

# Mothers and Daughters: The Mental Health of Emigrant Mothers in America and Their Second-Generation Daughters

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## ABSTRACT

Both female American immigrants and refugees, defined in this paper as emigrants, as well as their second-generation female children face recognizable and distinct mental health problems. They are both impacted at higher rates as compared to their male, native-born peers, given the intersectionality—the overlapping and interdependent impacts—of their gender and status. Even more, oftentimes impacts on their well-being are caused by their relationships and interactions with each other, as mothers and daughters. Some factors that can negatively influence the mental health of female American emigrant mothers include acculturative stress, protectiveness over children, cultural distance from their kids, and postpartum Depression. Meanwhile, some of the contributing stressors for second-generation daughters include having familial responsibilities, experiencing cultural dissonance from their parents, and internalized guilt and shame. Finally, second-generation youth also face several barriers when trying to access mental health care services. Along with all of the aforementioned components, both groups' gender contributes to their decreased well-being. As a result, this research emphasizes the importance of specifically analyzing marginalized individuals when considering mental health, and analyzing familial relationships that may affect it.

## Introduction

Nearly 14 percent of America's population today is immigrants (Batalova, 2024). Immigrants have been arriving in the United States for over 20,000 years, beginning with Native American ancestors crossing to North America from Asia during the last Ice Age (Onion, et al., 2022). The biggest wave of immigration was between 1850 and 1920 through what was called a "mass migration" (Cassella, 2019).

Simultaneously, since the Refugee Act in 1980, which enforces a more permanent and systematic procedure for refugees to enter the country, the United States has admitted over 3.2 million refugees into the country (U.S. Department of State, 2024.).

While an immigrant is someone who chooses to leave their country of origin, the distinct group named 'refugees' describes people who flee to escape danger or persecution. For the purposes of this study, the paper refers to immigrants and refugees under the term "emigrants."

After settling in the United States, emigrants acquired jobs and built families in the country. In fact, as of 2022, 87 percent of American immigrant children were born in the United States. Even more, the share of children with at least one immigrant parent who was born in the United States has grown over 10 percent between 1990 and 2022 (Migration Policy Institute, n.d.).

What this means is that these families are increasingly having children post-migration, making their kids native-born United States citizens. This group of children, who are born in the United States but have at least one foreign-born parent, is called "second-generation" (Taylor, 2013).

Given the nature of the changes they undergo, emigrants face commonly known and researched mental health issues, like acculturation stress that results from a desire to incorporate their own culture with the traits of the country they move to; however, so do their children (Abattouy et al., 2023). While research on mental health in the United States has increased in past years, literature on the effects of their emigration on their children, specifically their daughters, is less commonly studied.

Even more, my last research paper “Silent Struggles: The Mental Health of South Asian American Emigrant Women” found that female emigrants to America continue to be socially marginalized due to the intersectionality of their status as foreign-born and gender (Sen, 2024). As a result of these correlations, a large number of these women face distinct mental health issues. However, given their frequent, everyday interactions with their children, it can be expected that their daughters’ also face distinct mental health issues from their brothers or non-second-generation peers.

Thus, this study aims to expand on my first research paper. By exploring and providing an in-depth analysis of the reasons for the distinct mental health issues faced by emigrant mothers and their second-generation daughters, this research will help explain how mental health problems manifest themselves in the two populations and how the two groups can affect each other.

The paper is split up as follows. The first section details the maternal components of being an emigrant woman in the United States that can contribute to poor mental health. The next section describes the mental health effects of having emigrant parents on second-generation youth, namely daughters. Both sections emphasize the continuous impact of gender and status on both groups. The final section reflects on the findings, provides suggestions to combat these issues, and lays out future avenues for research and steps to take.

## **Being Mothers: Mental Health of American Emigrant Women**

As of 2018, one out of three asylum seekers and refugees experience high rates of depression, anxiety, and post-traumatic stress disorders (American Psychiatric Association, n.d.). This is a result of pre-migration stressors such as home country violence, as well as post-migration influences including prolonged detention, insecure immigration status, limitations on work and education, poverty, and unstable housing. Likewise, all emigrants are more likely to undergo life-changing experiences that can negatively impact their mental health, such as familial separation, social isolation, and more. More specific to women, studies show that female migrants are especially vulnerable to migration-related stressors and mental health distress due to traumatic experiences, given biological brain differences and lived experiences (Turcios, 2023).

