

Does social capital help or hinder the integration of Asian immigrants into the U.S. and Canada?

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This paper investigates the effects of immigration upon the mental health of Asian immigrants and the role that social capital plays in mitigating or exacerbating these effects. The number of immigrants from Asia to both United States and Canada has grown exponentially within the last few decades, but little research to date has been done to understand the prevalence of depression among this population and the efficacy and cultural appropriateness of health services available to them. A literature review finds a high rate of depression among the Asian immigrant population, with differential rates based upon age of immigration and gender. Most individuals relied upon sources of social capital to cope with their conditions rather than seeking out clinical treatment. Social capital was found to both mitigate and worsen the effects of immigration upon mental health. Bridging and weak bonding ties were beneficial while strong bonding ties were generally more detrimental. Implications for useful and effective mental health services for this community are discussed.

INTRODUCTION

Asians constitute a growing percentage of the populations living in both the United States and Canada according to the U.S. Department of Commerce.¹ The number of Asian Americans rose from less than 1 million in 1960 to more than 8.5 million within three decades, the majority which are first generational.² Immigration is often conceptualized as a “traumatic” experience in which displacement (uprooting), the loss of a familiar environment, physical severance of ties with established sources of social capital, and exposure to racism serve as stressors.³ Because of this, immigrants are presumed to be at great risk of developing mental disorders. Paradoxically, “they are the least likely to utilize such services because they are not well acculturated and do not yet share the values of Western mental health providers”.^{1,2} From this observation springs a growing concern for the lack of culturally appropriate services available. Little remains known about the mental health status of Asian immigrants.

This paper seeks to analyze the effects of immigration upon one’s mental health and the ways in which social capital can help to mitigate or aggravate the stressors and challenges associated with immigration by asking the following questions: How have the social capital of immigrants shaped their experiences in America? What are some of the potential positive and negative outcomes that social capital can incur in the context of immigration? Does social capital facilitate or hinder immigrants’ abilities to integrate into American society? How does this in turn affect the mental health of immigrants? Pre-existing literature and research findings on this subject matter will be reviewed with the goal of better understanding the linkages between social capital, social integration, immigration and mental health.

METHODS

To answer the previously mentioned inquires, a review of both primary and secondary literature was performed.

Relevant journal articles were found with use of academic search engines such as JStor, GoogleScholar, Web of Science, Anthropology Plus, PsycINFO and Academic OneFile utilizing various combinations of the following search terms: immigration, social capital, resilience, mental health, social cohesion, Asian immigrants, and effects of immigration on mental health.

RESULTS & DISCUSSION

The studies summarized in this paper consist of data gathered from individuals of different Asian countries of origin, therefore looking at Asian Americans as a collective group. One must note that findings presented represent general trends and should be mindful that variances may be found between ethnic groups. Ethnic enclaves exist outside the realm of specifically identified communities; therefore this paper looks at studies which include subjects from neighborhoods outside of Chinatowns and other such areas. Studies focused on the recruitment of subjects from outside clinical settings (because of differences in mental health services seeking behaviors amongst Asians). Questionnaires, interviews and surveys were used to collect responses to generate information about mental health statuses instead of guidelines from the Diagnostic and Statistical Manual of mental disorders.⁴ This was done in consideration of the fact that “Asians are less inclined to dichotomize body and mind and therefore tend to report distress accordingly – focusing more on physical discomfort and less on emotional symptoms”.^{1,2,5} Mental disorders among this group run the risk of being misdiagnosed or undiagnosed under conventional Western measures of mental health.

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One factor to be considered when measuring the impact which immigration has upon mental health is resilience or hardiness. Defined as “the capacity to rebound from crises due to the collective attributes (internal and external) of an individual which protect him/her from the negative effects of adverse events and experiences”,⁶ an individual’s resilience significantly influences the impact that immigration may have upon one’s health.³ Therefore it is important to note that the effects of uprooting are variable amongst individuals.

Social capital is an “umbrella term embracing social cohesion, social support, social integration and/or participation, among several other social determinants of health”.⁷ Social capital can contribute to one’s resilience and also contribute greatly to how they are able to cope with the stresses of immigration to preserve sound mental health. The connection between mental health and social capital in the context of immigration are explored by the following studies.

A study by Ying in 1990 of 40 recently immigrated Chinese-American women who attended a public health clinic in San Francisco’s Chinatown, explored how major depression was conceptualized by this population and analyzed their help-seeking behavior in regards to this disease.¹ Participants were asked to read a case study of a woman presenting the classic symptoms of major depression as listed by the DSM-III diagnostic criteria, then asked about their abilities to relate to the story and provide suggestions for how the woman could improve her situation. It was found that despite differences in western and eastern conceptualizations of mental illness, the majority of study participants were able to identify that the individual in the hypothetical case study was in a state of great distress and mental disease. The terminology used by participants was often different from that of “depression” since such a term is differently weighted in Asian cultures. Additionally a majority of the women said they could identify with the woman presented in the case and suggested that she rely upon family members, friends, and herself rather than seeking professional or medical services to get better. Such responses demonstrated that high rates of depression were found upon women of this study group and that most tapped into their sources of social capital to cope with the detrimental effects of immigration rather than seeking clinical or medical treatment.

