Age, Acculturation, Cultural Adjustment, and Mental Health Symptoms of Chinese, Korean, and Japanese Immigrant Youths

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This study of Chinese, Japanese, and Korean immigrant junior high and high school students (N = 319) investigated the association between age, acculturation, cultural adjustment difficulties, and general mental health concerns. Hierarchical regression analyses determined that among all of the independent variables, age, acculturation, and cultural adjustment difficulties had significant predictive effects on mental health symptoms. Implications for theory, research, and practice are addressed, particularly as they relate to developmental issues among immigrant youths.

Asian Americans are one of the fastest growing racial groups in the United States, representing 29 distinct ethnic groups (Liu, Pope-Davis, Nevitt, & Toporek, 1999). Although the numbers of Asian immigrants continue to increase, there are relatively few studies on their experiences adjusting to a new culture. This research investigates Chinese, Korean, and Japanese immigrants’ age, acculturation, and cultural adjustment (adaptation to a new cultural setting) as predictive of general mental health concerns. Although there is limited research on their cultural adjustment experiences and because they represent a large percentage of Asian immigrants in the United States, these groups warrant additional scrutiny.

The junior high and high school years have been associated with important tasks such as developing an identity and establish-
ing independence from one’s family (Herring, 1997). These developmental tasks pose particular challenges for Asian immigrant youths who are trying to adapt to a new cultural setting (Sandhu, 1997). For example, developing a coherent sense of self may seem difficult when one must learn to negotiate and adapt one’s identities according to multiple role expectations across competing cultures (Yeh & Huang, 1996; Yeh & Hwang, 2000). Moreover, establishing independence from one’s parents may be especially challenging because Asian culture prioritizes strong connectedness with family ties.

Previous theories have described the particular and unique mental health concerns of Asian immigrant youths (see Homma-True, 1997; B.-L. C. Kim, 1996; S. C. Kim, 1997; E. Lee, 1996b, 1997; Uba, 1994). For example, immigrant adolescents often have high expectations of what their life will be like when they move to the United States and experience disappointment, resentment, depression, anger, and culture shock when their expectations are inaccurate. This culture shock is further exacerbated by the incongruence they may experience between the values and goals of the family setting and those of the mainstream environment (U. Kim & Choi, 1994).

In fact, research has indicated that moving to a new culture can have detrimental effects on one’s mental health (Sodowsky & Lai, 1997). Cultural adjustment is a particular challenge to immigrant youths, who are trying to learn and achieve in a new language while simultaneously dealing with developmental issues such as forming a sense of ethnic identity, assimilating to a new culture, relating to peers, and learning new role relations (Lynch, 1992). Because immigrant youths may be unable to relate to peers or adapt to new role relations, mental health concerns such as alienation, withdrawal, lethargy, aggression, anxiety (Lynch, 1992), low self-esteem, intergenerational conflicts, and physical illness (Morrow, 1994) are prone to arise as they adjust to a new cultural setting.

Acculturation is a critical factor to understand when examining the process of cultural adjustment and adaptation for Asian Americans (Birman, 1994; Liu et al., 1999). Specifically, acculturation refers to the manner in which individuals negotiate two or more cultures. It is assumed that one culture is dominant while the other culture is perceived to have less cultural value (Berry, 1995; LaFromboise, Coleman, & Gerton, 1993). Ward and Kennedy (1994) differentiated between the culture of origin, which is referred to as the national culture, and the culture of contact, which is referred to as the host culture. The acculturation process is determined by how individuals manage maintaining or letting go of their national culture in light of conflicting cultural values. Typically, individuals who deal with acculturation are those from the nondominant cultural group (Berry, Kim, Minde, & Mok 1987).

Berry et al. (1987) theorized an acculturation model with four adaptation strategies: assimilation, integration, separation, and marginalization. Assimilation is the strategy associated with rejecting one’s cultural values in favor of entrance to the dominant cultural practices. Integration represents maintenance of one’s cultural identity and participation in the dominant culture’s values. Separation represents the strategy associated with valuing one’s cultural norms and not participating in the cultural norms of the dominant culture. Finally, marginalization is an adaptation strategy in which one does not participate in one’s own or the dominant group’s cultural practices. Berry et al.’s acculturation model consists of stages; however, it was not originally conceptualized as a linear progressive stage model in which one strategy was believed to be developmentally more adaptive than other strategies. Rather, Berry and his colleagues acknowledged that there were differences in acculturation strategies among native peoples, ethnic groups, immigrants, refugees, and sojourners (Berry, 1995; Berry et al., 1987; Ward & Rana-Deuba, 1999). Berry et al. (1987) further posited that differences in ac-
culturation strategies depended on the degree of “voluntariness, movement, and permanence of contact” (p. 494). Also, the dominant culture’s tolerance and attitude toward cultural differences also play a role.