Aside from considering the general nature of female emigrants’ life instability, it’s important to analyze mental health from a familial perspective and consider their interactions with their second-generation children. Emigration is often underlined with hope for improved possibilities in a new country and a better future. In fact, two of the leading causes of immigration are safety and family (USA Facts, 2023). While emigrants may move to the United States as a result of job opportunities, many relocate in order to secure a superior future for their planned second-generation children. Consequently, many emigrant mothers may project their desire to succeed onto their children and as a result, also become increasingly protective of them.

A study by the National Institute of Health found that 22% of foreign-born parents with US-born children were considered “highly aggravated,” as compared to only 11% of US-born parents (Yu and Singh, 2012). The study cited parental aggravation as a “measurement of stress experienced by parents associated with caring for children.” Moreover, according to the Pew Research Center, among parents of children younger than 18, about 51 percent of mothers in the United States self-describe as “overprotective,” (highly protective) over their kids, as compared to only 38 percent of fathers (Yu and Singh, 2012). However, when emigrant mothers are more protective and preoccupied with their children’s safety and success upon moving to the United States, they tend to neglect their own mental health.

Similarly, there is often a generational and cultural gap between these mothers and their children. Given that the two groups grew up in separate countries and thus had varying surrounding peers, emigrant parents often maintain a differing value set from their second-generation children. So, many emigrants undergo acculturation stress; acculturative conflicts in homes, such as push-back between parents and children due to discrepancies in expectations and behavior, also contribute to the poor mental health of emigrants (Abattouy et al., 2023). This is especially apparent for mothers, who have been found to be 21 percent more involved in their children's lives—namely through emotional support—than fathers globally (Population Reference Bureau, 2000).

Lastly, unlike emigrant men, emigrant women are susceptible to Postpartum Depression (PPD) upon having children after moving countries. While PPD affects 10-15% of all women, a study by the National Institute of Health found that migrant women are at higher risk of depression, with rates of affected individuals being reported as up to as high as 60% as compared to 10–15% among non-migrant women (Johansson et al., 2023). In this same study, numerous women neglected and ignored their feelings of non-well-being, not recognizing it as a mental health condition because PPD was not recognized in their country of origin. Finally, this is especially harmful because PPD has been found to increase the risk of negative interaction between mothers and infants after birth since depression reduces a mother's ability to respond to the child's needs sufficiently (Johansson et al., 2023). As a result, the aforementioned gap and emotional distance between emigrants' mothers and their second-generation children may increase, once again contributing to the former's poor mental health.

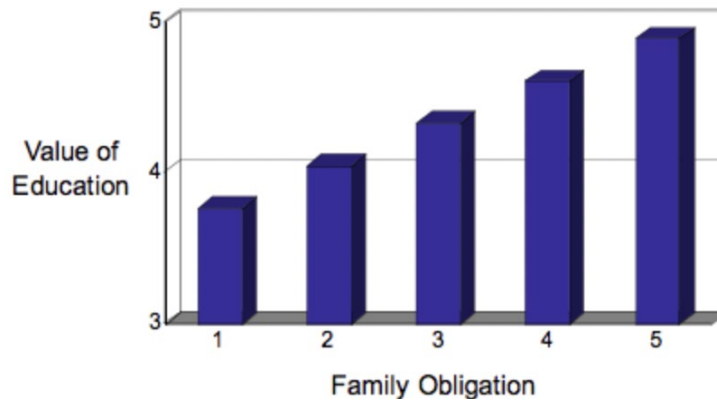
## Being Daughters: Mental Health of Second-Generation Girls

The inverse is also true; second-generation girls also face unique mental health problems as a result of their parents' statuses as emigrants as well as their gender. As of 2020, children of immigrants comprised 25 percent of children in the United States (Todd and Martin, 2020). While statistics on the number of children with refugee parents are less accessible, it's apparent that the overall group of second-generation American children is large, thus making this research especially important.

