Ethnic Identity and Acculturation:
The Impact on Iranian-American Communities

A graduate project submitted in partial fulfillment of the requirements
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By
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DEDICATION

I would like to dedicate this project to my family. My brother, Seena, thank you for always believing in me; you are my best friend and an inspiration. My mother and father (maman-o baba), I cannot thank either of you enough for your support. It is only because of your strength, wisdom, love and kindness that I have been able to succeed, and I dedicate all of my accomplishments in this life to you both.
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Abstract

Ethnic Identity and Acculturation:
The Impact on Iranian American Communities

By
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Master of Science in Counseling, Marriage and Family Therapy

The purpose of this project was to create a workshop for second-generation Iranian American young adults who have struggled with understanding and exploring their ethnic identity. Iranian immigration to the United States is a relatively recent event. These families have experienced the ongoing stress of acculturation, which has left an impact on second-generation individuals attempting to balance their identities between multiple cultures. Additional factors influencing a person’s identity confusion include diminished psychological well-being, life-cycle stages, and relationships between the generations. This four-hour workshop will provide a structured environment designed to address the ways in which these factors impact the lives of young adults. This workshop will guide participants through understanding these factors, and putting them into the context of their own lives. Participants will conclude the workshop by being encouraged to use their own story to connect with others, linking their narrative to the concepts discussed throughout, and ultimately beginning a dialogue amongst Iranian-Americans.
Chapter 1

Introduction

Background of the Problem

Iran’s population has a relatively recent history of migration to the United States; the first wave of immigrants began in the 1950s, and has continued until present day (PAAIA, 2011). The largest wave of immigrants, and the population most relevant to this workshop, is the group of individuals who moved to the United States between the years of 1978-1984. This group consists mostly of immigrants who left just before and during the Iranian Revolution of 1979, citing social and political oppression as their reasons behind migration (Chiaichian, 1997).

Families living in the United States, like their counterparts in Iran, place high value on immediate and extended family relationship, with the system acting as a source of emotional, social, and financial support (Shirpak, Maticka-Tyndale, & Chinichian, 2011). Iranian families typically do not disclose personal information to individuals outside of this network, choosing instead to confide in family members (Shirpak, Maticka-Tyndale, & Chinichian, 2011). In addition to extended family availability, these families vary in their levels of acculturation, which compounded may contribute to a lack of encouragement to seek resources. Iranian immigration to the United States is relatively recent and as a result, studies focusing on adaptation for Iranian families are few (Jalali, 2005).

Second-generation Iranian Americans often experience ethnic and cultural identity confusion, often beginning in adolescence and continuing into adulthood (Barta, 2013). At this point individuals are faced with the difficulty of balancing dual identities
of being both Iranian and American (Joedyr, 2003). Experiencing an acculturation gap is a major challenge experienced by immigrants and their second-generation children (Hwang, Wood & Fujimoto, 2010). This can lead to a lack of understanding, family dysfunction and poor mental health (Hwang, Wood & Fujimoto, 2010), ultimately creating a separation among generations. Language difficulties are also an issue, adding stress for both individuals when English fluency is an issue for parents and children are expected to act as translators.

Iranian individuals typically do not seek mental health services as they rely mostly on the immediate and extended family for support (Shirpak, Maticka-Tyndale, & Chinichian, 2011). This project aims to provide an additional support.

**Statement of Problem**

The number of individuals living in the United States who identify as second-generation Iranian American are currently higher than any other time in history (Bozorgmehr & Douglas, 2011). This population is growing, and research about this group is limited. Most research focuses on the experiences and acculturative process of first-generation Iranian immigrants. The central theme of most studies done on second-generation Iranian Americans revolve around how this population functions and progresses in American society as the child of an immigrant. It is important to explore more deeply the specific factors that influence the relationship between second and first-generation Iranians, and how those factors may impact a young adult’s identity and sense of self. In addition, there is a lack of research focusing on how this population chooses to define their identity and the factors, which influence this, including education, aspirations, relationships, parental and personal expectations.
Heidari et al. (2013) found that cognitive-behavioral group therapy and psychodynamic therapy was effective amongst Iranians in reducing depressive and anxious symptoms. However, studies including various modalities, specifically narrative group work, are limited. Based on what Shirpak et al. (2011) found regarding Iranian family culture and their tendency to share with family members, there is reason to believe narrative therapy interventions can be effective. Narrative therapy uses storytelling, which may parallel the experience of finding resolution through confiding in loved ones.

Sirin, Ryce, Gupta, and Rogers-Sirin (2013) acknowledge that most studies regarding the impact of acculturation, ethnic identity, and depression have focused on one immigrant group at a time, rather than focusing on the experiences of all immigrants in general. Very few studies have focused on the integration of how acculturation gaps impact family and individual function in regards to psychological well-being (Hwang, Wood & Fujimoto, 2010). The majority of immigrant families are likely to experience some degree of an acculturation gap, yet not all immigrant families develop problems as a direct result of this (Hwang, Wood & Fujimoto, 2010). Taking this into consideration, specific research focusing on relational challenges that occur as a result of an acculturation gap can be beneficial for understanding and working with immigrant populations.

**Purpose of Project/Significance**

The four-hour workshop will be open to second-generation young adults and mental health professionals. It will include psychoeducation and process group therapy. The workshop will build a dialogue about the shared experiences amongst second-generation Iranian American young adults. This dialogue will consist of addressing
acculturation gaps, discussing the history of Iranian immigration, and opportunities to share personal ties to these experiences. A space such as this will help provide a voice to the Iranian-American experience, which can build ties through discourse and build awareness among professionals who may have not encountered this particular population.

A workshop aimed for Iranians, specifically second-generation Iranians, will provide a forum to come together as a community and bridge the gap between immigrant families and mental health care. This workshop will normalize the experience of conflicting dual identities within this population, begin to de-stigmatize receiving mental health services, and act as a stepping stone towards building honest communication about one’s own experiences, The intention of this workshop is for participants who attend to leave with a clearer understanding of the information relevant to their experiences, and feel empowered to further explore their own narrative.

**Terminology**

*Acculturation*: “a multi stage process whereby individuals change their identities or adapt to new cultural traits of the host societies” (Rashidian, Hussain, & Minichiello, 2013).

*Ethnicity*: “a groups shared sense of identity that is based on a distinctive social and cultural heritage, and passed on from intergenerational transactions” (Khodarahimi, 2011, p. 256).

*Ethnic identity*: “ethnic identity is formed through a dialectical process between internal and external forces, as well as the subjective ethnic identification and ethnic labels designated by outsiders” (Mobasher, 2006, p. 103)
*First generation Iranians:* individuals born in Iran who migrated to the United States after the age of 13 (Bozorgmehr & Douglas, 2011).

*Identity:* “an integrative configuration of self-in-the-adult-world” (McAdams, 2001, p.102)

*Immigration:* “voluntarily migrating to another country in search of a better quality of life, due to economic hardship in their home country” (Aponte & Wohl, 2000, p.201)

*Islamic Revolution of 1979:* “Revolution in which a coalition of forces opposed to the Western-oriented Pahlavi regime and dominated by Shii Muslim clerics overthrew the government of Muhammad Reza Shah Pahlavi. The acknowledged leader was Ayatollah Ruhollah Khomeini. Causes included the modernization/westernization programs undertaken since the 1920s, particularly the economic and social reform programs of the 1963 White Revolution; state control of religious institutions, which deprived clerics of power and income; and the perceived corruption and extreme wealth of the shah and the ruling class…The revolution began on 9 January 1978, when theology students in Qom protested a newspaper article accusing Khomeini of licentiousness and crimes against the state. Demonstrators and police entered into violent conflict, fostering other protests throughout country. The shah was forced to leave Iran on 16 January 1979. Khomeini appointed his own provisional revolutionary government and returned to Iran on 1 February 1979, to great popular acclaim. Khomeini officially seized power on 11 February…In March a referendum was held to determine the form of the new government, and Iran became an Islamic republic “ (“Islamic Revolution”, 2003)
Racial, cultural and ethnic identity: “an individual’s awareness and sense of self as a racial, ethnic or cultural being” (Aponte & Wohl, 2000, p.22).

