Immigration, Psychosocial Development: Implications for Africa and the US

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Abstract

Emigration from African nations to the U.S. is increasing faster than from any other continent. In 2004, 7 percent of all legal immigrants to the U.S. were from Africa, up from less than 3 percent two decades ago. Developmental psychologists have not yet studied these immigrants, who may provide much needed answers about attachment, identity, intimacy, aging, and other developmental concerns. Among the particular puzzles that a careful longitudinal study of migrants might solve is the "epidemiological paradox", that recent migrants are healthier than the native-born. Another issue of significance for African migrants is the role of the extended family. African culture tends to foster family interaction and support, yet immigration policies and practices stress individual self-sufficiency. Research is needed to understand when families are protective and when they are limiting, especially for the 1.5 and second generations. Developmental research on African immigrants to the U.S. may help counter many destructive and misleading assumptions, policies, and practices.

Introduction

"What are all these Africans doing here?" asked one of my students on the first day of class. "And why do they want to be nurses?"

The students had just introduced themselves. Since the class was about lifespan development, I asked them to include their grandparents' birthplaces and their future plans. A third of the class came from Africa, mostly men studying for their RN. The man who asked the question (rude in some cultures but welcome in the Bronx) was native-born American.

"Ask them," I said.

Daniel, from Ghana, answered:

"Our culture values families and care-giving. Nursing is a good profession for us."

Daniel was right. A severe nursing shortage (in the US health care system, and perhaps, in most other places in Europe), has resulted in many hospital jobs, with steady pay and benefits, for African immigrants. This development is traceable to, among other

things, the sudden upsurge in population and the national policy on improved and effective healthcare delivery system.

Yet that question, quickly asked and answered, lingers. It links three disparate aspects of my identity: professor, scholar and immigrant. I am not alone in having a multi-faceted identity; probably all humans do. Ideally, every person and every nation integrates multiple identities. This paper is a step toward that integration within the U.S., a small step because it focuses on only one group, immigrants from sub-Saharan. Unfortunately, few psychologists have taken even this step.

Strands of Identity

I am a professor, passionate about teaching and learning. Most of my students, both at the United Nations International School where I taught for four years and at Bronx Community College where I now teach, were born outside the U.S. At the UN school my course load included African History; now I teach Psychology, incorporating many cultures and listening to my students.

My scholarship is in Developmental Psychology, a discipline becoming increasingly multicultural. Research no longer focuses on one moment in a middle-class child's life, or emphasizes theories of Freud, Piaget, or Skinner - all rooted in 20th century Europe and North America. Now, developmental scholars examine the dynamic longitudinal paths that women and men follow over their lifespans, within diverse families. For instance, psychologists recognize that an "intelligent" child is taciturn in some places, talkative in others. Criteria for intelligence change with age, culture and cohort: wise elders can be verbose in the same communities where children are expected to be seen but not heard. In the book, *Culture and Competence,* psychologists Robert

Serpell and Brenda Pitts Haynes use the example of intelligence testing to emphasize variations in standards for competence, a fundamental theme for developmentalists:

> Like many other Western technological inventions (such as the printing
> press, the sewing machine, the bicycle, and the tractor), the intelligence
> test (popularly known as the IQ test) has been widely exported around the
> world. Like tractors, intelligence tests bring with them both ostensible
> utility and hidden implications…[1]

My heritage is the third strand of my identity. My grandparents were among the 15 million people who came to the U.S. from Europe between 1900 and 1920, now often called the first big wave of U.S. immigration. I fondly remember their accented English and old country ways, coupled with strong patriotism and deep religious faith. My personal history fuels my interest in the second big wave of U.S. immigration, the 20 million who arrived between 1980 and 2005. How are my grandparents similar to, and different from, my current students? Will my students' grandchildren be like me?

