Immigrants and Refugees

CHAPTER

The vast majority of people in the United States are the descendants of those who came here from elsewhere. People relocate from one country to another for many different reasons. This has been true throughout human history and will continue to be true in the future.

People arrive in the United States with a variety of legal statuses; some come temporarily as students or short-term workers, others come as refugees who fear for their lives; still others come hoping to build a new life here and adjust their immigrant status periodically on the way to achieving permanent residency or citizenship. Migrants come to the United States under a multitude of legal conditions (and some illegally). The fine distinctions between these statuses are beyond the scope of this chapter; however, one key distinction for social workers to understand is that migration to the United States is more or less voluntary, depending on the situation in an individual's home country.

Broadly speaking, immigrants are those who choose to relocate to a new country, often for economic reasons and hopes for more opportunities and a better life. Refugee status, on the other hand, is much more narrowly defined by international law. The 1951 United Nations Convention on the status of refugees states a refugee is a person who has left his or her country and cannot return because of a well-founded fear of persecution based on race, religion, nationality, membership in a particular social group, or political opinion (United Nations, 2002). For someone to attain the status of refugee, he or she must prove a reasonable fear of persecution on one of these five

grounds if he or she had remained in, or were to return to, his or her homeland. To apply for refugee status, someone must already be outside his or her home country. Often, someone who is granted refugee status lives in a refugee camp in a country near his or her homeland, then is accepted for resettlement in another country such as the United States. Someone who flees his or her homeland and arrives in the United States without having applied for refugee status can apply for asylum. Asylum is similar to refugee status except that the applicant has already arrived in the United States before initiating a claim. In the strict sense, refugee is a term that connotes a particular legal status that has already been granted, but often this term is applied more casually to asylum-seekers as well.

Immigrants and refugees come from a wide variety of cultures in many parts of the world; thus, there is no distinct refugee or immigrant culture in and of itself. Indeed, some of the material in previous chapters will apply to refugees and immigrants, depending on their cultures of origin (e.g., Cuban refugees, Chinese immigrants). There are, however, common bonds among refugees and immigrants. Immigration status, both in its psychological and legal aspects, has a major influence on identity. This important layer of identity interacts with other layers such as culture and gender.

Immigration now accounts for 35% of U.S. population growth, and that figure is rising (Muller, 1994). The 2000 census identified 17,758,000 noncitizens and 10,622,00 naturalized citizens living in the United States (U.S. Census Bureau, 2001). Although some of these noncitizens may hold a temporary status (e.g., student visa) and plan to return to their homelands, most of the noncitizens and all of the naturalized citizens are immigrants. Of the foreign-born population, 4,355,000 are from Europe, 7,246,000 are from Asia, 14,477,000 are from Latin America (primarily Mexico), and 2,301,000 are from other areas. Asia, Africa, and Europe (in that order) are the major refugee-producing regions (United Nations High Commission on the Status of Refugees, 2002).

The term *immigrant* can include all people who come to the United States, including those who are more specifically termed refugees or asylum-seekers. At times, the term *immigrant* is used to distinguish a voluntary newcomer from a refugee who feels he or she has no choice but to flee his or her homeland to escape persecution. In reality, the legal designations of refugee and asylee are confounded with political ideas about which countries currently have social conditions that lead to persecution of their own citizens. Some immigrants experience compelling conditions in their homeland (e.g., famine, economic decline) that lead them to leave, although they feel their choice was not entirely voluntary. Even though there are differences between the terms *immigrant* and *refugee*, they do not accurately portray the differences in the lives of people who bear these labels.

Service providers who work with immigrants and refugees are increasingly using the term *newcomer* to represent those who have recently come to the United States and, thus, are facing a variety of adjustment issues, regardless of their legal status. *Newcomer* is an inclusive term that does not make distinctions based on reasons for leaving. This term will be used in this chapter when referring to the broad population of people who have come to the United States. The legal distinctions and policies associated with immigration and refugee status necessitate the use of the terms *immigrant* and *refugee* in certain contexts; thus, those terms will be used in this chapter as well.