Harwood (1994) argued that current conceptualizations of acculturation are outdated. Speaking specifically about the United States, Harwood stated that very few current immigrants enter the United States without previous knowledge and some aspect of internalization of American cultural values. Older models of acculturation assume that cultures are separate and distinct. Global culture, technology, and information dissemination influence the spread of cultural norms and knowledge of American cultural norms in particular. Also, greater ethnic diversity exists in the people who immigrate and possibly the neighborhoods to which they settle. It is also highlighted that a fluid, dynamic, and political context of ethnic identity is also incorporated with acculturation models. Lastly, Harwood called for inclusion of emotional understanding into acculturation models. It is important to understand the varying reactions that individuals have to the acculturation process and how these feeling are handled to further our understanding of acculturative stress.

Although numerous studies have investigated Asian American acculturation (Atkinson, Lowe, & Matthews, 1995; Gim, Atkinson, & Whitely, 1990; Gim Chung, 2001; Iwamasa, 1996; Liem, Lim, & Liem, 2000; Liu et al., 1999; Ryder, Alden, & Paulhus, 2000), only a few studies have used adolescent samples (Feldman, Mont-Reynaud, & Rosenthal, 1992; Go, 1999; Lim, Levensen, & Go, 2000; Ying, Coombs, & Lee, 1999; Yu & Berryman, 1996), and even fewer have compared adolescents’ experiences across Asian ethnic groups (Chen, Unger, Cruz, & Johnson, 1999; Kwak & Berry, 2001). While research has demonstrated some relationship between acculturation and mental health (Mehta, 1998; Wong-Stokem, 1998), this study seeks to understand how two aspects of cultural adjustment may be associated with general mental health.

In considering how Asian immigrants adjust to a new environment, it is important to consider the notion of biculturalism in describing their experiences. Goldberg (1941) and Green (1947) conceived that there are benefits to the bicultural individual and to society. They rejected the viewpoint of the marginal person espoused by earlier theorists. LaFromboise et al. (1993) discussed further the existence of bicultural efficacy, which they contrasted with assimilation, alternation, acculturation, and fusion models of negotiating two or more cultures. According to LaFromboise et al., individuals can live in two groups without compromising their cultural identities. Rather than conceiving bicultural competence as occurring in stages, bicultural individuals are seen as processing skills in cognitive and affective areas, such as communication skills and knowledge of cultural values and beliefs.

In examining the adjustment process, Asian immigrant youths are of particular interest for many reasons. Although Asian adolescents are often stereotyped as “model minorities” in educational, work, and social settings, they do in fact have serious developmental, social, and emotional difficulties (E. Lee, 1996a; L. C. Lee & Zhan, 1998; Sue, Sue, Sue, & Takeuchi, 1995; Uba, 1994). Since there is some truth to this stereotype (Kao & Tienda, 1995), this myth creates the perception that Asian youths are successful academically and psychologically and are self-sufficient. Very few studies have specifically investigated the cultural adjustment process among Asian immigrants (Nguyen, Messe, & Stollack, 1999; Sodowsky & Lai, 1997), and Asian youths in particular. Nwadiora and McAdoo (1996) examined acculturative stress among 200 Amerasians ages 19 to 23. They found that the ability to speak English was associated with fewer acculturative stressors, which emphasizes the significance of spoken communication on cultural adjustment level (Nicassio, LaBarbera, Coburn, & Finley, 1986).