Many people ask these questions for a good reason. The descendents of current immigrants may comprise a quarter of U.S. citizens in the year 2050, the same year when half of all U.S. residents are projected to be non-white and a third will be over age 55.[2] Although many wonder about future generations, few have answers: the three strands of my identity (professor, developmental psychologist, descendent of immigrants) rarely braid together within the discipline of psychology the way they do in the other social sciences. For example, a leading compendium on European immigration celebrates that scholars from eight disciplines joined forces;[3] none were psychologists. Similarly, the comprehensive *Handbook of International Migration: The American Experience,*

includes articles by 35 experts; (three historians, four anthropologists, four political scientists, six economists, and eighteen sociologists), but no psychologists.[4]

There are exceptions, though. Several psychologists have studied refugees and asylum seekers, and some psychoanalysts have described the developmental stresses of migration.[5] However, the majority (93%) of U.S. immigrants, between 2000 and 2004, were neither refugees nor asylum seekers, and psychoanalytic thought is no longer considered mainstream psychology. As a result, many crucial developmental issues that shape daily life for millions of voluntary, non-pathological African immigrants remain uninvestigated: What aspects of personality, child-rearing, or family interaction make immigration challenging or crushing? Does developmental stage affect future adjustment, as some have found for a child's age at immigration and academic achievement?[6] How do parents' or grandparents' experiences echo through later generations? Given that children always affect their parents and vice-versa, how do immigrant children change their elders?

Within the U.S., one research team led by Alejandro Portes and Ruben Rumbaut followed teenagers from Cuba, the West Indies, Haiti, China, Philippines, Mexico, Cambodia, and Vietnam, and another team led by Carola and Marcelo Suarez-Orozco studied younger immigrants from Central America, China, the Dominican Republic, Haiti, and Mexico[7]. These two groups continue reporting longitudinal research on the development of the 1.5 generation (born elsewhere but immigrated as children) and 2nd generation (born in the U.S. of immigrant parents). Both teams use sound methodology (their data includes interviews, questionnaires, and official records; their samples are

large and inclusive; statistical safeguards, summaries, and comparisons are reported). Their results are insightful, however, neither team studied African immigrants.

Accordingly, although this paper begins with two overviews (on immigration and on development), the primary purpose is to provide specific examples illustrating the need for psychological research on the development of African immigrants.

Immigration Overall

Immigration affects everyone, as evidenced in daily news reports, in heated debates in state and national legislatures, in the ancestry of almost all (99%) North Americans; as well as in the substantial numbers of immigrants in other continents and in the globalization that reaches every nation.

The statistics for the U.S. are impressive: in 2005, 12% of residents were born in another nation, as was 14% of the labor force. One-fifth of U.S. newborns have at least one immigrant parent; about half of the students in New York, Los Angeles, Dallas and other major cities speak a language other than English at home, as did 19% (9.9 million) of all U.S. school children in 2003, up from 9% (3.8 million) in 1979.[8] The numbers surpass all previous total figures, although the proportion of immigrants in the population peaked in 1910, when 15 percent of U.S. residents were born elsewhere.

Because of immigration, diversity is increasing and the U.S. population is aging more slowly. Hispanics (who have ancestors from Africa, Spain, and pre-Columbian America) have become the most numerous U.S. minority group, while the number of Asian Americans increased five-fold from 1990 to 2000. The U.S. proportion of residents over age 64 (12% in 2000) is lower than in 27 other developed nations (Japan is highest with 19 percent), resulting in a situation in which aging North Americans increasingly

depend on immigrants and their descendents for both Social Security income and personal care.