This chapter gives an overview of social work with newcomers to the United States. The significant diversity that exists within and among newcomers sets the context for discussion. The chapter presents information about knowledge, skills, and values/attitudes necessary for cultural competence, and reviews issues for cultural competence on micro and macro levels.

KNOWLEDGE FOR CULTURAL COMPETENCE

The knowledge needed for culturally competent social work with newcomers can be divided into four broad areas: diversity, history, stages of migration, and contemporary realities. Diversity serves as an overarching concept that informs other areas of knowledge. The history, migration experiences, and contemporary realities of newcomers vary according to factors such as national origin, reasons for emigrating, gender, and age.

Diversity

Newcomers are a very diverse population. Their experiences in the United States are likely to vary significantly based on age at arrival, year of immigration, and degree of choice in immigration (Silka & Tip, 1994). There is also significant variation in English competence, even among particular groups of newcomers such as Asian refugees (Dhooper & Tran, 1998).

Newcomers arrive in the United States from all over the world. National origin is often linked to reasons for emigrating (Swingle, 2000). Economically depressed areas lead some people to emigrate, and oppressive, politically unstable areas produce refugee flows.

Most Asians come to the United States as immigrants seeking education or employment. Southeast Asians, on the other hand, have come to the United States primarily as refugees. The Vietnamese are the largest Southeast Asian refugee group in the United States (Ngo, Tran, Gibbons, & Oliver, 2001). Many Southeast Asian refugees have also arrived in the United States after fleeing genocide in Cambodia.

South and Central America are sources of many newcomers to the United States. Because the United States is on friendly terms with many South and Central American governments, most newcomers from these areas do not qualify as refugees, regardless of their reasons for leaving. Most arrive either as immigrants or without legal status.

Both immigrants and refugees come from the various African nations. Some experience persecution that qualifies them for refugee status (i.e., Somalis), and others come as immigrants (i.e., Kenyans).

The proportion of European newcomers has declined during the last century, but immigration has continued to a greater or lesser extent from certain regions. In particular, instability in Poland led many to emigrate to the United States in the early 1980s, and instability in the former Czechoslovakia and Yugoslavia led to emigration in the 1990s and early part of the 21st century.

Some of the most recent European migrations have been from the former Soviet Union. Since the early 1970s, more than 500,000 Soviet Jews have been resettled in the United States. They tend to be older and have smaller families than other refugee groups do. Typically, both men and women are highly educated and two-thirds have a college degree. Around 70% held professional, technical, or white-collar jobs in the Soviet Union (Vinokurov, Birman, & Trickett, 2000). In 1993, when the Soviet Parliament granted its citizens the right to travel, there were more refugee arrivals from the former Soviet Republics (49,559) than from any other country. Historically, Soviet arrivals have been predominantly Jewish, but this changed with the 1991 dissolution of the Soviet Union (Kropf, Nackerud, & Gorokhovski, 1999).

The experience of being a newcomer in the United States varies for men and women. A study of Soviet Russian Jews found, as in other refugee populations, women are more alienated than men. Unlike other newcomer populations, however, Soviet women did not differ from men in acculturation or work status. These findings need further exploration to determine how and why Soviets differ from other refugee populations (Vinokurov et al., 2000). The comparable education levels of Soviet men and women may be part of the reason why fewer gender differences are found in this population compared with some others.

Differential acculturation among family members is especially problematic for men. Shifting family roles and gender expectations are often a source of stress. Men may feel displaced when women earn the sole or primary income, and women may experience difficulty adjusting to this new role. As a result, inner-city Khmer women (refugees from Cambodia) have been found to use high levels of sleeping pills and alcohol. Frequent, intentional drug overdose has also become a problem for these women (Dhooper & Tran, 1998).

Immigration-related stress may exacerbate violent behaviors within families. Violence is sometimes triggered by role reversal when wives find jobs more easily than their husbands do. Women immigrants may also feel more vulnerable and less able to seek help if they are psychologically threatened by loosing their status or socially isolated because of cultural and language barriers (Lee, 2000).