Being able to operate and interact in American culture has been found to predict
higher levels of adjustment. One possible explanation may be the use of English language. Overall, previous research has found that for recent immigrants, improved English fluency may contribute to fewer communication difficulties and improved interpersonal interactions (Pak, Dion, & Dion, 1985; Salgado de Synder, 1987). Because language usage may be an important indicator of acculturation level (Mouw & Xie, 1999), the relationship between acculturation and cultural adjustment is strengthened. Specifically, immigrant youths who are able to operate across cultures (in American as well as Asian environments) may adjust better overall to the new cultural setting (Lafromboise et al., 1993). Because fitting in and establishing peer bonds is a critical developmental task, being able to function in English as well as one’s native language could prove advantageous.

Sodowsky and Lai (1997) examined cultural adjustment difficulties among 200 Chinese, Asian Indian, Vietnamese, Korean, Japanese, and Filipino immigrants and sojourners and found that cultural adjustment difficulties could be conceptualized in terms of intercultural competence and acculturative distress. Intercultural competence refers to an individual’s problem with relating to others, such as White Americans, one’s own ethnic group, and one’s family. Acculturative distress relates to general and cultural stress associated with cultural transition.

Furthermore, Sodowsky and Lai (1997) found that acculturation was significantly related to acculturative distress in that the lower the acculturation level (more traditional) the higher the level of acculturative distress. Sodowsky and Lai also described the impact of age on acculturative distress and intercultural competence concerns. Specifically, younger age was associated with more acculturative distress and more concerns with intercultural competence. These findings support previous work confirming the relationship between age and acculturation and cultural adjustment (L. N. Huang, 1997). Younger age groups may be more vulnerable because they may more strongly identify with their parents and exhibit social restraint and introversion (Sodowsky & Lai, 1997). In addition, younger participants may not have clearly established peer group relationships that may offer support during periods of stress.

Gender differences in adjustment and acculturation have been relatively ignored in the literature. Tang and Dion (1999) investigated gender and acculturation in relation to traditionalism in 106 Chinese University students and determined that men were significantly more traditional and tend to assimilate less easily. Tang and Dion contended that women experience more of a contrast between traditional gender roles and their cultural values. This finding is consistent with previous research indicating that Asian women have more egalitarian attitudes than Asian men (Chia, Moore, Lam, Chuang, & Cheng, 1994), have a greater tendency to date interracially (Mok, 1999), and are more sexually experienced, which is a sign of assimilation (K. Huang & Uba, 1992). However, in contrast to these previous findings, Furnham and Shiekh (1993) found that, in fact, among Asian immigrants, females tended to have worse mental health symptoms because of their increased social pressures and conflicting gender roles. Owing to these mixed messages about the role of gender among Asian immigrant youths, I had no specific hypotheses related to gender in particular.

The present investigation sought to broaden prior and existing research on acculturation and cultural adjustment difficulties. My review of the literature has contributed to several hypotheses. In addition, because most of the research in this area has focused on adult populations (Hyman, Vu, & Beiser, 2000) and few have explored specific Asian groups (Chiu & Ring, 1998) in spite of differences across Asian American ethnic groups (B. S. K. Kim, Yang, Atkinson, Wolfe, & Hong, 2001), this study centered on Chinese, Korean, and Japanese junior high and high school students.

My review of the literature has contributed to a few main hypotheses: First, age will
be positively related to general mental health symptoms. Second, lower levels of cultural adjustment difficulties will predict more positive general mental health and vice versa.

Given the limited empirical research in this area of ethnicity and cultural adjustment, there are no specific predictions associated with the ethnic background of the group. Rather, the following research questions are addressed: Are there differences in cultural adjustment, acculturation, and mental health among Chinese, Korean, and Japanese immigrants? What role does gender play in predicting overall mental health among Asian immigrant youths?

**Method**

**Participants**

Overall, participants include 319 Asian immigrant students—141 (44.2%) Chinese (73 male, 68 female), 124 (38.9%) Korean (56 male, 67 female), and 54 (16.9%) Japanese (23 male, 31 female)—from several junior high (7th–8th grades) and high schools (9th–12th grades) from a large urban setting on the East Coast. Chi-square analyses indicate no significant gender differences by country, $\chi^2(2) = 1.73, p = .420$. Participants had a mean age of 15.88 years ($SD = 1.77$) and ranged in age from 12 to 18 years old. All of the students in the sample were born in an Asian country. Overall, participants reported that they had been in the United States for an average of 4.73 years ($SD = 4.04$). In terms of gender, 152 (47.6%) of the participants were male and 167 (52.4%) were female. Among the Chinese, Korean, and Japanese youths, 26% ($n = 38$), 40% ($n = 50$), and 26% ($n = 13$) completed the survey in English.

