

Chapter 14

A RESEARCH PARADIGM SHIFT IN ACCULTURATION RESEARCH: FROM A PSYCHOPATHOLOGICAL PERSPECTIVE TO A RESILIENCE FRAMEWORK

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ABSTRACT

Acculturation research in the past decades has been largely dominated by a psychopathological perspective, which narrowly focused on cross-cultural adaptation problems and their negative impact on mental health of various groups of migrant. Guided by the resilience framework, this paper identifies a significant paradigm shift in acculturation research from emphasizing negative impact of migration experience on mental health to highlighting positive adaptation outcomes in cross-cultural adjustment and their contributing factors. Two directions for future acculturation research are proposed to follow this research paradigm shift: (1) to identify the positive adaptation outcomes in the process of acculturation; and (2) to identify significant protective factors and to investigate the protective mechanisms of how these factors work to promote positive adaptation outcomes in the context of acculturation.

Keywords: Acculturation, resilience, research paradigm

1. PSYCHOPATHOLOGICAL PERSPECTIVE IN ACCULTURATION RESEARCH

Over the past several decades, acculturation research has largely been dominated by a psychopathological perspective. Under the psychopathological perspective, migrants are often

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viewed as victims who suffer from the experience of acculturation. Migrants were considered as a high risk group for psychopathology or poor mental health due to a variety of risk factors they experience in the process of cross-cultural adaptation. It fails to take individual differences into consideration in acculturation experience.

There are at least two major limitations for the psychopathological perspective of acculturative research. First, it is problem- or risk-focused. A large amount of acculturative stressors have been identified for various groups of migrant in their acculturation into the host society. Take international students as an example, five major domains of acculturative stressors have been identified: (1) language-related issues, such as difficulties in listening to and speaking English (Xu, 2002), and a lack of confidence in using English in daily life (Swager & Ellis, 2003); (2) academic issues, such as difficulties that are related to coursework, research, and teaching assistantship duties (Lu 1998); (3) psycho-social-cultural issues, such as social contact, discrimination, homesickness and loneliness, cultural difference, and lack of independence; (4) financial issues (Lu, 1998); and (5) other issues, such as political concerns (Sun & Chen, 1997).

Second, psychopathological consequences of acculturation experience are greatly highlighted; while largely overlook the positive adaptation outcomes in acculturation. The psychopathological consequences of acculturative stressors and acculturative stress on mental and physical health have been intensively investigated in acculturation research. For example, Hovey and colleagues have demonstrated that a high level of acculturative stress can result in significant high levels of depression, anxiety and suicidal ideation (e.g. Hovey, 2000; Hovey & Magana, 2000; Hovey & King, 1996). Studies also found that a high level of acculturative stress was related to loneliness and somatic problems such as headache and insomnia (Leung, 2001; Choe, 1996). Moreover, the negative impact of specific acculturative stressors on mental health has also been intensively investigated in acculturation research. Take international students as an example again, low English language proficiency is a significant predictor of depressive symptoms among Chinese students in Australia (Mak & Neil, 2006). A lack of social contacts within the host society is associated with a decline of emotional well-being (Ling & Liese, 1991) and health problems such as anxiety, depression, somatic symptoms, and paranoia (Sam & Eide, 1991). Studies have also found that general academic problems, and perceived academic progress can cause psychological distress (Ying & Liese, 1991; Rosenthal, Russell & Thomson, 2006).

However, resilience research in the past decades has demonstrated that a sub-group of high risk population could develop into normal and healthy psychological functioning with no sign of psychopathology. Berry's (2006a, 2006b) model of acculturative stress also illustrated that positive outcomes are likely to be achieved in cross-cultural adaptation, which is dependent on various individual and environmental factors.