A 2007 analysis of data gathered from the first national study of Asian Americans, the National Latino and Asian American study (NLAAS) by Takeuchi et al. revealed a different story. Studying the lifetime and 12-month rates of reported depressive disorders in the national sample, Takeuchi et al. found that immigration affected mental health in different ways amongst different groups. They concluded that “Chinese immigrants who immigrated after 20 years of age are nearly 1.5 to 3 times more likely to experience major depression than are those who immigrate before age 20.” Additionally, the ability to speak English proficiently was a key feature in the social integration and acculturation process. Those who spoke it proficiently were found to have comparably lower rate of mental disorders than those who did not (though this trend was only applicable to men; for women there was no association found). Also, reason for

migration yield different effects of moving upon mental health: “Asian refugees are more likely to report depressive symptoms than are Asian immigrants who voluntarily come to the US.” This study reveals that immigration does not affect the mental health of all age groups and both genders indiscriminately. Perhaps such gender differentials are reflective of the fact that females are more likely to report cases of depression in general or that they are more susceptible to mental illnesses because they tend to internalize the problems of others more so than men and thus a mastery of the English language is less significant in the overall scheme of things.⁸ This may also be due to the fact that “Asian women are culturally more conservative than men. As immigrants, women are likely to acculturate more slowly, especially if they are primarily at home caring for their children”.¹ In this situation, it would be expected that Asian women would have more difficulty developing forms of social capital after migrating which would affect their abilities to deal with the challenges associated with immigration. Along the same line of logic, it is expected that differences in rates of depression would be found amongst groups of different immigration statuses. An increased number of years in U.S./Canada and proficiency of language may serve as “markers of immigrants’ ability to move outside of immediate social circles and expand their social capital”.⁹ This study demonstrates the profound role that social capital plays in determining mental health outcomes following immigration.

Uslaner and Conley’s analysis of a Los Angeles Times survey of ethnic Chinese in Southern California in 1997 revealed that social capital did not always mitigate the effects of immigration upon mental health, while Kuo and Tsai’s survey of 301 Chinese, Japanese, Filipino and Korean immigrants residing in Seattle in 1982 provided evidence to argue that social capital does indeed have a positive effect. Uslaner and Conley found that “those who felt closer to their own ethnic community or even to China were more likely to either stick to Chinese civic associations only or withdraw from participation entirely.” Additionally, those who lived within the confines of a close Chinese community were more socially isolated and slower to become acculturated to the larger society. Such strong bonding ties perpetuated feelings of exclusion and lead to particularized trust which inhibited the individuals from extending their social circles and creating ties with more diverse groups. Kuo and Tsai’s survey found that the establishment of strong ties does not always aggravate the negative impacts of immigration upon mental health. It was found that “those who began locating possible social ties that can be quickly mobilized prior to immigration (such as connecting with friend and family members that immigrants were joining) were better able to absorb the initial shock of migration.” Such strong ties were also seen as useful in helping shield one from exposure to racism. As demonstrated by these two studies, social capital can either mitigate or worsen the effects of immigration upon mental health.

CONCLUSION

The effects of immigration upon mental health are

variable among different individuals and different groups as is evident in Ying and Takeuchi et al.'s studies. Likewise, social capital can positively or negatively impact this relationship. It is evident that the type and strength of social ties really matter. The strong ties that hold some together also serve to exclude others.^{10,11} These studies reveal that the types of social ties that have been found to help individuals cope with stressors associated with immigration are bridging and weak bonding ties. Bridging ties which exist between groups to increase the number of resources available to a given community and bonding ties which serve to increase cohesiveness within a given group have enabled immigrants to develop new support networks and have facilitated integration into their new neighborhoods.⁷ Strong bonding ties on the other hand have proven to exacerbate the challenges posed by immigration. Such ties can limit one's sense of personal freedom, create more stress by forcing conformity and posing expectations, and hinder assimilation and integration into society. The strength of bonding ties can cause Asian immigrants to isolate themselves from neighbors of other ethnicities, contributing to a sense of distrust and perpetuating ethnic divides leading to feelings of racism and insecurity.¹² Despite these potential harms, the benefits of social ties are seen to exceed the negative consequences in helping Asian immigrants cope with the stresses of migration to maintain sound mental health.

The conclusions drawn from these studies lead to optimism among healthcare providers and immigrants alike. Although Asian immigrants are found to under-utilize current mental health services and medical treatments for mental health related issues,¹ they seek care in other ways. Asian immigrants are found to resort to their social capital as means of coping with stressors associated with immigration. Essentially, "Asian traditions in general regard the family as the basic unit of society. A family member's illness is considered a threat to the homeostasis of the family and thus often leads to mobilization of the family resources."² The majority of those suffering from ill mental health can tap into existent resources and seek aid from those whom they are closest to.

These findings yield a number of policy recommendations. Healthcare providers seeking to provide more and better utilized mental health resources to Asian immigrant populations should focus on strengthening social ties or educating community members about mental health issues and methods of dealing with them. Additionally, they should appeal to the community as a whole instead of individuals to ensure sound mental health amongst members of this population.¹ There is a great demonstrated need for health interventions which are culturally appropriate. Treatment options and services created with the typical American in mind may not be suitable for a newly transplanted individual. Lastly, to ensure provision of better mental health services for one of America and Canada's fastest growing sub-groups, more research must be done to understand the mental health statuses of different ethnic groups. The majority of existent studies fail to stratify data according to country of origin. With such diversity found among these ethnic groups, it is inadequate to simply assume that similar challenges and types of social capital are found among these different populations.

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