The previous section discussed how emigrant parents often project their hopes and dreams of success onto their children; while this contributes to poor mental health for the parents, it also does for the children. In fact, the prevalence of psychological distress—which includes feeling nervous, hopeless, restless, fidgety, worthless, or depressed—among children of immigrants globally is nearly double (10.1 percent) that of their first-generation immigrant parents (5.9 percent). Furthermore, children of Asian, Pacific Island, and Latin immigrant families in the United States have up to twice the rate of depression, anxiety, and post-traumatic stress disorder as compared to their counterparts with non-immigrant parents (American Academy of Pediatrics, 2024).

Moreover, although second-generation children may not directly experience the acculturative stress that their parents do, they often are forced to assume financial, cultural, and emotional caregiving responsibilities for their parents, which can negatively influence their mental well-being. Some of these obligations may include translating for emigrant parents or caring emotionally for refugee parents who may be vulnerable. Even more, approximately 66% of family caregivers are women, once again emphasizing the intersectionality of gender and emigration status.

This increased sense of familial obligation also has a proportional association with a higher value of education. Figure 1 shows this relationship.



**Figure 1.**

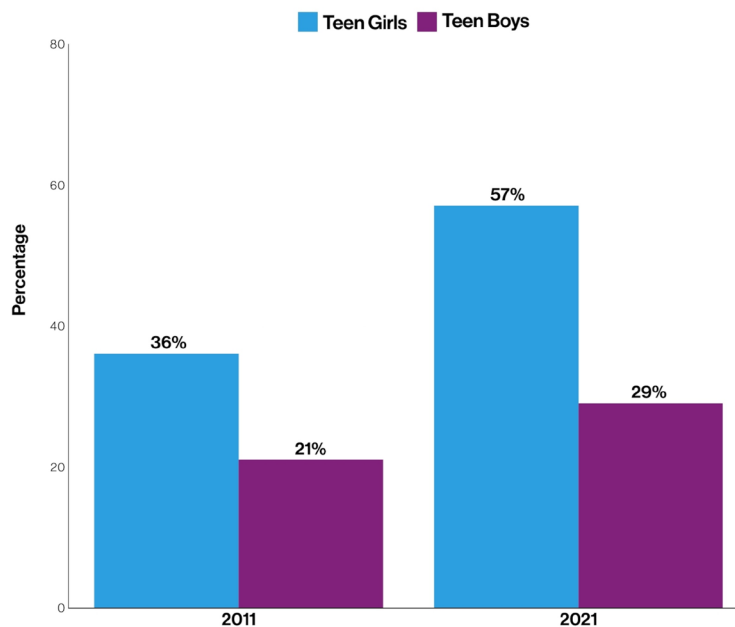
Note. This figure demonstrates the sense of family obligation as compared to the value of education for a group of adolescents, 10th - 12th graders, from a study in San Francisco. The graph represents a link between the two. Reprinted from Migration Policy Institute, by A. Fulgini, 2001, <https://www.migrationpolicy.org/article/family-obligation-among-children-immigrant-families>. Copyright 2006 by MPI.

The resulting increased value of education may seem beneficial on a surface level; however, these children's internal motivation is often supplemented by their parents maintaining high expectations for them, as previously discussed, that likely develop due to the common sacrifices emigrant parents have to make to migrate to the United States. This combination can be dangerous. Students highly driven to succeed may partake in compulsive behaviors, such as constantly rechecking work and obsessively organizing. Participating in compulsive behaviors can lead to stress, anxiety, and even depressive episodes, overall increasing these students' vulnerability to mental health (Holmes, 2023). This struggle is especially pressing for female students, who must face an additional burden; girls must often be forced to break stereotypes or overlook misogyny in male-dominated fields or classrooms.

Considering gender even more broadly, women in the US are more likely to experience mental health issues than men. In 2021, 27% of American women reported some type of mental illness, compared to 18% of males (Vankar, 2023). Taking this into account along with the fact that 50% of mental health problems are established by age 14 and 75% by age 24, it becomes clear that adolescent American girls as a group are more likely to face mental health issues as compared to their male, adult peers (Mental Health Foundation, 2023). This trend is apparent in Figure 2.