2. RESILIENCE FRAMEWORK

2.1. Concept of Resilience

There are mainly two groups of definition in resilience literature: (1) resilience as a personal trait; (2) resilience as a process. The former defines resilience as the human ability or

capacity to bounce back from, overcome, survive or successfully adapt to a variety of adverse conditions or major or multiple life stresses (e.g. Grotberg, 2003; Minnard, 2002; Norman, 2000). In this sense, resilience can be described as a relatively stable personal characteristic or set of characteristics (Liem, James, O'Toole & Boudewyn, 1997). The latter describes resilience as a dynamic process of positive or successful adaptation despite experiences of adversity, trauma, threats, or stressful life events (e.g. Luthar, Cicchetti & Becker, 2000; Rutter, 1990; Masten, Best, & Garmezy, 1990). Fonagy and colleagues (1994) argued that resilience is not a set of individual attributes born or acquired during development, rather it is a set of social and intra-psychic process, that is, the interactive combination of individual, family, social and cultural environments. In other words, the process of resilience is an interaction between person and environment, in which individuals under adverse conditions utilize internal and external resources to achieve good outcomes of adaptation.

As the personal trait definition carries the danger of blaming the victims and attributing the responsibility for the problems to the individuals personally (Schoon, 2006), there is a current shift in resilience literature, from defining resilience as a trait to viewing it as a dynamic process (Margalit, 2004). The process approach gives researchers more insight into understanding the dynamic and interactive processes of person-environment interaction, in which protective mechanisms of protective factors operate and change to promote positive outcomes under negative circumstances.

2.2. Three Key Components of Resilience

There are three key components of resilience: (1) risk factor; (2) positive adaptation outcome; and (3) protective factor (e.g. Luthar et. al., 2000; Masten, Best, & Garmezy, 1990; Werner & Smith, 1982).

2.2.1. Risk Factor

Risk factor refers to those variables that increase the probability of a negative outcome (Wright & Masten, 2005). Negative outcomes should not be narrowly defined as disorders, rather they should be broadly defined as outcomes such as “developmental delay”, “maladjustment”, or “behavior problems” (Masten & Garmezy, 1985). Two types of risk factors have been identified in resilience literature: individual attributes, and the environmental context or at-risk status of a population (Masten & Garmezy, 1985). Individual factors may include such factors as genetic vulnerability (Hammen, 2003), head injury (Rutter, 2003), and infectious agents (Cohen, 2007). Examples of environmental factors are poverty (Garmezy, 1991), childhood abuse (McGloin & Widom, 2001), and discrimination (Szalacha, Erkut, Coll, Fields, Alarcon & Ceder, 2003).

Resilience is possible to occur when individuals are exposed to stressful life experiences (Kaplan, 1999). A variety of stressors have been considered as common risk factors for poor mental health outcomes (e.g. Stoltz, 1997; Masten & Garmezy, 1985). However, stressor differs from one situation to another (Glantz & Sloboda, 1999). Migration is a stressful life experience (Grotberg, 2003). Migrants have been traditionally treated as a group at high risk of psychopathology due to the massive adjustment problems they have to face in their acculturation process, which has been highly emphasized in traditional acculturation research.

2.2.2. Positive Adaptation Outcome

The second key component of resilience is positive adaptation outcome (Miller, 2003). As resilience varies across diverse outcomes which are determined in specific adverse contexts (Kaplan, 1999), the outcomes of specific spheres of successful adaptation must be carefully identified (Luthar, 1993). A variety of criteria have been utilized to determine positive adaptation in resilience research (Masten & Reed, 2002).

One criterion of positive adaptation is the absence of psychopathology or maladaptive behavior, such as low depression or lack of depressive symptoms (e.g. Miller & Chandler, 2002). However, the absence of an undesirable outcome does not necessarily imply the presence of a desirable one (Goldstein & Brooks, 2005; Kaplan, 1999). Resilience is more than the absence of psychopathology (Almedom & Glandon, 2007). Positive aspects of well-being and mental health should also be emphasized and measured (Park & Huebner, 2005). Recently, investigations have increasingly tended to use positive health and competence as outcome measures to correct the traditional neglect of successful adaptation under adverse conditions (Luthar & Zilger, 1991). As noted by Olsson and associates (2003), “Researchers have commonly defined resilient outcomes in terms of good mental health, functional capacity, and social competence” (p2). For example, as one indicator of social competence, emotional well-being should not be measured by the lack of negative emotion only, it should also be assessed by the presence of positive emotion as well (Lucas, Diener & Larsen, 2003).