Second generation Iranian Americans: individuals born in the United States to at least one foreign-born parent, and those who immigrated prior to the age of 13 (Bozorgmehr & Douglas, 2011).

Summary

Since the climate of Iran so drastically changed, Iranians have migrated to the United States. The literature focusing on the Iranian immigrants has focused primarily on the last 40 years of social and personal progress within the community. Researchers have shed light on the issues more relevant for this population, such as acculturation and identity formation, and a workshop provides a unique space to explore these issues. To further understand this population, the following chapter will include literature regarding Iranian families, immigration, acculturation, identity, and narrative therapy.
Chapter 2

Literature Review

Introduction

This literature review will outline the factors affecting the relationship between Iranian immigrants and their Iranian-American children, ultimately focusing on the experience of second-generation Iranian American young adults. I will introduce and define this population, followed by defining immigration and exploring the unique reasons behind the several mass migrations of Iranians. I will focus primarily on the largest wave of Iranian immigrants who moved here after the revolution of 1979, as it is this population whose children have now reached adulthood and will benefit from this workshop. Next, I will outline the life-cycle stages and identify the family structure within the United States. I will continue to break down the impact of immigration on Iranian families by exploring the impact of acculturation, ethnic identity, and depression within this population. I will explore the relationship between Iranian Immigrant parents and their second-generation Iranian-American children, identifying the factors that influence this relationship. I will conclude by exploring how therapy is perceived within the Iranian population and defining narrative therapy and ways in which it may be useful in a group format.

Iranian Population

Introduce Population

Iranian immigrants come from a variety of different backgrounds, ranging from the elite to traditional working-class families. Iran is a country with a population of over 80 million individuals, over half of which are between the ages of 25-54 years old
Iranian culture has always placed a high value on Islamic teachings and practices, with roughly 98% of Iran’s population identifying as Muslim (Mobasher, 2006). Iran’s national language is Farsi, also referred to as Persian (Jalali, 2005). Iranians have universally been known to place high importance on politeness and hospitality (Mostofi, 2003).

According to a questionnaire created by Hamid Naficy and conducted on Iranian residents of Los Angeles, Iranians identify the following as among the most important values: family, education, hospitality and artistic traditions (Mostofi, 2003). Hospitality and generosity are equally as important to Iranians belonging to any social class (Mostofi, 2003). Historical consciousness and an awareness of poetry, history, and geography are highly valued amongst Iranians immigrants, particularly amongst older generations (Mostofi, 2003) Iranians maintain a strong sense of pride, which can be shared through storytelling and dialogue. Iranians feel a strong desire to be surrounded by people of a similar background who understand the language and culture; this desire dictates much of an immigrant’s formation of identity (Mostofi, 2003).

Iranian Families

In Iranian culture, the strength of family relationships is a priority for all generations (Shirpak, Maticka-Tyndale, & Chinichian, 2011). Iranian culture emphasizes public modesty, meaning individuals do not disclose personal problems with non-family members, while immediate and extended family act as a source of emotional, social and financial support (Shirpak, Maticka-Tyndale, & Chinichian, 2011). Dr. Behnaz Jalali (2005) explores the Iranian family structure, including traditional and modern families living in Iran, and Iranian families living in the United States. Most of her findings are
based on personal experiences from working with Iranian families. Her body of literature on the subject is reflective of the importance of learning more about this population, and the need for clinicians to acknowledge the cultural needs of this group.

Dr. Jalali (2005) asserts that the typical Iranian family is patriarchal. As the head of the family, the man makes decisions for the family, and is financially responsible for all members. A woman’s primary responsibility is to her children, and women typically become the parent children feel most affectionate towards and with whom they are the most close (Jalali, 2005). Brothers are expected to support sisters emotionally, as well as financially should a brother’s sister lose her husband (Jalali, 2005). Extended family plays an important role; extended family members remain very close, sometimes living together and helping raise children (Jalali, 2005). Women often move in with their husband’s extended family, but continue to maintain a connection to their own family (Jalali, 2005). A father’s agreement is needed in order for a woman to get married, although men do not need the same agreement. Parents typically provide more flexibility and freedom to their sons, and do not always grant the same treatment to their daughters (Jalali, 2005).

Heidari, Lewis, Allahyari, Azadfallah, and Bertino (2013) elaborate on the typical family structure for modern families in Iran, stating that young adults who are not married likely reside with their parents. Parents and older family members typically have more authority than in Western families, and parental approval of potential marriage partners for young couples is highly necessary (Heidari et al, 2013).

Dr. Jalali (2005) goes on to identify differences between traditional and modern families. Modern families typically do not live with extended family in the same way
traditional families do, which can be a struggle to adapt to. Dr. Jalali’s (2005) experience extends to Iranian immigrant families living in the United States. She asserts that immigrant families grapple with finding a balance between maintaining traditional Iranian familial structure, and adapting to American expectations (Jalali, 2005).

Parents struggle with their children’s expectations of parental authority, and fathers in particular may interpret their children’s youthful attitude or obstinacy as disrespect (Jalali, 2005). This sort of dynamic may be indicative of cultural differences between countries, and the challenge of communication between generations, particularly when these generations were raised in different cultures. It may benefit clinicians to be aware that relational challenges in Iranian families may stem from cultural expectations, and that working to help members understand these expectations can only benefit the population.

Iranian women in America are pursuing education and professional careers, and in some cases may be more successful than their husbands (Jalali, 2005). Children typically seek more freedom and autonomy; adolescents and young adults may begin dating prior to marriage, which can be uncomfortable and foreign for immigrant parents (Jalali, 2005). Extended family in Iran provides an additional support system, whereas immigrant families in United States sometimes lack this resource, creating additional pressure for parents (Jalali, 2005). With Iranian families who lack the extended family support system, seeking services from clinicians can be an atypical experience. A clinician’s ability to demonstrate cultural sensitivity in regards to this experience can lead to stronger rapport and trust.
Waves of Immigration

According to the U. S. Census Bureau, there are an estimated 500,000 to 1 million individuals living in the United States who report either their first or second-generation ancestry as being Iranian (PAAIA, 2011). A report published by the Public Affairs Alliance of Iranian Americans (PPAIA, 2014) outlined that Iranians migrated to the United States in three major waves beginning in the 1950s through present day, with the largest wave beginning in the late 1970’s. This was as a result of the Islamic Revolution in which political, social, and religious oppression have been cited as reasons for this revolution (Naficy, 1993). The first wave of Iranians migrated between 1950 and 1970 and came to the United States hoping to seek higher education. Most of the students who came here during this time intended to return to Iran once they completed their education, but due to the Islamic Revolution, this option was no longer possible for many, as the political and social climates were in transition and considered unsafe (Mahdi, 1999).

The second largest wave occurred between 1970-1978; many who migrated in that time sought professional opportunities for themselves and educational opportunities for their children, while others left due to increasing political tension and fear for safety (Jalali, 2005). The Islamic Revolution was a partial catalyst for the third largest wave, occurring between 1978-1984 (Jalali, 2005); Iranians began migrating to the United States just prior to and after the revolution. Due to the events of the revolution, the establishment of a new government, and the war between Iran and Iraq that lasted from 1979-1987, a significant portion of Iran’s middle class left the country (PPAIA, 2014).

Survey results of first-generation Iranians residing in Iowa in 1997 showed that 70.6% of the Iowa City sample came to the United States mainly due to “social
constraints, political repression, loss of loved ones during the Iran-Iraq war, loss of job or confiscation of property, and religious constraints” (Chaichian, 1997, p. 614). Unlike the populations before, the individuals who left due to the revolution were no longer just college aged students, but established middle and upper class families, many of which became political refugees and exiles (Bozorghmer, 1998).

According to Bozorghmehr et al. (2011), due to the large numbers of Iranians that migrated at that time, there is now a substantial number of second-generation Iranian Americans living in the United States, more so than any other time in history. This growth indicates the importance of acknowledging and understanding individual and relational issues specific to this group. The PPAIA (2014) contend that Iran’s revolution forced a number of individuals and families to leave their country and move to the United States due to a lack of other opportunities, and the political upheaval their country faced, which resulted in their safety being at risk. Having knowledge of the potential reasons for Iranian immigration provides context for clinicians encountering this population, as exiles and political refugees require different therapeutic needs.

