How Different Regional Cultures (and Immigration) Affect People's Perception and Coping with Adversity

Yunyang Zhong[1,a,†], Jianran Zhang[2,b,†], Chang Gao[3,c,†], Yuan Gong[4,d,†], Ruohan Qiu[5,e,*,†], Junyang Li[6,f,†], Yanbo Wang[7,g,†]

[1]Guangzhou Foreign Language School, Guangzhou, 511455, China
[2]College of Letters and Science, University of California, Davis, 95616, U.S.
[3]Tisch School of the Arts, New York University, New York, 10003, U.S.
[4]College of Liberal Arts, Wenzhou-Kean University, Wenzhou, 325060, China
[5]College of Art, Media, and Design, Northeastern University, Boston, 02115, U.S.
[6]Shanghai United International School Gubei Campus, Shanghai, 201103, China
[7]Overseas Education Institute, JiMei University, Xiamen, 361021, China
a. 1547236899@qq.com, b. iriszhang1222@163.com, c. changchangada@gmail.com, d. 1161917377@qq.com, e. qiu.ruo@northeastern.edu, f. Frank233498@163.com, g. Nyarukiss@outlook.com
**corresponding author*
[†]These authors contributed equally.

Abstract: This is a study of whether people's ways of coping and thinking patterns will change when dealing with their physical or psychological trauma and difficulties after experiencing cultures that are completely different from their native cultures (including cultural integration, acculturation, and immigration). There have been many articles discussing this topic, and the results may provide a clearer picture of the psychological changes in people and may even provide ideas for future medical treatments as well as research in the humanities and social sciences. This article discusses and draws conclusions about changes in the way people and immigrants in four of the world's geographic regions (i.e., Europe and North America, Asia, Africa, and Latin America) deal with and think about issues, and therefore does not necessarily mean that people and immigrants in other geographic regions will be completely in line with the results of this discussion. The study reveals how cultural integration, acculturation, and immigration can alter individuals' cognitive and emotional reactions to adversities. The findings not only enhance the current research in cultural psychology and mental well-being but also highlight the importance of personalized approaches that honor cultural nuances. By clarifying the cultural structures that influence individuals' perceptions and coping strategies, this research offers valuable insights that can guide future mental health interventions, policy formulations, and cross-cultural collaborations.

Keywords: perception, cultural diversity, acculturation, immigrant experience, adversities

1. Introduction

Who is the creator of culture is also the goal of culture. As for people in different regions, their cultures will always have certain differences, reflected in various aspects, such as adversities like

losing a job or a family member. At the same time, people are constantly exploring whether migration between regions will change immigrants' perceptions of difficulties and how they deal with them. Here, the authors will see the cultural differences between different continents and how those differences are formed. The authors will discuss and study their cultural differences and how their local people and immigrants perceive adversity and try to overcome it.

Cultural elements always play an essential role in the lives of local people. By studying regional culture, the cultural characteristics of different regions can be understood, including religion, customs, and other aspects. These aspects help us better connect culture and cognition and gain a deeper understanding of the impact of culture on cognition. People are constantly trying to understand why people in different regions different attitudes toward things have, which is a common issue in anthropology and psychology. Schunk, Trommsdorff, König-Teshnizi, in their report on the regulation of positive and negative emotions across cultures, suggest that masking negative emotions out of concern for others may be an adaptive strategy adopted by the Japanese by reinforcing the values of interdependence, which is closely related to their culture [1].

Culture and people's ways of dealing with adversity are always closely related, and a positive and confident culture often leads to more optimistic behavior. For example, if some cultures inspire people to be good, then these people tend to be more optimistic in the face of adversity, thinking that everything is beneficial. Some cultures encourage people to unite, making them more likely to unite and face adversity. People can discover that there are numerous reasons why various people have their own distinctive methods of interacting with others through ongoing exploration, with their own culture serving as one of the major motivating forces. Moreover, cultural norms can reshape individuals' coping mechanisms and handling systems. When people immigrate from one region to another, whether they will change their own cognition due to the change of the surrounding culture, including the perception of adversities and solutions to them is also a question that the authors have been paying attention to.