2.2.3. Protective Factor

Protective factors are those factors that ameliorate or reduce the potential negative effects of the risk factor (Henderson & Milstein, 2003). The function of protective factors are to moderate or mediate the negative effects of risk or adversities on adaptation (Masten, 1994), so that “the adaptational trajectory is more positive than would be the case if the protective factors were not operational” (Masten, Best, & Garmezy, 1990, p.431). Protective factors include individual factors, such as self-efficacy (Masten & Reed, 2002), optimism (Grotberg, 2003) and problem-solving skills (Henderson & Milstein, 2003); and environmental factors, such as trust and close relationship (Grotberg, 2003), social support (Masten, 1994) and good community assets (Masten & Reed, 2002).

2.3. Resilience Model

Process approach of resilience focuses on investigating the interaction between risk factors and protective factors to understand the underlying process and mechanisms of positive adaptation (Masten, 1999; Rutter, 1990). Three resilience models have been proposed to illustrate the relationship among risk factor, protective factor, and positive adaptation outcome: the direct effect model, the mediating effect model, and the moderating effect model (e.g. Masten, 2001; Masten & Reed, 2002).

2.3.1. Direct Effect Model

The direct effect model of resilience is illustrated in Figure 1. Bipolar predictor refers to risk and protective factors that exist within the same continuous variable at two extreme poles (Masten, 2001), such as low versus high school motivation or good versus poor peer

relationship (Masten & Reed, 2002). The direct effect model theoretically reflects the independent contributions of risk/protective factors or bipolar predictors on adaptation outcomes, but causality cannot be determined (Masten, 1999). Risk factors have negative effects on outcome, whereas protective factors have positive influences on outcomes (Masten, 2001). When the influences of protective factors outweigh those of risk factors, positive adaptation outcomes would be achieved. This is called “compensatory effect” (Garmezy, Masten & Tellegen, 1984).

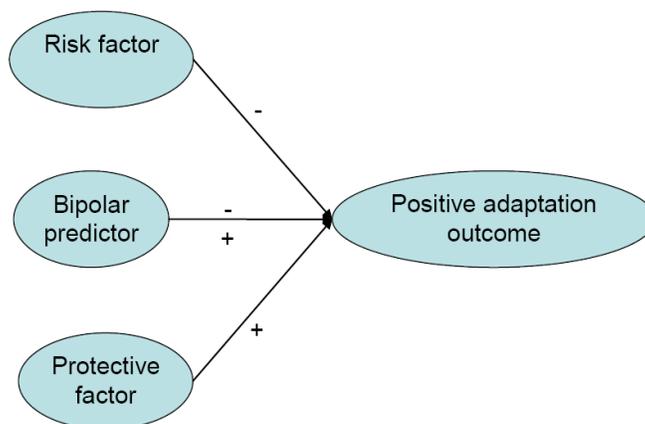


Figure 1. Direct effect model of resilience (Masten, 2001, p.229).

2.3.2. Moderating Effect Model

Figure 2 illustrates the moderating effect model of resilience. In this model, two types of protective factors are differentiated: general protective factors and risk-activated protective factors. This differentiation clarifies the effect of protective factors across different contexts and also within specific risk contexts. The moderating model of resilience shows that some protective factors work only for some people under certain levels of risk conditions (Wright & Masten, 2005). Thus, the risk-activated protective factors should have beneficial effects on those who are exposed to the risk factor, but not on those who are not so exposed (Schoon, 2005).

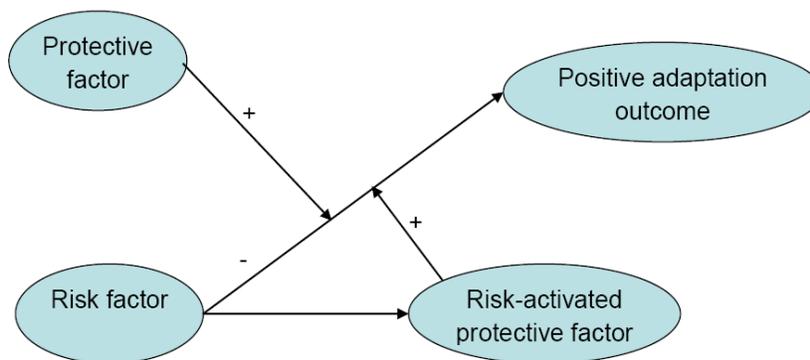


Figure 2. Moderating effect model of resilience (Masten, 2001, p.231).