**First Generation**

Nilou Mostofi (2003) suggests that first generation Iranians living in the United States, like other immigrant populations, have had to create dual identities— one which combines Iranian values and perceptions of family within an American setting. Therefore, “Iranian” has evolved in its definition, as it no longer only refers to individuals born and currently residing in Iran, but a group of people whose memory of their homeland and experience as an immigrant now define their national identity (Mostofi, 2003).
Iranians living in the United States come from a variety of socio-economic, religious, political and social backgrounds, and reside all over the United States. For this reason, building a cohesive community can be difficult for this population. Dr. Ansari touches upon this view, stating that first-generation Iranians can be somewhat narrow-minded towards individuals from backgrounds dissimilar to their own, and this lack of open-mindedness inhibits Iranians abilities to commune with each other, which in addition perpetuates what he calls “the myth of the highly successful and educated Iranian-American” (Ansari, 2013). Shaghaeygh Hanson, vice-president of the Persian Cultural Center, asserts that Iranians’ desire to uphold this myth alternately works against the population, ultimately risking alienation towards Iranian-Americans who do not identify with that perception (Hanson, 2013).

Cultural trauma, defined by Alexander (2003), is “a horrendous event that leaves indelible marks upon the consciousness of members of a collective, and changes their identity fundamentally and irrevocably” (P.85). Iranian immigrants identities were no doubt impacted by the trauma of being displaced from their country as a result of a political revolution. This gives indication to the possibility that this generation of Iranians had to redefine their identity for themselves, and by themselves, outside of their country of origin.

It is imperative not to assume all immigrants who moved here for similar reasons have had the same experiences, but to maintain awareness of potential factors impacting this particular group. Dual identity and cultural trauma are important to note when working with first generation Iranians because their clinical needs differ depending on their experiences. With the abrupt and mass migration of Iranians as a result of the
Islamic Revolution, as previously stated, there is reason to believe this group experienced trauma, which would impact them on an interpersonal level.

**Second-Generation**

Striving for a balance between two vastly different cultures is a common obstacle for the second-generation Iranian population. Simin Jodeyr (2003) believes the second-generation tread their lives between two separate cultures, which can lead to identity crisis and confusion, particularly in childhood and adolescence. She states that “when the children of immigrants reach the age of adolescence, they have to define themselves… immigrants’ children are usually confronted with two motherlands: one that is their ancestral historical motherland, and the one in which their parents want them to believe” (Jodeyr, 2003, p. 207).

Doctor Maboud Ansari asserts in his book about this population that for second-generation individuals, their Iranian identity is fluid, and not simply handed to them by their parents; their “Iranianess” is crucial to the self, as it provides a foundation and connection between their individual identity and their identity in relation to the Iranian community (Ansari, 2013). He goes on to describe the blurred identity Iranian-Americans have developed, “that is, self-image and a worldview that is a combination of cultural heritage based on their Iranianness, and their American experience” (Ansari, 2013). As outlined above, first and second generation Iranians each confront their evolving identities. These experiences, although unique to the individuals, may parallel one another. Gaining insight into these experiences can be helpful, allowing family members to connect. This process can be a starting point for clinicians, and can be particularly useful for family therapy.
Life Cycle Stages

Erik Erikson (1982) developed eight psychosocial stages of human development, outlining identity development from infancy to old age. He found at each stage an individual develops an evolved understanding of the self and others, ultimately working towards a more balanced and clear sense of self (Barta, 2013). This growth is a combination of internal influences, such as instinct, personality, temperament, and external forces, such as community, family relationships, culture, and socio-economic status (Batra, 2013). Each stage is identified by the emotional challenges each person will encounter at that stage, and provide the foundation for psychosocial human development within western clinical ideologies.

The first stage occurs between birth and 1 ½ years, and is identified as Basic Trust vs. Basic Mistrust; in this stage the child is introduced to trust, both with oneself and with others (Barta, 2013). This is developed through the relationship the infant has with the primary caregiver, more specifically the mother. If a child at this stage receives love, safety and security, the child will be able to develop a trusting relationship with caregivers, and in turn a trusting relationship with oneself (Barta, 2013). If a child is deprived or neglected physically or emotionally in this stage, they may withdraw into themselves (Barta, 2013). Erickson (1963) believed a child with healthy trust at this stage understood the consistency of care from their providers, and began to develop the capacity to self regulate.
The second stage occurs between ages 1 1/2 – 3 years, and is identified as Autonomy vs. Shame and Doubt; in this stage the child begins to explore their own limits, and the limits imposed onto them by caregivers and authority figures (Barta, 2013). Children at this age attempt to explore their surroundings based on their own urges; these urges are often met with boundaries by caregivers, often in their attempts to maintain the child’s safety and encourage self-regulation (Barta, 2013). Erickson (1963) believed shame and feelings of doubt in one’s own abilities can be internalized at this stage when boundaries are strict and inconsistent. He believed a faith in one’s own autonomy can begin to develop when boundaries are consistent, firm, and reassuring (Erickson, 1963).

The third stage occurs between ages 3-6 years, and is identified as Initiative vs. Guilt; at this stage children attempt to participate in activities going on around them, using play and work to develop purpose (Barta, 2013). Caregivers and authority figures continue instill boundaries, and the internal process for the child is dependent on the manner in which boundaries are delivered (Barta, 2013). When children are given space to resolve conflict or explore their interests and desires, they can develop a sense of initiative and self-trust, whereas guilt and inhibition can develop when space is not permitted (Barta, 2013). The fourth stage occurs between ages 6-12 years, and is identified as Industry vs. Inferiority; at this stage children grapple with feeling inadequate or inferior with their abilities, shaped by the environment caregivers and authority figures have created (Barta, 2013). At this point, children’s sense of purpose and adequacy must be nurtured. Children can become discouraged, and feel a lack of purpose and focus.
Much of this stage is dependent on the social and academic environment of a child (Barta, 2013).

The fifth stage occurs between ages 10-24/26 years, and is identified as Identity versus Role Confusion; much of an individual’s identity within this stage is now influenced by the drive to discover one’s role within society (Barta, 2013). Erickson states:

The growing and developing youths, faced with the physiological revolution within them, and with tangible adult tasks ahead of them are not primarily concerned with what they appear to be in the eyes of other as compared with what they feel they are, and with the question of how to connect the roles and skills cultivated earlier with the occupational prototypes of the day (Erikson, 1963, p. 261). Family pressure, social environments, biological changes, compounded with one’s own perception of self, make this period a time of significant growth.

The sixth stage occurs between ages 22-40 years, and is identified as Intimacy vs. Isolation; at this stage adults continue to search for their own identity, and desire to develop intimacy in relationships (Erikson, 1963). Adults in this stage aim to develop mutual love and intimacy, which Erikson believes can only be achieved once adolescence has ended (Erikson, 1963). This stage is of particular importance as it coincides with the identity crisis often experienced by second generation Iranians. The awareness of this critical stage raises the question of how this population is impacted by and processes their identity confusion.
The seventh stage occurs between ages 30-65 years, and is identified as Generativity vs. Stagnation (Erikson, 1963). Generativity refers to the concern in guiding the following generation. Making meaningful connections with younger people, and nurturing this growth is developed in this stage (Barta, 2013). Not all individuals in this stage experience this drive, although it is the defining characteristic of Erikson’s seventh stage (Barta, 2013). It is fair to suggest that most Iranian immigrants who came to the United States as a result of the Islamic Revolution were within the age range of the sixth and seventh stage when they arrived, as it was previously mentioned that most of the immigrants at that time consisted of established middle and upper middle class individuals. This group of immigrants likely attempted to acculturate while experiencing role confusion and generativity.