This research can be taken one step closer by constantly comparing the culture and adversity local’s encounter. Given that people are increasingly concerned about their health these days, the authors will analyze the relationship between different cultures on different continents and people's responses to adversity mainly from two perspectives: physical health and mental health.

2. Europe and North America

This section relates to Europe and North America. Cultural backgrounds play a significant role in how societies perceive and manage mental health challenges. Europe's blend of ancient traditions and modern influences has given rise to specific attitudes towards mental health, which might be linked to the high prevalence of mental disorders [2]. Conversely, North America, with its diverse population, combines various cultural beliefs and practices [3]. This rich amalgamation, while beneficial, can sometimes result in disparities in accessing and using mental health resources. The following paragraphs delve deeper into the intricate mental health landscapes of these regions, underscoring the urgent need to address these issues through the lens of cultural differences.

In Europe and America, there are serious mental problems. Europeans suffer a lot from mental illness. Some data reports that there are about 38% of the Europeans faced all kinds of mental sickness. At the same time, situation is even worse in America. A journal written by Leong & Kalibatseva had showed how bad the situations are in America: Mental illness is the most common health problem in America. The statistics are shocking: in this country, one in ten children and one in four adults suffer from mental illness. According to the national survey of complications, it is estimated that 57.4% of American adults have experienced some form of diagnosable mental illness in their lifetime. The cost of mental illness can be high. Among the major medical conditions in the United States, premature death caused by mental disorder and life lost caused by disability are the largest. In addition, nearly

three-quarters of the disabled people related to mental illness are unemployed, and 15% of those diagnosed with schizophrenia, bipolar disorder or depression are homeless [4].

This situation might be led by the ethnic diversity. "Minorities have less access to, and less availability of, mental health services. They are less likely to receive necessary mental health services, and those who are in treatment often receive poorer-quality care." Leong & Kalibatseva mentioned that in the research, "minorities are underrepresented in mental health research, a factor that is related to the differential research infrastructure." [4].

To cope with this, it is needed to improve the mental health system to better meet the race. Leong & Kalibatseva suggested that a key policy suggestion is to establish the necessary human capital to meet the mental health needs of the country in science and practice. It also needs to continue training mental health professionals' cultural competence. We may benefit from racial matching between therapists and visitors; Previous studies on the cultural response hypothesis show that racial matching can solve the dual problems of underutilization and premature termination. Except for these, the authors should continue to build a scientific foundation, overcome stigma, raise public awareness of effective treatment, ensure the supply of mental health services and providers, and ensure the provision of the most advanced services. Art therapy, customized according to age, gender, race and culture, promotes the acceptance of treatment and reduces the economic barriers to treatment [4].

Hu et al. give some ideas about art therapy. The main media of art therapy include painting, painting, music, drama, dance, drama, and writing. Art therapy is mainly used for cancer, depression and anxiety, autism, dementia, and cognitive impairment, because these patients are unwilling to express themselves in words. When direct verbal interaction becomes difficult, it plays an important role in promoting participation and provides a safe and indirect way to connect with others. In addition, the authors found that art therapy has gradually been successfully applied to patients with mental disorders, and achieved positive results, mainly reducing the pain of mental symptoms. These findings show that art therapy can not only be used as a useful treatment method to help patients open their hearts and share their feelings, opinions, and experiences, but also as an auxiliary treatment method to diagnose diseases and help medical experts obtain supplementary information different from traditional treatment [5].