**Procedure**

Parental consent was required from participants under the age of 18 years. Only participants with full parental or guardian consent were given a survey packet to complete. These self-report forms were administered to students in academic classes and social clubs. The schools were comparable in terms of socioeconomic class status and ethnic composition and were representative of other schools in the same district (Board of Education, 2001). Teachers and heads of these settings verified that all of the participants could read fluently. Participants were also given the option of having the questions read aloud to them in English or their native language. None of the participants selected this option. Students had a choice of completing the surveys in English or in their native language.

Each of the instruments were translated into Chinese, Korean, and Japanese and back translated into English following translation procedures that confirm semantic equivalence and reliability of questions (Brislin, 1980). Bilingual research assistants, who were familiar with the instruments, administered the battery of assessments during several mass administrations and were available to answer any questions about any of the items.

**Instruments**

**DEMOGRAPHIC INFORMATION.** Participants were inquired about gender, age (in years), grade level, ethnic background, birthplace, and length of residence in the United States.

**SUINN–LEW ASIAN AMERICAN SELF-IDENTITY ACCULTURATION SCALE (SL–ASIA).** The SL–ASIA (Suinn, Ahuna, & Khoo, 1992; Suinn, Rickard-Figeroa, Lew, & Virgil, 1987) has 21 items covering topics associated with acculturation: language use, identity, friendships, cultural customs, generational and geographical background, and ethnic attitudes. Sample items include “What language do you prefer?” “What is your food preference in restaurants?” and “Do you participate in Asian occasions, holidays, traditions, etc.?” Final acculturation scores range in value from 1 (high identification with Asian
A score of 3 is used to describe the term bicultural, or capable of integrating Asian and American cultures.

Reliability coefficients for the SL–ASIA have been reported as .79 for Asians and as .88 and .91 for Asian American samples (Liu et al., 1999; S. E. Park & Harrison, 1995; Solberg, Choi, Ritsma, & Jolly, 1994; Suinn, Khoo, & Ahuna, 1995; Suinn et al., 1987). Cronbach’s alpha for the present study was .90 for the 21 original SL–ASIA items. In reference to validity, the SL–ASIA is reported to be associated with English language learning, level of generation, and length of residency (S. E. Park & Harrison, 1995; Suinn et al., 1987). These findings suggest support for the concurrent validity and reliability of the SL–ASIA.

The SL–ASIA has also been found to be a valid and reliable instrument with different Asian groups such as Japanese (Kodama & Canetto, 1995) and Cambodian/Vietnamese (Lese & Robbins, 1994) participants. Previous studies have used translated versions of the instruments, thus I deemed the SL–ASIA to be appropriate for the Asian participants in the present study.

Cultural Adjustment Difficulties Checklist (CADC). The CADC (Sodowsky & Lai, 1997) was developed to assess the stressors associated with acculturation. Topics covered include majority–minority conflict related to interpersonal problems, alienation toward one’s cultural reference group, and self-efficacy in a White majority context. Moreover, the extent to which these difficulties were influenced by the immigration process was also assessed. These variables included age when immigrated, years living in the United States, ethnic social networks, family cohesion, income, and prejudice.

The CADC has two factors: Acculturative Distress (AD) and Intercultural Competence Concerns (ICC). Acculturative Distress includes cultural stress items as well as affective responses (i.e., depression, guilt, anxiety, anger); behavioral responses (i.e., alcohol use, violence, procrastination); psychosomatic symptoms (i.e., backaches, headaches, and stomachaches); and academic concerns (i.e., performance anxiety, feeling overworked). Cultural stress items refer to interpersonal conflicts with White Americans, one’s own cultural group, family members, gender confusion, feeling alienated from both cultures, and feeling caught between two cultures.