The adjustment of immigrants is complex, with variations depending on age, cohort, and sending and receiving nations. Overall, roughly 20% of U.S. immigrants return to live in their original nations (the rate varies greatly, depending on cohort and country), and less than 5 percent are "transnational", moving back and forth. By far the majority make their permanent home in the U.S.; most visit their ancestral homeland, but few stay. Their adjustment process has been variously described: selective assimilation, reactive ethnicity, creolization, segmented assimilation, biculturalism, symbolic ethnicity, downward assimilation, acculturation, and marginalization. Sociologists debate when each trajectory is followed: by whom, and why? All agree that the process is "multidimensional and multidirectional." The melting pot metaphor is no longer apt, if it ever was at all.[9]

Mixed strategies and paths are also apparent in nation-states. Immigration is simultaneously encouraged (developed nations depend on immigrant labor and developing nations rely on money sent back by emigrants) and discouraged (U.S. voters fear non-white "aliens" and developing nations want to reverse what one African describes as "the brain drain that has stifled development").[10] Immigration to the U.S. adds wealth for some groups and impoverishes others, causing a gain in federal income but a loss for local governments. Efforts to rationalize this pull and push are erratic and clumsy: "observers of international migration are often struck by the failure of states to effectively manage migration and its effects on society".[11]

U.S. history illustrates this clumsiness. In the first wave of immigration, a large influx from Southern and Eastern Europe triggered a backlash, with natives worried about the newcomers' loose morals, divided loyalties, and low intelligence (my grandparents!). That led to restrictions (notably, a national law in 1925), followed by economic depression and World War II. For three or so decades very few immigrants entered the U.S. – less than a hundred thousand per year from 1930-1960. As the ethical and economic implications of restrictive laws became clear, new laws and policies produced a tenfold increase, with an average since 1990 of more than a million immigrants per year. The decrease after 9/11/01 was temporary: in 2004 the number of legal immigrants was again almost a million. In addition, between 7 and 11 million U.S. residents in 2005 were "undocumented", or "unauthorized" or "illegal."[12]

Developmental Psychology Overall

Developmental psychology is far more than the child psychology that was in the past. In recent years, the field has broadened to include the entire life span and multiple contexts and cultures.[13] This expanded understanding combines the traditional themes of developmental study --- that each development period (sometimes called stages) has particular vulnerabilities (sometimes called crises or critical periods) – with renewed respect for the variations of healthy development.

A simple example comes from sleeping arrangements. Most Western families have a private bedroom for the parents of a family, and most non-Western families expect children to sleep beside their mother. The reasons for the non-Western pattern go beyond income: wealthy Asian and African families often put mothers and children together. In general, shared bedrooms are found in cultures where the company of others, awake or

asleep, is preferred. However, Westerners often believe in the ritualized isolation of children during the night, the institution of "bedtime," and the protection of the privacy of the "sacred couple" upheld by a cultural norm mandating the exclusive co-sleeping of the husband and wife.[14]

In all cultures, people justify their customs: Westerners connect family sleeping with sexual abuse; however, Easterners see isolated sleeping as child neglect. Every culture endorses strategies—for sleeping, talking, feeding, disciplining, teaching, playing, etc., to guide children to develop whatever abilities, values, and expectations that are suited for that place and time. Thus, children who sleep with their parents learn to depend on their families for warmth and protection, and children who sleep alone become more self-sufficient. Both practices seem to produce reasonably healthy young adults; most contemporary developmentalists find benefits and risks with mother/child co-sleeping.[15] Other customs, such as beating disobedient children, also vary from place to place, and are less harmful if they are normative within the community.[16]

Multicultural appreciation does not mean that developmentalists consider all customs benign. For example, Chinese foot-binding of aristocratic girls was destructive, but veneration for literacy continues to benefit the Chinese, wherever they live. Some practices of immigrant families are harmful to development, as are some practices that North Americans take for granted. The scientist's goal is to distinguish the harmful from the helpful, a task made more urgent by the plethora of divergent interpretations of everything from a newborn's cry to an adolescent's sexual impulses. Overall, psychic development proceeds best if people integrate old and new customs, selecting the best

combination - immigrants and non-immigrants alike need help in recognizing the long-term consequences of their customs and values.