They also claim that art therapy, as a non-verbal psychotherapy method, can not only be used as an auxiliary tool to diagnose diseases, but also help medical experts to obtain information that is difficult to obtain by routine tests and judge the severity and progress of diseases. It is also a useful treatment to understand the psychological state of patients from the characteristics of paintings, which can help patients open their hearts and share their feelings, opinions, and experiences. In addition, the implementation of art therapy is not limited by age, language, disease, or environment, and is easily accepted by patients. Art therapy in hospital and clinical environment is very helpful for adjuvant therapy and treatment and strengthens the communication between patients and on-site medical staff in a non-verbal way. In addition, it may be more effective to combine art therapy with other forms of therapy such as music, dance, and other sensory stimuli [5].

In other words, in Europe and North America, the authors find out that people here suffer a lot form all kinds of mental diseases. It might be the attitude towards mental diseases from antient time to nowadays that creates a high population of Europeans with mental diseases. In the North America where people there are mixed up with different races and nationalities, mental diseases are especially serious. This might be caused by the inferiority of minority people. To solve this problem, America should focus on paying attention to the minorities. Also, art therapy helps to deal with mental diseases.

3. Asia

The following section pertains to Asia, with a focus on two representative countries: Japan and China. Generally, culture significantly shapes the perspectives and actions of individuals who have spent

extended periods within a particular region. It is undeniable that residing in the same country and absorbing the same cultural norms can impact one's thought processes and problem-solving approaches. However, does exposure to another culture and way of thinking have the potential to alter one's cognitive patterns? Additionally, could an individual's original cultural mindset gradually fade as they embrace a different culture over time?

A study conducted by Mori et al. sought to examine whether Japanese Americans living in the United States (JA/A), Japanese individuals residing in the United States (J/A), and those living in Japan (J/J) would exhibit similar viewpoints concerning end-of-life scenarios. The central focus of Mori et al.'s investigation was to determine the choices participants would make when confronted with a hypothetical scenario involving incurable cancer. The choices included spending their remaining time with family, refraining from disclosing their situation, or engaging with a doctor to understand their prognosis. The results revealed that JA/A participants were more inclined to initiate comprehensive discussions with their doctors, followed by J/A participants, and then J/J participants; conversely, JA/A participants were least likely to avoid discussing their prognosis altogether, followed by J/A and J/J participants. Thus, it is obvious that acculturation can reshape individuals' thoughts when faced with challenges [6].

Furthermore, these findings imply that the intensity of indigenous culture will weaken as the length of time individuals exposed to that indigenous culture in a foreign country increase. As demonstrated by the outcomes, J/J participants' choices diverge from those of Native Americans due to their limited exposure to American culture and a lack of familiarity with its concepts; conversely, the choices made by JA/A and J/A participants would be closer to Native Americans' perspectives compared to J/J participants. Just as Mori et al. stated, "The perceived values of the majority of optional items related to a good death, as well as all culturally specific Japanese items, exhibited proportional increases or decreases as individuals of Japanese ancestry adapt to the U.S. culture."[6].

Similarly, Luong, Arredondo, and Charles emphasized the significant role of cultural backgrounds in shaping the responses of Chinese Americans (CA) and European Americans (EA) to interpersonal conflicts. Their findings suggested that CA, influenced by a collectivist culture, leaned towards strategies that prioritized harmony, whereas EA, driven by individualistic principles, tended to adopt a more confrontational approach. Delving into the coping methods of these groups, the study found that CA reacted with less immediate negative emotion and rebounded with greater positive emotion compared to EA. This was largely attributed to CA's feeling more emotionally supported during disagreements and not being as adamant about defending their viewpoints. Conversely, a week later, EA remembered feeling more positive and less negative than they initially reported, suggesting a memory bias possibly linked to their more confrontational coping approach [7].

Essentially, these strategies, deeply embedded in cultural teachings, suggest that individuals' responses to adversities are influenced by cultural values, and as they assimilate into new cultural environments, their coping methods may evolve with prolonged immersion potentially reshaping these mechanisms over time [7]. This perspective aligns with the findings of Mori et al. [6] on Japanese Americans.