Intercultural Competence Concerns refer to concerns about social, academic, cultural, and career competence. Social competence includes items about one’s social comfort, assertiveness, close relations, interracial relations, and relations with people from one’s own group. Career and academic competence items include ability to concentrate, perform, make decisions, and feelings about one’s major or coursework. Cultural competence refers to cultural pride, acceptance by the dominant culture, cultural worthiness, and cultural adjustment. The reliabilities for the full CADC scale, the Acculturative Distress (CADC–AD), and Intercultural Competence Concerns (CADC–ICC) subscales were .91, .92, and .94, respectively. The correlation coefficient between these two factors was .35 (Sodowsky & Lai, 1997). Calculated alphas for the present study were .92, .90, and .88, respectively.

Symptom Checklist–90–Revised (SCL–90–R). The SCL–90–R (Derogatis, Rickels, & Rock, 1976) is a 90-item, forced-choice psychological rating scale. Numerous symptoms are rated by the participant on a Likert scale of distress from 0 (not at all) to 5 (extremely). Scores are obtained for three global indices for pathology: global severity index (GSI), positive symptom distress index (SDI), and positive symptoms total (PST). The GSI provides information on both the number of symptoms and the intensity of distress. The SDI measures only intensity, whereas the PST is based on the number of symptoms. The most commonly used score for the SCL–90–R is the GSI (Todd, Deane, & McKenna, 1997), and its reliability and validity have been widely reported (Dero-

The SCL–90–R has also been found to be a valid and reliable instrument using translated versions in previous research studies on Asian populations such as Koreans (Noh, Kasper, & Chen, 1998), Cambodians and Vietnamese (Foulks, Merkel, & Boehnlein, 1992), Japanese (Takeuchi, Kuo, Kim, & Leaf, 1989), Chinese (Yanping, Leyi, & Qijie, 1986), and Filipinos (Takeuchi et al., 1989). Hence, the translated versions of the SCL–90–R was determined to be an appropriate measure of mental health for the three Asian groups under investigation.

Results

Pearson correlation coefficients were assessed to determine potential multicollinearity in the two primary analyses. Pearson correlation coefficients were assessed for the overall sample as well as for each of the specific ethnic groups. A correlational table (Table 1) indicates a moderate ($p < .05$)

<table>
<thead>
<tr>
<th>TABLE 1 Pearson Correlation Coefficients</th>
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<tbody>
<tr>
<td>Scale</td>
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<tr>
<td>Overall sample</td>
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<tr>
<td>1. Age</td>
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<tr>
<td>2. SL–ASIA score</td>
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<tr>
<td>3. CADC–AD subscale score</td>
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<tr>
<td>4. CADC–ICC subscale score</td>
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<tr>
<td>5. SCL–90–R score</td>
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<tr>
<td>$M$</td>
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<tr>
<td>$SD$</td>
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<tr>
<td>Chinese ($n = 141$)</td>
</tr>
<tr>
<td>1. Age</td>
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<tr>
<td>2. SL–ASIA score</td>
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<td>3. CADC–AD subscale score</td>
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<td>4. CADC–ICC subscale score</td>
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<td>5. SCL–90–R score</td>
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<td>$SD$</td>
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<tr>
<td>Korean ($n = 122$)</td>
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<tr>
<td>1. Age</td>
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<td>2. SL–ASIA score</td>
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<td>3. CADC–AD subscale score</td>
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<td>4. CADC–ICC subscale score</td>
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<td>5. SCL–90–R score</td>
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<td>$M$</td>
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<td>$SD$</td>
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<tr>
<td>Japanese ($n = 54$)</td>
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<tr>
<td>1. Age</td>
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<tr>
<td>2. SL–ASIA score</td>
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<td>3. CADC–AD subscale score</td>
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<td>4. CADC–ICC subscale score</td>
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*p < .05. **p < .01.
correlation between acculturation and mental health symptoms and a substantial \((p < .01)\) correlation between SL–ASIA and CADC–ICC, CADC–AD and CADC–ICC, CADC–AD and SCL–90–R, and CADC–ICC and SCL–90–R. Thus, SL–ASIA, CADC–AD, and CADC–ICC were used to predict SCL–90–R scores on the GSI.

The t-test analyses indicate no significant differences across the three ethnic groups in terms of age and years in the United States. Next, multivariate analysis of variance were performed to determine if gender and ethnicity produced any main or interaction effects across the variables. Gender had no effect in terms of SL–ASIA, CADC–AD, CADC–ICC, and SCL–90–R scores. Country had a significant main effect on SL–ASIA, CADC–AD, and SCL–90–R GSI scores (Pillai’s trace = .38), \(F(8, 594) = 17.62, p < .0001\). There was also a significant interaction effect between country and gender on the SCL–90–R (Pillai’s trace = .06), \(F(8, 594) = 2.27, p < .05\). The means and standard deviations of all the variables are also presented in Table 1.