Psychologists believe that all humans experience developmental needs, just as biologists describe physiological characteristics of each growth period, such as embryo, infant, adolescent. For psychologists, developmental periods and needs include:

1. Infancy: *Bonding* at birth and *attachment* between 6 and 18 months.

2. Early childhood: *language explosion* and *emotional regulation* between ages 2 and 4.

3. Adolescence: *Identity*, as youth combine personal and traditional values.

4. Emerging Adulthood: Close companionship (Maslow's *love and belonging*, Erikson's *intimacy*) with romantic partners and/or best friends

5. Adulthood: Achievement (Maslow's *success and esteem*, Erikson's *generativity*), seeking productive work and/or investing in the next generation.

6. Late Adulthood: Self-acceptance (Maslow's *self-actualization*, Erikson's *integrity*), believing in personal values that will continue after death.

A moment's thought about any of these reveals the clash between immigration processes and developmental understanding. Briefly, many immigrant infants are raised apart from their parents, many preschoolers lose their first language, many adolescents identify with no culture, many young adults are separated from their loved ones, many adults find no satisfying work, and many elderly fear that their most cherished values will die with them. Each of these topics could be described in detail, with data and details that reveal fundamental dislocation, as well as disruptions of the optimal developmental path.

 Focus on Africa

West African immigrants are similar to: Chinese immigrants in their dedication to education; Haitians in skin color; African Americans in religion; Mexicans in familism; and earlier European-Americans in work ethic. Yet they differ from each of these, and their similarities and differences make them intriguing to developmentalists who study the unique, the universal, and everything in between.

Research on African migrants to the U.S. is scarce, in part because no African country is among the top ten sending nations (in descending order, for 2004: Mexico, India, the Philippines, China, Viet Nam, Dominican Republic, El Salvador, Cuba, Korea, Columbia). However, over the past 35 years, immigration from Africa (all 53 nations are represented, but Nigeria, Ghana, and Ethiopia send the most) is increasing faster than from any other continent (see figure), advancing from less than 2% to more than 7% per year.[17]
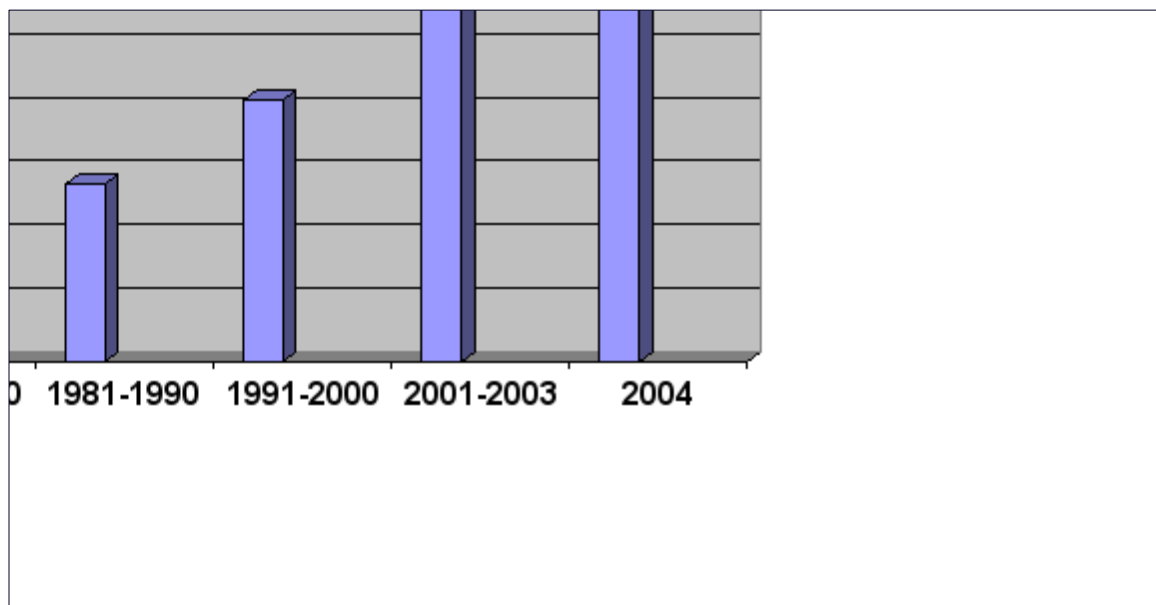
(Percent of Africans among all the legal immigrants to the U.S..Source: U.S. Yearbook of Immigration Statistics, 2004)