Newcomers tend to have different experiences based on age. Age of arrival in the United States is associated with psychological adaptation among Soviet Jewish refugees (Vinokurov et al., 2000). Indeed, youth often adapt to life in the United States more easily than their parents do. Role reversal is common when parents don't speak English well (Kim, McLeod, & Shantzis, 1992).

Immigrant adolescents experience simultaneous developmental and cultural transitions. They are in the process of developing their own identities and desire to fit in but are confronted with choices of fitting into their home culture or U.S. culture. They are also confronted with being perceived differently, depending on their social context. For example, immigrant Russian Jewish adolescents are viewed as Russian in the United States but Jews in Russia. These adolescents typically deal with the double identity crisis of adolescence and cultural transitions through one of four patterns: clinging to their old cultural identity, attempting to eradicate it, vacillating between United States and Soviet identities, or integrating the two (Berger, 1997). On the other hand, Khmer refugees who came to the United States when they were very young experienced little of the trauma and subsequent mental health sequela associated with the genocide of Pol Pot, thus experiencing minimal trauma-related adjustment problems (Berthold, 2000). Age at the time of trauma and immigration both influence the experiences of refugees.

Adjustment stress may be particularly overwhelming for older adults (Kropf et al., 1999). Middle age and elderly refugees are at high risk for physical and emotional problems because of the incongruence between the roles of elders in their homelands and the United States and differential acculturation among family members (Dhooper & Tran, 1998). The developmental tasks of older adults include integration or being satisfied with the life they have lived. For example, older Soviet immigrants often experience despair over lost opportunities and roads not taken under the former rigid political regime. They may not have had resources, opportunities, or skills to pursue their goals. Often the Soviet government forced older adults to migrate with their families. This forced choice may be resented and result in a sense of depression and loss (Kropf et al., 1999).

History

Migration patterns vary over time. In the United States, policies governing immigration have vacillated between being liberal and restrictive. These policies have had a shaping influence on the experiences of newcomers.

Pre-1965 Immigration Before 1924, the United States experienced high and relatively unrestricted immigration. In particular, the United States encouraged immigration from Western Europe because these people were considered likely to assimilate easily (Swingle, 2000).

Despite this relatively free access, there has always been some anti-immigrant sentiment, and immigrants have historically made convenient scapegoats for many of society's ills. As these anti-immigrant sentiments grew, isolationist practices, the post–World War I economic recession, and rising bigotry led to the restrictive Immigration Act of 1924 (Muller, 1994). Under this Act, most non-European countries were restricted to a quota of 100 immigrants per year.

Many Americans—who fantasize that historically the United States was an ethnically homogenous utopia that only recently become subject to the divisive influences of culturally different immigrants—manifest xenophobic sentiments. Speaking of the quota system based on national origin, one social worker stated, "Yearning for a fond and dimly remembered Protestant,

Anglo-Saxon, rural, un-neurotic, monolithic culture is nostalgic nonsense and is itself a psychotic baying at the moon" (Bernard, 1959, p. 67).

Post-1965 Immigration In 1965, the immigration quota system was significantly relaxed, and many more individuals from non-European countries were allowed entry to the United States. In 1975, because of the war in Vietnam, Southeast Asian refugees began coming to the United States. The first wave of these refugees consisted of educated, affluent professionals. This well-connected, elite group adjusted quickly to life in the United States. Subsequent groups of Southeast Asian refugees have been farmers, fishermen, and laborers and have had significant difficulty becoming acclimated to their new lives in the United States, despite resettlement programs (Segal, 2000).

The new wave of Vietnamese escaped from their Communist-controlled country by boats between the late 1970s and early 1980s or spent time in "reeducation" camps. They experienced multiple traumas, including rape, being lost, starvation, witnessing the death of loved ones, and torture. These experiences make them particularly vulnerable to psychiatric disorders such as depression and posttraumatic stress disorder (PTSD) (Ngo et al., 2001).