Next, post hoc one-way analyses of variance (ANOVs) were performed to determine the effect of country on SL–ASIA, CADC–AD, and SCL–90–R, and post hoc ANOVAs were conducted to assess the interaction effect between gender and country on SCL–90–R. These analyses revealed significant differences between Chinese (\(M = 32.76, SD = 19.70\)) versus Korean (\(M = 55.69, SD = 31.40\)) and versus Japanese (\(M = 46.70, SD = 27.74\)) males \((p < .05)\). In addition, there were significant differences between Korean (\(M = 56.50, SD = 26\)) versus Chinese (\(M = 46.81, SD = 27.34\)) and versus Japanese immigrant (\(M = 49.5, SD = 27.06\)) males \((p < .05)\).

Next, hierarchical regression analyses were used to assess the predictive effects of the variables gender, age, ethnic background, acculturation level (SL–ASIA), acculturative distress (CADC–AD), and intercultural competence (CADC–ICC) on the criterion variable, mental health symptoms (GSI score of the SCL–90–R; see Table 2). Consistent with previous hierarchical models (Tata & Leong, 1994), gender, age, and ethnic background were placed in the first step because they are main demographic variables. Because there were three ethnic groups, dummy codes were used to test if there were significant predictive effects of ethnicity on mental health symptoms. SL–ASIA, CADC–AD, and CADC–ICC were placed in the second block to test the contribution of these three variables on GSI that was adjusted by demographic variables. From Table 2, all demographic variables can explain 32% variance of GSI, \(F(4, 308) = 8.93, p < .01\). When SL–ASIA, CADC–AD, and CADC–ICC were added to the regression model, the percentage of explanation for both steps on GSI went up to 53%, \(F(7, 305) = 19.96, p < .01\), which increased .21 \((F_{\text{change}} = 31.17, p < .01)\). Among all seven independent variables, age, CADC–AD, and

### Table 2: Summary of Hierarchical Regression Analysis of Effects of Age, Gender, Ethnic Group, Acculturative Distress (CADC–AD), Intercultural Competence Concerns (CADC–ICC), and Acculturation (SL–ASIA) on Mental Health Symptoms (SCL–90–R)

<table>
<thead>
<tr>
<th>Variable</th>
<th>(B)</th>
<th>(SE)</th>
<th>(β)</th>
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<tr>
<td><strong>Step 1</strong></td>
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<td></td>
</tr>
<tr>
<td>Age</td>
<td>.046</td>
<td>.020</td>
<td>.130*</td>
</tr>
<tr>
<td>Male vs. female</td>
<td>.113</td>
<td>.067</td>
<td>.092</td>
</tr>
<tr>
<td>Chinese vs. other</td>
<td>-.026</td>
<td>.096</td>
<td>-.021</td>
</tr>
<tr>
<td>Korean vs. other</td>
<td>.310</td>
<td>.097</td>
<td>.243*</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.048</td>
<td>.018</td>
<td>.136**</td>
</tr>
<tr>
<td>Male vs. female</td>
<td>.112</td>
<td>.059</td>
<td>.091</td>
</tr>
<tr>
<td>Chinese vs. other</td>
<td>-.161</td>
<td>.090</td>
<td>-.130</td>
</tr>
<tr>
<td>Korean vs. other</td>
<td>.048</td>
<td>.092</td>
<td>.038</td>
</tr>
<tr>
<td>CADC–AD</td>
<td>.358</td>
<td>.044</td>
<td>.427**</td>
</tr>
<tr>
<td>CADC–ICC</td>
<td>-.077</td>
<td>.045</td>
<td>-.089</td>
</tr>
<tr>
<td>SL–ASIA</td>
<td>-.189</td>
<td>.084</td>
<td>-.116*</td>
</tr>
</tbody>
</table>