Empirical research on Africans is scarce for another reason: compared to the average U.S. resident, immigrants from Africa are less likely to be imprisoned, on welfare, divorced, or experience other social problems, and academics (like everyone else) are drawn to problem groups. Fortunately, developmental psychologists also seek to discover healthy growth patterns of children and adults, and thus research on African immigrants can provide answers to many pressing questions, including the following:

1. Why are immigrants so healthy?

New immigrants tend to be healthier than long term residents of the same ethnicity, a finding so unexpected it is called the "epidemiological paradox". The most robust data concerns the largest immigrant group, from Mexico, whose low birth weight, drug abuse, chronic health problems, and even death rates are lower than U.S.-born Mexican-Americans and non-Hispanics.[18] The health of immigrants and their offspring from many nations worsens with acculturation. Indeed, "for many immigrant groups, length of residency in the U.S. is associated with declining health, school achievement, and aspirations".[19]

Africans follow this paradoxical pattern. In one large U.S. study, adults were asked about their health. When recent immigrants from Africa were compared to U.S. born citizens whose ancestors came from Africa, to immigrants from the West Indies, and to citizens of European ancestry, the African immigrants had lower blood pressure and fewer activity limitations. Most reported good or excellent health, not fair or poor (see figure).

U.S. adults, 2001. Odds ratio of fair or poor health, compared to U.S.-born white, set at 1.0.

White, born in U.S.	1.0
Black, born in U.S.	1.8
Black, born in W. Indies	1.3
Black, born in Africa	0.6

[Adjusted for age, gender, income. Data from Read, *et al*., 2005]

How can this be? One hypothesis is that immigrants do not recognize or acknowledge their illnesses (most have no medical insurance, many fear deportation, and some are suspicious of Western medicine).[20] But research that controls for such factors still finds that immigrants are healthier than the U.S.-born of the same ethnicity.

Other hypotheses have been suggested. One, called the "healthy migrant", suggests that those who leave their homeland are already healthier than those left behind. Especially among Africans, immigrants tend to be better educated and wealthier, factors that correlate with better health. Another hypothesis suggests that immigrants maintain protective social and psychological habits (including those regarding diet, drugs, and family). Or it may be that the first years in a new homeland evoke psychic strengths that reduce illness. Without data, these hypotheses remain speculative, vulnerable to bias. Comparing self-selecting African immigrants (usually well-educated and highly motivated) with those who won the immigration lottery (who are lucky but not especially healthy), or

contrasting immigrants who follow traditional patterns (in diet, family, religion, and so on) with those who do not, or studying reactions within families to various stresses, could provide answers. Lessons learned could benefit everyone.

2. *Is attachment to one caregiver a universal human need?*

Fifty years ago, Western psychologists did not realize that each baby needs a devoted caregiver. Newborn orphans remained in institutions for their first two years: it was thought that the infant's intellect and personality would emerge with time, allowing prospective parents to decide which orphan to adopt. Doctors also forbade parents to visit their hospitalized children, ostensibly to protect them from germs. However, decades of research on dying babies in orphanages and hospitals, as well as poignant films of a motherless monkey convinced psychologists and physicians that infants need their mothers.