The moderating model tests the interactive effect in which protective factors function to change the impact or strength of risk factors on outcomes (Masten & Powell, 2003). In other words, moderating effect is an interaction in which the effect of a risk factor on an outcome depends on the level of protective factors (Frazier, Tix & Barron, 2004). Typically, a statistically significant interaction effect is considered as evidence of moderating effect (Luthar & Zigler, 1991), and so it is also typically expressed as an “interactive effect” (Rutter, 1990).

2.3.3. Mediating Effect Model

The third type of protective mechanism is mediating effect, which shows how protective factors work to promote positive adaptation outcomes (Wright & Masten, 2005; Rutter, 1990) (see Figure 3). It deals with the question of “how” or “why” one variable predicts or causes an outcome (Frazier et. al., 2004). The underlying assumption of this model is that the protective effect provided by the protective factor can change the way that risk factor influences the adaptation outcome (Masten & Reed, 2002). In this sense, risk factor affects adaptation outcome in an indirect and indispensable pathway which is mediated by the protective factor.

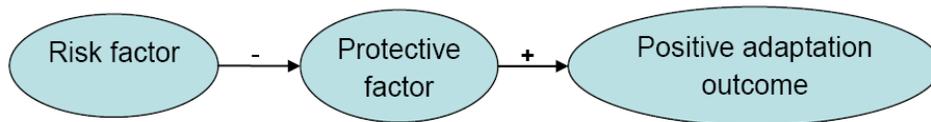


Figure 3. Mediating effect model of resilience (Masten & Reed, 2002, p.78).

2.4. Cultural Concern in Resilience Research

Resilience is culturally shaped. First, the identification of protective factors of resilience and protective process is often rooted in culture (Wright & Masten, 2005). As a protective factor does not necessarily have the same effect on individuals across cultures (Montgomery, Burr & Woodhead, 2003), protective factors may not be universal across different cultural groups (Friesen, 2007). Thus, it is important to explore cultural-specific protective factors within a certain cultural context (Grotberg, 2000), such as cultural traditions, religion, beliefs, support systems, and individualism and collectivism (Wright & Masten, 2005). For example, in a Chinese society, resilience may be related to the richness of traditional cultural values, such as the Buddhist philosophies of non-attachment and nothingness and Taoist teachings of letting-go and accepting life as ever-changing and unpredictable (Chan & Chan, 2001).

Second, the criteria of positive adaptation are also culturally determined, and involve judgment and expectations for successful adaptation with a cultural reference point (Schoon, 2006; Kaplan, 2005). Interdependence, harmony and collective living may play an important role in defining resilience in some Asian cultures, many of which place a high value on individuals' capacity to live in harmony in a collective society (Ehrensaft & Tousignant, 2006). For example, for Vietnamese women in Canada, resilience is a collective construct which means both physical sustenance and emotional connections with family and community, especially with their children's future academic success (Phan, 2006). Moreover, it is also

important to develop culturally specific measurement of successful adaptation outcomes in the midst of adversity (Infante & Lamond, 2003).

3. RESEARCH PARADIGM SHIFT IN ACCULTURATION RESEARCH: FROM A PSYCHOPATHOLOGICAL PERSPECTIVE TO A RESILIENCE FRAMEWORK

As discussed above, most acculturation research has narrowly focused on cross-cultural adjustment problems and their impact on migrants' psychological deficits or mental disorders, behavior problems and academic failures from a psychopathological perspective, strangely ignoring the concept of resilience (Chiu, 2006). From a resilience perspective, however, migrants are not viewed as victims under adverse conditions but as survivors with the ability and strength to overcome acculturative hardships and achieve positive adaptation outcomes.