Also, in the mid-1970s, after decades of political and economic destabilization, the Cambodian government began a campaign of genocide against its own people. In 1975, Khmer Rouge leader Pol Pot closed the country to outside contact, sent the urban population to workcamps in the countryside, and "reeducated" citizens considered dangerous or disloyal. Between 1975 and 1979, an estimated 1.5–3 million men, women, and children, or 20–40% of the entire Cambodian population, were killed by their own government. Survivors witnessed mass executions and suffered starvation, torture, destruction of their communities, slave labor, brainwashing, beatings, and loss of loved ones. Their suffering often continued in refugee camps before resettlement (Berthold, 2000; Uehara, Morelli, & Abe-Kim, 2001). Approximately 330,000 Khmer refugees have been resettled in the United States (Berthold, 2000).

The dramatic growth of the immigrant population in the 1980s and 1990s, particularly from Asia and Latin America, fueled many Americans' fears of economic dependency. Roughly 675,000 legal permanent residents enter the United States annually seeking employment or as part of the family reunification program. Another 120,000 are admitted annually as refugees. An estimated 275,000–300,000 immigrants enter the United States illegally each year, primarily from Mexico (Swingle, 2000).

Stages of Migration

Newcomers go through distinct stages during their migration. Although there is significant variation in the content of these stages, this framework is useful for helping social workers understand the experiences of newcomer clients (Drachman & Halberstadt, 1992).

Premigration Many factors play a role in the decision to migrate, including social, economic, political, and kinship issues (Kamya, 1997). Some newcomers decide to emigrate based on the actions of family members that emigrated earlier. For many populations, particularly those in the Caribbean, it is common for one person to come to the United States first, then once economically established, send money for other family members to follow. With this type of immigration pattern, it often takes many years of planning and saving money for family members to be reunited in their new homeland.

Economic circumstances are one of the most common reasons for people to emigrate. For centuries, people have come to the United States searching for a better life. The standard of living in the United States is substantially better than in many parts of the world; thus, people find economic reasons for relocation compelling.

Political situations also compel individuals to choose to come to the United States. For those living under repressive governments with little political freedom, life in the United States can be an appealing alternative. There are, however, those who would prefer not to leave their homelands. They may feel that fleeing to the United States or another safe country is their only option because of persecution or imminent danger.

It is important for social workers to understand the social, political, and economic factors that clients experienced before departure from their homelands. Some experienced abrupt exile or flight, whereas others may have waited years for governmental permission to leave. The primary issues that arise during this contemplation or premigration stage include anxiety about separation from family and friends and leaving a familiar environment. Decisions must be made about who leaves and who is left behind. This stage may involve life-threatening circumstances, persecution, violence, and loss of significant others (Drachman & Halberstadt, 1992).

Transit Newcomers experience a wide variety of transit experiences. For some, their departure is orderly and quick. For others, the journey to a new homeland takes years and involves stops in multiple countries. Sometimes the journey is dangerous and earlier trauma is compounded. Many newcomers live in a refugee camp or detention center for either brief or long periods before coming to the United States. Once they achieve refugee status, they must await a foreign country's decision about whether they will be accepted for resettlement. For most newcomers, whether voluntary or forced migrants, loss of significant others is a compelling issue (Drachman & Halberstadt, 1992). Some are able to weather these stressors of migration more successfully than are others because of the interaction among an individual's internal resources, available support, and external stressors (Kamya, 1997).

The experience of Khmer refugees who escaped the genocide of Pol Pot, gives an example of the transit experiences of some refugees. Hundreds of thousands of Khmer fled to the Thai-Cambodian border. During their escape, they were subjected to rape, death, or injury from stepping on land mines. After crossing the border, they risked imprisonment and torture in Thailand. Once in Thai refugee camps, their safety was still not ensured, and shelling, grenade, and bandit attacks were common. Even after relocating to a new country, many continued to experience trauma related to separation from

family, isolation, discrimination, adjusting to a new culture, and community violence (Berthold, 2000).