From the Asia perspective, the authors figure out that when moving into a new or even completely different culture, people will slowly perform in the way that people in the new culture normally do. Japanese who lives in America will be more likely to make choices as the Americans, while individualism will make choices more collective choices after staying in the collectivist environment for some time. These studies show us some important and useful evidence that culture really matters a lot among the way how people percept and behave.

4. Africa

Differ from Western cultures (Europe and North America) that value autonomy and individual success but similar to Asian cultures that highlight collectivism, African cultures emphasizes on harmony, interdependence, and spirituality. These cultural differences can affect how African people perceive and respond to adversities. One significant part of African culture is communal values and social support, which can provide a source of resilience and strength in times of hardship. The study conducted by Ungar et al. provides empirical evidence from a large-scale study that demonstrates the resilience among African youth, where resilience can manifest the means African people employed to cope with adversities. The study is based on a mixed methods study of over 1500 youth from 14 communities on five continents, including four African sites: Tanzania, South Africa, Ethiopia, and Gambia. It reveals that some most important sources African youth seek are their kinship and community. These resources help them to cope with adversities such as poverty, violence, disease, discrimination, and displacement. In the study, it is illustrated that in Tanzania, youth value their extended family networks and their roles as caregivers for their younger siblings or relatives and in South Africa, youth value their community involvement and their participation in social movements for justice and equality. Therefore, the samples of African youth in different region of Africa showcases that they draw on their cultural heritage to enhance their resilience in culturally meaningful ways [8].

Apart from this, African people also seek guidance and comfort from their ancestors, gods, or other supernatural forces through rituals, prayers, sacrifices, or divination. There is a category of organizations in the world called "Religious Nongovernmental Organization, RNGO" which define themselves as "religious," "spiritual," and "faith-based." These organizations are very active in Africa, and they are involved in peace-building, conflict resolution, humanitarian relief, and AIDS treatment and other activities in Africa. In African culture, tribal elders are a respected and trusted presence. When a disaster or injury occurs in a region, people will seek the guidance of tribal elders and ask for solutions to the problems. Some RNGOs will focus on training respected African leaders or elders so that they can play a greater role in the mediation of local conflicts using more efficient and scientific methods of conflict resolution. A study on the 9/11 terrorist attacks in the United States showed that African Americans were more inclined to deal with traumatic events through spiritual ways such as prayer and religious activities. The study looked at the behavior and changes Americans have experienced since the attack. Using random number dialing, including unpublished numbers and a new list, a nationally representative cross-section sample of 807 Americans. Interviews were conducted with adults aged 18 years or older. As can be seen from the chart data provided in the study, the number of African Americans who turned to more prayer and religion after 9/11 was 2.04, the highest among the four races surveyed at the same time (white, African American, Asian, Hispanic/Latino). So, it follows from these two examples that both African and African American people are more likely to seek guidance and comfort through religious means [9].

For Africa, the authors find that regional cultural differences affect how people perceive and deal with adversity. African culture emphasizes the concepts of society, harmony and nature, and young people there can use their cultural heritage to enhance their cultural resilience. People of African or African ancestry are more likely to seek guidance and comfort in religious cultures, integrating their daily lives with sacred religions.

5. Latin America

This section of this study focuses on the understanding of physical and psychological adversity and coping strategies among people from Latin American cultures. First, it is worth mentioning that Latin American people emphasize acceptance of all adversities and perceive perseverance and adaptability