Guided by the resilience framework, there are two directions for shifting the research paradigm in acculturation studies from a psychopathological perspective to a resilience framework. The first direction is to identify the positive adaptation outcomes in the process of acculturation. Migration is a stress-inducing process, but not all migrants go through the same process (Bhugra, 2004), and the outcomes of adjustment to a new culture varies dramatically from person to person (Berry, 2006a, 2006b). Acculturation experiences may sometimes enhance mental health (Berry, Kim, Minde & Mok, 1987), and even personal growth (Pan, Wong & Ye, 2013). It has been documented in some acculturation research that most international students are ultimately able to successfully settle in the host society and develop positive adaptation outcomes, such as positive emotions and life satisfaction, in spite of the considerable difficulties and emotional troubles they experience in the host society (e.g. Lee & Chen, 2005; Gao & Liu, 1998; Mang-So, 1995). For example, Rosenthal and colleagues (2006) found that a vast majority of international students experienced positive affect and satisfaction in relation to their study and life at the University of Melbourne. Pan and colleagues (2013) also found that Chinese international students developed a moderate level of post-migration growth in their adaptation to Australia. As two sides of a coin, we should shift the research focus to the positive side of acculturation in migration research.

The second direction is to identify significant protective factors and to investigate the protective mechanisms of how these factors work to promote positive adaptation outcomes in the context of acculturation. Positive acculturative adaptation outcomes depend on a variety of individual and environmental variables. In the context of acculturation, individual protective factors include such factors as the ability of identification with original cultural values and cultural attachment (Infante & Lamond, 2003; Elliott, 2001), the ability of incorporating host culture (Turner, 1992), adherence to traditional family-related values (Liebkind & Jasinskaja-Lahti, 2000), social integration (Redmond & Bunyi, 1993), bicultural inclination (Ha, 1996), religious and spiritual beliefs (Clark, 2004), and hardiness (Kuo & Tsai, 1986). Environmental protective factors include support networks and strong family relationships (Infante & Lamond, 2003), maternal emotional support and a mixed rearing style (Honig & Wang, 1997), and positive host society policies and public attitudes towards immigrants and immigration (Ho, Au, Bedford & Cooper, 2002).

Among a variety of protective factors, meaning-making and finding meaning in life in the face of hardship are central to the process of resilience in acculturation (Ehrensaft & Tousignant, 2006). Struggling to make sense of suffering and giving meaning to life from routine work was found to foster resilience for Vietnamese refugee women in Canada (Phan, 2006). For Chinese migrants, meaning in life was found to be a significant positive predictor of positive emotion and life satisfaction (Pan et. al., 2008a, 2008b), and a significant negative predictor of negative emotion (Pan et. al., 2007), as well as major factors contributing to their surviving of stress (Wu, Terry, Shih & Huang, 2006). In addition, sense-making coping, a cognitive coping strategy of reframing a negative life experience from a negative perspective to a positive one (Folkman & Moskowitz, 2000), was also found to be a significant protective factor of emotional well-being (Pan, 2011) and contribute to good adaptation (Lou & Chan, 2003) for Chinese migrants. Investigation on the role of meaning in the development of resilience in acculturation is still in its early stage. It may be a focus of research in future acculturation study.

Furthermore, guided by the three resilience models (Masten, 2001), the protective mechanisms of how protective factors work to promote positive outcomes in cross-cultural adaptation should also be focused in future acculturation research. Pan (2011) proposed and tested a resilience-based and meaning-oriented model of acculturation for Chinese international students. In this model, threat appraisal and sense-making coping were found to partially mediate the relationship between acculturative hassles and negative affect. The effect of acculturative hassles on positive affect was mediated by two pathways: (1) by threat appraisal, sense-making coping, and negative affect; and (2) by meaning in life. By investigating the protective mechanisms, researchers will be able to understand how risk and protective factors interact with each other to facilitate various positive outcomes in acculturation, and design evidence-based intervention programs to promote resilience for various migrant groups.

CONCLUSION

In conclusion, resilience framework has opened a much broader and more positive perspective in acculturation research. Guided by the research paradigm shift in a broad area of health-related research, acculturation research would benefit greatly from shifting its research focus from emphasizing the negative impact of acculturation experience on the mental health of migrants to highlighting positive cross-cultural adaptation outcomes and their contributing protective factors and protective mechanisms. In another word, guided by the resilience framework, focus of acculturation research should be changed to explore how protective factors interact with risk factors to promote positive adaptation outcomes in the process of acculturation.

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