultural distance and emotional problems among immigrant and refugee youth in Canada: Findings from the New Canadian Child and Youth Study (NCCYS)

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## ABSTRACT

This study examines the widely accepted but under-studied proposition that the greater the cultural distance (CD) between home country and country of resettlement the greater the mental health risk for immigrant and refugee youth. The study also explores pathways through which CD, a macro-social stressor, might exert its mental health effect through meso-environmental stressors including poverty and discrimination, as well as micro-environmental familial stressors. Acculturation strategies and personal competencies are also examined as sources of resilience. The study sample consists of 2074 immigrant and refugee girls and boys, ages 11–13, belonging to 16 different ethnocultural communities, and living in six different Canadian cities. Study data consist of interviews with youth and with the parent deemed the most knowledgeable. Results reveal that CD did adversely affect youth mental health but the effect was relatively small. Family environment variables, particularly parental depression and harsh parenting, accounted for about one third of the effect of CD. Parents in ethnocultural communities that were culturally distant from Canada were more likely to employ harsh parenting practices than parents coming from culturally closer countries. Immigrant youth from culturally distant backgrounds were more likely to perceive discrimination than youth from culturally closer backgrounds. Social competence had an inverse relationship with emotional symptoms. An integration style of acculturation was more advantageous than an isolated, assimilated or marginalized style. The longer youth from culturally distant backgrounds lived in Canada, the worse their mental health tended to be: for youth from culturally closer backgrounds, the opposite was true. The discussion addresses implications for resettlement interventions and policy.

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Helping immigrant and refugee youth stay mentally healthy as they meet the challenges of integration is an important goal for all immigrant receiving countries. However, gaps in knowledge about what promotes and what jeopardizes mental well-being hamper the development of effective policy and practice (Bernhard, Landolt, & Goldring, 2008; Canadian Task Force, 1988a, 1988b). Although some research has been directed at uncovering predictors of mental health in immigrant and refugee youth, the topic of cultural distance (CD) has been neglected. Given the changes in contemporary immigration flows

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characterized by migrations across ever-greater cultural divides, this omission is particularly glaring. For example, until the 1970s, Western Europe was the largest source of immigration for Canada. Most immigrants now come from the culturally more distant regions of Asia, Africa and the Middle East. The cultural divide between newcomer and native-born is wider than it has ever been in Canadian history. The mental health consequences remain largely unexplored.

The idea that movement across cultures can affect emotional well-being as much as, or even more strongly than movement across space has been vigorously asserted (Caldwell-Harris & Ayçiçeği, 2006; Omidvar & Richmond, 2003; Triandis, 2000; Wachs, 2000) but only rarely tested. Furthermore, prior studies of the relationship between cultural distance (CD) and emotional problems have, for the most part relied on a *subjective* measure of CD—a personal reflection on the distance between home and resettlement country cultures. Since both CD and symptoms are measured subjectively, it is impossible to conclude that a positive association between the two evidences a causal relationship. One phenomenon may cause the other, but an association could also mean that the two are components of a general syndrome of resettlement estrangement and malaise. The current study, with data from migrant youth in 16 different ethnocultural communities in Canada, uses objective measures of CD to explore direct and indirect links with emotional problems. The study also explores coping strategies that may attenuate mental health risk.

## 1. Societal cultures: Concepts and measures

Parsons (1968) was one of the earliest writers to propose that underlying pattern values could account for cross-societal differences in the behavior of institutions and individuals. More recently, Schwartz (2014) has expanded the concept. According to Schwartz, the concept of societal culture does not mean that there is consensus among all individuals belonging to a particular society. In fact, survey research demonstrates that responses to questions about values (e.g. Hofstede, 1980; Kandogan, 2012; Taras, Steel, & Kirkman, 2012) invariably reveal inter-individual variance in endorsement of particular values. However, population surveys do reveal central tendencies, and these provide a basis for inferring the cultural values that underlie the functioning, policies and practices of social institutions.

Social psychological studies of expatriates and immigrants have shown that the greater the distance between the culture of origin and of resettlement (cultural distance or CD), the greater the difficulties with integration and the greater the threat to well-being. Conversely, the better the fit between home and adopted country cultures, the better the chance of success (Caldwell-Harris & Ayçiçeği, 2006; Dressler, Balieiro, Ribeiro, & Dos Santos, 2007; Harvey & Moeller, 2009; Lundborg, 2013; Sagiv & Schwartz, 2000; Schiefer, Mollering, & Daniel, 2012; Sorthaix & Lonnqvist, 2014a,b; Triandis, 2000; Wachs, 2000).

An early study of CD and mental health focused on international students attending a university in Scotland (Babiker, Cox, & Miller, 1980). Student scores on an index of CD used in the study correlated with the number of anxiety symptoms experienced and with the number of medical consultations sought throughout the school year. However, since cultural distance and mental health were based on individual self-report, CD and anxiety may not have been causally related, but, instead, co-occurring cognitive and affective components of a syndrome of alienation.

More recent investigations have relied on putatively objective measures to investigate the relationship between CD and mental health (Sorthaix & Lonnqvist, 2014a,b). These studies refer to objective cultural fit as the difference between an individual's score on a particular trait and a group or national score on the same trait (Schiefer et al., 2012), subjective fit to an individual's perception of the discrepancy between personally held attitudes or values and his or her perceptions of reference group adherence to the same attitudes or values. According to this paradigm, a score on CD is "objective" by virtue of its being based on the difference between a subjective rating of cultural inclinations and an independent measure of group tendency. Despite the use of the term objective, the method does not guarantee clear separation between the subjectively assessed dependent measure, mental health, and the measure of home culture – also based on subjective report – that is used to calculate CD. For example, an emotionally distressed immigrant might be inclined to romanticize the home culture more than he or she would in a more euthymic state. Conversely, during the early years after escape, a distressed refugee might be more condemnatory of the home culture than he or she would be in a more settled condition. Using a CD measure based on national scores from both the home and resettlement country and relating this to individual mental health would obviate the potential confounding of dependent and independent variables.

## 2. Predictors of mental health among immigrant youth: Macro-, meso- micro-stressors, and personal sources of resilience

The current study draws on Bronfenbrenner's (2005) bioecological approach to human development and the Total Environment Assessment Model for Early Child Development (TEAM-ECD; Siddiqi, Hertzman, Irwin, & Hertzman, 2011). The concept that systems at varying degrees of proximity to the individual affect behaviour and development both uniquely and in interaction with each other is common to both models and is an essential feature of the current study's conceptual framework. According to this framework, youth emotional symptoms are affected by CD, a macro-environmental influence, poverty and discrimination at the meso-environmental level, and family functioning and parenting practices at the micro-level. Personal characteristics including acculturation strategies and personal competencies are examined as potential sources of resilience. Fig. 1 describes the model guiding the study.

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