Resettlement Building a life in a new country involves many challenges. Refugees have access to short-term services to help with their adjustment, but both refugees and immigrants face a similar set of challenges. Some of the critical variables typically encountered during the resettlement phase are the following: (1) cultural issues, (2) reception from host country, (3) opportunity structure of host country, (4) discrepancy between expectations and reality, and (5) degree of cumulative stress throughout the migration process (Drachman & Halberstadt, 1992). In particular, newcomers are likely to experience transitions in family structures, economic circumstances, and cultural dynamics. Changes resulting from relocation have psychological, spiritual, affective, and cognitive consequences. Newcomers often experience stress in their new homelands, including conflicts with their new society, interpersonal conflicts, and role conflicts (Kamya, 1997).

Immigration is often associated with major family disruption and loss of social supports. Immigrants may experience significant changes in traditional family roles (Segal, 2000). For instance, the ways that men and women interact in the United States may be significantly different from gender roles in newcomers' countries of origin. Parents and children are likely to experience significant role changes as children tend to adapt to United States cultural norms and learn English more quickly than their parents do.

Often newcomers attempt to replicate their traditional family structures in the United States. This is frequently difficult; however, when possible, the traditional family structure may prove to be an important support system. For example, most Southeast Asian refugees live in large extended family households where they are able to pool resources for better economic success (Potocky & McDonald, 1995).

Newcomers often experience economic stress and feelings of personal failure if they are unemployed or underemployed. They are required to spend much of their energy on basic survival needs and therefore have little room for other concerns like emotional support, disciplining children, and building social skills (Kim et al., 1992). After resettlement, most refugees live in overcrowded poverty situations. For most Southeast Asians, this means downward mobility (Dhooper & Tran, 1998). Refugees such as the Khmer may relocate to communities where they experience ongoing community violence. Exposure to violence is associated with violent behavior, psychological problems, and other risk behaviors in adolescents (Segal, 2000).

Resettlement programs usually offer employment well below the professional status of Soviet Jewish refugees. This downward mobility often leads to significant psychological stress. Although findings vary, studies suggest that only 40 to 50% of Soviet refugees are employed in their fields of specialization (Vinokurov et al., 2000).

Immigration involves adjusting to a new cultural environment (Kamya, 1997). Ultimately, newcomers must decide to what extent they wish to adopt

United States values and norms. These are major factors in deciding whether to pursue U.S. citizenship. Changing citizenship often represents a significant change in self-perception and sense of identity. For refugees, it may mean the death of a dream of one day being able to return to their homeland. These feelings frequently inhibit refugees from seeking U.S. citizenship (Potocky & McDonald, 1995).

Contemporary Realities

Newcomers are exposed to many stressors. Some newcomers are able to weather these stressors more successfully than others are. The foundations of resilience are likely to be a combination of internal resources and social supports. It is important for social workers to have an understanding of the resilience and vulnerability experienced by newcomers. In particular, social workers need to be aware of issues relating to cultural adaptations, health and mental health, and xenophobia.

Resilience Immigrants with higher self-esteem and internal strengths have greater coping resources and are better at enduring stress (Kamya, 1997). Trauma can lead to a variety of psychological and behavioral problems including depression, anxiety, and alcoholism, but not all who experience trauma suffer equally. Some are able to muster internal strengths and social supports that successfully ameliorate the impact of potentially devastating experiences. Some of the factors that influence newcomers' resilience include their cultural beliefs, religious beliefs, socialization experiences, available coping strategies, and available social and psychological support (Ngo et al., 2001).

Work seems to be a protective factor that enhances other areas of functioning for newcomers. For example, Soviet Jewish refugees who gain employment in their earlier occupation tend to have higher income, higher acculturation, more comfort speaking English, more life satisfaction, and less alienation (Vinokurov et al., 2000). There is likely a bidirectional, reinforcing relationship between work and resiliency: work supports resilience and resilience enhances work opportunities.