as themes of their resilience. In a study conducted by Morgan et al., eight Mexican Nationals and six Mexican Immigrants in the U.S. were interviewed about their "perceptions of stressors, motivation, and success in life" [10]. Almost every interviewee quoted Perseverance as their resilience strategies, addressing the need to continue to work hard despite external limitations or stressors, whereas only two Mexican Nationals and four Mexican Immigrants mentioned strategies like Ambition, with better financial status as motivations or seeing other people as role models. For Mexican Nationals, there's a stronger emphasis on Adaptability as a resilience strategy. They focused on "utilization of external resources" as a way to get through adversities, specifically by forming supportive relationships. All of the above findings suggest that people from Mexican cultures, especially those living in the Mexican context, accept adversities as an inevitable part of life, and that people should and are able to find ways to bounce back and move forward no matter the circumstances. As Morgan et al. have suggested, this value might originate from the Native American culture, where the emphasis is on aligning with nature rather than resisting [10]. Another possible explanation might be that the long history of enduring challenging circumstances including social, economic, and political hardships has ingrained this sense of perseverance and adaptability into Latin American culture.

Studies have also found that religious and spiritual beliefs play a significant role in understanding suffering and coping with adversity in Latin American cultures. These beliefs are shaped by both indigenous healing and Cristian-based systems and emphasize comfort and hope [11,12,13]. Stege et al. has conducted a study in an outpatient psychiatric hospital in Mexico regarding the spiritual and religious practices that patients and caregivers engage in to alleviate the patients' distress [14]. 18 out of the 19 interviewees have reported participating in such activities to ease the patients' mental illness and emotional distress. Most patients engaged in positive religious coping, "entrusting their sufferings to God" and "having faith in God". Some practices they have found helpful include prayers, asking their priests for advice, and attending church services. Some patients also engaged in indigenous-based spiritual healing, using body massage and limpias (herb-based cleanses) offered by a curandero (i.e., indigenous medicine doctor) to release stress. It is worth noting that for patients who have contradictory values with the religious philosophies, such as for those who were attracted to the same sex or having conducted an abortion and thus were not supported or welcomed by their priests, engaging in religious coping has actually resulted in negative results.

In addition to personal values and beliefs, Latin American culture also addresses interpersonal connections and communal and familial bonds in the face of adversities. Familismo, or familism, is a core cultural value for Latinos and states that "one's family is expected to provide necessary emotional and instrumental social support when needed" [15,16]. In a study that examines the role of familism in treating depressive symptoms among Mexican-origin youths, it was found that "the belief in family unity, dependability, and emotional closeness" referred to as the supportive familism, and "the belief that one's behaviors should be in line with familial expectations", referred to as the referent familism, have a pronounced impact on reducing the depressive symptoms of the participants [17]. It might be the case that youths who have a strong belief in supportive familism have received strong emotional support from their families, and youths who believe in referent familism also have families who are more willing to offer support in treating their depressive symptoms. However, this study has also shown that "the belief that family members have a responsibility to other family members" has no positive effect on reducing depressive symptoms, probably because the extra demands it places on individuals could result in additional emotional stresses and even dysfunctional thoughts. The study conducted by Morgan et al. [10]. has also shown that despite the strong emphasis on community relationships and familism in Mexican culture, participants did not report family as their source of resilience through adversities, but rather as "reasons for being resilient" [10]. Future research could be conducted on whether people from Latin American culture do have a stronger tendency in actively seeking support from family, friends, and neighbors in the face of adversities.

To conclude, individuals from Latin American cultures typically perceive adversities as inherent aspects of life that necessitate perseverance and adaptability. They navigate these challenges through spiritual and religious beliefs, as well as by drawing strength from their communities and families.

6. Immigration

Besides regional cultures, immigration is a complicated process that can also affect people's perception of adversity and how they cope with it. One component that can indicate immigration influence how people deal with adversity is resilience, defined as "a dynamic process of positive adaptation to significant adversity" by Gatt et al. Gatt et al. conducted an international cross-sectional study across six countries (Australia, New Zealand, UK, China, South Africa, and Canada). They compared the differences in resilience, mental health behaviors, and wellbeing in migrant and non-migrant adolescents and yielded results suggesting that migrant adolescents have higher CD-RISC resilience scores than non-migrant adolescents, as well as that the presence of trauma exposure can significantly affect the conduct behaviors of non-migrant youth and had no effect on migrant youth [18].