The eighth and final stage occurs from about 50-65 years and onward, and is identified as Ego Integrity vs. Despair (Erikson, 1963). By this stage, an individual has made sense of their identity and their experiences, and can share their strength with younger generations. This stage is marked by a fear of death, and awareness that time is short (Erikson 1963). These stages can provide additional context to an individual’s story, allowing a clinician to make potential links between personal challenges and the life cycle stages. These stages

**Family structure in US**

McGoldrick, Carter, and Preto (2011) believe western societal expectations reinforce the typical family as meaning a nuclear, heterosexual, legally married couple with their children; this model is often used as the ideal by which other families are
compared and judged (McGoldrick, Carter, & Preto, 2011). Families have many structures: multigenerational, extended, adopted, remarried, single-parent, unmarried, etc. The authors acknowledge comparing modern family’s to the outdated nuclear family model in an attempt to understand them more fully would be futile. (McGoldrick, Carter, & Preto, 2011).

McGoldrick et. al define the homeplace as “multilayered, nuanced individual and family processes that are anchored in a physical space that elicits feelings of empowerment, belonging, commitment, rootedness, ownership, safety, and renewal” (2011, p.21). The authors believe the security of a homeplace is necessary for all people, regardless of culture, during any stage of the life cycle (McGoldrick, Carter, & Preto, 2011). This is particularly true for immigrant populations, as they have to form networks and communities that represent the connection to their ethnic background (McGoldrick, Carter, & Preto, 2011).

Aponte and Johl (2000) believe extended family is the common family structure for immigrant and minority populations living in the United States. The authors acknowledge that extended family network influences the values, beliefs, and behaviors of all members, and act as a support system (Aponte & Johl, 2000). Through looking at the different family models in Iran and in the United States, one can see how immigrants may have a difficult time adjusting, Clinicians maintaining awareness of the similarities and differences between these family structures will likely be more successful in building rapport and trust.
Relationship Factors

Ethnic Identity

Iranian immigrants and their second-generation children, like other immigrant populations, had to determine what their Iranian identity looked like for themselves. Aponte and Wohl (2000) define identity development as the psychological process individuals experience when becoming aware of, and attaching meaning to, these transitional ideas, and use them to develop deeper self-concept. Sue and Sue (2003) identified the five stages of racial and cultural identity for minority populations, outlining the experience of understanding ones own racial and cultural identity.

In the first stage, known as the conformity stage, the individual identifies with the dominant group, often feeling disconnected from their own cultural group. Second, the dissonance stage is marked by the denial of their cultural identity. The third stage, resistance and immersion, follows; during this stage, an individual may feel shame or self-blame about their previous acceptance of the beliefs about a dominant culture, and begin to embrace the views of their cultural identity. In the fourth stage, the introspective stage, the individual begins actively working towards understanding themselves as a member of a specific cultural group. In the final and fifth stage, named integrative awareness, the individual settles into their acceptance of their cultural identity. At this point individuals begin to embrace their ability to identify with not only the dominant culture, but their own cultural identity as well. These stages encompass the progression minority groups often experience when attempting to identify and define their own racial and cultural identity (Sue & Sue, 2003).
Portes and Rumbaut (2001) describe the process of ethnic self identification second-generation individuals go through as a complex journey. The authors state “situated within two cultural worlds, they must define themselves in relation to multiple reference groups and to the classifications into which they are placed by their native peers, schools, the ethnic community, and the larger society” (Portes & Rumbaut, 2001, p. 150). They experience a sort of tug–of-war between their parent’s identity, American identity, and the identity they are attempting to discover and define for themselves. Syed and Azmita (2008) stress the importance of ethnic identity for young adults due to the fact that they are heavily exposed to friends and peers at this time, many of whom have different backgrounds and values, which can trigger individuals to confront their own identity.

**Acculturation**

Those who immigrated in the 1970’s faced a number of challenges upon their move. The process of acculturation can pose a major challenge for immigrant men and women, particularly when attempting to adapt to a country whose values and practices stray so far from that of their home country (Rashidian, Hussain, & Minichiello, 2013). Berry (1997) defined acculturative stress as “a stress reaction in response to life events that are rooted in the experience of acculturation” (p. 19). According to Berry and Kim (1988), acculturation occurs in five phases: (1) Pre-contact phase: the culture in question exists independently of other cultures; (2) Contact phase: the cultural group comes in contact with the dominant culture; (3) Conflict phase: the cultural group experiences pressure from the dominant group to make appropriate changes in order to being accepted; (4) Crisis phase: the pressure experienced by the non-dominant group
b3ecomes more apparent; (5). Adaptation phase: the final phase of acculturation, during which the relationship between both groups becomes determined.

During these phases different modes can occur depending on the individual. These modes are defined as such: the assimilation-mode occurs when an individual rejects their own culture and chooses to resign to the dominant culture; the separation-mode occurs when an individual rejects the dominant culture and chooses to embrace their own culture; marginalization-mode occurs when both the dominant and non-dominant culture group are rejected; and integration-mode occurs when components of both cultures are embraced, while maintaining the non-dominant cultures practices and identity (Aponte & Wohl, 2000). Acculturation is a continuing process, and an individual may flow in and out of these phases at his or her own pace. Within a family unit, each member may be at a different stage of the process.

Shirpak, Tyndale, and Chinichian (2011) assert that acculturation stress may lead to parent/child conflict, marital conflict, behavior issues, confusion of gender roles, financial difficulties, and depression. The authors elaborate that when immigrants move to the host country they are surrounded by families that represent values that do not align with the values of their home country; this experience forces immigrant families to re-structure the application of their own values (Shirpak, Tyndale, and Chinichian, 2011). Hwang, Wood, and Fujimoto (2010) address the challenges parents face, stating that when immigrant parents and children grow up in different environments, an acculturation gap occurs where parents and children differ in their cultural values and understanding of the host country’s values. This gap can lead families to feel separated and distant from each other,
In regards to differences with gender roles, Ghaffarian (1987) asserts that tension in marriages are increased when moving to the host country, due to differences in levels of acculturation for men and women. Iranian men have been found to be more accepting of American ideologies regarding public and social rules, but maintained traditional views about women’s roles, whereas Iranian women more readily embraced American views on women’s roles, yet took longer to fully acculturate on a societal level (Ghaffarian, 1987).

Ghaffarian believed this disparity was due to the fact that societal expectations for Iranian men did not shift as dramatically as they did for Iranian women, considering the rights men and women had in Iran (1987). More specifically, immigrant women in general have less difficulty in finding appropriate work, whereas immigrant men have a difficult time finding work in the host country that is of equal financial value to their previously held positions in Iran; a common reason for this is due to the fact that Iranian men are forced to accept positions that are not reflective of their previous work experience or education level in order to provide for their families (Shirpak, Tyndale, & Chinichian, 2011). This disparity often leads to marital strain and increased family conflict. Children or adolescents can be impacted negatively by the strain in their parents’ marriage, which can then lead them to question their own identity within the family system.

According to the PPAIA (2014), for these immigrants, the process of settling into a new culture came simultaneously with the mourning of their previous life, in a country whose future was undecided. In addition to the revolution and the events of the 1979 hostage crisis- during which 52 Americans were held hostage for 444 days at the
American Embassy in Iran- the United States government was no longer a political ally of the Iranian government, thus creating an additional challenge for Iranian immigrants attempting to settle into their new home in the United States (PPAIA, 2014).

A report from the PPAIA notes “during this period, Iranians were also the recipients of a backlash of prejudice, discrimination and sometimes violence from individuals displacing their anger at the actions of the Iranian government” (2014, p. 10). During this time in response to the hostage crisis, the United States government began to revoke and suspend visas for Iranian visitors, and suspend new visas to prospective immigrants. Thousands of Iranians were deported, and roughly 56,000 Iranians had to report to the immigration and naturalization services office for interviews (Sabagh & Bozorgmehr, 1987). Due to the fear of returning to Iran during a period of political transition and facing fear of persecution, many applied for political asylum (PPAIA, 2014). In addition to this, several colleges and universities began to double the fees of all Iranians attending, denying scholarships to Iranian students, all amidst increasing tension and violence towards Iranian citizens living in the United States (PPAIA, 2014).