This research was known to John Bowlby, who developed a theory of attachment. Bowlby's student, Mary Ainsworth, observed child-rearing in Uganda and concluded that all infants seek to become attached to their caregivers. She then studied families in Baltimore, devising a laboratory measure of attachment that has been used in thousands of studies. Extensive longitudinal data link infant attachment with adult development. Secure attachment benefits a developing person's physical, intellectual, and emotional health for decades, as it serves "multiple survival-related functions".[21]

Developmentalists believe that attachment is part of human genetic inheritance. It is evident in children who love their imperfect mothers and in

parents who forgo sleep, risk danger, and even starve for their offspring. Hope for their children's future sustains many immigrants through years of self-sacrifice. The fact that their children also strive to make their parents proud, further reinforces the evidence of the psychic power of attachment. Of course, secure attachment is not automatic. Among normal, community-raised babies, about one-third of infant-mother and infant-father relationships are insecure. Although more international research is needed, culture may shape the particular kind of insecurity as rated on Ainsworth's measures: insecure Japanese infants seem often to be anxious; insecure German infants, rejecting; insecure West African infants, disorganized.[22] Nonetheless, world-wide about two-thirds of normally-reared infants are securely-attached.

Ignoring attachment needs recently led to a chilling outcome. The policies of Romanian dictator Ceausescu, resulted in thousands of unwanted infants, abandoned by their parents and raised in institutions. When Ceausescu was overthrown in 1989, Western families rushed to adopt these institutionalized children. If they were adopted as infants (under 18 months) development usually proceeded well, psychologically as well as physically. However, if they had no steady caregiver for their first two years, more than a third (but not all) of these adopted children had long-lasting attachment disorders, becoming overly friendly or oddly detached, with other signs of early non-attachment. [23]

Policy and practice have since changed. Orphanages have been shut down and parents comfort hospitalized children. However, attachment research has not yet altered immigration practices. In one large study, only 20 percent of

immigrant children arrive in the U.S. with both parents and a third spend years without either parent. Parentless refugee children, who number in the thousands from Africa, experience severe developmental stresses, evident in poor health and disturbed behavior.[24]

What about the development of children raised in Africa and then relocated in the U.S.? For centuries many African adults raised children who were not their biological offspring, especially if the parents were poor or overwhelmed, if a grandparent was lonely, if a neighbor was infertile, or if a relative lived close to a desired school. Perhaps attachment is less dependent on a specific caregiver, and thus the physical presence of a responsive parent is less crucial in African culture. Or it may be that disrupted attachments, for African infants as for others, impede later human intimacy. Again, research is needed.

3. How do immigrant adolescents find an identity?

Erik Erikson, a leading developmental theorist, explains that as humans mature from childhood to adulthood, they need to discover their own identity, combining personal traits and family heritage. This idea has been widely accepted among developmentalists and validated repeatedly among Western adolescents. Ethnic identity is part of this, especially for non-white immigrant adolescents when "contrasts between their own background and those of others whom they encounter highlight cultural or ethnic differences and raise identity issues".[25] U.S. teens of all backgrounds seek and eventually find their own identity, guided by their parents, peers, and culture.

Do offspring of African immigrants travel a similar route? Not if they heed their parents. Parents often fear American culture, because they consider it toxic to adolescents via racial prejudice, violent gangs, addictive drugs, sexy clothes, materialistic values, and boundless selfishness. Ironically, these same poisons are particularly attractive during the teen years, when U.S. teenagers are expected to resist adult restrictions, seek peer approval, and strive for independence.

At least in theory, if the need for identity and peer approval clashes with parental rigidity, an adolescent takes one of two destructive paths, foreclosure or rebellion. In foreclosure, traditional values are accepted without question. Foreclosure therefore limits self-discovery and self-acceptance, and may lead to later pathology, including severe depression, violence, or drug addiction. In adolescent rebellion, laws and traditions are defiantly broken. Immigrant parents

do not intervene effectively when their teenagers rebel because without their own struggles against the American temptations of drugs, sex, and independence, they are unable to differentiate between self-expression and serious danger (some African immigrants send their rebellious teenagers back to Africa, a desperate solution that may backfire). One immigrant complained:

> It is very sad that they are becoming Americanized. .. they have discovered drugs, girls have discovered boys and boys have discovered girls … in some ways they're in a worse situation, at least Anglo parents know, so they can counsel and guide. [26]

Within many Asian immigrant families, the eldest is charged with keeping the others in line, a role that both foreclosed and rebellious siblings resent. For instance, one traditional sibling said her brother "hates me because I force him to study," and one Americanized sibling did not trust her sister because she is "just way too traditional and a goody-goody for me."[27] Thus the identity crisis may precipitate a family crisis. Does this apply to African families as well?