*Note. \(R^2 = .32\) for Step 1; \(ΔR^2 = .21\) for Step 2 \((p < .01)\). CADC–AD = Cultural Adjustment Difficulties Checklist—Acculturative Distress; CADC–ICC = Cultural Adjustment Difficulties Checklist—Intercultural Competence Concern; SL–ASIA = Suinn-Lew Asian American Self-Identity Acculturative Scale; SCL–90–R = Symptom Checklist–90–Revised. *\(p < .05\). **\(p < .01\).
SL–ASIA had significant predictive effects on GSI ($t_{\text{age}} = 2.67$, $p < .05$; $t_{\text{CADG–AD}} = 8.14$, $p < .01$; $t_{\text{SL–ASIA}} = 2.25$, $p < .05$).

Discussion

The preliminary findings indicate some differences across ethnic groups that warrant further discussion. Korean immigrant students in the sample were found to have higher levels of mental health symptoms in comparison to their Chinese and Japanese counterparts. Because no previous studies have compared the experiences of Chinese, Japanese, and Korean adolescent immigrants in terms of these variables, it is difficult to know how best to interpret these findings. However, there are some previous research and theory that may illuminate unique concerns for Korean immigrants (Jo, 1999; M. S. Park, 2001). B.-L. C. Kim (1996) asserted that cultural adjustment difficulties among Korean immigrants can contribute to “exaggerated expressions of individual and family dysfunction complicated by cultural stress” (p. 292). Further, Korean immigrants experience shame and humiliation in seeking help for their cultural conflicts (B.-L. C. Kim, 1996). On the basis of these findings, it is important that future research investigations explore the experiences of Korean adolescents to better understand why they may be at increased risk for mental health problems during the cultural adjustment process.

According to the results, age was a significant predictor of mental health symptoms; however, gender was not. In this sample, older students reported more general mental health symptoms. It is possible that as youths progress from junior high school into high school, they experience increased pressure from peers, teachers, and family members to formulate a cohesive identity (Erikson, 1997; Greenfield, 1994). Moreover, older adolescents may be more exposed to, and more aware of, racist encounters, which may contribute to increased emotional concerns.

In particular, for immigrant youths, approaching adulthood represents some particular challenges and developmental pressures (Chiu & Ring, 1998). For example, many immigrant youths must take on adult responsibilities (such as child care, working for money, and increased housework) even as young teenagers. Because many young immigrant adolescents are treated as adults in their home country, the contrast in family roles may become more apparent as they get older and receive pressure to attend to such roles and obligations. In addition, given the primary role of parental attachment and socialization among Asian immigrants (Huntsinger, Jose, & Larson, 1998), growing older and approaching independence may create additional anxiety and confusion regarding one’s identity. Specifically, as immigrant youths increase in age, there is increased parent–adolescent conflict due to contrasting ideas about youth authority and autonomy (Fulgini, 1998).

The results also support the hypothesis that more American-identified Asian youths report fewer mental health symptoms than Asian immigrants who are more Asian-identified. Part of this finding may be explained by previous research (Nwadiora & McAdoo, 1996) asserting that more assimilated immigrants may experience fewer cultural conflicts because of increased language proficiency, hence highlighting the significance of mastering spoken communication as part of the adjustment process. Interacting in a new language can be especially stressful for new Asian immigrants (B.-L. C. Kim, 1996; E. Lee, 1996a), detrimental to one’s self-esteem, and humiliating (B.-L. C. Kim, 1996). According to one Korean immigrant, “Overnight I became deaf and mute when I came to America” (B.-L. C. Kim, 1996, p. 286). For example, Asian immigrant youths who can interact interpersonally in English may have more comfortable interactions, may be less embarrassed by their ethnic background, and may perform at a higher level in academic classes in which English language skills are emphasized. In addition, more assimilated youths
may also be more culturally comfortable with seeking professional psychological services than less assimilated youths; such interventions could help to decrease their mental health concerns.

However, language fluency is only one possible aspect of assimilation, although this finding may actually reflect Asian immigrants’ ability to demonstrate competence in American as well as Asian contexts. Specifically, participants with fewer mental health symptoms may in fact be exhibiting bicultural competence (Lafromboise et al., 1993) or shifting selves (Yeh & Hwang, 2000) in their ability to negotiate across Asian and American settings. In particular, bilingualism may represent an ability to adapt and accommodate two cultural settings without complete assimilation to one (Mouw & Xie, 1999). From a counseling perspective, these results validate the importance of immigrant clients’ native language and viewing bilingualism as an adaptive asset contributing to bicultural competence. For Asian youths who must be able to balance multiple roles with peers and family, learning to interact in various cultural contexts is an important aspect of their development.