The challenges Iranians faced at this time may have served as motivation to blend in as law-abiding productive members of society, and in turn influencing the level of acculturation within Iranian families (PPAIA, 2014). Iranians living in the states between 1979-1984 began to distance themselves from their Iranian identities, taking on American names (PPAIA, 2014). The word “Iranian” was frequently being used in American news when referring to the hostage crisis and political tension between the United States and Iran, which resulted in Iranian immigrants choosing to describe themselves as “Persian”; it sounded less threatening and carried less negative associations (PPAIA, 2014).
In addition to the association with Iranian ethnic identity, the identity as a Muslim became an issue for Iranian immigrants as well. Mohsen Mobasher (2006) asserts that the hostage crisis, and the policies of the Islamic Republic of Iran were the catalysts for Iranian immigrants in the United States to either move towards a secular identity, or lessen their public association with Islam. Out of fear of being considered a sympathizer of the Islamic government, both to other Iranians and Americans, several Iranians separated themselves from their Muslim identity (Mobasher, 2006). The negative association of the new government with their religious identity became a possible factor for distancing themselves from Islam (Mobasher, 2006).

The particular trauma of the Islamic revolution, and the forced migration that followed, left many Iranians in a limbo; they were longing for their homeland which had changed and could no longer be returned to, while at the same time forced to redefine their identities within a new country (Mostofi, 2003). It is clear at this point, the several labels an individual may feel the need to identify with (Muslim, Persian versus Iranian, etc). The motivation second-generation individuals may feel to their labels, whether chosen or imposed, can be dictated by any number of external forces, including familial or societal expectations. Allowing space for an individual to define himself or herself can be empowering. Immigration is a traumatizing and transitional experience in every capacity, and for this particular wave of immigrants, the challenges were overwhelming.

**Depression**

Iranian culture places high value on the strength of the family network; mental illness, specifically depression, can impact members of the network. Siamak Khodarahimi (2011), in his study on the role of ethnicity and depression within Iranian
families, found that there is a significant negative relationship between depression and family functioning. Tinghog, Hemmingsson, and Lundberg (2007) acknowledged that immigrants are at high risk for mental illness, regardless of socioeconomic status or educational background. Momeni, Wettergren, Tessma, Maddah and Emami (2011) found that Iranian immigrants living in Sweden reported higher depressive symptoms than native Swedes. Language barriers, small social networks, and cultural differences from the host country were cited as factors.

Amongst immigrant groups, the relationship between high levels of intergenerational family dysfunction and poor mental health is significant (Hwang, Wood & Fujimoto, 2010). The largest wave of Iranian immigrants was highly prone to develop depression and psychosocial stresses (Jalali, 2005). The traumatic political and social reason behind their forced migration is unique to this group (Jalali, 2005). Sirin, Ryce, Gupta, and Rogers-Sirin (2013) found that higher levels of acculturative stress were associated with higher levels of depression and suicidality for first and second-generation immigrant adults. Ghaffarian (1998) found that adjustment problems arise when immigrants resist the new society’s values and culture; this can lead to stress, which can lead to emotional and mental difficulties. It is fair to suggest second-generation individuals may internalize the experience of their parents. If depression exists within the family, it can impact all members negatively.

**Relationship Between Generations**

At some point during adolescence, the children of immigrants begin to define their own identity separate from their parents; they begin to create their own set of values based on their experiences in their home country and their upbringing, which typically
include values their parents have implemented, based on their own lives in their ancestral country (Jodeyr, 2003). The children of immigrants typically develop a relationship with their parents’ countries, which is mostly “subjective and symbolic” (Jodeyr, 2003, p. 209), as they typically do not have an opportunity to visit their country until they reach adulthood. This refers to the experience second-generation Iranians often share of having to piece together what it means to be “Iranian”, and is usually done through what they have been told about Iran’s history by their parents, balanced with their own point of view and experiences (Jodeyr, 2003). It is during adulthood when a second-generation Iranian typically begins to put into action their need to understand their background from their own perspective (Jodeyr, 2003).

Levels of acculturation and connection to their parents’ host country vary amongst second-generation Iranian Americans. In one scale developed to measure acculturation stress, ethnic identity, language and family values among Iranian immigrants living in Canada, results suggested that children’s social skills were impacted by their mothers level of acculturation; specifically that the higher the level of their mother’s acculturation, the higher their children’s social awareness and comfort (Shahim, 2007). Researchers found that although second-generation children are born in the host country their parents immigrated to, the level of acculturation their parents have experienced impact their ability to navigate their surroundings and relationships as well (Shahim, 2007). It is reasonable to suggest that parents feel a pressure to acculturate in order to help their children adjust, potentially creating additional stress.

The use of language is another component, which complicates the relationship between immigrants and their American born children. In the previously mentioned study
on first generation Iranians living in Iowa, 77.5% of participants stated that they “always or almost always” speak Farsi or other native languages, such as Turkish, within the home (Chaichian, 1997, p. 616). Children of immigrants typically use English in school, in order to communicate with their peers and authority figures (Chaichian, 1997). These children are typically expected to use their native language within the home and with members of their cultural community (Yazykova & McLeigh, 2015). They often wish for their immigrant parents to speak English fluently enough in order to engage with individuals in the child’s life (Yazykova & McLeigh, 2015).

Children of immigrants often act as interpreters for their parents (Jodeyr, 2003). Second-generation Iranian children often help their parents navigate the details of the host country, helping them make sense of American culture (Jalali, 2005). It is fair to suggest the pressure of being responsible for their parent’s communication places stress on a child, which could then manifest as psychological or mental difficulty. Children of immigrants also begin to experience “subtractive bilingualism”, referring to when a child’s fluency of their native language begins to deteriorate as a result of using English in American schools (Boutakidis, Rodriguez, & Chao, 2011). The relationship between parent and child becomes limited at this point, as parents can no longer communicate as openly or comfortably with their children (Boutakidis, Rodriguez, & Chao, 2011).

Portos and Rumbaut (2001) found in their research that families with higher conflict between generations resulted in negative psychological well being among family members. Higher conflict in this case refers to greater gaps and differences in levels of acculturation between generations. Acculturative family distancing is defined as “the distancing that occurs between parents and youths as a result of communication
difficulties and cultural value incongruence” (Hwang, Wood & Fujimoto, 2010, p. 657). The extent of acculturative family distancing depends on the parent-child differences in acculturation, acceptance into the host culture, cultural value incongruence, and differences in language fluency (Hwang, Wood & Fujimoto, 2010).

As parents and children’s differences in these areas increase, family conflict and risk for depression and other psychological problems increases as well (Hwang, Wood & Fujimoto, 2010). This distancing becomes particularly problematic as adolescents transition into adulthood (Hwang, Wood & Fujimoto, 2010). In one particular study, researchers found that the effects of acculturative family distancing process on Asian American and Latino college students resulted in higher instances of clinical depression (Hwang, Wood & Fujimoto, 2010).

Exploring Therapy

Iranians and Therapy

For most immigrant populations, talking about emotions is infrequent, and is largely considered a sign of weakness (Seifsari, Firoozabadi, Ghanizadeh, & Salehi, 2013). Mental health is perceived differently by various immigrant populations, due to cultural difference and availability of services in their countries (Saechao et. al., 2012). In one particular study of Iranian patients diagnosed with major depressive disorder, conducted at the Shiraz University of Medical Sciences, psychosomatic symptoms, which are physical manifestations of emotional distress, were found to be highly common; whereas expressing feelings of guilt or self-reproach were less common (Seifsari, Firoozabadi, Ghanizadeh, & Salehi, 2013). The patients of this study reported fear of social stigma, and fear of being considered a psychiatric patient as factors for reporting
somatic symptoms as opposed to emotional distress (Seifsari, Firoozabadi, Ghanizadeh, & Salehi, 2013).

Researchers found that both stigma and lack of understanding regarding services within the host country amongst reasons immigrants did not seek mental health services (Saechao et. al., 2012). Inadequate English language skills, low socioeconomic status and lack of understanding for cultural expectations of the host country were cited as challenges for immigrants in regards to seeking mental health services (Saechao et. al., 2012).