A study of Vietnamese refugees found those who are more acculturated tend to have lower levels of depression. This raises the question, what motivates or enables a newcomer to acculturate or not acculturate? Some researchers have proposed that acculturation is a mechanism for coping with stress. Studies on the relationship between acculturation and mental health have mixed findings. A balance between cultures is probably the most helpful for successful adjustment. The impact of premigration trauma may vary depending on an individual's level of acculturation. A study of Vietnamese Americans found that premigration traumatic experiences had a stronger association with depression among those with lower acculturation (Ngo et al., 2001).

Newcomers also contribute to the resilience of society. For example, newcomer demands for new housing were a significant factor in the U.S. economic recovery of the 1990s. Newcomers also stimulate demand for public services

such as education (Muller, 1994). Thus, newcomers' resilience enhances more than their own lives. Contrary to popular stereotypes, newcomers make a significant contribution to the well-being of U.S. society.

Vulnerability The stresses of adjusting to life in a new country may cause newcomers to be vulnerable to social and health problems. It may also be that premigration and transit experiences such as exposure to trauma renders some newcomers, particularly refugees, vulnerable to a variety of problems. Refugees experience a sense of loss and grief. War and violence have destroyed old ways of life, and traditions are often devalued in their new land. The demands to learn a new language, customs, and skills can be overwhelming (Dhooper & Tran, 1998).

Refugees tend to be poor and live in unhealthy, unsafe environments characterized by a lack of health and mental health services. Culturally appropriate, high quality, comprehensive services are rare, and refugees often lack the resources to access and pay for services. Many do not have health insurance and those that have Medicaid often do not use services to the extent needed because of cultural and language barriers (Dhooper & Tran, 1998).

Most refugees have experienced extensive physical and psychological trauma (Dhooper & Tran, 1998). Multiple traumas compound each other and increase vulnerability.

> The experience of being a refugee is cumulative. The actual or threatened experiences of persecution or witnessing atrocities; separation from or loss of family members that has not been mourned because of uncertainty about their fate and preoccupation with survival or denial; mismatch of new alliances hastily formed in refugee camps for companionship; and numerous incongruities between a refugee's knowledge, skills, and expectations and the expectations of the new environment in the country of resettlement wound a battered psyche. (Dhooper & Tran, 1998, p. 71)

The high exposure to violence experienced by many refugees may make them vulnerable to mental health problems. A study of 144 Khmer adolescents found that one-third had symptoms of PTSD, and two-thirds had symptoms of clinical depression. The number of violent events they experienced predicted their level of PTSD, personal risk behaviors, and grade point average, but not their level of depression or problem behaviors at school (Berthold, 2000). Risk factors for serious psychiatric disorders include experiencing a high degree of family loss or separation, spending a long time in refugee camps, multiple traumas, unemployment, limited education, limited English proficiency, and few emotional and material resources. Premigration stressors are strong predictors of depression and anxiety even after five years in the United States, although this varies depending on refugee group (Dhooper & Tran, 1998).

Cultural Adaptations Many newcomers experience conflicts between the expectations of their home culture and that of the United States. These include different expectations for gender roles and child-parent relationships (Segal, 2000). For example, youth in the United States may expect greater freedoms than those traditionally found in newcomers' cultures of origins.

For refugees from Vietnam, adjustment to life in the United States has been a long and difficult process. They must come to terms with the factors that forced them from their homes and resulted in separation from family, friends, and support systems. They often experience stress associated with loss and grief over loved ones, social isolation, and strained family relationships. Changes in social status and culture shock are common. The psychological stress experienced by refugees may reduce their capacity to adjust to a new cultural environment (Segal, 2000).

A study of American-born and foreign-born Hmong young adults revealed they interpret their cultural identities differently. For those born in the United States, being Hmong and being American are unrelated concepts, whereas those born in Asia see being Hmong and being American as negatively related. In other words, those born in the United States experience culture as fluid or orthogonal rather than as an either/or phenomenon (Tsai, 2001).