## U.S. Teens Who Report Feeling Persistently Sad or Hopeless

2011-2021



**Figure 2.**

Note. This figure compares the percentage of teen boys vs. teen girls in the United States who have reported feeling sad or hopeless in 2011 and 2021. Reprinted from ABC News, by M. Kekatos, 2023, <https://abcnews.go.com/Health/teen-girls-experiencing-record-high-levels-sadness-violence/story?id=97079978>. Copyright 2024 by ABC News.

Thus, when analyzing the mental health of American youth accounting for the influence of gender as well as considering whether the people in question are second-generation, a broad pattern becomes evident: in general, second-generation girls are often and likely more susceptible to mental health illness than non-second generation male teens in the country.

Moreover, as previously introduced, the cultural dissonance between second-generation children and their emigrant mothers and their consequent clashes in values may contribute to further stress for the former. More specifically, these conflicts can result in emotional distance, criticism about having a different lifestyle, and an increased sense of secrecy from parents; each of these components can serve as an additional source of stress and a contributor to mental illness for all second-generation children. But, once again, gender plays a unique role; a study by the National Institute of Health found that in general, daughters report more disagreements with mothers and more negative effects in disagreements with mothers and fathers than sons do, meaning that they are more highly affected by these triggers (Laursen, 2005).

Furthermore, second-generation youth are more susceptible to guilt and shame, which can in turn lead to mental illnesses such as anxiety, depression, and paranoia (Lo, 2023). Growing up, many second-generation children have to either witness their parents juggle multiple jobs and financial struggles or hear stories about their parents' hostile home-country experiences, in the case of refugees' kids. Consequently, these children likely maintain an unspoken guilt or feel responsible for causing their parents to make sacrifices (Eggshell Therapy and Coaching, n.d.).

Second-generation students may experience a sense of internalized shame as a consequence of discrimination from other peer students as well. Over 80 percent of American immigrants identify as people of color (KFF, 2023). Likewise, the grand majority of American refugees arrive from countries with a non-white majority (Ward and Batalova, 2023). Thus, the majority of second-generation children are also people of color meaning that they are more prone to racism and discrimination. In fact, one survey of students in the United States showed that 15.8% of children reported experiencing race-based bullying or harassment (Do Something, 2020). Furthermore, research has found a significant association between racist and sexist bullying and negative mental health in students. So, the threat of experiencing internalized shame becomes especially dangerous and prevalent for second-generation female youth, who frequently battle sexism in addition to racial discrimination.

Finally, not only do second-generation daughters face notably distinct mental health issues, but they also face additional burdens with accessing mental health care services. Many of these women cite the cost of treatment, inaccessible transportation, and worries that their clinicians will not understand their culture as obstacles to receiving care (University of Pittsburgh SOVA, 2019). In addition, familial stigmas about mental health care are often present in emigrant families; for instance, in Asian cultures, families tend to place honor, pride, and collectivism in high regard (Moncrieffe, 2023). Thus, Asian American emigrant families are likely to view mental illness as an “anomaly,” a sign of weakness, or as a source of shame for the family (Cigna Healthcare, 2020). So, these cultural norms and values often mean that second-generation children are hesitant to even bring up their mental health concerns to family or professionals.

## Conclusion

This paper discusses the mental health of both American emigrant women and their second-generation daughters in the country. In addition to their female identity and social status, the interactions between the two groups bring a unique set of components and pressures that may negatively impact their mental health.

Studying the mental health of second-generation youth is important to combat this population’s mental health issues. While we, as a society, are more aware of the struggles faced by emigrants, less attention has been paid to the mental effects of migration on their children. Even more, it is important to continue considering gender when analyzing mental health to understand the groups’ specific needs and the barriers they each face. Only by researching intersectionalities, such as between gender and status, can we begin to attempt to invoke effective change and strive for progress.

Aside from analyzing the distinct contributing factors that negatively influence the mental health of these populations, it is of equal value to consider how to improve the situation for these mothers and daughters. Thus, future avenues of research and action may include brainstorming potential solutions to the discussed mental health issues, such as building affinity groups for the sub-populations, increasing awareness of statistics regarding their mental health status, specifically analyzing how interactions between minority groups affect their mental health, implementing culturally aware education about mental health, and researching other marginalized groups to further understand the intersectionality of gender and status. While the path to providing adequate healthcare to all marginalized groups like American emigrant women and their second-generation daughters is long, analyzing these two groups in-depth is a great first step to take.

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