Among Iranians, strong depressive thoughts and feelings are thought to indicate powerlessness, and must be kept to oneself (Jalali, 2005). External events, such as personal failure or heartbreak, are used to explain personal problems; Iranians may not delve into the core of a problem on their own accord (Jalali, 2005). Iranians may turn to friends or family for emotional support, and rarely seek professional help; this is often considered a last resort (Jalali, 2005). Iranians choose only to share their “inner self” with friends and family, and therefore building a relationship with a therapist may take much longer than usual (Jalali, 2005, p. 462).

**Narrative Therapy**

Narrative therapy is based on the idea that problems and stories exist in a social, political, and cultural context (Etchison & Kleist, 2000). When attempting to understand an individual’s experiences, these social, political and cultural factors must be considered. Narrative therapy views individuals as separate from their problems, and the goal of narrative therapy is to form a connection with clients, which encourages building relationships with one’s self and others (Etchison & Kleist, 2000). Narrative therapists
highlight the strengths in their clients, while allowing them to share their subjective story in their own words (Etchison & Kleist, 2000).

White and Epston (1990) noted the role of the therapist as a contributor to the individuals narrative, writing “In a therapy of oral tradition, the re-authoring of lives and relationships is achieved primarily, although not exclusively, through a process of questioning” (p. 17). The authors believed in the collaborative nature of narrative therapy, encouraging clients and therapists to participate in the story telling process, stating “This context brings forth new choices for persons regarding the authoring of themselves, others, and their relationships” (White & Epston, 1990, p. 17).

This approach is appropriate for group work, particularly when working with ethnic and cultural identity. Narrative therapy focuses on the idea of the “self”; Bruner acknowledges this process, stating:

There is no such thing as an intuitively obvious and essential self to know…rather we constantly construct and reconstruct our selves to meet the needs of the situations we encounter, and we do so with the guidance of our memories of the past and our hopes and fears for the futures (Bruner, 2004, p. 4).

The construction of one’s own experience of their identity is subjective, which is again assessed through new experiences; story telling allows individuals to share their evolving identity in a therapeutic setting (Syed & Azmitia, 2008). Taking into consideration the fluid and candid nature of storytelling, there is reason to believe this can be a positive experience for individuals hoping to explore their own narrative.
Summary

Iranian families living in the United States have come from a variety of backgrounds and migrated at different points throughout Iran’s complicated history. Those who left their country during the changing political climate faced unique challenges during their acculturative process, particularly the challenge of settling into a new country, which during that time was not receptive to their arrival.

Iranian culture emphasizes family relationships above all else, the structure of which has evolved in recent years. Immigrant families in the United States have attempted to maintain their traditional values within an American landscape. The challenges first and second generation individuals faced seem to overlap and yet differ in many ways. The process of acculturation, the fluidity of defining ethnic identity, and the presence of depression have impacted both generations, both individually and relationally. Second generation Iranian Americans in particular are faced with the challenge of balancing their identities between two cultures. Narrative group work and the process of storytelling may provide an appropriate framework for these individuals to explore their identities in a safe and meaningful way.
Chapter 3

Introduction

This project aims to explore and shed light on the Iranian community living in America, paying special attention to the relationship between second-generation young adults and first-generation parents. Of particular interest are the experience of young adults and the barriers or challenges they feel have stemmed from their relationship with their parents. I plan to define Iranian identity, explore the reasons behind immigration, and break down the unique experience of being both an Iranian immigrant and a child of an immigrant. I will create a curriculum for a workshop, which aims to identify these challenges, de-stigmatize the experience, and ultimately work to bridge the gap between generations, between the community and mental health professionals, and encourage open communication.

Development of Project

This project will shed light on the Iranian-American identity. The goal is to provide a forum in which this population can discuss issues often present within the home in a safe and therapeutic space. By writing the literature review, I can condense the information and use that as the basis of the workshop. I will include articles about acculturation, ethnic identity, and confronting mental illness within the Iranian community. I will include articles highlighting the stresses of each individual’s point of view within this context. The workshop will consist of power point presentation including the information most relevant to the audience. The workshop will essentially be an outline of these facts. It will be an opportunity for attendees to discuss their feelings about the topic, and share their experiences if they feel compelled, particularly during the
process group, which will take place during the last hour of the workshop. This will ultimately be a stepping-stone to further conversations about understanding and working with the Iranian community.

**Intended Audience**

As stated in my process, the most paramount is to address the Iranian population directly. The workshop will be most beneficial to young adults who identify as second-generation Iranian American, as they are the focus of the project. The workshop addresses the process of immigration starting with Iranian immigrants, and progresses to the present day circumstances of the target population. The workshop will address several factors, which impact young adults currently, and provide a space to discuss these factors with other individuals. In addition to Iranian-Americans, mental health professionals are encouraged to attend as well, as it is their presence, which helps to bridge the gap between the Iranian community and clinicians. Attendees are crucial as they build the dialogue around the topic. Professionals will gain a deeper understanding of the values and experiences Iranians have, and can take their knowledge out into the field.

**Personal Qualifications**

The individual who runs this workshop must be a mental health professional, and preferably identify as Iranian. This workshop requires an understanding of how to conduct a group, which can become emotional for the participants. It requires an individual who understands how to balance empathy, psychoeducation, and provide participants space to process. I believe participants can develop a stronger connection and trust for the facilitator if they view them as someone who shares similar experiences. A facilitator who connects on a personal level with the material may present it in such a
way in which participants might feel compelled to be more open, thus building a connection with other participants, and ultimately taking the experience home with them.

**Environment and Equipment**

In order to facilitate this workshop, it would be necessary to secure a space, which can accommodate all participants and guarantees confidentiality; maintaining confidentiality is the priority. A space on the first floor would be ideal so as to accommodate members with physical disabilities. A location such as a community recreation center or a college campus will provide access to the young adult population, and will likely be in a more centralized and accessible location. A room with doors, to secure confidentiality of participants is essential. A room with chairs, in order to allow flexibility for activities such as role-plays would best suit this workshop. A projector may be necessary in order to present slides. Providing pencils and paper may encourage participants to take notes and engage.

**Formative Evaluation**

In order to receive feedback, I will talk to peers and colleagues and get their take on the material. My peers will have an understanding of the approach, particularly with tying the cultural understanding to how to receive mental health services. My peers who also work in mental health may have suggestions about specific therapeutic approaches to use with this population, and can share their own experiences working in group settings and working with specific ethnic populations. Peers who have worked with immigrant populations may have an understanding of what worked with that population. I would also seek the opinions of Iranians individuals, as it is this population who will benefit
from the project. I would ask their thoughts on why Iranians rarely seek therapeutic services.

Outline of Project

1. Introduction- explain purpose of the workshop and introduce facilitator.

2. Discuss order of topics
   a. Iranian-Population
   b. Immigration
   c. Family Structure
   d. Ethnic Identity
   e. Acculturation
   f. Depression
   g. Relationship

3. Goals of this workshop

4. Resources

5. Process Group

6. Conclusion
Chapter 4

Summary of Project

The purpose of this project was to create a workshop that would introduce a dialogue about the several factors that influence a second-generation, Iranian-American’s experiences including acculturation, ethnic identity, and their relationship with their parents. Through the combination of sharing research regarding these topics and giving the participants an opportunity to share their own stories, the workshop would become a unique space aimed to explore the factors specific to this population only. This project is a tool for Iranian-Americans who hope to share their experiences amongst similar individuals who may be able to reciprocate and/or understand their feelings.

Recommendations For Implementation

It is recommended that this workshop be held on a college campus or a community recreation center. These settings would provide the location and provide access to potential participants. Recruitment on a college campus would require reaching out to professors and department heads, and advertising the group.

It is recommended that the room be placed on the first floor so it can be easily accessible. A projector and a computer would be needed for the slides. Chairs are needed for participants, preferably small chairs that can be easily moved for the process group portion. Paper and pencils would be provided to participants so they can take notes.

It is recommended that the presenter identify as Iranian or Iranian-American, and ideally a clinician. Much of the information within the workshop can be personal for participants who identify with the material. A presenter who feels connected to the material as well may be able to relate to the audience and build on that connection
throughout the presentation. It is recommended that the presenter be a clinician; this is of particular importance during the process group portion, as group therapy skills would be necessary for this portion.