Issues of identity and sense of self emerge as newcomers go through the challenges of adjusting to life in a new country. Elderly Russian Jewish immigrants often migrate seeking a better life for their children but have paid little attention to their own developmental needs. The statement of one elderly Russian Jewish newcomer reflects a sense of being lost: "Isaac stated that, when he was finally leaving Russia by plane, he had no preference about where the plane might land. He indicated that his focus was on leaving Russia where his identity was bound and that he would land on foreign soil dominated by a foreign language and no heritage of his own" (Feinberg, 1996, p. 47). Although he was grateful for the opportunity to come to the United States, his "experience reflected difficulty establishing a sense of continuity of self in light of having immigrated late in life" (Feinberg, 1996, p. 48).

Health/Mental Health Newcomers, particularly refugees, may experience a number of physical health problems. For Southeast Asian refugees, health problems are often related to premigration factors including physical trauma, lack of medical care, starvation, malnutrition, diseases, and high-risk health behaviors common in their native lands. They also experience the physical sequelae of acculturation-related stress, diseases common in the United States, and lack of fit between their health needs and the health-care system's services (Dhooper & Tran, 1998). Major mental health problems of this population include PTSD, depression, and anxiety.

Some newcomers express trauma symptoms in physical ways. This often conflicts with Western perceptions of trauma-related problems. For example, survivors from the Cambodian Killing Fields see their somatic complaints as authentic pain, but professionals tend to label it *psychopathology* (Uehara et al., 2001).

Some of the health and mental health problems of refugees have proven to be intractable. Refugees who fled the Khmer Rouge continue to experience disturbing and disabling symptoms even decades later. Clinical studies provide

mixed evidence for effectiveness of treatment. Some have found treatment to be effective, but others have not (Uehara et al., 2001).

There is limited information about the health and mental health of elderly immigrants. Depression may be common because of limited resources, physical frailty, and stressful life events. Older Chinese immigrants are at higher risk for depression than are older Whites, probably because of risk factors such as poverty, low educational achievement, poor physical health, and high rates of family disruption. Depressed Chinese elders are less likely to be identified by professionals or receive services than depressed White elders (Mui, 1998).

Xenophobia The current U.S. political climate is one of fear and suspicion of newcomers as evidenced by restrictive policy reforms (Kropf et al., 1999). Indeed, xenophobia, or fear of foreigners, is a key factor that inhibits integration of newcomers into U.S. society (Mayadas & Elliott, 1992). Xenophobia has both structural and interpersonal components, and its effects are found in social policies, institutionalized discrimination, lack of accommodation, and interpersonal prejudice. The influx of newcomers is perceived as straining cultural homogeneity and is therefore seen as threatening. This is particularly true during economic recessions, when Americans may perceive strangers who look, act, and speak differently as particularly threatening (Mayadas & Elliott, 1992). Anti-immigrant sentiment is currently the highest it has been since the Great Depression and has led to major changes, such as reversing the long-standing policy of accepting any refugee who fled Cuba. Now, those who seek entry into the United States as refugees from Cuba are confined in Panama or at the United States naval base in Guantánamo Bay while their cases are reviewed (Muller, 1994).

> Anti-immigrant feeling is a simple sentiment with complex roots, some of them social and racial, and some seeming more practical. Immigrants are blamed for overcrowded schools, rising hospital deficits, and high welfare costs—indeed, for virtually everything that ails American society. Nothing ails this country more than the poverty of a large segment (one-third) of the black population, and the stagnant or declining wages among Americans of all races and all but the highest income levels, and fingers are being pointed at the immigrants. Not too many years ago, the sight of a Korean shopkeeper or a Salvadoran construction worker would have been taken by many citizens as reassuring evidence of the American Dream's lasting power. Now such recent arrivals are likely to be seen as alien interlopers who are taking good jobs from hard-working Americans. (Muller, 1994, p. 66)

Xenophobia leads to negative feelings toward a variety of foreigners, but some are perceived in a more negative light than others are. For example, in the United States ambivalence toward newcomers from Africa is compounded with racism (Kamya, 1997). Previous overt hostility between the United States and Soviet Union may leave residual anti-Soviet feelings against newcomers from the former Soviet Union (Kropf et al., 1999).