I found only one published study specifically focused on identity formation among African immigrants, based on 13 individuals in Colorado.[28] The author considers "internalized identity" as the final goal, illustrated by two cases: (1) a Ghanaian father who says a Muslim can marry someone of any religion if both partners respect the other's religion, and (2) a college student from Sierra Leone who loves aspects of American and African culture. Does such internalized identity correlate with success in the U.S., or is staying close to parental roots ("adhesive assimilation") protective, as other researchers contend? Scholarly opinions are swinging toward the later, that "parents' ability to maintain respect

for family and the child's connection to the country of origin" is "vitally important to the children's successful adaptation."[29] Research is required on African adolescents, who may, or may not, join their Western peers in seeking identity, autonomy, and independence, which may, or may not, facilitate development.

4. *What happens when young adults have no nearby relatives?*

Family members can be destructive as well as helpful. In theory, U.S. young adults become independent from their family of origin, and African young adults depend on their families in many ways. Thus many young American adults strive for independence - moving out of their parents' home, avoiding marriage and parenthood, not settling on one career, etc., while African young adults follow their parents' wishes in marriage, education, and occupation because "collectivism often takes precedence and overrides individual needs and interests." [30] In fact, although cultural ideals diverge, the data on young adults shows considerable family support in the U.S. and substantial independence in Africa.

How does this relate to immigration? The model African immigrant is a young man who leaves parents, siblings, and sometimes wives and children behind (immigrants from other places, notably the Philippines, tend to be female, but most African immigrants who arrive as the first in their family are young men). He plans to return after a few years, but extends his stay. Thus he spends years in the U.S. without the thick, familiar safety net that supported him in Africa, and, ironically, without the family assistance that his U.S.-born

contemporaries enjoy. To fill the gap and family network, many young African adults return to Africa for a short time to marry, re-establish family relationships, and convince relatives to join him in the U.S.. If the relatives (more often women than men) wish to emigrate, the approval process takes years. Once they arrive, elapsed years combine with clashing cultures to create unexpected psychic stress within the household.

Couples may have it especially hard. Gender and generational conflicts between traditional patterns and U.S. ideals often mean role reversals, with many husbands becoming marginalized, then angry, then harsh and --- at least as U.S. laws define it --- abusive to their wives (who may earn more money) and children (who speak English with American accent more fluently). Research on Asian immigrant families has revealed frequent domestic violence, especially if the woman has no extended family in the U.S.[31] Is this also true for African women?

Another disturbing research finding is that, in the U.S. and Europe, schizophrenia (which usually emerges in young adulthood) is four times more common among immigrants from Africa and the West Indies than among the native-born.[32] Such data suggests that, without extended family members nearby, some young adults of both sexes experience intolerable stress, yet this conclusion may be too hasty. Young adults choose to leave their relatives for various reasons including the need to claim their independence. But independence also attracts problems associated with uncontrolled reckless living such as drug use which could generate grave consequences. The risk of severe problems may be minimal (only a small minority experience mental illness of any kind) compared to

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opportunities in the U.S., thus, research on costs and benefits of independence for young adults is needed.

5. *Is late adulthood a "golden age"?*

That is the myth, but the truth is otherwise. To their surprise, developmentalists have found that the final years of life are much like the early years, neither gold nor dross. As in all of life, family, friends, education, temperament, and community are influential: old age in the U.S. is not as bad as it has been portrayed, nor is old age in Africa as good.