It is recommended that the presentation begin with a personal introduction from the presenter. He or she will explain their academic credentials, and their reason for connecting with the material. They will outline the schedule of the workshop, and the order in which the materials will be presented. The presenter will then begin the presentation, allowing appropriate space for feedback and questions from the audience. The presenter will conclude the workshop with a 90-minute process group. The participants will form a circle, and the presenter will introduce the intention and purpose of the group. Each member will be encouraged to share and participate to whatever degree they are comfortable with. The workshop will conclude by debriefing with the participants after the process group, checking in with members. Members will be left with referrals and the contact information of the presenter.

**Recommendation for Future Research**

The project included literature regarding aspects of Iranian culture, such as: Iran’s political history, immigration history, the process of acculturation, ethnic identity, life-cycle stages, the presence of mental illness in immigrant populations and challenges regarding immigrant’s experiences with mental health services. Most of the literature regarding immigrant populations focused on the experience of acculturation. Future research should elaborate on these topics by focusing on the impact of acculturation and ethnic identity on the family system and the relationships within the system. It may be beneficial for clinicians to gain awareness of the factors impacting the parent-child
relationship, particularly in regards to language fluency and the psychological and social impact on a child who has to act as an interpreter for their parents.

Future research should focus specifically on the second-generation population and their experiences with dual identity, taking into account cultural differences depending on an individual’s ethnic identity. Diversity amongst Iranian immigrants and second-generation Iranians should be addressed as well, as there can be a range of experiences within this community that are not represented via the literature. Future research should also take into account the parent-child relationship, identifying how the relationship is impacted as the child transitions into adulthood, paying attention to the themes during each stage of the life cycle. Identifying specific feelings and behaviors within this dynamic, particularly using first hand accounts, can be beneficial for clinicians and members of the population as well.

**Limitations of the Project**

Although the review of literature for this project was extensive, there were limitations regarding the use of the material and the way it was implemented. This project focused mostly on the adult children of Iranian immigrants. Providing additional research regarding children and adolescents would provide a more thorough understanding of the process second-generation individuals experience. First hand accounts and experiences would add specific examples of the experiences of these individuals. Acculturation and ethnic identity were the factors most explored when considering the experiences of immigrants. Racial identity was not explored. The relationship between parents and their children was touched upon, but not thoroughly addressed.
Conclusion

The motivation to create this project stemmed from my own experiences with identity confusion and discovery. As a second-generation Iranian American woman, I have spent time considering the elements that make up my own identity, aiming to find a perfect balance between my parents’ identities, my Iranianness, my Americanness, my perception of self, others perceptions of me, and what I find most meaningful. This process is ongoing and ever evolving.

Learning about ethnic identity, acculturation, and the relational dynamics at play have provided a context outside of myself to work with. Knowing that my experiences and feelings are universal has provided a surprising comfort. It is my belief that through education, openness, and authentic dialogue the barriers imposed on us by ourselves and by others can be chipped away, creating a space to explore our identities and all that encompasses it. This workshop is the product of these beliefs.
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Appendix

Ethnic Identity and Acculturation: The Impact on
Iranian American Communities
A Workshop

By: Sara Forouzan
California State University Northridge
The presenter will take the time to introduce themselves and their qualifications for running the workshop. This will set a professional tone and instill confidence in the participants. The presenter will explain their connection to the material, touching upon their background and their motivation for focusing on ethnic identity and acculturation.
The presenter will take a few minutes to familiarize the participants with the workshop, outlining the order of each topic and the purpose for discussing them. The focus of the group is the Iranian Population, specifically second generation Iranians. Understanding a brief history of immigration will put this population into context and within a timeline. Iranian and American family structures will be discussed. The three largest factors that influence an individual’s identity include: acculturation, ethnic identity, and depression. The impact of these factors on the relationship with parents will be explored, followed by reasons why the Iranian population may not seek therapy.
The terminology prefaces the presentation in order for the audience to become familiar with how these terms are defined throughout the workshop. First generation Iranians refers to individuals born in Iran, which will likely refer to the parents of the intended audience. Second generation Iranian Americans refers to the members of the audience, and ethnicity is their shared identity as Iranian individuals. These populations, although defined differently, have each had to create dual identities. First generation Iranians have had to create an identity, which combines Iranian values and perceptions of family within an American setting. “Iranian” for them has evolved in its definition, no longer referring only to individuals born and residing in Iran, but people whose memory of their homeland and experience as an immigrant now define their identity (Mostofi, 2003). The second-generation population has had to decide how their multiple identities can coexist. The presenter can note that terms may resonate with the intended audience members.
A brief review of these terms with the participants is sufficient at this point. Presenter should note that further explanation about each term will follow in later slides. The presenter should also take this time to explain that the material is being presented to provide background and context about the population, to highlight some of the biggest challenges this population faces, and to understand the need for support for this population.
The presenter will briefly define Immigration and note that the history of immigration by Iranians to the United States will be further elaborated in later slides. The presenter will then discuss the Islamic Revolution of 1979. The presenter should note that this event is mentioned as it was a significant event in Iran’s recent history and it was the primary reason for the largest group of mass migration to this country.
Population

- Iran is a country with a population of over 80 million individuals, over half of which are between the ages of 25-54 years old (PPAIA, 2014).

- Iranian culture has always placed a high value on Islamic teachings and practices, with roughly 98% of Iran’s population identifying as Muslim (Mobasher, 2006).

- Iran’s national language is Farsi, also referred to as Persian (Jalali, 2005).

The presenter can briefly review the next two slides; no further explanation is necessary.
Population

- Iranians identify the following as among the most important values: family, education, hospitality and artistic traditions (Mostofi, 2003).

- Hospitality and generosity are equally as important to Iranians belonging to any social class. Historical consciousness and an awareness of poetry, history, and geography are highly valued amongst Iranians immigrants; particularly amongst older generations (Mostofi, 2003).

- Iranians maintain a strong sense of pride, which can be shared through storytelling and dialogue (Mostofi, 2003).
The presenter should discuss the waves briefly so as to provide a starting point for first generation Iranian’s migration. The focus during this workshop will be primarily on the third largest wave of migration, which occurred between 1978-1984, as it is this population whose children are now second generation young adults. This population was also the only group that migrated under unique circumstances, with most of the country feeling forced to flee the country. This population mostly migrated due to “social constraints, political repression, loss of loved ones during the Iran-Iraq war, loss of job or confiscation of property, and religious constraints” (Chaichian, 1997, p. 614).
The presenter can reiterate at the reason for focusing on this group of immigrants. They should also note that these numbers show the importance of services focused on the needs of the intended audience.
Iranian immigrants identities were no doubt impacted by the trauma of being displaced from their country as a result of a political revolution. This gives indication to the possibility that this generation of Iranians had to redefine their identity for themselves, and by themselves, outside of their country of origin. We cannot assume all immigrants who moved here for similar reasons have had the same experiences, but to maintain awareness of potential factors impacting this particular group. With the abrupt and mass migration of Iranians as a result of the Islamic Revolution, there is reason to believe this group experienced trauma which would impact them on an interpersonal level.
The presenter should delve into the differences and similarities between family structures, including: patriarchal, the purpose and significance of extended family, women’s roles within the family, nuclear versus extended family, the roles of children. The presenter should stress the importance of family culture as being equally if not more important than ethnic culture. McGoldrick et. al define the homeplace as “multilayered, nuanced individual and family processes that are anchored in a physical space that elicits feelings of empowerment, belonging, commitment, rootedness, ownership, safety, and renewal” (2011, p.21). The security of a homeplace is necessary for all people, regardless of culture, during any stage of the life cycle (McGoldrick, Carter, & Preto, 2011). This is particularly true for immigrant populations, as they have to form networks and communities that represent the connection to their ethnic background (McGoldrick, Carter, & Preto, 2011). These roles may resonate with members of the audience, and this may be an appropriate point to check in with the audience for questions or comments.
Presenter will revisit the definition of ethnic identity, and tie it into the experience of second-generation individuals.