However, the level of acculturation can be affected by various factors. Various studies have shown that the level of acquisition of the host country's language is positively correlated with the degree of acculturation an individual experiences. For example, research has found that fatalism, the belief that events are predetermined and inevitable, is prevalent among both local Latin Americans and Spanish-dominant Latinos living in the U.S. but is less popular among Spanish-English bilingual Latinos [19]. Discrimination can also affect acculturation level through "perceived permeability of group boundaries". A study has found that international students in the U.K. are more likely to isolate themselves from the host society when they think it is hard to move between groups [20]. Other factors include the age of the immigrants when they moved to the host society, with younger age linked to higher degree of acculturation. Higher levels of education and socioeconomic status can also result in higher levels of acculturation [21].

This means that, so far, the authors still cannot entirely ensure whether immigration will completely change the culture and cognition of immigrants. Or do immigrants bring their culture to new places and change the cognition of locals? A long way still must go.

7. Conclusion

In conclusion, evidence show that people in different culture will have effects on the way they treat adversity, from both the perspective of physical and mental health. The authors have found that after experiencing a culture that is different from their native culture (including cultural integration, acculturation, and immigration), people do have a different perspective on the problems and trauma (both physical and psychological) they experience; their thinking patterns changed, and the solutions they use also changed. This study provides valuable insights that can guide future mental health interventions, policy development, and cross-cultural collaboration. However, there are still some unsolved questions in this study, and the breadth of this study does not yet allow for the generalization that all countries in the world, or all immigrants in the world, and all people who have experienced different cultures will be the same as those described in this study. Therefore, more research is needed in the future, and it's believed that by continuing to study the relationship between culture and behavior, people will gain a better understanding of culture and a better understanding of themselves.

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References

[1] *Schunk, F., Trommsdorff, G., König-Teshnizi, D. (2021) Regulation of positive and negative emotions across cultures: does culture moderate associations between emotion regulation and mental health? Cogn Emot., 36(2): 352-363.*

[2] *Levecque, K. and Van Rossem, R. (2014). Depression in Europe: does migrant integration have mental health payoffs? A cross-national comparison of 20 European countries. Ethnicity & Health, 20(1), pp.49–65. doi: https://doi.org/10.1080/13557858.2014.883369.*

[3] *Conner, A.L., Boles, D.Z., Markus, H.R., Eberhardt, J.L. and Crum, A.J. (2018). Americans' Health Mindsets: Content, Cultural Patterning, and Associations With Physical and Mental Health. Annals of Behavioral Medicine, 53(4), pp.321–332. doi: https://doi.org/10.1093/abm/kay041.*

[4] *Frederick T. L. Leong, & Zornitsa Kalibatseva. (2011) Cross-Cultural Barriers to Mental Health Services in the United States. DOI: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3574791/*

[5] *Jingxuan Hu, Jinhuan Zhang, Liyu Hu, Haibo Yu, & Jinping Xu. (2021) Art Therapy: A Complementary Treatment for Mental Disorders. DOI: https://www.frontiersin.org/articles/10.3389/fpsyg.2021.686005/full*

[6] *M. Mori, Y. Kuwama, T. Ashikaga, H. A. Parsons, & M. Miyashita. (2018) Acculturation and perceptions of a good death among Japanese Americans and Japanese living in the U.S. Journal of Pain and Symptom Management. pp. 31-38. DOI: https://doi.org/10.1016/j.jpainsymman.2017.08.010*

[7] *Luong, G., Arredondo, C.M. and Charles, S.T. (2020). Cultural differences in coping with interpersonal tensions lead to divergent shorter- and longer-term affective consequences. Cognition and Emotion, pp.1–10. doi: https://doi.org/10.1080/02699931.2020.1752153.*