Within the U.S., the elderly seem better off than they were 50 years ago. They live longer and earn more income, which allows them to live independently. Less than 5% are in nursing homes, and another 10% stay with adult children, usually because they are feeble and poor. Most live alone or with a spouse, as they happily age together, worshipping, shopping, and socializing as they always did when they were much younger.

Within Africa, most people die before late adulthood, but the elderly survivors also prefer to age in place, usually sharing a household with their adult children. Although many of my students believe the African elderly are treated better than the U.S. elderly, African immigrants to the U.S. rarely return to live in their African villages when they are old. Nor do elderly Africans join their U.S. children when they can. The statistics on immigrants admitted via family reunification in 2004 validate this observation: 252,193 spouses but only 77,534 parents came. African parents are particularly reluctant to emigrate: nine times as many spouses as parents left Ghana for the U.S. in 2003.

Is it wise or foolish for elders to stay in Africa? On the one hand, it may be argued that those few African elderly who do emigrate enjoy better health in the U.S. and enjoy living with their immigrant descendants. Or it may be that the elderly who choose to remain in Africa are happier than their U.S. peers. Longitudinal research on a cross-section of multi-generational immigrant families, compared to similar multi-generational families in Africa, would reveal the benefits and costs to various family members of both strategies. Within developmental psychology, past ageism led to false pity or inappropriate veneration for the U.S.-born elderly; data will reveal if ageism also obscures perception of the African elderly, immigrant or not, and their perception of the U.S..

Policy Implications

For these five questions and many more, research is required to discover which of several opposing conclusions is most valid. Again, the prevailing issue emerges: when and how is stress beneficial, leading to resilience and growth, and when and how is it crushing?

Psychologists recognize that stress, especially extreme and unexpected stress, disrupts normal development. Post traumatic stress disorder (PTSD) can be debilitating for years. Depression is among the leading causes of human suffering (globally it is the third highest cause of disease), and immigrants experience many of the precipitants of depression. Yet psychologists also recognize that humans are amazingly adaptive, demonstrating resilience and self-righting even when circumstances seem crushing. Indeed, immigrants and their descendants built many strong nations, the U.S. being only one example.

Obviously, immigration begets both stress and opportunity; policies and practices are uniformed by developmental understanding. General data on the children of recent immigrants suggests that serious problems (imprisonment, drug addiction, premature death, etc.) increase with each generation, although it takes several generations of U.S. living to show rates comparable with national norms. This suggests that our worst fears may be baseless. The best researchers (many of which are cited above) recognize that developmental conclusions are premature, particularly among the African second generation, who are just now coming of age.

Although immigration may be destructive to the human spirit, Africans and others remain resilient and adaptable, thriving with new opportunities, surmounting apparent dangers. Pessimistic predictions, distorted prejudices, and scattered data - which, as emphasized throughout this paper, almost never arise from research on Africans utilizing a developmental perspective – may lead us astray. Policies in health care, employment, education, and citizenship that are well-intended may be deadly; assumptions of both advocates and opponents to immigration reform may be, after all, a fantasy.

"What are all these Africans doing here?" We do not yet know.

Endnotes

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12 terms and estimates vary by source.

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15 Specific discussions of the developmental effects of co-sleeping are found in Penelope Leach, *Your Baby & Child: From Birth to Age 5 (3rd ed.).* New York: Knopf, 1997, and in Meret A. Keller and Wendy A. Goldberg, **"Co-sleeping: Help or Hindrance for Young Children's Independence?",** *Infant and Child Development, 13(5), pp. 369-388.*

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27 The quotations are from page 504 and 507 of Karen Pyke, "'Generational deserters' and 'Black Sheep': Acculturation Differences among Siblings in Asian Immigrant Families". *Journal of Family Issues, 26(4),* 2005, pp. 491-517.

28 Mary Ann Watson, "Africans to America: The Unfolding of Identity". *Ìrìnkèrindò, 3,* 2004.

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