Ethnic Identity

“When the children of immigrants reach the age of adolescence, they have to define themselves... immigrants’ children are usually confronted with two motherlands: one that is their ancestral historical motherland, and the one in which their parents want them to believe” (Joedry, 2003, p. 207).

Self-image and a worldview that is a combination of cultural heritage based on their Iranianness, and their American experience” (Ansari, 2013).
The presenter will introduce two of Erikson’s life stages as they pertain to the two groups in question: second generation and first generation Iranians. The presenter should note that most Iranian immigrants who came to the United States as a result of the Islamic Revolution were within the age range of the sixth and seventh stage when they arrived, as it was previously mentioned that most of the immigrants at that time consisted of established middle and upper middle class individuals. This group of immigrants likely attempted to acculturate while experiencing role confusion and generativity. The presenter should also mention that this portion is relevant for clinicians.
Second generation individuals experience a sort of tug–of-war between their parent’s identity, American identity, and the identity they are attempting to discover and define for themselves. Syed and Azmita (2008) stress the importance of ethnic identity for young adults due to the fact that they are heavily exposed to friends and peers at this time, many of whom have different backgrounds and values, which can trigger individuals to confront their own identity.
The presenter will review the five stages of racial and cultural identity for minorities. In the first stage, known as the conformity stage, the individual identifies with the dominant group, often feeling disconnected from their own cultural group. Second, the dissonance stage is marked by the denial of their cultural identity. The third stage, resistance and immersion, follows; during this stage, an individual may feel shame or self-blame about their previous acceptance of the beliefs about a dominant culture, and begin to embrace the views of their cultural identity. In the fourth stage, the introspective stage, the individual begins actively working towards understanding themselves as a member of a specific cultural group. In the final and fifth stage, named integrative awareness, the individual settles into their acceptance of their cultural identity. At this point individuals begin to embrace their ability to identify with not only the dominant culture, but their own cultural identity as well. These stages encompass the progression minority groups often experience when attempting to identify and define their own racial and cultural identity (Sue & Sue, 2003). The presenter can check in with the participants at this point. These particular stages may resonate with participants who have not previously had the language to describe this process.
The presenter will introduce acculturation, and elaborate on the five phases. According to Berry and Kim (1988), acculturation occurs in five phases: 1. Pre-contact phase: the culture in question exists independently of other cultures; 2. Contact phase: the cultural group comes in contact with the dominant culture; 3. Conflict phase: the cultural group experiences pressure from the dominant group to make appropriate changes in order to being accepted; 4. Crisis phase: the pressure experienced by the non-dominant group becomes more apparent; 5. Adaptation phase: the final phase of acculturation, during which the relationship between both groups becomes determined.
Acculturation

- When immigrant parents and children grow up in different environments, an acculturation gap occurs where parents and children differ in their cultural values and understanding of the host country’s values (Hwang, Wood, & Fujimoto, 2010).

- Acculturation stress may lead to parent/child conflict, marital conflict, behavior issues, confusion of gender roles, financial difficulties, and depression (Shirpak, Tyndale, & Chinichian, 2011).

- The process of settling into a new culture came simultaneously with the mourning of their previous life, in a country whose future was undecided (PPAIA, 2014).
The presenter should elaborate on the Muslim identity. In addition to the association with Iranian ethnic identity, the identity as a Muslim became an issue for Iranian immigrants as well. Mohsen Mobasher (2006) asserts that the hostage crisis, and the policies of the Islamic Republic of Iran were the catalysts for Iranian immigrants in the United States to either move towards a secular identity, or lessen their public association with Islam. Out of fear of being considered a sympathizer of the Islamic government, both to other Iranians and Americans, several Iranians separated themselves from their Muslim identity (Mobasher, 2006). The negative association of the new government with their religious identity became a possible factor for distancing themselves from Islam (Mobasher, 2006). Next the presenter will ask the audience to share if they describe themselves as Iranian or Persian. After a few responses from the audience, the presenter should explain the reasons behind these differences. The word “Iranian” was frequently being used in American news when referring to the hostage crisis and political tension between the United States and Iran, which resulted in Iranian immigrants choosing to describe themselves as “Persian”; It sounded less threatening and carried less negative associations (PPAIA, 2014).
Amongst immigrant groups, the relationship between high levels of intergenerational family dysfunction and poor mental health is significant (Hwang, Wood & Fujimoto, 2010). The largest wave of Iranian immigrants was highly prone to develop depression and psychosocial stresses (Jalali, 2005). The traumatic political and social reason behind their forced migration is unique to this group (Jalali, 2005). Sirin, Ryce, Gupta, and Rogers-Sirin (2013) found that higher levels of acculturative stress were associated with higher levels of depression and suicidality for first and second-generation immigrant adults.
Second-generation Iranians often share of having to piece together what it means to be “Iranian”, and is usually done through what they have been told about Iran’s history by their parents, balanced with their own point of view and experiences (Jodeyr, 2003). It is during adulthood when a second-generation Iranian typically begins to put into action their need to understand their background from their own perspective (Jodeyr, 2003).
Children of immigrants often act as interpreters for their parents (Jodeyr, 2003). Second-generation Iranian children often help their parents navigate the details of the host country, helping them make sense of American culture (Jalali, 2005). It is fair to suggest the pressure of being responsible for their parent’s communication places stress on a child, which could then manifest as psychological or mental difficulty. Children of immigrants also begin to experience “subtractive bilingualism”, referring to when a child’s fluency of their native language begins to deteriorate as a result of using English in American schools (Boutakidis, Rodriguez, & Chao, 2011). The relationship between parent and child becomes limited at this point, as parents can no longer communicate as openly or comfortably with their children (Boutakidis, Rodriguez, & Chao, 2011).
Relationship

- The extent of acculturative family distancing depends on the parent-child differences in acculturation, acceptance into the host culture, cultural value incongruence, and differences in language fluency (Hwang, Wood & Fujimoto, 2010).

- As parents and children’s differences in these areas increase, family conflict and risk for depression and other psychological problems increases as well (Hwang, Wood & Fujimoto, 2010).
At this point the presenter may want to check in with the participants about their perceptions of therapy. The presenter can ask if anyone would like to share their thoughts on therapy. After a few responses, the presenter can elaborate on the information within the slides.

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<th>Therapy</th>
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<td>Mental health is perceived differently by various immigrant populations, due to cultural difference and availability of services in their countries (Saechao et al., 2012).</td>
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<td>For most immigrant populations, talking about emotions is infrequent, and is largely considered a sign of weakness (Scifari, Firoozabadi, Ghanizadeh, &amp; Salehi, 2013).</td>
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<td>Researchers found that both stigma and lack of understanding regarding services within the host country amongst reasons immigrants did not seek mental health services (Saechao et al., 2012). Inadequate English language skills, low socioeconomic status and lack of understanding for cultural expectations of the host country were cited as challenges for immigrants in regards to seeking mental health services (Saechao et al., 2012).</td>
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Therapy

- Among Iranians, strong depressive thoughts and feelings are thought to indicate powerlessness, and must be kept to oneself (Jalali, 2005).

- Iranians may turn to friends or family for emotional support, and rarely seek professional help; this is often considered a last resort (Jalali, 2005).

- Iranians choose only to share their “inner self” with friends and family, and therefore building a relationship with a therapist may take much longer than usual (Jalali, 2005, p. 462).
The presenter will close with this quote. This quote is from the White and Eptson text about Narrative Therapy. The therapist can ask the participants their thoughts on this quote, then proceed to share their own thoughts about the quote following the audience’s responses. The purpose of this slide is to introduce the audience to the concept of storytelling within narrative therapy, and the possibility of exploring that form of therapy further to share their own stories. The presenter will explain that a 50-minute group will follow this presentation, allowing the members to process the information that was presented to them, and opening up the possibility for dialogue and sharing within a safe and confidential environment. The presenter will ask that everyone continue to show the same respect they have shown throughout the workshop during the group, and thank them for their participation and presence.
References


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*Psychological Reports, 101,* pp. 55-60.