[8] *Ungar, M. (2006) 'Resilience across cultures', British Journal of Social Work, 38(2), pp. 218–235. doi:10.1093/bjsw/bcl343.*

[9] *Mohammad R Torabi, & Dong-Chul Seo. (2004). National study of behavioral and life changes since September 11. Health Education & Behavior 31 (2), 179-192.DOI: https://doi.org/10.1177/1090198103259183*

[10] *Morgan Consoli, M. L., & Gonzales, R. R. (2017). Strength in the Face of Adversity: Resilience Among Mexican Nationals and Mexican Immigrants to the United States. Revista Interamericana De Psicología/Interamerican Journal of Psychology, 51(1). DOI: https://doi.org/10.30849/rip/ijp.v51i1.323*

[11] *Baez, A., & Hernandez, D. (2001). Complementary spiritual beliefs in the Latino community: The interface with psychotherapy. American Journal of Orthopsychiatry, 71(4), 408–415. DOI: https://doi.org/10.1037/0002-9432.71.4.408*

[12] *Lámbarri Rodríguez, A., Flores Palacios, F., & Berenzon Gorn, S. (2012). Curanderos, malestar y "daños": Una interpretación social. Salud mental, 35(2), 123–128. http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S0185-33252012000200005&lng=es&tlng=es.*

[13] *Lujan, J., & Campbell, H. B. (2006). The role of religion on the health practices of Mexican Americans. Journal of Religion and Health, 45(2), 183–195.DOI: https://doi.org/10.1007/s10943-006-9019-8*

[14] *Stege, A.M.R., & Godinez, J. (2022). Trusting in God: Religious and Spiritual Support in Mental Health Treatment Expectations in Mexico. J Relig Health **61**, 3655–3676. DOI: https://doi.org/10.1007/s10943-022-01554-0*

[15] *Sabogal, F., Marín, G., Otero-Sabogal, R., Marín, B. V., & Perez-Stable, E. J. (1987). Hispanic Familism and Acculturation: What Changes and What Doesn't? Hispanic Journal of Behavioral Sciences, 9(4), 397–412. DOI: https://doi.org/10.1177/07399863870094003*

[16] *Calzada, E. J., Tamis-LeMonda, C. S., & Yoshikawa, H. (2013). Familismo in Mexican and Dominican Families From Low-Income, Urban Communities. Journal of Family Issues, 34(12), 1696–1724.DOI: https://doi.org/10.1177/0192513X12460218*

[17] *Zeiders KH, Updegraff KA, Umaña-Taylor AJ, Wheeler LA, Perez-Brena NJ, Rodríguez SA. Mexican-origin youths' trajectories of depressive symptoms: the role of familism values. J Adolesc Health. 2013 Nov;53(5):648-54. DOI: 10.1016/j.jadohealth.2013.06.008. Epub 2013 Jul 23. PMID: 23886552; PMCID: PMC4126584.*

[18] *Gatt, J.M. et al. (2020) 'Trauma, resilience, and mental health in migrant and Non-Migrant Youth: An international cross-sectional study across six countries', Frontiers in Psychiatry, 10. doi:10.3389/fpsyt.2019.00997.*

[19] *Pew Hispanic Center. (2005) Hispanics: A People in Motion. https://www.pewresearch.org/hispanic/2005/01/24/v-assimilation-and-attitudes/*

[20] *Ramos, M. R., Cassidy, C., Reicher, S., & Haslam, S. A. (2016). A Longitudinal Study of the Effects of Discrimination on the Acculturation Strategies of International Students. Journal of Cross-Cultural Psychology, 47(3), 401–420. https://doi.org/10.1177/0022022116628672*

[21] *Dow HD. The Acculturation Processes: The Strategies and Factors Affecting the Degree of Acculturation. Home Health Care Management & Practice. 2011;23(3):221-227. doi:10.1177/1084822310390877*