Overall, in confirmation of my hypothesis, the results indicate that acculturative stress had the largest effect on reported general mental health problems for the entire sample, whereas intercultural competence concerns did not. Hence, experiencing cultural stress, such as being caught between two cultures, feeling alienated from both cultures, and having interpersonal conflicts with Whites, can then lead to mental health problems. Moreover, acculturative distress is also a measure of affective, behavioral, and psychosomatic responses to a new cultural environment; as the results indicate, these specific cultural responses predict later mental health problems. Although there are certainly similar aspects of acculturative distress and mental health symptoms, the former refers to specific cultural responses, whereas the latter pertains to overall general mental health conditions.

**Limitations**

There are several limitations to this study that should be discussed in terms of sampling and methodological considerations. First, this sample consisted of only Chinese, Japanese, and Korean Asian ethnic groups. Ethnic groups that were investigated were in part determined by researchers’ interests, school demographics, and availability of bilingual researchers. The sample is limited in terms of the number of Asian groups represented, and the study could benefit from the presence of other Asian ethnic groups (such as South Asian ethnic groups). Future research should attempt to compare Asian groups across many different ethnic backgrounds; in particular, South Asian groups tend to be underrepresented in the literature (E. Lee, 1996a).

Moreover, the Japanese sample was small in comparison with the Chinese and Korean subgroups, thus making ethnic comparisons questionable. Owing to these sampling concerns, generalizability of the results should be cautioned. The sample was from a specific geographic location. Additional research could investigate samples from rural and suburban locations, as well as from a range of cities across the United States. In addition, the data were not analyzed to see if there were any statistical differences according to the different schools that served as sites for the data collection. Hence, it is not known if the differences are due to the specific sites.

There are also some methodological concerns that should be noted. Specifically, the SL–ASIA conceptually assumes that assimilation is a unidirectional, linear process with two polar ends, Asian identified versus Western identified. Such a model posits that individuals evolve toward mainstream society and eventually lose touch with one’s ethnic background; according to this model, ethnic and White identities are mutually exclusive (Rogler, Cortes, & Malgady, 1991). Single indices (e.g., language, generation) do not completely account for the complexities of acculturation (Negy & Woods, 1992).
Hence, the present measure does not allow for the experience of multiple, coexisting, or alternating identities (LaFromboise et al., 1993).

In addition, factor analyses were not conducted based on each language of the translated instruments because of small sample sizes. For example, only 41 Japanese participants completed the surveys in Japanese. Hence, the reliability and validity of these surveys in various languages is unknown. Future research should conduct factor analyses on these measures using larger samples.

**Implications**

This research has strong implications in research, training, and programming in counseling Asian immigrants, particularly in a school setting. Specifically, understanding the factors contributing to mental health symptoms in Chinese, Japanese, and Korean immigrants will help educators, administrators, and counselors better serve these groups through direct services, program development, and counselor training.

This research will help school counselors create culturally appropriate services that will facilitate increased counseling utilization rates. Specifically, the findings indicate that there are many factors that interact to affect Asian immigrant youths’ experience with general mental health. For example, the results determined that Asian immigrants who experience acculturative distress (e.g., cultural conflicts, feeling caught between two cultural groups) also encounter general mental health problems. Counselor and teacher training programs should educate practitioners to be aware of interpersonal interactions, language acquisition, and age-related changes among Asian immigrant youths. Such awareness of the cultural adjustment process will help to prevent, assess, and deal with future mental health concerns.

This research will help illuminate key issues in Asian immigrant youth adjustment and development, particularly in the school setting. Students are expected to learn and grow in school psychologically as well as academically. Facilitating positive development among immigrant students will contribute to increased performance in school. The present research will provide information about Asian immigrant students to aid teachers and counselors in recognizing and assessing difficulties with cultural adjustment. Counselors and educators could then combine resources to provide optimal services and programming for Asian immigrant students’ mental health.

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Asian Immigrant Cultural Adjustment


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